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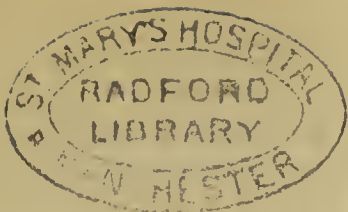


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THE

# MEDICAL TIMES

AND GAZETTE.

A

JOURNAL OF MEDICAL SCIENCE,

LITERATURE, CRITICISM, AND NEWS.

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VOLUME II. FOR 1885.

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# MEDICAL TIMES

AND GAZETTE.

No. 1827.

LONDON, SATURDAY, JULY 4, 1885.

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## CASES OF MALIGNANT DISEASE OF THE CÆCUM.

By J. S. BRISTOWE, M.D., F.R.S.,

Physician to St. Thomas's Hospital, President of the Pathological Society.

ALTHOUGH malignant disease of the large intestine is common, it is the rectum and sigmoid flexure which are its almost exclusive seats, while the cæcum is seldom implicated. Rokitansky, in reference to this matter, says, "The colon is almost exclusively the seat of cancerous degeneration, but there is a gradation in the proclivity of its different sections to the affection. The rectum is most frequently attacked, in second order the sigmoid flexure, and the remaining portion of the colon but rarely." This statement accords, I believe, with general experience, and certainly with my own. It is curious, therefore, that within a space of six months two cases of malignant disease of the cæcum should have come under my care in hospital practice. The cases are interesting; but the comparative rarity of the disease gives them additional interest, and it is for this reason that I put them on record.

The patients were both elderly, and their symptoms were of chronic progress. It is remarkable that there was little bowel disturbance. In both cases there was merely a tendency to constipation during the greater

part of the illness. And there was nothing special in the character of the evacuations, excepting in the first case; in which during the last few days of life, diarrhoea came on attended with much fœtor, and the occasional passage of blood-clots. The position of the tumour in both cases rendered it not improbable that the cæcum was the organ involved; but in the woman the tumour was higher in the abdomen than one might have expected the cæcum to be, and it was this circumstance that made some of those who watched her case mistake her tumour for a movable kidney, and others regard it as a mass of mesenteric glands or a peritonæal growth. The patient had, in fact, a movable kidney on the right side; but it was not the kidney that was felt during life. Towards the end of life an abscess formed in both instances between the abdominal wall and the tumour. In one case the superficial abscess had, certainly at first, no communication with the cavity of the bowel, for the pus which escaped was orthodox pus and sweet. Latterly, there was, no doubt, free communication in both cases. In the last place, it may be mentioned that any doubt there may have been as to the tumour in either case involving bowel was set at rest during life by the performance of paracentesis, which was attended with a slight escape of liquid faecal matter and gas through the cannula.

CASE I.—Arthur B., a dissenting minister, 53 years of age, was admitted under my care on the 21st November, 1883.



His present illness began about 18 months before, with pain in right lumbar and inguinal regions, which has gradually increased in severity, and for months past has kept him awake at night. He has, especially latterly, become very anæmic, and lost flesh and strength, and for some months has been so weak as scarcely to be able to walk. The legs have been swollen for two or three weeks. He has lost appetite and has occasionally vomited. But the bowels have acted pretty naturally.

He is a very pallid, much wasted, and feeble man, with an aspect of long-suffering, and complains of aching pain in the right lumbar region. The abdominal muscles are generally rigid; but in the lower part of the right lumbar region, near the anterior part of the crest of the ileum, and extending thence downwards and forwards to just below the anterior superior spine, can be felt a hard tumour; the full extent of which, owing to the extreme tenderness of the parts, and to muscular rigidity, cannot be determined; but of which the more superficial portion, situated near the anterior superior spine, is about as large as a tangerine orange. The tumour causes slight projection of the parietes. There is resonance between it and the ribs. No evidence of disease elsewhere in the abdomen. Thoracic viscera all healthy. Tongue pale and clean; bowels regular; urine free from albumen; pulse 88; respiration 22; temperature 99°; legs œdematous.

He was treated with tonics and the subcutaneous injection of morphia. But, excepting that his pain was much relieved, there was no improvement. By the 28th, just one week after admission, the tumour was found to have become more prominent, in the situation of its chief projection, and to be softer and more yielding; and hence it was decided that it should be punctured. Consequently Mr. Pitts aspirated the tumour in its most prominent part. The needle was passed through hard substance, and it was not until it had reached a depth of about three inches that any fluid came away. Then thin fecal matter and air escaped through the cannula. After three ounces had been thus removed the cannula was slowly withdrawn; and when its point was about an inch or so from the surface a small quantity of thick healthy-looking pus came away. The instrument in its passage inwards had evidently gone through a shallow, comparatively superficial abscess, into the cæcum (whence the fecal matter had escaped), and in its withdrawal had tapped the abscess which it had previously transfixed.

No improvement ensued. On the contrary, diarrhœa, which had come on a day or two before the operation, continued with little or no abatement until his death, the motions being offensive, and on several occasions containing largish black blood-clots; and the abscess, superficial to the tumour, increased in area, until the collective mass measured superficially about three inches by four. On the 4th of December, a small incision was made into the abscess, and some offensive pus escaped. He continued to get weaker; and on the 6th died. The temperature was generally about the normal; but on the day on which the first puncture was made it rose in the evening to 101.8°. The urine was always free from albumen, and somewhat scanty.

*Autopsy.*—Body much emaciated. On the right side, just above the anterior part of the iliac crest, was an incision which was subsequently found to communicate with the cæcum.

On opening the abdomen, the cæcum and the intestines in its vicinity were found matted together and adherent to the parietes; and, on endeavouring to remove them, pus escaped; and an irregular abscess was found superficial to them, and extending into the intervals between them. The cæcum was evidently the primary seat of disease. Its walls, and especially

the parts in the neighbourhood of the ileo-cæcal valve, were much thickened with new growth, so that the organ remained uncollapsed, like a thick india-rubber bottle. The growth extended thence, and involved to a considerable extent the connective and muscular tissues of the iliac fossa. The bones were not implicated. The ileo-cæcal valve was somewhat narrowed, and the interior of the cæcum was deeply congested, ulcerated, and roughly granular throughout. The growth did not extend to the ascending colon, or to the ileum. But the last three or four inches of the latter tube were thickened from inflammatory deposit. The tumour was a cylindrical epithelioma. There was no important disease of any other organ.

CASE II.—Frances T., a married woman aged 66, came under my care on the 25th February, 1884.

She had never had any serious illness, and on the whole had had good health up to three months ago. She was then attacked with pain across the epigastrium which, however, only lasted for a short time. Two months ago she first complained of pain and tenderness on the right side of the abdomen. These have continued ever since, but have increased; and she has lost flesh and strength. For the last month she has been confined to bed. Her appetite has been bad, her bowels constipated.

She was a spare, fragile, somewhat melancholy-looking woman. In the right side of the abdomen, lying between the ribs above and Poupart's ligament below, was a hard, ovoid, somewhat nodulated and very tender tumour, about the size of a large orange. Its right side reached the right side of the abdomen, its left approached within about two inches of the umbilicus. Its upper margin was on a level with the lower part of the costal arch; its lower margin descended to a little below the anterior superior iliac spine. It lay mid-way between the back and front, and was not adherent to the abdominal wall either in front or laterally. Within narrow limits it was pretty freely movable; but could not be made to fall back into the region of the kidney. It was somewhat resonant on percussion. The abdomen generally was flaccid, and in all other respects seemed free from disease. The thoracic viscera were healthy. Tongue coated, appetite poor, bowels confined, temperature 100°, pulse 76, urine 1020, acid, clear, free from albumen.

Prior to admission it had been thought that the tumour was a movable kidney; and that view was still entertained by some persons long after she came into the hospital. But if a kidney, it was obvious that it was a diseased kidney, and from its hardness, tenderness and irregularity of form almost certainly the seat of cancerous growth. But there was no history of any bloody or other unnatural discharge from the bladder; and the urine we examined was perfectly healthy. On the whole, though not denying that it might be a kidney, I was indisposed to accept that view for the reasons above given, and from its situation, which was not that usually affected by this organ. The situation of the tumour was somewhat high for the cæcum, and against its being either that or any portion of the ascending colon, infiltrated with cancer, was the fact that beyond the presence of habitual constipation there was no history or evidence of bowel-disturbance. The fact of its being somewhat resonant, and of the presence of a small area of marked resonance between its inner and lower margin, and the situation of the uterus, precluded any serious thought of ovarian tumour. I assumed that it was either a primary malignant growth of the peritonæum, or (as I thought still more probable) a cancerous tumour, originating among the mesenteric glands in that portion of the mesentery related with the lower extremity of the ileum, and very likely involving the wall of the contiguous portion of gut.



Though the patient remained in the hospital for many months, the case presented very few noteworthy incidents. Very slowly the tumour enlarged, and very slowly she got thinner and weaker. The pain and tenderness in the growth were extremely severe, and could only be kept in abeyance by systematic morphia injections. Her appetite continued poor, but she had little or no sickness; her bowels were somewhat variable, but the evacuations were not unnatural; and her urine was always of healthy quality. Her temperature was normal.

The extreme hardness of the tumour had always made me regard it as improbable that it was cystic; but, having thought the matter over somewhat fitfully and vaguely for some time, I finally determined, on the 15th July, to pass a fine trocar and cannula into its substance. The instrument was passed in for a depth of about two inches, encountering much dense tissue in its passage, and then entering a cavity. On removing the trocar, a rush of foetid gas took place, and with it a few drops of dark liquid faecal matter. And on withdrawing the cannula its further end was found blackened. The instrument had evidently gone through a considerable thickness of dense solid matter into the bowel.

No immediate ill-effects followed. About ten days later she caught cold, had a cough, and apparently in consequence of her cough vomited from time to time for several days.

On the 3rd August, over an area about the size of a shilling, and corresponding to the seat of puncture, there was a fluctuating hemispherical and very tender swelling. This gradually increased in size, until about the end of the month it was quite as large as a good-sized orange, was extremely tender, was red at one or two points, and fluctuated. She had persistently declined to have the abscess punctured, and on the night of the 27th August it broke, discharging a large quantity of foul-looking, ill-smelling pus. This relieved her pain, but her strength, which had been failing rapidly of late, still diminished. The discharge continued offensive for a few days, then changed into healthy pus and became scanty. Without any material change in her symptoms, she gradually sank, and died exhausted on the 17th September. The tumour at the time of her death was, speaking roughly, about half as large again as it was when she first came under my care, and somewhat more irregular and nodulated in form.

*Autopsy.*—Body much emaciated. Just above right anterior superior spine are two small round holes, communicating with the subcutaneous tissue over the front of the abdomen, the skin being undermined over an area about two inches in diameter. This cavity contains a small quantity of pus, but no communication can be traced between it and the abdominal cavity.

On opening the abdomen, it is seen that the great omentum is adherent in the right iliac region, hiding the caecum, and that the small intestines in this locality are also united to the caecum. In the adhesions, which readily break down, are some white hard nodules of new growth. On removing the caecum and adherent tissues, it is found that the walls of this organ are extremely thick, and infiltrated almost universally with new growth. The inner surface is generally broken down, excavated, and very ragged, and the cavity contains a good deal of loose sloughy tissue, and small masses of pigmental-looking material. There is no evidence of actual obstruction to the passage of faecal matter, and the ileo-caecal valve is healthy. The rest of the bowels and the stomach are sound. The right kidney is movable, and somewhat lower in position than normal, but of usual size and free from disease. All the other organs, both abdominal and thoracic, are healthy.

## AN ADDRESS ON MEDICAL EDUCATION.<sup>1</sup>

By W. T. GAIRDNER, M.D., LL.D.,

Professor of Medicine in the University of Glasgow.

THERE is an old Scotch proverb which seems to me—if I may quote so rough and rude an expression in this academic hall—to express in one point at least very well the reason why I am here. The proverb is, "Teaching the cat the way to the kirk." Now, every proverb contains certain implications without which it would not be what I believe the late Earl Russell used to call it—"The wisdom of many and the wit of one." This particular proverb seems to me to contain two implications—one of which, if applied to the present subject, I am most happy to endorse; the other I shall quite as firmly and decidedly repudiate. The first implication is that the cat does not usually require to be taught the way to the kirk. Clearly pussy knows the way as a general rule, and if left to herself has no difficulty in finding it out. In like manner I do not think any one can, after hearing the admirable report which Principal Peterson has just read, help seeing that Dundee and the people of Dundee, and University College and the Principal and Professors thereof, clearly know the way to the higher education. The cat knows the way to the kirk. But the second implication contained in the proverb is that pussy ought not to be allowed to get to the kirk—in other words, as applied to the present subject, that the Dundee people ought not to have the higher education, or at all events ought not to have it unless they take it in the old and authorised ways, through some of the old Scotch Universities, or through some of the other regularly established schools. Now, it is that second implication that I wish, on my own part and on the part of a very large number who think as I do, to emphatically repudiate. It is from having repudiated it in conversation that I have been invited in the midst of those engagements referred to to appear here to-day.

But although I have willingly acceded to this request, I feel bound to say to you, as I before stated to Principal Peterson and other gentlemen who kindly asked me, that I could not engage under the circumstances and in the midst of our clinical examinations to prepare a formal and elaborate address. What I understand to be the position is that the question of the higher education in the main is already settled for Dundee. Dundee is to have the higher education, and why should she not have it at her own doors? The liberality of Miss Baxter and others has given her a fair and excellent start. The success of that start so far has been as great as anybody possibly or legitimately could have expected. At present the question is whether medical education is to be a part of the future ambition of Dundee in this respect. Now, I not only think Dundee justified in entertaining this ambition, but I think she is bound to entertain it. She has, as the Principal has stated, a large and important hospital—the Royal Infirmary, which is admirably administered, and well supported by a generous public—and she has besides numerous other medical institutions, which are there because, with reference to the general need in this great and populous city, they must be there—the Asylum for the Insane, the Workhouses and Workhouse Hospitals, &c.—and she has a staff of medical officers, public and private, quite equal, as far as my own personal knowledge goes, to any town of her size and importance. The question is,

<sup>1</sup> Delivered at University College, Dundee, June 27th, 1885



Is she entitled to throw away all these great advantages and opportunities, with a centre of higher education in her midst, without making some attempt to bring the higher medical education into her curriculum? With a college of science and of the arts actually here, is she entitled to omit medicine from among those sciences and arts which she is to endeavour to teach? I think the question only requires to be put in order to be in general terms answered. Difficulties there may be; jealousies there may be. No doubt it is utterly impossible to start anything of this kind in a new form without exciting some of those jealousies and creating some of those difficulties; but if the position is sound, depend upon it those difficulties will be overcome, and those jealousies surmounted.

I was led to think this morning, when talking to Principal Peterson about the matter—I don't know how it came into my mind—of a passage in Shelley, applied, however, not to Dundee College nor to any college of science, but to love. I think with the substitution of the word "science" for "love" you might make the the passage applicable to the present occasion:—

True love in this differs from gold and clay,  
That to divide is not to take away.

Now, my appearance here to-day, whatever in other respects may be its result, will at least show that I am not, personally, in the least degree influenced by such local jealousies. I have such an abiding faith in the immensity, in the practical infinitude, of the desire of the human mind for knowledge as to believe that in no case almost is to divide to take away. In no way is the rise of one school the detriment of another. Possibly if Dundee goes on and adds medical education to the rest of its programme, instead of being a disadvantage it will be a positive advantage in many ways to all of us who are labouring in their vocation in the old Universities. In considering this subject it is not possible to overlook the fact that Dundee has not at present, and is not likely, as matters go, to acquire the power in itself of giving degrees. But it is equally impossible to overlook the fact that at only a few miles distance there is an ancient University—the most ancient University in Scotland—which I say frankly in my opinion, and certainly in the opinion of a very great number of persons besides myself, sustains discredit by the fact that its power to give degrees is not connected with and supported by an equally valid power of teaching. It may be in the one notable instance of the University of London that the power to give degrees, as severed from the teaching function, is not abused, and is in a certain sense advantageous. But I think that this is quite exceptional, and that the true ideal of a University never is and never can be that of a mere graduating institution, but that it must in the very nature of it be a teaching institution as well. Otherwise it never can even maintain a high standard, unless under peculiar and exceptional circumstances; and under any circumstances it never can appear in the eyes of the public to do full justice to its own power of graduation. The University of London, being supported by large donations of public money for the exclusive purpose of maintaining a high standard of examination in the greatest city, and for the richest country in the known world, has no doubt done a great deal of good work in its day. But, as we see now from an agitation going on in London itself, and as I have said any time these twenty years, it utterly fails in fulfilling the purpose, broadly considered, of a university centre for the metropolis; and it especially fails with regard to the organisation of medical instruction in the numerous and excellent teaching institutions at its own door. But all this has no reference to our present position. The University

of St. Andrew's certainly cannot make itself another University of London. It must seek its function, if its true prosperity is to be sought in connection with medical education, on a different plan and model. Therefore it appears to me that Dundee has all the materials, as yet inchoate and unorganised, for a school of practical medical education. It has the materials in this Science College—the commencement of that high-class scientific training. It has in the University of St. Andrew's—I would say almost at its own door—the power of appealing for degrees; and with the organisation of a teaching staff in connection with these degrees it is, it seems to me, clearly the business of the two—the natural and instinctive tendency founded upon interest of the two—to come into combination, and to exercise these two great and invaluable privileges in harmony with each other.

This, I may say, is no new idea of mine. Many years ago—so many years now that I hardly like to remember them—I was for a time an examiner in medicine in the University of St. Andrew's, and in those days (when as yet, too, and for many years thereafter in Scotland, clinical examinations were things unknown, and not even spoken much about), I always made it a point to bring the honour students with me to Dundee to undergo a strictly clinical examination in the Royal Infirmary, and many of the men so examined remain in my memory to this hour as some of the best men I have ever had to deal with. The physicians of the hospital in those days lent themselves most kindly to my efforts, and owing to that circumstance the association, in my mind, has always existed between Dundee and St. Andrew's.

Now, in England we have had, in past days, a most noticeable example of what to avoid in this matter. In England we had throughout the days which preceded the present century two great and noble universities, organised in the main on such a mediæval type, and looking with such absolute scorn upon the great and popular mass of Englishmen in their blind desire and struggle towards the light, that they made themselves—though things are changed now—so entirely the Universities of the aristocracy and the more fortunate members of the community that it may be said they did not even make an effort to reach or in any way to interfere with the education of the medical practitioner at large. What was the consequence? The consequence was that the medical practitioner in England—I am not speaking of Scotland—grew to be of a type quite unknown in any other western European country. He grew up a man who was apprenticed to a trade like any other workman, and who had hardly been taught in those days to admit into his mind even the merest notion of a scientific training. The medical student of those days—for in this, as in every other case, the child is father to the man, the student is father to the practitioner—may be said to be caricatured of course, but not on the whole very unfairly, by the immortal picture of Bob Sawyer in "Pickwick." Everybody who knows that marvellous tale will at once recognise what I mean. It is not necessary to go further with the description of the animal. How did he come to be so? Because he was bound over in the beginning as an apprentice to a handicraft, and if in his soul he ever came to feel a little above this his aspirations were completely and entirely checked. Now, I will not trust to my own memory or to my own knowledge in laying this before you, but shall quote an extract from a leading article in the *Times* of October 3rd, 1882, which I had occasion to quote some years ago in another academical address. It says:—"Five-and-twenty years ago, except in the case of the small number of men who graduated in medicine at Oxford or Cambridge with a view to consulting practice as physicians, the education of a



medical student commenced by an apprenticeship to a licentiate of the Apothecaries Company, which was then the chief source of the medical qualification for general practitioners. The apprenticeship was rendered necessary by the Act of 1815, from which the Company derived its powers, and it usually commenced at about the age of fourteen years, so as to break prematurely into school education. The first year of the apprenticeship was often spent in the work of a surgery boy, varied by the preparation of medicines and by the attainment of some knowledge of their properties. The later years were devoted to learning the business of conducting a medical practice, the art of talking to patients, and so forth, and when the apprenticeship was concluded a short term of hospital study formed a prelude to the single examination which, when passed successfully, permitted the candidate to work his will upon the sick under the protection of the law. Originally, the full term of five years' apprenticeship was served in the house of the master; but as the term of hospital study was gradually extended from one year to nearly three, the two demands were found to consume an inordinate amount of time; and the two last years of apprenticeship were commonly remitted, and were suffered to form part of the period of hospital study. Even then the total period of professional as distinguished from general education extended over about six years, and as the examination might be passed at the age of twenty-one, was usually commenced not later than fifteen."

Now, with reference to that statement, I have simply to say that the type generated in England was utterly anomalous, when compared with that of any other country in Europe. In all other countries, either the universities or the State have seen to it that a man professing medical qualification at all—that is, recognised in any sense as a medical practitioner at all—has been in some sense or other qualified all round, so as not to be wholly uninstructed in any ordinary department of practice. But in England, the apprenticeship system on the one hand, and what I must term the almost supercilious attitude of the universities and the colleges towards the general practitioner on the other, gave rise to what we now call the double qualification—that is to say, that a man may be either an apothecary or a surgeon or a physician, and in order to be a complete practitioner he must have two diplomas. There is no such idea in any other country, of letting loose on the public men licensed to practise as surgeons or as apothecaries, and who have the opportunities in after life, owing to the necessary wants of humanity, of extending their practice, and this without any real previous training for it, to every possible department. That was the result of the old Universities of England, and I may say also of the Royal College of Physicians in London refusing to have anything to do with the average, or ordinary, medical education at all.

The Scotch Universities were wiser in their generation. From the beginning or middle of last century the Scotch Universities, in a kind of blundering way, and no doubt with instincts that often led them wrong, did take up the position that it was the proper function of a University to aid in the establishment of medical education. To this fact beyond all doubt we owe the high appreciation which now exists, and which more or less has existed all along, for Scotch degrees in England. But good cannot be done without an evil also following, and it has always been objected by those in England to whom the old apprenticeship system was dear as a relic of the past that in the new system, by which medical education was regularly organised as part of the University curriculum, we have sacrificed something that was valuable in the

old apprenticeship system. It was said, and no doubt with truth, that the apprenticeship system of education turned out practitioners who were very rough and ready, but who were still practitioners. It was said, on the other hand, that this University system turns out men crammed full of certain novelties called science, who are not in any true sense of the word skilful practitioners. Now, I am not willing to admit—indeed, I have often maintained the contrary—that this is true to the full extent. But it may be admitted nevertheless, that there is a tendency to some extent in that direction, that there is a tendency so to monopolise the mind of the young candidate with the earlier branches—chemistry, anatomy, biology and the other departments of a scientific training—as to leave far too little time and far too little opportunity for the student to get an adequate and proper insight into what may be termed the work of his life.

(To be continued.)

## LECTURES ON SOME OF THE DISTINCTIVE CHARACTERS OF DISEASE IN EARLY LIFE.

GIVEN AT THE HOSPITAL FOR SICK CHILDREN,  
GREAT ORMOND STREET.

By OCTAVIUS STURGES, M.D., F.R.C.P.,  
Physician to the Hospital.

### LECTURE III.

#### *Convulsive Cough.*

WHATEVER the speculations in which we may indulge, whatever is the best expression of the truth in this matter of whooping cough which we have been discussing, let no one doubt for a moment that convulsive cough is very apt indeed to spread from child to child; that so spreading, the gravity of any pre-existing complaint is very much increased; and that there are no means whatever of discriminating at the outset between the contagious and the non-contagious forms of convulsive cough.

Yet even here we are not rid of the apparent anomaly of the complaint. Nothing can be more certain than the spreading of whooping-cough throughout a household. There is no affection more contagious; and if what happens in families—not invariably, I must remind you, but in the majority of instances—were to happen also in hospital wards, a children's hospital would be an impossibility. But it does not happen. Convulsive cough, indistinguishable from whooping-cough, shows very little tendency indeed to spread in this place; and while we are continually worried by the appearance and the tenacity of other infectious diseases, of measles, and scarlatina, and diphtheria, whooping-cough gives little or no trouble. And yet whooping-cough has a far ampler opportunity for spreading than any other infectious disease whatever, for, by the allowance of everyone, it may go on for an indefinite time in its catarrhal stage before its nature is suspected. Over and over again in this hospital, and at the Convalescent Home at Highgate, children with catarrh will begin to cough convulsively, then to be sick after coughing, then to whoop. And so soon as these characters have developed, and whooping-cough seems certain, the child is sent away. What happens afterwards at the child's home I know not. Nothing happens here. Whooping-cough, which, from its character in our homes would



seem to be a quite intolerable intruder at a children's hospital, gives hardly any trouble at all.

From this, and from other facts to be mentioned presently, I am led to believe that it is when and where epidemic catarrh is prevalent that whooping-cough is chiefly—I do not say solely—contagious; and that whatever is specific, and whatever in the zymotic sense is infectious, resides not in the cough, but in the catarrh, of which it is the note and signal.

Now, let the precise nature of epidemic catarrh be what it may, no one will be found to question, no one has ever questioned, the reality of those periodic occurrences during the centuries that they have been under the observation of civilised nations. Whooping-cough, on the contrary, regarded as a separate disease, is comparatively modern. And observe that all that I asked you to notice in my last lecture in reference to childish catarrh and childish cough—the emptying of the lungs, the liability to lung collapse, the need and the violence of diaphragmatic and glottic spasm—would lead to the expectation that epidemic catarrh in children should be signalised, now more and now less, by the occurrence and by the diffusion of convulsive (or whooping) cough. I say now more and now less in the belief that it is legitimate to make use of the admitted fact that every epidemic, whether catarrhal or other, has characters of its own.

There is a convulsive cough that spreads, and there is a convulsive cough that does not spread. They are not otherwise distinguishable than by their conduct. The one is a specific zymotic disease highly contagious—whooping-cough; the other is a form of spasm to which children (and particularly those with catarrh, and, according to some, those with enlarged glands) are naturally prone—spurious whooping-cough. Such is the prevalent doctrine. May it not be possible, without doing violence to facts, to separate convulsive cough as such from all that is specific and zymotic; and by attaching such characters to the catarrh alone, leave undisturbed in their natural place those purely nervous elements of pertussis—sex preference, long intermission, indefinite duration, sudden arrest, sudden cure, even cough convulsion itself—which can never be made integral parts of a “specific fever.” Every young child is from its nature, and apart from its danger in the way of infection, extremely liable to convulsive cough. Every young child with catarrh is more likely than not to develop convulsive cough anyhow. But the wide prevalence and rapid spread of convulsive cough among children are the sign and the measure of epidemic catarrh. If this distinction can be maintained, and the convulsive cough of child's catarrh be regarded as a nervous adjunct, more or less prominent according to the particular character of the prevailing catarrhal epidemic, but no necessary part of the disease, much of the apparent confusion to which I have alluded will disappear, while, at the same time, the separation of this complicated disease which we call whooping-cough into its two elements, the catarrhal and the nervous, makes it easy to interpret certain symptoms which properly belong now to the one and now to the other side of it.

You will, I am well aware, be ready with objections to this hypothesis, and perhaps the earliest and the most obvious will be that whooping cough spreads anyhow, epidemic or no epidemic. You will quote instances of children removed from an infected district and placed with others where no epidemic catarrh exists. I know very well that children so introduced to a healthy community will sometimes impart their convulsive cough to their new companions. We hear often enough of whooping cough so introduced into schools. But I know also—and to be impartial you must take the two facts together—that convulsive

cough thus transported to a new soil, when, and so long as epidemic catarrh is absent, will often (as is habitually the case with us in this hospital) altogether fail to produce its like. And what is more, that it will sometimes itself suddenly disappear.<sup>1</sup>

But he must be a careless student of nervous disease, and, indeed, of the habits and customs of his species who would deny that there is a *nervous* contagion as well as a zymotic. If only I can assure myself that the convulsive cough of childhood is a nervous disorder, proper to that time of life, I should expect to find—as I do find—that it would display now more and now less, according to the nature of its subject, the characteristics of all functional nervous disorders. That the coughing of one child should be the signal for the coughing of the rest; that convulsive cough in an adult, having no other character of so-called whooping cough, should yet excite that disorder in a child<sup>2</sup>; that children who have long lost their convulsive cough should again be reminded of it by the ear and take it up afresh—all this would seem to me accountable. It is on a par with the observation that not children only, but older and more stable people cough in company, and that they laugh and shudder and sigh for sympathy, no corresponding idea being suggested to the mind, even that the strongest of us cannot, by taking pains, resist yawning when others yawn in his neighbourhood. It must be exceedingly difficult, of course, in large or crowded communities to say in any given instance whether the convulsive cough has been thus acquired, or whether it has developed out of a simple catarrh, or whether, again, it is the child's signal of its taking part in an epidemic. We may attribute too much or too little to the operation of this principle of imitation. Personally it may be that I have relied too much upon it. But it is there; just as it is in hysteria and chorea, and even in tetany.<sup>3</sup>

And, indeed, there are arguments freely used by those who deny all this which, when overpressed, are apt to break down in the hands of those that use them. Whooping cough in households, it is well known, may not confine itself to the children, but attack the grown-up members—notably the girls—as well. It has even been known to affect the middle-aged father of a family. Such an event, rare as it is, seems to me best explained by supposing that the nervous characters of the prevalent catarrh of the house were eventually shared by the parent who was within constant sight and hearing of them. Whether that be so or not, it can hardly add strength to the argument of

<sup>1</sup> The comparative immunity of children's hospitals in respect of pertussis, a strong argument for the views expressed above, seems absolutely fatal to the contention of some physicians that whooping-cough contagion may be conveyed from child to child through the medium of persons or clothing. We have patients from all parts of London and visitors also, and when whooping cough is prevalent the importation of its specific germ, assuming it to exist, must be of almost daily occurrence.

<sup>2</sup> Dr. Meredith, of Wellington, Somerset, writes:—“I have now three young children with whooping-cough where I am inclined to attribute origin to a youth who was much with them and who suffered from fits of coughing.” Dr. Cheate, of Burford, writes:—“A delicate boy, of 12, had a cough and bronchitis which gradually assumed a ‘whooping’ character. There was no pertussis in the neighbourhood. Presently his brothers took it. All recovered without bad or prolonged symptoms and whooping cough did not appear beyond the house.”

<sup>3</sup> In his “*Maladies des Nouveau-nés*” Bouchut writes:—“Whooping-cough is transmitted like a large number of nervous affections, like hiccough, vomiting, hysterical attacks, &c. This is a fact fully established” (p. 376, 5th edition). Dr. West, however, declines to listen to any suggestion of the kind, and dismisses it with contempt, along with the doctrine that whooping cough may develop independently of contagion, as amongst “the vagaries” prompted “by the mere love of paradox.” I am aware, of course, that this decided rebuke from so high an authority, my teacher, as well as once my colleague, is a strong argument against the views I am expressing. But I may at least plead that it is not the love of paradox, but rather the intolerance of it—and Dr. West repeatedly admits that whooping-cough is paradoxical—which has led me heretofore to lay perhaps undue stress upon a principle which I still believe to be operative.



those who assert that convulsive cough is conveyed by some specific organism to call attention to the fact that only in the rarest instances are adults capable of receiving it, that it has a natural preference for women, and that the notion of a father so affected going amongst his customers or clients at market or exchange, and conveying to them the poison which he has brought from home, is so unlike anything that actually happens as to be almost ludicrous.

But, it may be said, granted that convulsive cough is sometimes contagious and sometimes not, and that the contagion of whooping-cough is partial in regard to age and sex, still a specific conveyance of some kind or other there cannot but be, inasmuch as children do not develop whooping-cough of themselves. They catch it from another and pass it on to others again. That no doubt is a strong argument. If it cannot be established that convulsive cough, whether contagious or not, is a common incident in childhood, often originating spontaneously (so to speak), and quite apart from any conceivable source of contagion, then assuredly the whole contention breaks down, and whooping-cough must be accepted on the present terms with all its anomalies and contradictions. Let us look at the facts.

Early in the present year I addressed some questions concerning the apparent origin of whooping-cough to practitioners in various parts of the country, carefully selected as having large experience in the matter. They were as follows:—

(1) Have you met with pertussis arising out of catarrh, measles, &c., but as far as could be ascertained apart from direct infection? if so, how many within the last (say) three years?

(2) In what proportion of such cases has pertussis been prevalent at the same time in the immediate neighbourhood?

In response to these enquiries, I was favoured with replies from 47 medical men, to whom I owe my thanks, and especially to those who were so good as to write at length.

The answers may be classed thus:—

(1) Eight say "No" simply to both questions.

(2) Ten say "No" to the first question, the spontaneous origin, and answer the second as to epidemic prevalence variously.\*

(3) Six are doubtful and decline to commit themselves.

(4) Twenty-three say "Yes" to the first question and answer variously as to the second.

Thus, while half of the number say "Yes" to the spontaneous origin, much less than half assert the negative.

Time will not admit of my quoting more than a few specimens of these communications:—

"No other case in the neighbourhood and no epidemic for five years."

Child in question was "in the country and had been kept free from exposure to infection for months."

"Whooping-cough in my experience undoubtedly follows measles and catarrh completely free and apart from direct infection."

"I have seen it without any kind of pertussis prevailing."

"Best enquiry has failed to discover infection."

"I have seen many (*i.e.*, apart from whooping-cough infection), chiefly after measles."

"Certainly; many."

Of more lengthy communications let me quote three:—

\* Among these Dr. Ransome, of Manchester, may be quoted, who is of opinion that "the definite incubation period of pertussis (14 days) is a sufficient proof of its specific character." Precise statements such as this are much wanted at the hands of those who share Dr. Ransome's views in this matter.

(5) One is from Dr. Behrendt, of Burringham, Doncaster: "I am strongly of opinion that pertussis does sometimes arise out of catarrh. I have, now and then, come across cases occurring in out of the way houses when no sort of contagion could be discovered, and where catarrh preceded for some time the appearance of the disease. They were, so far as I could ascertain, the only cases in the district."

Another is from Dr. Illingworth, of Clayton-le-Moors (who is, I believe, engaged upon a special enquiry into the clinical characters of pertussis): "I have known of many cases arising directly out of measles and catarrh, and altogether apart from infection. Such cases are, in my opinion, of very frequent occurrence."

(6) A third is from my friend and colleague, Dr. Donkin, physician to the Westminster Hospital and to the Children's Hospital at Shadwell: "Two boys aged three and five had scarlet fever and were confined to two communicating top rooms of the house, no one being suffered to see them, except their father, a medical man, and a nurse who was constantly with them. For about a week during the father's absence another doctor visited them. Both children had marked bronchitis during the fever, and one had broncho-pneumonia. About five weeks after the onset of the scarlatina, both began to whoop, and both continued to suffer from typical whooping-cough for many weeks after recovery from all signs and sequelæ of scarlet fever. During the whole time of their isolation, a carbolic sheet was hung outside the door, and carbolic vapour or creasote was constantly diffused through the rooms."

Narratives such as these may be robbed of their significance by the assertions of some that no limit of time can be assigned to the incubation of whooping-cough, and no limit of space or of agent through which the contagion may travel. Those who thus argue have the issue very much in their own hands. Yet must they, in turn, be called to account for the consequences which their arguments involve. And how will the doctrine of an all-pervading and long-enduring material of infection accord with the actual facts of the case? Take this vast and crowded city of London, where convulsive cough prevails now in one district and now in another, but is never co-extensive with the metropolis, and never fixed for any great length of time in one locality. If it be considered that in every instance of prevalent pertussis a large proportion of the sufferers are not notably ill, and are left to mix intimately with other children, we ought to find—upon any hypothesis that makes the infecting modes and distance very various and considerable—convulsive cough habitually spreading throughout London. There would hardly be such a thing in so thickly populated a city as a localised epidemic. And not in London only, but in towns and villages, why should the infecting organism periodically die out and revive again? why should pertussis forsake one locality and appear in another, not adjoining, but some distance off? I have information of districts where the disease pays annual visits with unvarying punctuality, and where in its periodicity and uniform duration we are equally at a loss to discover how it comes and why it goes.

Now, upon the assumption that convulsive cough is but the child's signal of epidemic catarrh (catarrh, it may be, from which adults shall be exempt), these difficulties disappear. The manner and conduct of the cough will be that of the catarrh upon which it depends. It will be gradually developed out of it, and, as a nervous habit, it may long outlive it.<sup>5</sup> True,

<sup>5</sup> "Epidemic whooping-cough," says Dr. West, "very frequently succeeds to epidemic catarrh, the former disease being gradually



there remains a difficulty as to the nature of epidemic catarrh itself. But of the occurrence and natural history of such epidemics there is no doubt whatever. And one mystery is better than two. The question is whether the universally admitted facts in regard to epidemic catarrh may not be made available for whooping cough also.

But it is said there is small profit in speculations like these. If convulsive cough, whether in association with epidemic catarrh or not, is apt to spread from child to child; if the effect of such cough is always injurious and sometimes fatal, and the contagious form indistinguishable from the non-contagious, if this be so, then beyond question our actual practice is the best, namely, to regard convulsive cough in children as an infectious disease, and to isolate those that are suffering in that way. And I would relax by no jot or tittle the present precautions against the spread of pertussis. Yet from the point of view of pathology the enigma of whooping cough is intolerable. If Nature is consistent there must be some way out of it, and it is but reasonable that we should try to find it.

In conclusion, let me put the substance of what has been said in such dogmatic shape as may be most convenient whether for acceptance or contradiction. Provisionally, then, and not unconscious of the difficulties which surround the subject, I would venture to formulate my propositions as follows:—

(1) Convulsive (or whooping) cough is a purely nervous phenomenon, the expression of a special liability of childhood in respect of spasm, of which other illustrations are to be found in laryngismus and spasm of the glottis.

(2) Pulmonary catarrh in young children may at any time give rise to convulsive cough, and does, as a fact, frequently give rise to it apart from any special infection.

(3) Convulsive cough in childhood, being thus intimately associated with catarrh, is apt to excite special attention at such times as catarrh is epidemic, and to have ascribed to it the characters that properly belong to such epidemic.

(4) The occurrence of convulsive or whooping cough adds appreciably to the danger of catarrh in young children, and affords ample grounds for their separation from others, since it is beyond dispute that such convulsive cough is often communicated.

(5) The fact that in the epidemic catarrh of children this nervous adjunct of convulsive cough is sometimes present and sometimes not, is accounted for by considering that every such epidemic has characters of its own, that functional nervous disease of whatever kind is very unequal in its geographical distribution, and that once developed it has a tendency to persist and to spread by the operation of sympathy or unconscious imitation.

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*developed out of the latter.*" (Italics are mine.) But, he adds, and the remark deserves attentive study, "the persistence of cough long after the decline of catarrh is one of the first signs of the commencement of an epidemic of whooping-cough" (p. 481). Now, it is universally admitted that the actual commencement of whooping-cough is inscrutable. If, therefore, in deference to that fact the word "existence" were put for "commencement," Dr. West would himself be not very far from views which he condemns as "bad for the advance of medical science."

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## CLINICAL LECTURE ON A CASE OF MI-CROPSIA WITH OTHER SYMPTOMS, FOLLOWING A BLOW ON THE EYE-BALL.

GIVEN AT THE MOORFIELDS OPHTHALMIC HOSPITAL.

By E. NETTLESHIP, F.R.C.S.,

Ophthalmic Surgeon to and Lecturer on Ophthalmology at St. Thomas's Hospital; Assistant Surgeon Royal London Ophthalmic Hospital, Moorfields.

CASES of injury to the eye are often of great interest on account of the many parts that may be involved and the consequent variety of symptoms. The case you have just seen is a rather uncommon one. The patient, a delicate looking man, a working goldsmith, aged 29, received on May 5th a severe blow upon the right eye by a piece of gold, weighing about half an ounce, which slipped out from beneath a punch with which he was working on it. Although not made sick, he shortly afterwards felt so ill that he was obliged to leave his work. The eye was inflamed next day, and for a few days afterwards was painful and weak when exposed to light. When these symptoms had abated, so that he could use his eyes again, he found that all objects looked smaller when viewed by the injured eye than by the sound one, and that distant objects seemed to be surrounded by a mist. These symptoms were worse on some days than on others, and on May 27th he came to the hospital because the eye did not get well, and had, in fact, been more aching and troublesome for the last few days.

On reading Snellen's distant test types with the right (injured) eye, he succeeded well till he came to  $\frac{6}{18}$ ; these letters, though legible, seemed to him to have a white margin at the top. The letters of  $\frac{6}{12}$  and  $\frac{6}{9}$  were drawn out upwards so that he could not read them. He said the largest letters seemed smaller than with the left eye. On trying the affected eye with glasses, it was found that with  $\left\{ \begin{array}{l} -0.75 \text{ D. Sp.} \\ -0.75 \text{ D. Cyl.} \end{array} \right\}$  he could read  $\frac{6}{9}$  quite well, and he stated that the letters seemed quite as large with this combination as they did with the other eye, that they showed no white margin and did not seem drawn out. There was no affection of accommodation, for he could read 1 J. as well, and at as short a distance (5 inches or 12 cm.), with this eye as with the other. The pupil was slightly larger than that of the left, but it acted well to light and accommodation. On examination, after the pupil had been dilated with homatropine, there was no conclusive retinal change; a whitish appearance seen around the yellow spot region being, I think, natural. At the outer part of the fundus, however, in front of the equator, was a row of round patches of atrophic choroid with a good deal of pigment on them. These patches graduated in size from before backwards, the largest being near the centre and the smallest ones in front. In the cornea, at a point opposite to these patches, over the upper and outer part of the pupil, was a well-bounded patch of slight haze. The lens seemed unchanged. The other (left) eye was emmetropic and healthy.

The points to be decided in this case are: Why the damaged eye ached, why the man saw things indistinctly and too small, and whether the corneal haze and the atrophy of the choroid were due to the injury.

The pain may be accounted for by the bruising which the anterior region of the eye, the ciliary region included, has undergone from the blow. It comes on whenever he uses his eyes in near vision, whether the damaged eye be covered up or left open. It is absent,



even with both eyes open, when he is not looking at near objects. Thus the pain is not dependent on the entrance of light into the affected eye, but is related directly to use of the ciliary muscle; for, when the ciliary muscle of the sound eye contracts for near vision, that of the damaged eye involuntarily acts also, whether the latter be open or covered.

In respect to the patch of haze in the cornea, we need not hesitate to ascribe it to the direct action of the blow in setting up a slight degree of traumatic inflammation in the part actually struck; it may not improbably disappear.

The choroidal changes have the appearance of being old. The choroid is atrophied, and there is a good deal of pigment; one of the patches only is grayish and rather hazy, as if from recent exudation or the remains of blood, but even this is doubtful. The first question here is whether the choroid can go through such complete atrophy in so short a time as three weeks, or, in other words, what is the shortest time for the appearance of atrophy after traumatic choroiditis? The usual damage which the choroid sustains as the result of a blow, is rupture near the posterior pole of the eye; hæmorrhage occurs, and the neighbouring parts are obscured by blood-clot. In two or three weeks the blood-clot clears off and shows one or more crescentic stripes, or more rarely large patches, of atrophic choroid with some pigment at their edges. I do not remember having seen anything like the changes in the present case with so short a history; but this is a point on which evidence needs to be collected. The situation of this choroidal disease, opposite to the corneal opacity which, no doubt, marks the seat of the blow, is in favour of its having been caused by the injury; for we know that ruptures and traumatic inflammations of the choroid are situated opposite to the point of impact of the striking body. Again, the patches are not arranged as they are in cases of spontaneous choroiditis, where they are more often equatorial than meridional in direction.

Why is the sight disturbed and altered in this case? The defect of vision is chiefly apparent for distance, and is due to the compound myopic astigmatism; that near vision is good shows that there is no defect of accommodation. The change in the refraction of the eye just alluded to is probably the result of an alteration in the crystalline lens rather than in the cornea. Astigmatism of low degree following blows upon the eye and passing off after a time is well known, and I believe that it is generally myopic; whether it be due to change in the position of the lens, to alteration of its curves, or to increase of its refractive power, I am unable to say. Alteration in the curvatures of the lens could be caused by irritability of the ciliary muscle, and if this were greater in some parts of the zone than in others, astigmatism would follow. It is believed that in ordinary cases of astigmatism the defect is sometimes partially corrected by the unequal action of the ciliary muscle; for we sometimes find that the amount of astigmatism is smaller before atropine has been used than after, showing that the astigmatism had been partially corrected by the ciliary muscle. Change in the curves of the lens might also follow any rent or permanent stretching of the suspensory ligament. This man's defect of visual acuteness, may therefore, be put down either to slight changes in the lens, or to the unequal action of the ciliary muscle, perhaps to both.

The micropsia might depend upon one of several causes, and we have to ask which of these is present? You must first observe that this symptom may depend upon either an actual diminution of the retinal image; or, as is more common, upon an error of judgment

caused by an alteration in accommodative muscular effort, or in the number of retinal elements which are covered by an image of given size. In our patient the size of the retinal image, as formed without artificial aid, is increased rather than diminished, for the eye has become slightly myopic; further, the concave lens which corrects the myopia, and thereby rather lessens the true size of the image, instead of aggravating the symptom of micropsia removes it. We must therefore fall back upon some subjective explanation. Micropsia is common whenever the deep layers of the retina, especially near the yellow spot, are disturbed in such a manner that an image of a given size covers less than the proper number of rods and cones. It is met with from this cause in central syphilitic retinitis and central retinal hæmorrhage; but our patient has not had syphilis, and his retina appears healthy. Again, if, in order to see clearly at a given short distance, too great an effort of the accommodation is needed, owing either to weakness of ciliary nerves or muscle, or to diminished elasticity of the lens, micropsia is the result. Micropsia from this cause is sometimes observed in commencing presbyopia, and constantly in paresis of the ciliary muscle whether from the action of atropine or from disease. Just the opposite effect is produced if the ciliary muscle be thrown into tonic spasm by eserine; much less than the usual voluntary effort is then required for seeing clearly at a short distance, and objects so seen appear larger than usual. A strong contraction of the muscle of accommodation is naturally associated with the act of looking at small things, because, the smaller the object, the nearer it must be brought to the eyes in order to be easily seen; hence, whenever a strong effort to accommodate is made, even with only partial success, this *effort* comes to be mentally associated with the idea of smallness in the object. Our patient's micropsia cannot, however, be thus explained, for he has the symptom when looking at distant objects and not making the least effort of accommodation; moreover, there is no defect of accommodation at all in his damaged eye. Again micropsia is met with in some hysterical affections of sight, and is then probably due to an affection of the elementary visual areas in the brain; but this does not apply to the case before us.

Can any other explanation, besides pretending, be suggested for this man's micropsia? I think that his case is really an instance of what is very common, viz., that if any object, such as a test-type letter, be seen slightly out of focus, it will look rather smaller than when it is seen with perfect clearness. When slightly out of focus, the image consists of a nebulous or grey border and a well-defined black centre, and this centre is really smaller than the whole image is when clearly focussed. Now, it is by this well-defined central part that we judge of the size of the nebulous image. If the image be very much out of focus it will contain no black central part, and its size will therefore not be judged in the same terms. Those who are emmetropic may prove what I have said by looking at the distant test-types through a very weak convex lens (+ 0.5 D.); the letters, especially the smaller ones, will now have a rather blurred margin with a narrowed black centre, and to many persons they will look smaller than if viewed by the naked eye. The converse is seen in very slightly myopic persons; these sometimes say that the correcting lens "magnifies" the distant types, because it destroys the hazy margins. The latter is the condition in our patient: his injured eye having become slightly myopic sees a hazy border to small objects, and accordingly judges them to be smaller than they are; the correcting concave lens, whilst it has, on the whole, a slightly diminishing effect, produces an image rather larger than that portion of the hazy image from which his conception of size had been derived.



REPORTS OF  
HOSPITAL PRACTICE IN MEDICINE  
AND SURGERY.

SAMARITAN FREE HOSPITAL FOR WOMEN  
AND CHILDREN.

CALCULI REMOVED FROM THE KIDNEY BY  
COMBINED ABDOMINAL AND LUMBAR  
SECTIONS.

(Under the care of Mr. KNOWSLEY THORNTON.)

IN November, 1883, C. N., single, aged 25, was admitted under my care in the Samaritan Hospital, suffering from pain in the right lumbar region and hæmaturia. She had noticed at the end of the previous summer (1882), that she was easily tired, and also that the urine was thick and high-coloured. The pain had only come on four months before admission.

Careful examination of the abdomen and of the renal regions failed to give any assistance in diagnosis, and pelvic examination was also negative in its results. A very considerable increase of the pain on the right side, and of the amount of blood in the urine, followed the examination, and there was also so much pain in the left lumbar region that a suspicion arose that there might be stones in both kidneys. When keeping quiet in bed, there was but little pain, hardly any blood, and the amount of urine passed in twenty-four hours was from 1 pint to  $1\frac{1}{4}$  pints; when moving about, however, there was always much blood in the urine, much lumbar pain, chiefly on the right side, and the quantity of urine passed was considerably increased. She had suffered from irritable bladder, and also from occasional retention since the beginning of her symptoms. While she was kept quiet in bed, one specimen of clear and fairly healthy urine was obtained, with a mere trace of albumen. Pus was usually present in considerable quantity, but no casts were ever detected.

*Family History.*—Paternal grandfather and grandmother both had gout. Father died of renal calculus and dropsy at fifty-two. Mother living, but delicate. Two of mother's sisters died of phthisis. All the father's brothers and sisters died young. Patient has three brothers all alive and well, and six sisters, one of whom has Bright's disease. The only previous illness that she could remember was sickness and diarrhoea with fainting fits, about seven years ago.

After carefully considering the case, I decided to open the abdomen on the right side by Langenbüch's lateral incision, to examine both kidneys, and if I detected a stone in either, remove it by a separate incision through the loin. I was encouraged to the performance of this novel operation by the wish to examine both kidneys, by the confidence I possessed that a simple antiseptic exploration of the peritonæal cavity was free from serious risk, and by the hope that in the event of finding a calculus in either kidney, its extraction would be much facilitated by being able to grasp the kidney from within the peritonæum, push it towards the loin and hold it fixed in the position which appeared most favourable for reaching the stone by a small lumbar incision. On December 12th, 1883, the patient was anæsthetised by Mr. Doran, and with Mr. Meredith's assistance I performed the following operation. Langenbüch's incision on the right side, five inches long; free hæmorrhage from parietes; passed

my hand into the peritonæum, examined bladder, ovaries, and uterus; replacing the latter, which I knew was retroverted from the vaginal examination before operation, I attempted to trace up the ureters from the bladder, but found it impossible to feel them distinctly. I examined the left kidney, and thought there was some fulness in the pelvis, but not having felt many living kidneys through the peritonæum was doubtful; I examined the right, and believed that I could feel a stone in the pelvis, and to make quite sure, pushed my finger through the peritonæum and cellular tissue till nothing but the wall of the pelvis intervened between my finger and the stone. Grasping the kidney firmly, I turned it so as to reach the stone through the pelvic wall and not through the substance of the organ. This part of the operation was performed by pushing a blunt director from within outwards, till it bulged the skin in the loin, and then cutting on its point from without, enlarging the opening with a probe-pointed bistoury, then passing the director from without inwards till its point pressed upon the stone cutting through the pelvis of the kidney, and extracting the stone with a small pair of lithotomy forceps. A red rubber drainage tube was then passed through the loin opening into the pelvis of the kidney, the peritonæum was sponged out, and the abdominal incision entirely closed by silk sutures. A separate dressing was applied to the abdominal incision and to the small lumbar opening, the latter being arranged for frequent changing. The operation occupied one hour to the time I commenced to put in the sutures. It thoroughly fulfilled my expectations in so far as the examination of both kidneys, the safety of the proceeding (the patient's pulse and temperature were normal two days after the operation), and the advantage obtained by being able to fix the kidney. It failed in part because, from want of experience in such examinations, I was obliged to open the peritonæal covering of the kidney before I could feel certain as to the presence of the stone, and this, together with my method of making the lumbar incision led to a continuity between the lumbar and peritonæal wounds which I had decided to avoid when planning the operation, and which it is of the utmost consequence to avoid if the peritonæal incision is to be in all cases free from serious risk. It will be seen that when next performing the operation, I was able entirely to carry out my original plan. The stone has not been cut, but I have no doubt that it is chiefly uric acid, and it weighed on removal 90 grains and was thickly coated with blood. The after progress of the case was very satisfactory. The morning of the day after the operation I found the tube in the kidney causing so much pain that I removed it and shortened it, the tube dressing was changed under the spray every twelve hours, and the tube gradually shortened, the urine ceased to flow on the fourth day, and the tube was removed on the eighth day, when the bowels also acted naturally for the first time. The sutures had been removed from the abdominal wound on the sixth day, when it had entirely healed by first intention. On the seventh day the bladder urine, which had been clear and free from albumen, contained epithelial tube casts, much renal epithelium, crystals of uric acid and some triple phosphates, and after the closure of the loin wound it became albuminous again. During the remainder of the time that she was in the hospital, the urine contained a good deal of pus, and generally uric acid crystals, but the casts gradually disappeared and there was never any blood.

Some weeks after she left the hospital she walked some distance to church and back, the result being severe hæmaturia, and from this time it became evident that the operation had not cured her, and as she com-



plained chiefly of pain in the left side of the back I concluded that there was a calculus in that kidney also.

In March of this year she was again admitted into the hospital, looking somewhat anæmic, but upon the whole in a better condition and with less pain than when first admitted. The urine examined on March 11th was faintly acid, containing  $\frac{1}{5}$  of albumen on boiling after filtration, much pus and blood, triple phosphates, and no casts. The quantity passed in twenty-four hours corresponded closely with the amount before the operation. She stated that at times since the operation the urine had been clear for a week at a time, but any exertion would cause thickness and blood again, and she was never entirely free from pain, except when the urine was clear. The latter had been on both sides, but worse on the left than on the right.

Having since operating upon this patient, removed two calculi from males by lumbar incision with most satisfactory ultimate results, but with very tedious convalescence, I hesitated somewhat as to which method I should employ in the second operation, but at last decided to explore the left kidney by the abdominal method, being partly decided by the wish to examine the kidney which had been already operated upon, and see what condition it was in. The result proved not only the wisdom of the decision, but also the great value of the abdominal exploration in these cases.

The operation was performed on March 25th, 1885, Mr. Malcolm administering chloroform and Mr. Meredith assisting me. I first made Langenbüch's incision on the left side of the abdomen, and carefully examining the left kidney failed to detect any stone; I therefore passed my hand across to the other side of the abdomen, and found that the right kidney was as mobile and as easy to examine as if no operation had been performed upon it, and I at once detected the presence of a stone in its pelvis. I was now able to finish the operation as I had originally planned it. Steadying the kidney with one hand in the peritonæum, I cut down upon it from the loin with a long, sharp-pointed, narrow-bladed bistoury, and thus reached the stone through the substance of the kidney without wounding its peritonæal covering. The stone was round, flat, and smooth, and slipped about so readily that its extraction was very difficult, but I accomplished it at last with the aid of the lithotomy scoop. As it was evident that I had missed this stone when extracting the first, I determined to be very careful this time, and proceeding to manipulate the kidney from the peritonæum between my finger and thumb, I soon detected another stone high up in one of the calyces. The extraction of this was a very tedious business. First I had to dilate the opening from the pelvis into the calyx with my finger, and then the space to pass anything through and seize the stone was very small; at last, by squeezing the stone down with one hand, grasping the kidney from the peritonæum, I managed to seize it with the smooth-ended polypus forceps which I use for sponging out the pelvis in ovariectomy. I thus got it into the pelvis of the kidney, but it slipped out of the forceps there, and was only extracted after much manipulation by the aid of the scoop. I believe that it would have been impossible either to find or to extract this second stone through a simple lumbar incision with no possibility of securely fixing the kidney. In this particular case this is but a small portion of the benefit derived from the abdominal incision, for had I not used it I should have cut into the left kidney from the lumbar region, made a useless wound into a healthy kidney, and missed the two stones in the right kidney altogether. If I had been a little more thorough in my examination of the kidney at the first operation, I have no doubt I should have extracted all three stones then,

but I was too readily satisfied when I had found and extracted the one stone. The smooth nature and the shape of the last two extracted makes me think that they had both formed in the calyces (I have found similar stones in the calyces of a kidney removed by nephrectomy), and that the one found in the pelvis at the second operation had only found its way into that situation after the removal of the first, which was moulded somewhat to the shape of the pelvis.

The patient suffered very much more from shock than after the former operation, and when the catheter was first passed, a few hours after the operation, there was no urine in the bladder. The kidneys had both been much more freely handled than on the previous occasion, and the whole thickness of the right kidney had been cut through and the openings from the pelvis into the calyces successively dilated. The next morning the temperature was only normal, and the pulse quiet and weak (124), respiration irregular, and tongue dry and brown. There had only been  $7\frac{1}{2}$  ounces of urine from the bladder in about 16 hours, and but little had drained from the loin into the dressings. The highest temperature was recorded on the fourth day,  $100.8^{\circ}$ , pulse 108, and after this it rapidly became normal. The bowels acted naturally on the fifth day and regularly daily afterwards. The sutures were removed from the abdominal incision on the seventh day, when it was practically healed. But whereas the urine ceased to flow from the lumbar wound on the fourth day after the first operation, when the pelvis only was cut through, it flowed in this second operation till the eighteenth day, and there was still a loin tube in on the forty-eighth day, when the urine suddenly began to flow freely again, and continued to do so for some days—an experience corresponding with that obtained in the two lumbar nephro-lithotomies, in both of which the urine flowed long from the wound, and then broke out again after it had ceased to flow for some time, and when one hoped that the deeper parts of the wound were quite healed.

The patient was in the hospital 30 days after the first operation, and 78 days after the second, the difference being solely due to the rapid healing of the kidney wound on the first occasion, and its slow healing on the second. Whether it is better that it should heal slowly or rapidly I think is at present an open question. When it is slow, the tube is apt to get coated with phosphatic deposit, and there must be some risk of similar deposit on the edges of the wound, and in the kidney substance or pelvis, a re-formation of the very thing the operation was to cure. On the other hand, it seems possible that if the wound heal too quickly without the pelvis of the kidney being thoroughly drained, there may be risk of small blood clots, &c., remaining behind, which may become nuclei for fresh deposits. The happy mean between too slow and too quick healing is therefore a matter of much importance, but one only to be learnt by careful observation and experience.

In considering this operation, the first question to be answered is whether the abdominal incision adds much to the risk for the patient. I maintain that it does not, if the surgeon will only make his abdominal exploration thoroughly aseptic; or, in other words, if he will take full advantage of the scientific surgery of the time. If he is not confident in his ability to do this, he had better be content with the lumbar incision.

Granting that the risk is slightly, if at all, increased by the abdominal exploration, what are the advantages obtained?

- (1) We are certain that the patient has two kidneys.
- (2) We are certain, as shown by my second operation, not to incise the wrong kidney and miss the stone.



(3) If the stone should have become impacted in the ureter too low down to be reached by the lumbar incision, it can be readily felt and removed by the abdominal incision. In this case certain special precautions will be necessary to avoid escape of urine into the peritonæum, but it is outside the present case to discuss them.

(4) We can select the point at which it is most desirable to incise either the substance or pelvis of the kidney, and hold it in the best position for reaching this point from the lumbar incision.

(5) We can steady the kidney while extracting the stones—a point of very great importance in a fat subject, or in one with a very mobile kidney, which may slip out of reach from the lumbar wound.

(6) We can avoid with certainty accidental injury to the renal vessels, the ureter, the peritonæum and the intestine, all possible dangers in the lumbar incision and of very serious risk, because they may happen and yet escape detection till they become apparent by after bad results. I do not maintain that every case should be operated upon by this combined method, and I have obtained two splendid cures by lumbar incision alone, but I do maintain that in certain cases it offers great advantages, with no serious counter-balancing risks, and it is not lightly to be dismissed from a mere foolish dread of opening the peritonæum. Careful selection of cases suitable for the combined operation, or for the lumbar operation alone, and equally careful examination of the results obtained, must decide which method shall be adopted in any given case.

I have just had the satisfaction of seeing a gentleman from whose right kidney I removed a stone a year ago. He is in perfect health, and passes clear normal urine. Before the operation he was a mere skeleton, *existing* on milk and water, because attempts to take other food brought on such terrible attacks of renal colic. This is a triumph for the lumbar incision, but there was considerable difficulty in steadying the kidney during incision and extraction, though he was so emaciated, and had so little abdominal muscle to resist palpation, that I thought it a specially suitable case for simple lumbar incision. He was 56 days in the nursing home, and the loin tube had to be re-inserted more than once after the wound had apparently healed.

It is too soon yet to judge of the result of the second operation; when the patient left the hospital there was still a good deal of pus in the urine, but so there has been in my two successful cases for some months after the operation, and they are now both passing healthy and clear urine.

## APPOINTMENTS FOR THE WEEK.

*Friday, July 3 (this day).*

OPHTHALMOLOGICAL SOCIETY.—General Meeting. Living Specimens at 8 p.m. Discussion on the President's paper, "On Reflex Ophthalmitis"; Mr. Anderson Critchett, "Case of Extreme Retinal Irritability"; Mr. J. B. Lawford, "Tubercle of Choroid"; Messrs. Walter Edmunds and J. B. Lawford, "Pathological Anatomy of Optic Neuritis." The Business of the Annual Meeting will be commenced at 9.30.

*Tuesday, July 7.*

UNIVERSITY OF LONDON.—Meeting of Convocation at 5 p.m. Election of Senatorial Candidates.

## MEDICAL TIMES' SPECIAL ARTICLES.

THE following series of Special Articles are in course of publication in the *Medical Times* :—

1. CLINICAL PAPERS, *being practical articles by Physicians and Surgeons of experience on important points in the diagnosis and treatment of common disorders. The 22nd paper of the Series appears in the present issue.*
2. ESSAYS ON MEDICAL CLASSICS, *being studies on the lives and works of celebrated medical writers. Essays have already appeared on Sydenham, Cheyne, Armstrong, Graves, Cullen, and Brown. The three next papers will deal with Heberden, Marshall Hall, and Conolly.*
3. NOTES ON FOREIGN HEALTH RESORTS, *embodying practical information for the use of practitioners, supplementary to that which appears in the ordinary Guides and Handbooks. Madeira, the Canary Islands, Tarasp-Sehuls, Meran, and Helwân have already been dealt with, and the following will form the subjects of future articles: Corfu, Sicily, Algeria, Athens, The Cape and Natal, and the Orange River Free State.*
4. MEDICAL CONSULTATIONS, *a series of colloquies on topics of medical interest, in which an attempt is made to present fairly the different sides of the question dealt with. No. 15, on The Title of "Doctor," is published in the present issue.*
5. LETTERS TO UNDISTINGUISHED PERSONS.

## Medical Times and Gazette.

SATURDAY, JULY 4, 1885.

THE annual election of Members of the Council of the Royal College of Surgeons took place on Thursday, and as will be seen from our report in another column, resulted in the re-election of Mr. Savory by an enormous majority, and the election of Mr. Oliver Pemberton and Mr. Macnamara. The forecast we made a few weeks back is thus well justified. The opposition which at one time appeared to threaten Mr. Savory's seat aroused a corresponding reaction in his favour, and no one but the extreme wing of the "Reform" party will deny that the case was one in which political considerations might fairly be expected to yield to those of personal eminence. By the election of Mr. Pemberton, the just claims of the provincial Fellows will be satisfied, while in Mr. Macnamara the Council gains a member who is understood to be heart and soul with the reformers.

THE usual monthly meeting of the Obstetrical Society was held on Wednesday. The chief part of the evening was occupied with a paper by Dr. Priestley, giving an account of a visit paid by him to the lying-in hospitals in Copenhagen, Helsingfors, and St. Petersburg. He described the manner in which antiseptic precautions are carried out in those hospitals, and the great reduction in the mortality and morbidity which has followed the introduction of antiseptics. Dr.



Matthews Duncan, who was the first speaker, spoke of the introduction of antiseptics as the greatest improvement in midwifery that had ever been introduced, and said that more lives were saved by antiseptics than by vaccination. Dr. John Williams related the excellent results obtained by Dr. Champneys and himself at the General Lying-in Hospital. He not only was able to state a very low rate of deaths and morbidity, but he described the extreme care which he and his colleague took to ascertain the termination of each case, so that their statistics might be perfectly accurate. Dr. Champneys urged the importance of getting the totals accurate; not basing estimates of results upon distinctions between puerperal and non-puerperal deaths. Dr. Playfair described the precautions which he himself insisted that his nurses should observe; and he, as well as other speakers, lamented the prevalent indifference of medical men in the carrying out of antiseptic precautions. Sir Joseph Lister, who was present, spoke briefly on the invitation of the President. Before the paper of the evening a unique specimen of rupture of the uterus apparently due to peritonæal adhesions was shown by Dr. Harvey of Calcutta.

THE Annual Meeting of the Ophthalmological Society will be held this day (Friday), when the officers and Council will be elected for the ensuing Session, and some alterations in the Rules will be proposed. A preliminary catalogue of the library has been printed and sent round to the Members with the notice of the meeting. We understand that the Council are specially anxious that this department of the Society should be a great success, and we therefore willingly call the attention of our readers to it. Anyone who is willing to present books to the Society is requested to communicate with the Librarian of the Ophthalmological Society, 11, Chandos Street, Cavendish Square.

CONVOCAION of London University meets on Tuesday next to vote for three candidates, one of whom will be selected by the Queen to fill the place in the Senate vacated by Lord Cardwell. The candidates who have been nominated are Mr. Carey Foster, Mr. Philip Magnus, and Dr. R. F. Weymouth. Mr. Carey Foster has obtained a greater amount of support from his brother graduates, especially in the medical faculty, than either of his colleagues, and will no doubt be indicated to the Queen by a preponderance of votes, as the individual by whom Convocation desires to be represented on the Senate. If elected, he will reinforce the Liberal party on the Governing Body, though it is possible he may oppose that whittling down of the Preliminary Science standard, which will be necessary if the London Medical Degree is to become in any sense a popular one. Whether Convocation would be with him on this point will possibly be seen on Tuesday, when it will be asked by Dr. W. J. Collins and Dr. E. W. Roughton "to express its approval of the resolve of the Senate, as intimated by the Vice-Chancellor, to maintain the standard and scientific character of the medical degrees of this University." There ought to be a good discussion on that resolution,

but unfortunately it comes last on the agenda, and probably will not be reached.

As we announced last week, a dinner is to take place this (Friday) evening at the Holborn Restaurant under the presidency of the Marquis of Salisbury, in support of the Conservative candidate for the representation of the Universities of Edinburgh and St. Andrew's. The candidate in question, Mr. Macdonald, the new Lord Advocate for Scotland, and his opponent on the Liberal side, Mr. Æneas Mackay, are both lawyers, and neither is very well qualified to represent a university which derives all the importance it possesses from the fact that it is the most flourishing medical school in the United Kingdom. It is not creditable to the Edinburgh medical graduates that they should allow political exigencies to impose upon them a representative whose culture, however high it may be, has little relation to theirs.

WITH regard to the representation in the new Parliament of the other Scottish universities, Glasgow and Aberdeen, we hear with pleasure that a movement is on foot for obtaining a medical candidate. The movement is one with which we heartily sympathize, seeing that of the eight university representatives in the present Parliament one only, viz., Sir Lyon Playfair, is in any way able to express the views and wishes of the important medical faculties; and he will shortly have to vacate his seat to a lawyer. We are glad, therefore, to hear from our Glasgow Correspondent that if a medical candidate actually stands for the Universities of Glasgow and Aberdeen, in the Liberal interest, his prospects of success are very considerable. Mr. Asher, it will be remembered, who was the defeated candidate at the last general election, had an actual majority of a score or thereabouts in Glasgow, but was beaten by the large majority in Aberdeen. Since then, however, the majority in Glasgow has rapidly increased, a majority of Liberals having been enrolled in the Council each year since the election. Aberdeen graduates have all along sought a medical candidate, and now that there seems almost a certainty of their getting their heart's desire in the person of a most distinguished member of the profession, they will, no doubt, bestir themselves to the utmost to aid his return. There seems a prospect of such a candidature uniting the two Universities in more vigorous action than has characterised them for some time past. The prospect is due to the graduates of both Universities resident in London; but we believe the members of the constituency resident in Glasgow will cordially approve what the London graduates have been able to do in the matter.

THE report which we see in a contemporary, that Mr. Ernest Hart, in his candidature for the representation of Mile-end in the next Parliament, has promised to vote for the unconditional repeal of the Contagious Diseases Acts, will cause considerable excitement in medical circles. We are not at all sure that he has not acted wisely. The apology for inspection still in force is worth less than nothing from a



preventive point of view, and the question is whether it is not worth while initiating a grand experiment in the method of difference by repealing the Acts entirely. By that means we may possibly, at the expense of our soldiers and sailors, obtain such evidence as may perhaps convince those who are not absolutely bigots on the question, *i.e.*, the vast majority of reasonable men, that a great and general effort is absolutely required in the interests of the public health to limit the ravages of these diseases. It is quite arguable whether a similar course for a similar purpose may not be in the end advisable in the case of the Vaccination Acts. At any rate, there is a great excuse for medical men, worried by the everlasting opposition to their benevolent intentions, throwing up the sponge and saying, as Mr. Hart practically does, "Well, have your own way, but don't blame me if it turns out badly."

THE cholera is daily invading fresh territory in Spain, and besides the three provinces of Valencia, Murcia, and Castellon, to which it was at first confined, and in which it still continues to rage, though with abating vehemence, it has shown itself in six other provinces, including those of Alicante, Toledo, Saragossa, and Teruel. During the second week, which ended at midnight on Monday, 7,849 cases and 3,699 deaths were officially declared, and since then the daily roll of cases has amounted to some 1,400 and the deaths to some 700. The province of Valencia has suffered most heavily during the past week, the daily number of fresh cases amounting to between five and six hundred and the deaths to something over half that amount. At the latter end of last week the disease made its appearance at Aranjuez, where it is now violently raging. The people of that beautiful summer resort are panic-stricken, and, as usual in Spain, flying from the invader by thousands, to be fumigated wherever they arrive. Meanwhile, be it noted, the more the cholera spreads the less we hear of Dr. Ferrán, who is, presumably, too busy to give the newspaper correspondents any account of his doings.

A SCIENTIFIC mission, headed by Professor Brouardel, has left Paris for Spain to study the present epidemic of cholera in that country and Dr. Ferrán's method of vaccination. It is strange that while Spain was hardly infected during last year's epidemic in France and Italy, she should now be so severely handled. Whatever may be thought of the cholera bacillus, it is quite certain that (if it exists) we know little or nothing of the conditions which favour its propagation or hinder its development.

PROFESSOR RAY LANKESTER makes an article on Recent Progress in Biology in the *Nineteenth Century Review* the vehicle for a reiteration of his well-known views on Dr. Koch and the comma-bacillus. After stating the facts, which are by now pretty familiar to our readers, he complains that "the medical world is being diverted from the real question at issue, which is not whether gelatine is liquefied by a particular organism, but whether cholera is produced by the comma-shaped organisms which occur in the intestines

in that disease." "Of this," he continues, "not a particle of real evidence has been forthcoming, and we may dismiss the statements of Dr. Koch as rash and extremely harmful assertions, which were not warranted when they were made according to the accepted principles of scientific investigation and have not as yet had the luck to turn out to be well-directed guesses." All this may be as Professor Lankester states, but we doubt the wisdom of the *sæva indignatio* with which he states it. The *Times*, however, is equally absolute in its opinion. "It may be questioned," it writes, "whether any single person whose judgment upon such a matter is entitled to consideration has any vestige of belief in the alleged connexion between the microbes and cholera, or regards the former in any other light than as the results of common decomposition." We cannot but deprecate the *animus* shown in the sentences we have quoted, but it is not to be denied that our prophecy, made months ago, that the comma-bacillus will at the end turn out a common bacillus, is very likely to be justified.

THE only striking paper of medical interest in the July magazines is Dr. H. B. Donkin's reply in the *Fortnightly* to Dr. Morell Mackenzie's much-talked of article on Medical Specialism, which appeared in the same magazine last month. We noticed Dr. Mackenzie's paper on its publication, and expressed a hope that some competent writer would come forward to expound the other side of the question. We hoped that one of our big guns, with their long range projectiles, would have, not demolished Dr. Mackenzie, but given him a little friendly battering, to show the onlookers that he was not to have it all his own way. In default, however, of older men, this office has fallen to Dr. Donkin, whose closely reasoned and philosophical article will be read, we hope, with equally close attention. It may be remembered that Dr. Mackenzie's main thesis was, that specialism is destined to become the general rule in medicine, that in the near future the profession will be divided into specialists and general practitioners, while, as for the pure physician or surgeon, his occupation is as good as gone, and it only remains to write his epitaph, which indeed Dr. Mackenzie has attempted, in a style somewhat different from that usually employed in such compositions. The main objection to Dr. Mackenzie's assertion is that it is too absolute. He has witnessed specialism triumphant in certain lines of practice, in connection with which it was once furiously and we think mistakenly attacked, and he assumes that the same process will be repeated in those other forms of specialism, the objection to which rests on entirely different grounds. As we said at the time, the question of specialism will have to be settled in the final resort, on *a posteriori* grounds—by experience and not by argument. But, as it is one which, for good or evil, will have to be very largely decided by the popular voice, it is very desirable that the public should have placed intelligibly before it the grounds on which the large majority of the medical profession deprecate that undue extension of specialism, which consists in dividing the human body into its different organs, and allocating each to a



separate group of practitioners. This task Dr. Donkin has taken up and accomplished with undeniable success in the current number of the *Fortnightly Review*.

THE gist of Dr. Donkin's main argument is to be found in the following sentences:—To justify universal specialism "it must be shown," he writes, "that the whole territory of medicine can be sub-divided, without injury to its cultivation, into small and separate fields. But it is clear to those who, without technical knowledge, even for a moment seriously contemplate that territory—the human body—that no such division can possibly take place; and it follows from this that unlimited specialism has no scientific basis, and must therefore in practice be unspeakably harmful to the public. The body is an organism, not a mechanism; its systems and its parts are intimately interdependent; it cannot be studied piecemeal, and no argument from professional expediency or from the difficulty of any but specialists 'coming to the front' can shake the fact that he who has the widest knowledge of that body and its disorders and diseases is best able to find out what is the matter with his patients, and consequently with certain exceptions to tend or help them best towards recovery." This position Dr. Donkin reinforces by illustration from two or three classes of disease. For the profession this is enough, but writing as he does for the public we think Dr. Donkin would have done well to have multiplied his illustrations, which he might have done to an almost illimitable extent. As we said a month ago, the specialist himself, with his rigidly limited experience, is very apt to think that all cases are cases for the specialist, but every general practitioner will admit that the majority of the cases in which he feels the want of further help are cases for the pure physician and not for the specialist, even in the widest meaning of that term. We think that Dr. Donkin's argument would have been more easily appreciated by the general reader if he had given briefly a score of such illustrations, instead of the two or three which he has deemed sufficient. After reiterating that "the wider a man's knowledge the better a physician he will be," Dr. Donkin proceeds to meet the objections of those who would point to the men who make a special study of nervous disease and of fevers, as supporting Dr. Mackenzie's argument. In such spheres, Dr. Donkin argues, "considering the extent and multiform relationship of their material, the word 'specialism' in the limited sense of 'concentration on one object' cannot be properly applied. . . . That some men must and do limit their study and practice is no argument for the extinction or uselessness of all who refuse to concentrate themselves on the study of one organ alone. Science shows, both by the aid of advancing clinical study, and by the painstaking investigation of disease in the body after death, that but few maladies are really specialised, but few organs suffer alone. The more scientific the boundaries of the physician's territory become, the less specialised does he find his work to be." The above quotations from Dr. Donkin's article will be sufficient to show the spirit in which he deals with the question, and sufficient also, we hope,

to tempt many a reader to its careful perusal. For the medical profession the question is almost the most important of the day, and we think it will be generally admitted that Dr. Donkin's paper is a most valuable contribution to the discussion, which, however the public may take it, will certainly do much to crystallize opinion within the profession itself. Dr. Mackenzie may be congratulated on having met with an opponent so worthy of his steel.

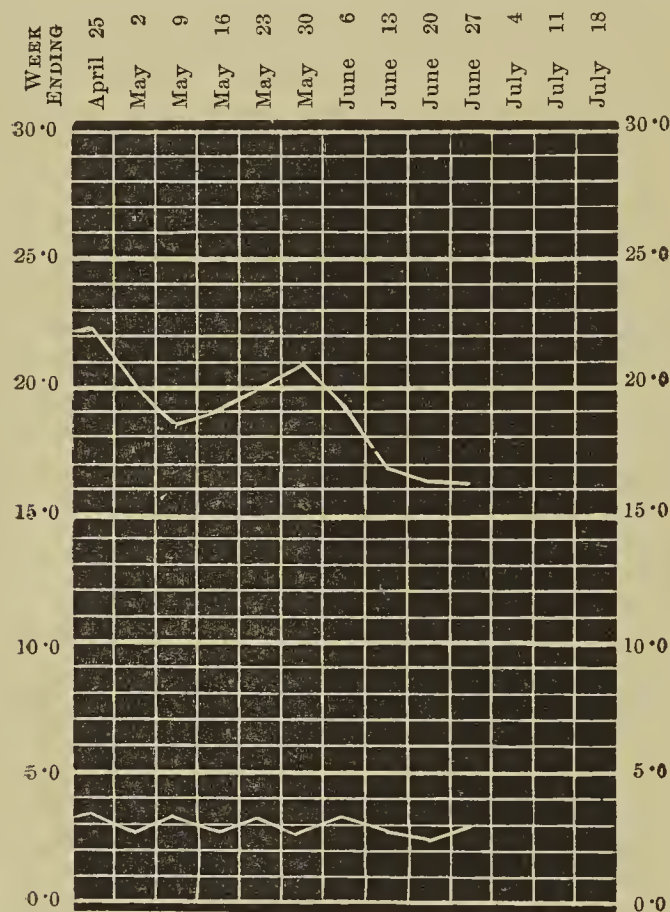
THE Managers of the Metropolitan Hospital Saturday Fund, the receipts from which have doubled in the last decade, are contemplating a considerable increase of activity this year. The street collection, which last year brought in nearly 3,000*l.*, will be held during the London season, viz., on July 18th, instead of in September when town is comparatively empty, and it is hoped that this change will result in a large addition to the collection. The cabdrivers, too, who largely use the hospitals and are correspondingly grateful, have undertaken to display the colours of the Fund, and to make a collection amongst themselves and their fares on the same day. It is perhaps a pity that a collection could not have been organised amongst the thousands of operatives who crowded to Hyde Park last Sunday to protest against the disfranchisement of rural voters who have received medical relief. It might have been pointed out to them with some force that but for the fact that the London hospitals and dispensaries save them from relying on the Poor-law they might have been agitating for the retention of their own votes instead of those of their fellow-labourers in the country.

THE great meeting in question was successful as such meetings go, though the majority of those present seemed to regard it rather as an occasion for agitating against the House of Lords than as a means of putting pressure on the House of Commons to pass Mr. Jesse Collings' Bill. It remains to be seen what course the present Government, whose chief, as we all know, has a lordly contempt for people who think to promote political reforms by walking about the streets, will take on the question of disfranchisement for medical relief. The Conservative party have so often stolen leaves out of their opponents' book that we should not be surprised if they were to propose a measure even more far-reaching than that of Mr. Collings, which only suspends disfranchisement for a single year. We hope they will. Two or three years of such suspension are at least necessary in order to give time for that extension of the provident system, by which alone the principle of disfranchising paupers can be maintained without working injustice to individuals.

DURING last week 1,279 deaths were registered in London, being 5 less than the previous week, and 189 below the corrected decennial average. There was a slight rise in the deaths from zymotic diseases, entirely owing to diarrhoea, which caused 44 deaths; in 31 instances the victims being under one year of age. Measles caused 90 deaths, and whooping cough 46, in both cases the victims being almost exclusively children under five years of age. There were 28 fatal



cases of small-pox, and 134 fresh cases, leaving exactly 1,000 patients under treatment at the end of the week. Scarlet fever had 13 victims, diphtheria 14, and enteric fever 11. There were only 183 deaths from diseases



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past ten weeks.

of the respiratory system. The weather was fine, rain only fell on one day and then only to the extent of .11 inch; 35 hours of sunshine were recorded out of a possible duration of 116 hours. High zymotic death-rates were reached in Birkenhead, Liverpool, Manchester, Salford, and Newcastle.

THE Royal College of Physicians' Conversazione came off on Wednesday evening, and was well attended. In the library there was a fairly good selection of oil paintings, water-colour drawings and engravings, and an admirable show of "still-life," from the beautiful banks of roses on the mantelshelves, to the hideous reptiles sent by the Zoological Society. Dr. Cobbold's microscopical specimens of rare entozoa were abundantly scrutinized. But as usual and proper at such gatherings, for most of the guests conversation formed the chief entertainment, and indeed was the main object of their presence.

THE admirable address which Professor Gairdner delivered at Dundee on Saturday last, and of which we regret that the exigencies of our space only allow us this week to publish the first and less important half, will do much to help forward the movement for establishing a medical school at Dundee. There is plenty of room in Scotland for another medical school, and if the proposed arrangement with St. Andrew's University can only be completed, there is every prospect of Dundee taking a recognised place as a centre of

medical education. It has already a Science College and abundant clinical material at its Infirmary, whilst among the practitioners in the town there are men thoroughly competent to undertake the duties of teaching medicine, surgery, and the other practical subjects. In order to complete the School, Professors of Anatomy, Physiology and Pathology would have to be appointed at fair stipends, and dissecting rooms and laboratories provided. It is hoped that support might be obtained through the Royal Commission on Scottish Universities, but, even apart from that, the inhabitants may surely be counted on to raise the comparatively small amount sufficient, if the arrangements in view are successfully completed, to raise Dundee to the rank of a University town.

DR. GAIRDNER's address forms beyond doubt a most important contribution to the discussion of a question which is at present largely occupying the minds of medical teachers, and which has thoroughly nonplussed the Medical Council. The question is, how to reconcile the claims of the scientific and the practical subjects in medical education. Two proposals have been made, (1) To throw as much as possible of the preliminary scientific teaching upon the schoolmasters; and (2) To extend the curriculum to five or six years. The Medical Council has wavered between these alternatives, inclining first to one and then to the other, and we fear that the third course suggested by Prof. Gairdner will not do much to help it out of its perplexity. The proposal will, no doubt, scandalize educational pedants—Dr. Gairdner is prepared for that—but it is based on the soundest sense, and would be well worth a trial in a new school. If Dr. Gairdner's system should be adopted at the school which it is to be hoped will ere long be started at Dundee, we should not be surprised to see the students taught under it taking a very exceptional position in the profession. The gist of the proposal is that the pupil, from his very first entrance into a medical school, should be a student of the living human body; that side by side with his theoretical studies, he should be taught their vital application, instead of having to wait to learn the latter until he has forgotten the former, which means never learning them. There should be, in Dr. Gairdner's words, "an organisation such that at every stage of the student's training an illustration could be sought out of the field of disease. He should be brought more or less face to face with the business of his life all through his course, so as at no time to lose touch with it altogether, and yet be in a position to apprehend the relation to it of thorough and genuine scientific work. The method could be followed in the learning of physics, chemistry, and the whole realm of graphic physiology. There are facts in connection with all these sciences which could be explained in the lecture and illustrated at the hospital." The scheme would involve the employment of well-paid tutors, who would have to devote themselves with enthusiasm to their duties. And here indeed is the weak point of the proposal, for to secure its successful working born teachers would be necessary; and though born teachers are said to drop from heaven more plentifully in Scotland than elsewhere, even Scotland is not embarrassed with them. The



scheme demands living teaching, not the dead-alive lectures that in London and Edinburgh make up the recognized ideal of medical education.

OUR Paris Correspondent writes: The great biennial prize of twenty thousand francs has been awarded by the Academy of Sciences to Professor Brown-Séquard. His principal competitor was the celebrated African traveller, M. Savorgnan de Brazza. The biennial prize is awarded in turn by each of the five Academies which form the Institute; it is, therefore, in reality a decennial prize so far as each Academy is concerned. While the reward, which thus crowns the life and labours of a most eminent man, is hailed with universal applause, it is a matter of regret that Professor Brown-Séquard should not be a member of the Academy of Sciences or of the Academy of Medicine. In other countries these scientific distinctions would have been conferred upon him long ago by acclamation. In France the system of "close boroughs," which prevails throughout the scientific organisations, seems to result in the exclusion of many an eminent man, who has excited the jealousy or dissatisfaction of certain members of the scientific aristocracy. Many a man of second-rate capacities enters the hallowed precincts, because his very moderate capacities have never given offence, while candidates of the highest rank are left out in the cold. Nothing short of a radical reform will break down these artificial barriers, which seem rather to keep out science than to protect it. Professor Brown-Séquard has, however, obtained a mark of public esteem which may well be set in balance against the lavish abuse which has been heaped upon him by the Anti-vivisectionists. These erratic worthies are hard at work trying to obtain the permission to lay fetters on experimental physiology in France, as they have already done in England. A "Congress" has been held in Paris, where, among a certain number of foreign members, some French adepts were present, among whom, of course, the ladies were conspicuous, including the notorious Mademoiselle Marie Deraismes, "and other wandering crazies." If, however, the French members were content with the interdiction of public experiments in lectures upon living animals, nothing short of absolute and total interdiction would satisfy the Anglo-Saxon element. When John Bull once gets upon the wrong tack, he is sure to stick at no absurdity. His motto is "thorough."

ALL those who love books and are interested in the history of medical progress, will be glad to hear that Dr. Sieveking's persevering efforts to obtain a reprint of Harvey's MS. Lectures are likely to be crowned with success, Messrs. J. and A. Churchill having undertaken the publication of the work. Further particulars as to the conditions of publication will be found on pages vi. and vii. of the half-yearly supplement, published in the present number. It is almost superfluous to call our reader's attention to the value, present and prospective, of this volume of Harvey's Lectures. It should meet the taste of both the practical and the sentimental, for owing to the limited number printed, each copy will increase in value as the years run on, while its possessor will have

always on his shelves a most worthy monument to the memory of the first of English physiologists.

WE have been requested to call attention to a letter from Dr. Neale, which appears in another column. The "Medical Digest," an appendix to which it is proposed to issue at the end of the present year, is a work of great practical usefulness, both to the medical writer and to the practitioner; but its value can only be maintained by the frequent issue of appendices. The truth of this may be gathered from the fact that as many as 2,000 entries have been made with a view to the publication of this first appendix, which by the end of the present year will, it is estimated, contain a fifth part as much matter, all of it new, as the edition of 1882. More periodicals have been drawn upon than formerly, and the editor has steadily kept in view his aim of making the work a "Digest," rather than a simple index.

AT a meeting of the Barrow Drainage Commission in Dublin last week, Dr. F. X. MacCabe, who recently resigned his appointment as Medical Inspector under the Local Government Board for Ireland, to become a member of the Irish Prisons' Board, gave some very interesting evidence as to the effect of floods and undrained land on the general health. He said that when peaty lands were flooded, the solar heat was wasted in evaporation, and a foggy cloud-laden atmosphere was the result, together with increased rainfall and a general lowering of the temperature. Hence, constitutional diseases, pulmonary phthisis, bronchial catarrh, and "bog lameness," which was really chronic rheumatism, arose amongst the labouring poor. Malaria was not altogether unknown, and, what was more significant, other diseases that did not belong to the malarial group. The injurious effects in towns and villages affected by flooding were very great. Pulmonary diseases were frequent where the inhabitants slept over marshy and flooded lands. The floods carried back the sewage, and enteric fever and gastric derangements in children became common. When the rain was great and the land flooded, compulsory confinement to the houses followed, the people crowded together, and typhus fever was amongst the results. A general lowering of vital power was also one of the consequences of the absence of sunlight and the presence of a cloud-laden atmosphere, and chronic and acute rheumatism frequently prevailed in badly-drained districts. No doubt, another result was a craving for stimulants, and he ventured to think and hope that an improvement in that direction would be the result of an improvement in the drainage of the river. When the Barrow was flooded at Carlow, especially after a moderate drought, gastric derangements and even enteric fever became very prevalent. The connection became so persistent that he had come to look at the two as in relation of cause and effect. There can be no doubt that the districts in question, providing as they do a nursing-ground for fever, constitute a standing danger to the health of Ireland.

UNDER the heading of "Andrologists: a Plea for Man," the *Boston Medical Journal* expresses its sur-



prise at the absence of any distinctive nomenclature corresponding to that of the gynæcologist. Attention is called to the term Andrologist, not to suggest its adoption, but to emphasize the wonder that, amidst the modern multiplication of specialties, it has never been used to distinguish a class of practitioners which undoubtedly exists. Every city of any size, we are told, contains men who are almost exclusively devoted to the diseases of the male sex, but as yet they are without a name. Genito-urinary diseases covers well enough the class of work, "but the practitioners themselves can only be designated, without such a term, as gentlemen devoted to genito-urinary diseases." Doubtless the chief obstacle to the professional recognition of such practitioners, as a class, is presented by those less reputable members who would have, or would claim, to be included in it in the hope of gaining status by a nominal juxtaposition with men of deservedly honoured reputation and integrity. It may be urged that the adoption of a recognised title for this branch of practice would tend to increase the *amour propre* of all who follow it. But those who still believe that "the proper study of mankind is man," and who regard the science of Anthropology with proportionate reverence and respect, would be rather taken aback on discovering that Andrology was synonymous with the study of the genito-urinary maladies peculiar to the human male.

#### HOW IS IT WITH THE PROFESSION?

WE are sure that many a reader in some remote country town could answer this question better than we can. We know fairly well, we are bound to know, how things are going on at head-quarters, but to settle the above question it is equally, if not more important, to know what is transpiring in the quiet backwaters of the profession, just as in gauging the vigour of an individual, the feel of the hands and feet will give information that cannot be obtained from the examination of more central organs. It has often struck us that those who flatter themselves that they are contributing to make medical history here in London, are very much like a company of bell-ringers, who, perspiring at the ropes and shaken and deafened by the vibration they themselves create, are unable to realize what emotions their efforts are exciting on the distant hills and valleys around. They do their best according to experience, skill, and muscle, and are perhaps apt to be a little careless as to whether their message is one of peace and comfort or one of discord, of sweet bells jangled out of tune. But assuredly there is one frame of mind in their hearers that they do not count on—that of indifference. Surely the chime that comes round with such weekly regularity, deafening and "succussing" the ringers in their belfrey, will not pass over the heads of the workers in distant fields without raising some response of praise, of thankfulness, or even of criticism. We fear that those who write weekly for medical readers, with a laboriousness only equalled by their sense of their own importance, are in much the case of these same trustful bell-ringers. What says the hard-worked country doctor to their weekly chime?

How does it affect him? Or does he let it pass over him with indifference as so much sound and fury signifying nothing? Who shall tell us? Who shall come in to bring word how the chimes sound in the distant pastures?

We cannot help fancying, for instance, that these questions of so-called medical politics, which excite so much discussion in London, and which have articles written on them by the score, and letters by the hundred, interest the distant members of the profession very little, because they affect them little, and can be affected by them even less. Those who stand in the thick of things necessarily have a much less perfect sense of proportions than they who stand far off. To a country practitioner in full practice, a little fact discovered in a Vienna laboratory—viz., the virtues of cocaine—has probably ten times more importance than all the long discussed arrangements for establishing a teaching university in London. And why? Because the latter question affects him as little as he is able to affect it. The people who decide these matters are determined that they will decide them alone. The teachers and their friends who are agitating for this reformed university, mainly with an eye to their future pupils' advantage, though also with a side glance at their own, are unanimous in this, that the new university shall be a teachers' university and that the graduates, as such, shall have no voice, or next to no voice, in its counsels. Complacent bell-ringers! What matter whether the chime be good, bad, or indifferent, it shall ring out all the same, and the people away there in the fields may take it or leave it as it pleases them.

Again, twenty-four practitioners drawn from the consulting ranks of large cities meet once a year or oftener in London to settle the affairs of the profession. They talk for a week or more, and pass resolutions which may be supposed to affect their brother practitioners in the remotest villages of the three kingdoms. They are well paid for their verbose labours from the pockets of these same practitioners. But again they have to take it on trust that their message will be a welcome one, received with satisfaction and gratitude. No one approaches them to say how it sounds afar off. They go on raising the standard of medical training, for instance, laudably anxious, no doubt, that every one who enters the profession shall approach as nearly as possible to their own high degree of culture. But assuming for a moment, what might perhaps claim to be more than a mere assumption, that the well-meant strictness of the Medical Council is really cutting off the supply of qualified practitioners in poor and distant neighbourhoods, and throwing their inhabitants into the hands of quacks and herbalists, who is there to warn the Council of this result? The Medical Bill of last year contained a provision which would to some extent have obviated this want of necessary information; but the Bill displeased certain authorities at certain head-quarters of medical education, and it fell through, leaving the mass of the profession still without the means of making their wants known to those who are commissioned to provide for them. Take, again, the English College of Surgeons, the governing body of



which has in its hands such resources for good or evil to the mass of the profession. Instead of gratefully welcoming, as they might have been expected to do, the proposal to secure for them fuller information as to the condition and aspirations of the mass of their constituents, the Council of the College are fighting it inch by inch, fully resolved not to hear the voice of the profession except upon compulsion. We must hear and obey what they say, but they, as a body, are sternly determined that they will not hear what we say, much less obey it.

Amongst all these bodies, who control the destinies of the profession with a complacency and an indifference to criticism rare in present experience, one alone stands out as theoretically based on the broadest suffrage, as able to draw information from the most distant channels and to utilize it for the general good. But theoretically influential as is the British Medical Association, for that, of course, is the body we allude to, practically it is impotent. It has diffused multi-form information throughout half the profession, and it has given to its members the opportunity of expressing their views on different subjects. But its practical influence may be gauged by the fact that it was possible only a year ago for an important Bill, long demanded by the Association and supported with all its strength, to be defeated by a small Scottish cabal.

All these facts appear to provide a sort of answer to the question we have placed at the head of this article. It must be well with the profession when its attempts to secure improvement meet with such small success, and their failure excites so little indignation. A man who is healthy and contented, makes little effort to improve his condition. Discontent is the fertile mother of reform. From this one may fairly argue, we presume, that the profession's health is satisfactory, and that the indifference which all efforts of medical grievance-mongers to promote reform encounter, is an indifference bred of content or of absorption in the daily duties of a serious and interesting calling. Or is it the indifference of impotence, the indifference of the invalid who lets the doctors do as they will with him, knowing, in his own heart, that all their remedies cannot aid him? This is a question on which we, and all journalists, writing as they must do from data drawn from a limited area, need "more light." Will any of our readers—and this week they will be very numerous—supply it?

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### CHANGE OF AIR.

THE formula which is constantly invoked to explain and justify a recurrent phenomenon which originates in motives most mixed and various in their nature, must necessarily possess a corresponding elasticity. Sanitarians of repute have told us that change of air, in its therapeutic sense, means really change of soil; that it is an alteration in the ground air—the air, that is, which the chimney-like action of a dwelling-house is ever sucking in from the soil around and beneath it—that constitutes the essential difference between living in this district and in that. To some extent

this is doubtless true, and for both good and evil this suction action is one too little understood or reckoned with. But, although the medical officer of health cannot yet claim to have changed all that, it may be doubted whether there is now-a-days such an essential difference in this respect between a modern suburban residence and one even in the favoured city of Hygeia. Certainly it is not misgiving as to his cellars or his subsoil which prompts the average Briton to undertake his annual holiday, or, let us hope, which makes him often anxious to obtain a desirable and careful tenant for the furnished house which he forsakes for some weeks of seaside leisure or foreign travel. To the invalid as to the holiday-maker a change of air often implies less a conscious alteration in the atmosphere he breathes than that variation of environment both of men and things which accompanies a change of place. But the two conditions necessarily go together, and one expression stands conveniently for both. Indeed, in the case of the great mass of those to whom a summer holiday is a not less welcome boon because it is a necessity of the artificial life which they are mostly obliged to lead, it is the change of atmosphere which most impresses and entices them. To be, for a few weeks at least, no longer condemned to "take" the air as it grudgingly enters a stuffy counting-house or sitting-room in limited doses of so many cubic inches, laden with the dust and noise of never-ceasing traffic, and permeated with the humanity which toils and sweats around him; to be able, if he will, to spend the whole day from sunrise until dark out of doors, to bathe, to revel in an ocean of diluted oxygen, to watch the sun sink beneath the waves or the moon rise out of them, to realise that chimney-smoke is a casual and accidental contamination of the atmosphere and not one of its necessary and most important constituents; all this and more is included in the new conditions which an ideal "change of air" brings to the toiler, literally sickened with a great City's ceaseless life.

And to the hard-worked dweller in the country change is not less grateful, and may often be not less necessary. The possession of two powerful legs marks man as an ambulatory animal; and the exigencies of his mental, no less than those of his physical nature, indicate a necessity for at least the occasional exercise of his powers of locomotion. The fact that he often fails to realise this need for change of place is no valid argument against its value; rather the reverse. When people in the early stage of invalidism begin to express an unreasoning dislike for leaving home, it may generally be accepted as an indication that they need above all things change of scene. Again, there is a stage in convalescence beyond which it sometimes seems impossible to make further progress, when, despite all care and attention, the patient remains at a standstill; but a change of locality lifts him, as it were, on to another platform, his nervous energies respond to the stimulant irritation of an altered environment, and from this new standpoint the progress to complete recovery is rapid and uninterrupted. For change of air, meaning change of place, brings change of all the conditions of one's being; a change of objects seen through the changed air, noted and



commented on in a changed spirit; a change of speech, of faces, of men, and of manners—and so insensibly a change of self. Man is undoubtedly largely a creature of habit—that is, of nature moulded to and ultimately stereotyped upon familiar surroundings. Thus, one now and again meets with Londoners so deeply branded with their citizenship that they complain that new-laid eggs are singularly destitute of flavour and that only one kind of milk is obtainable in the country. Yet even on such of her detractors nature works a kindly and unconscious vengeance. A man breathes more easily and deeply in a tweed shooting jacket and a soft hat, than when encased in the orthodox frock-coat and surmounted with that hideous emblem of respectability which the discriminating German aptly terms an “anguish-pipe.” The business cares and worries of yesterday are less absorbing than the question whether that big trout still lies under the old willow where we hooked and lost him last year; and for many of us the power to hold our own in the struggle of life might almost seem to consist in the annual administration of some subtle mingling of the scents of wild rose and honey-suckle and new-made hay.

Popular opinion is still apt to associate the curative value of “fresh air,” with some special or supposed constituent. Iodine and ozone are public favourites of this kind, and both are considered to be most abundant in the neighbourhood of the sea. As regards the former, it is to be suspected that the effluvia of decaying sea-weed and even sea-strewn sewage not seldom masquerade under its title; certainly if free iodine were as abundantly present in the air of some sea-side resorts as has been claimed, the powder with which some of the fair visitors affect to protect themselves from the sun should become “violet” in a chromatic sense quite unintended by its vendors—supposing, of course, that it consists of nothing less innocent than the starch which it claims to be. Ozone, no doubt, is to be detected on and near the sea, though not markedly in sea-side towns; for the presence of free ozone, however originated, indicates a comparative lack of those complex and easily decomposed organic compounds with which a part of its loosely combined oxygen is always ready to associate itself, thus ensuring their destructive degradation into simpler and less noxious substances; and an absence of putrescible material is not an ascertained characteristic of any known town, sea-side ones included. That ozone possesses any special value as an ingredient of respirable air, apart from its indirect and purifying action, is at least doubtful. Indeed, were it possible to breathe ozone as ozone, the consequences would be disastrous to the experimenter; and it is fortunate that the powerful action of the atoms of nascent oxygen, which ozone so readily parts with and to which it owes its chemical potency, is exhausted upon atmospheric and other impurities before it has an opportunity of destroying the blood and other tissues of our breathing apparatus. Nor is ozone always most abundant in or confined to the neighbourhood of the sea. It is produced mainly in one or other of two ways (which further research, indeed, may prove to be really identical), by the action of electricity upon

ordinary oxygen, and during the liberation of carbon and oxygen from the carbon dioxide of the atmosphere by the joint action of chlorophyll and sunlight. Wherever friction takes place, electricity is generated. The constant motion of air and of water, together with the action of atmospheric electricity, will explain the presence of ozone over the surface of the ocean, where there is comparatively little impurity to induce its decomposition. In like manner, wind, and the joint action of sunlight and green vegetable matter, explain its production on land, where, however, it is more quickly dissipated by combining with other organic compounds always present in more or less amount. Those, then, whom the sea-side does not suit, need not bewail the loss of its ozone-laden air. The breezy common, and the wind which blows over sunny stretches of green meadow and woodland is as pure and rich in oxygen as that of any sea-side resort, and probably more so save when the wind sets inland from over a wide stretch of sea. A walk across the fields or moors, or through the woods, is thus at once more energising and more purifying than the same amount of exercise taken on the high road or “between rows of stuccoed houses.” The shadow of a rock on the glistening beach is grateful; but the air perhaps is less pure than that compassed by the shadow of a leafy tree. And the absorption of energy which goes to the wrenching apart of the oxygen and carbon atoms is probably shown to some extent as a loss of heat; so that the dusky nooks of a deep wood are really cooler than the equally dark shadows of a rocky valley. These, however, are details as to which the holiday health seeker will do well not to be too particular. His great aim should be, having first of all and as far as possible chosen time and place well, to make up his mind to a contented enjoyment of all and anything that may fall to his lot. He will believe in good fortune, and will cultivate that good-natured acquiescence with his surroundings which is the very opposite of mental worry, and which will most readily ensure rest and recruiting time to his mental energies. He will not overdo exercise, or behave as though untrained muscles must be abused because the brain has been overtaxed, nor will he play tricks with his digestion. If he be a dilettante in medical literature, he will know that man is, in the fashionable phraseology of the day, an aerobic organism, and he will gratefully remember that while endeavouring to fulfil his destiny in that direction, he must necessarily be exposed to the influence of the many other new conditions which are conveniently comprehended in the expression “a change of air.”

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## CLINICAL PAPERS.

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### XXII.—“INDIGESTION” AND ITS TREATMENT.

THERE is no complaint of which the diagnosis and the treatment are more often vitiated by gratuitous theorising, and consequently meddlesome drugging, than chronic indigestion. Moreover, this same love of theory and “treatment”—a curious source of ready



satisfaction to many medical minds--leads to a great exaggeration of the number of cases which are dubbed dyspeptic. Satisfied with a supposition of some derangement of the secretions or movements of the stomach which cannot be proved or observed, but is all the more elaborately and dogmatically enunciated, too many of us are apt to search no further than this organ for the ultimate cause of the complaint which we have to treat. And yet it may be boldly stated that an immense majority of the patients who come to doctors for relief from pain, or discomfort of some kind, be it "fulness" or flatulence, or flushing, after taking their meals, have little or nothing the matter primarily with their stomachs, and do not require, but should rather avoid, any medicine directed thereto, or indeed any drug at all. This proposition will be found to be true just in proportion to the *apparent* freedom of these patients from any ailment except that of the stomach. In considering this question, cases of organic disease, as cancer, or ulcer, or gastric catarrh from obvious irritatives, such as alcohol or patently immoderate living, are left out of sight; for they are evidenced by other symptoms beyond those to which we refer, and, generally revealing themselves to the careful medical enquirer, are not ticketed as dyspepsia. Equally of course are ignored the common derangements of the stomach which would more properly be termed *acute*, occurring in the course of fevers and inflammations, or as the immediate results of acts of gluttony or drunkenness. The *ordinary* dyspeptic patient is one who suffers at certain times after taking food; and even if never quite free from his complaint, which is not often the case, is at all events much worse at such times than at others. Many, indeed, both claim and appear to be quite well except at the fatal after-dinner time.

To come to a correct conclusion as to the diagnosis and treatment of these cases, a comprehensive knowledge is brought into requisition, and the more such knowledge is practically applied, the smaller will be the number of patients who will be vaguely called dyspeptics. We shall then eliminate the gouty, and the sufferers from the less obvious forms of renal disease, and what is often lost sight of, the victims of unsuspected cardiac mischief. It is not altogether rare to find patients persistently treated, and treated in vain, for "dyspepsia" by so-called stomachic remedies, be they acids, or alkalies, or bismuth, or the many artificial and almost useless so called physiological "digestives" the names of which end in *-pepsin*, whose symptoms, though incidentally referable to gastric congestion, are really due to disease of the heart, and especially of the mitral valve. Again, the sufferers from chronic pulmonary affections, and notably from bronchitis, furnish a considerable contingent of cases which for the patients' sakes should not be put down as "indigestion." The host of neurotics, whose prominent complaint is dyspepsia, will certainly be more successfully treated by general hygienic or "tonic" methods than by "stomachic" medicines, or indeed, very often, than by giving much attention to even dietetic rules; and a change of habits or social surroundings will frequently succeed where all the resources of the cook and the druggist have been taxed

in vain by the "therapeutical" physician. Psychical dyspeptics are misunderstood and maltreated by thousands.

It would seem perhaps scarcely necessary to insist upon the all-important part played in the production of some of the most troublesome cases of indigestion by the deficiency or absence of teeth. But this cause is surprisingly often overlooked by the most ardent treaters of disease, and cases might be quoted in numbers where many doctors, including those the most eminent "for the stomach," have vainly drugged for years a healthy organ whose owner has been at last relieved of his intolerable sufferings by the art of the dental mechanician.

Most prominent of all perhaps among the dyspeptics who apply for relief are those whose sufferings, sometimes of great severity, are due only to neglect of proper intervals between their feeding-times. Not quality or quantity of food is here at fault at all. These are they who take good breakfasts, because their digestive organs have had their physiological and therefore un-starved rest; who do not suffer much or at all after luncheon (if they take any); but from an over-late dinner, when their possibly idiosyncratic stomachs have been long empty, undergo tortures which only an unnatural appetite can drive them to endure. Drugs are not good for such as these.

From this small and imperfect selection of commonplace sketches from life it will be seen that "dyspepsia" ought not to be so great a bug-bear to the doctor as it often appears to be. The despair of the therapist should decrease with his dwindling drug-list. Useful as in very many cases of organic disease of the stomach various medicines are, and indeed, indispensable as perhaps the only means of relieving the patient, they are in such cases only palliative; and the same, in a modified sense, may be said of most of the remedies in the forms of acids or alkalies which are given at certain times and with certain rules with the often plausible notion of affecting the secretions of the stomach. A dose of such medicine may relieve the pain or discomfort which follows a meal, or may even, though more doubtfully, prevent such pain in rare cases by promoting digestion; but the effect is only temporary; the cause is not touched, and the theory which prompts their administration is elaborated more in the study than at the bed-side. The stomach rarely suffers alone; never, perhaps, in indigestion which is *curable*. In curable dyspepsia drugs reach their lowest, in incurable disease of the stomach their highest, point of utility. Pepsin may relieve discomfort for the moment; but it seldom does, and at best it is a sorry therapeutic crutch. Opium, and even bismuth, are often a god-send to a cancerous stomach. And with respect to the purely dietetic treatment of dyspepsia, there are two sides to the question. Doubtless the dyspeptic should not disobey the accepted dicta of physiology and of general experience with regard to his manner of living; and broad rules should in most cases be enforced. But in proportion as a man is dyspeptic, so he often finds out best for himself what to take and what to avoid; and as long as his meals are moderate in quantity and regular in time he will often be better with a comparatively unrestricted diet-table. The most "dietetic"



of doctors rarely practise themselves what they preach, to the healthy, and the least dyspeptic of dyspeptics are verily not those who are always taking thought for their daily meat and drink.

Σ.

## REVIEWS AND NOTICES OF BOOKS.

### PHARMACOLOGY, THERAPEUTICS, AND MATERIA MEDICA.<sup>1</sup>

UNDER the above title, Dr. Lauder Brunton introduces to the medical world a work which marks a distinct epoch, a turning point in the history of medicine. It is not a mere compilation, a *résumé* of all that has been said during the last few years of drugs and their actions, but it is essentially a new departure, breaking away from well-worn tracks into a new and almost unknown region. It is significant to find a reversal of the order of the terms *Materia Medica* and *Therapeutics*, and it is satisfactory to see from the preface that this is no haphazard arrangement, but the result of a conviction in the author's mind that *Materia Medica* should hold a distinctly subservient position; a feeling that time and energy are wasted in presenting the reader with a mass of facts, numbers and minutiae of tests, more particularly volumetric tests, which it is impossible to commit to memory and which should only find a place in manuals of reference, not in text-books. This idea removes from the book a number of details with which works on *Materia Medica* are commonly clogged, and with the elimination of so much material it might be thought that the student's work would be rendered lighter, and that the absolute amount of reading would be diminished. We find, however, that this newest text-book consists of over eleven hundred pages, and there are but few of these pages which can be hurried over without missing important facts. For this vast increase of the work of the summer session the student may well ask for some justification, and the justification is furnished most amply by Dr. Lauder Brunton's first title of his book, *Pharmacology*, and the way in which he deals with it. He defines it as being a "knowledge of the mode of action of drugs upon the body generally and upon its various parts," and he widens this definition later by saying that in discussing pharmacological questions, we are accustomed to speak of the *action* of a drug on the body, or on its various parts, but we must remember the effect produced is not due to a one-sided action, that what we actually mean is the *reaction* between the drug and the various parts of the body.

The development of this subject practically forms the *raison d'être* of the book. The section on pharmacology is by far the most thorough, and, as might have been anticipated from a consideration of the author's former publications, it is based purely on advanced physiology of the modern school. In order that no mistakes may be made, no erroneous deductions drawn from the reader and the author approaching this section with different data, Dr. Lauder Brunton repeats, somewhat exhaustively, the physiology of the various organs, remembering, as he naïvely remarks in the preface, that students sometimes find a difficulty in applying physiology to pharmacology and therapeutics, and that many are apt to forget those parts of physiology which they are not constantly studying. This "aptness to

forget" Dr. Brunton constantly endeavours to meet in his pages, going out of his way a little in various directions where his experience as a teacher and examiner has shown him that forgetfulness is most marked. This is the case, apparently, not only with physiology, but also with chemistry: *e.g.*, when speaking of the carbon compounds, we find that under the heading of the fatty series and aromatic series he prefaces his remarks by some pages of pure chemistry, commencing with the tetrad character of carbon and ending with graphic formulæ for pyridine, naphthaline, and chinoline.

This direct application of previous knowledge, this forcing home the importance of work of the preceding session, is undoubtedly of inestimable advantage. It shows the results that have been obtained by the experimental method, it explains these results fully so far as our present knowledge allows of explanation, it furnishes scores of suggestions for new investigations, and it supplies also numerous invaluable hints as to the deductions to be drawn from experiments. Perhaps one of the most interesting sections is that in which we meet with the ingenious application of the theory of inhibition by interference, this hypothesis being made to explain the opposite results so frequently obtained by the use of small or large doses of the same drug, results which are almost inexplicable on any other theory. Another portion of the book which leaves a lasting impression, a feeling that something has been distinctly gained by the author's system, is that in which he deals with the action of drugs on the eye, and explains the way in which simple alterations in the size of the pupil may be effected.

As a sign of the times we find a chapter devoted to the action of drugs on invertebrata, the author remarking that the "study of the action of drugs on invertebrata has not been carried out methodically to any great extent, but it offers a very promising field for investigation, and probably in the course of a few years may yield very valuable results." Those accustomed to read between the lines will see a special significance in the interest attaching to the action of drugs on medusa, mollusca, ascidians and annulosa, and cannot fail to admire this tacit protest against the limits applied to the work of the scientific investigator. It is now more than fifteen years since Dr. Brunton deferred the publication of his original book on *Materia Medica*, in order to clear up many unsatisfactory statements and uncertainties by a few experiments, and now the whole conditions of research are altered completely, but not before much has been done, as this book shows, to render the employment of remedies far more scientific, far less empirical. The author's sympathies have evidently been mainly with the pharmacological element, and as a consequence we find this portion of the book full of new material most carefully worked out. The parts dealing with Therapeutics are not so full and not so satisfactory; and the *Materia Medica*, from an insular standpoint, is still less satisfying—it is, to say the least of it, perplexing to have it complicated by the addition of remedies and preparations from the United States Pharmacopœia.

Although we regard this as an error of judgment, and wish that Dr. Lauder Brunton had contented himself with writing a work on Pharmacology only, there can be no doubt that the book will be widely employed, and will greatly add to the author's already high reputation. The style is easy and lucid; opportunities for light writing are but few, as the book deals so largely with stern facts. The author has, however, contrived to stamp his individuality on every page, and his quaintness of diction will frequently amuse, *e.g.*, when speaking of invisible respirators, he says, "An instrument is sold bearing this name, consisting of a thin plate of metal; but what is perhaps quite as

<sup>1</sup> "A Text-Book of Pharmacology, Therapeutics, and Materia Medica." By T. LAUDER BRUNTON, M.D., D.Sc., F.R.S. Adapted to the United States Pharmacopœia, by F. H. WILLIAMS, M.D. London: Macmillan & Co., 1885.



good, or better, is a sovereign or half-sovereign placed between the lips and teeth. Patients are thus forced to keep the mouth shut in order to prevent it from falling out, and its value makes them careful about losing it." The book is furnished with three very copious indices; over a hundred and thirty pages are devoted to them. It is also fully illustrated with diagrams and illustrations of somewhat unequal merit; those in the Pharmacological portion of the work are excellent; those in the Materia Medica are apt to be misleading from the absence of scales indicating the size of the specimens. In a work of this magnitude repetition is frequently necessary, and perhaps inevitable, but in certain instances it is rather too marked, *e.g.*, on p. 490 and p. 544 the elimination of iodine, and the mode of production of iodism, are to all intents and purposes repeated at length in the same words. It seems ungracious to refer to misprints, but they are frequent. One which will doubtless surprise all who value Dr. Brunton's work occurs on p. 708, where a wrong formula is given for nitrite of amyl.

### LITZMANN ON LABOUR WITH CONTRACTED PELVIS.<sup>1</sup>

THIS great work fills us with admiration of the patient labour and accurate and minute observation by which it has been produced. The branch of medical science to which it is a splendid contribution has not of late been so much studied in the English-speaking countries as it ought to be. Gynæcology, more lucrative and less laborious, has diverted the attention of most of those by whom midwifery ought to be advanced. In midwifery, exactness of diagnosis and soundness in practice, are too often their own only reward. But it must not be forgotten, that research in midwifery in England is carried on under greater difficulties than is the case in Germany. Just as other branches of medicine and surgery owe their advance to the opportunities afforded by the aggregation of disease in our great hospitals, so it is to the bringing together of midwifery cases under circumstances favourable to observation that we must look for progress there. In Germany the numerous lying-in hospitals, well officered and equipped, fulfil this condition: and the result is seen in the grand strides in our knowledge of the science of obstetrics proper which we owe to that country.

The book before us is composed of three parts. The first, which occupies 158 pages, consists of four lectures on labour with contracted pelvis. The first is on the diagnosis of pelvic contraction in the living; the second, on the influence of contraction of the pelvis upon labour, considered generally; the third, on the influence of particular forms of contracted pelvis upon the process of labour; and the last, on the treatment of labour with pelvic contraction. With regard to these lectures, it is scarcely too much to say that to one who is only acquainted with the subject from reading English text-books, they open up what is almost a new world of thought. They show the reign of law in what was previously nothing but confusion. They give interest to, and bring practical uses from, the observation of small points in which, unilluminated by the light of science, the student of midwifery sees little value except perhaps as a help to the cultivation of his sense of touch. The mechanism of labour and the deviations from it, considered by too many students we fear as a sort of barren scholastic exercise, become full of interest, and are seen to

abound in lessons of direct practical utility. It is a book which we hope may, some day, be seen in an English dress; in any case its teaching is sure to permeate the text-books of the future.

The second part of the work consists of three lectures on the history of labour with narrow pelves. These are very interesting, although they have no direct bearing upon the practical business of the accoucheur. They fill 88 pages. The remainder of the volume consists of the cases upon which the didactic teaching of the 2nd, 3rd, and 4th lectures is based. They are cases of labour reported with a fulness and minuteness and precision of detail to which, taken as a whole, English obstetric literature affords no parallel; and, if we seek here and there in English monographs for cases to compare with Litzmann's elaborate reports, we shall find but few that come up to even an average case out of this collection. As a summary of our judgment we can only repeat what we have already said, that no obstetric teacher ought to omit the careful study of this book, and that it must largely colour the teaching and practice of the future. We are sorry to say anything which may lessen the desire of our readers to get the book, but truth compels us to add that Prof. Litzmann's style is cumbersome and involved, his sentences lengthy and complicated—indeed, for an English reader, it seems to us as difficult German to translate as is to be found in medical literature.

*A Practical Treatise on Urinary and Renal Diseases;* by WILLIAM ROBERTS, M.D. Fourth edition. London: Smith, Elder & Co., 1885.—In the preparation of this edition, which has long been looked for, Dr. Roberts has been assisted by Dr. Maguire, and he acknowledges his indebtedness by placing the name of the latter on the title page with a generosity which unfortunately is not very common. So much has been said in regard to albuminuria in the ten years that have elapsed since the last edition, that Dr. Roberts found it desirable to re-write the section dealing with this important subject. As regards the tests, he declares for two only, *viz.*: the old methods of boiling and nitric acid. All the new tests he has found untrustworthy, including his own brine test, and all for the same defect, *viz.*: that they give a reaction with mucin and other substances which cannot be distinguished from that indicative of albumen. To the list of pathological states in which albumen is liable to be found, the author now adds functional albuminuria, including especially the physiological albuminuria of adolescents; he inclines to accept Sir William Gull's hypothesis that it is due to atony of the vessels and nerves of the kidney. A long note is appended on the pathology of albuminuria, in which he accepts the following general conditions:—1. Alterations in the composition of the blood. 2. Alterations in the circulation of the blood through the kidneys. 3. Alterations in the structure of the kidney. The section on bacteruria has also been re-written, and contains a most interesting and detailed account of a case in which he found micrococcus chains in the perfectly fresh urine; he succeeded in obtaining a pure cultivation of the organism, but is not able to throw any light upon the nature of the case; the patient eventually died with polypoid growths in the bladder. As to the oneness of the two forms of Bright's disease, the author's views remain unchanged; he still holds, with the great majority of writers in this country, that though the large white kidney may atrophy, it can never be converted into the granular kidney. The recent work of Manson and others in reference to the *filaria sanguinis hominis* has been duly incorporated in the present edition, but we cannot say that the section on the *Bilharzia hæmatobia* has been brought up to date at all, and it is evident that the editors have not seen Dr. Guillemard's little monograph on the disease which appeared some three or four years ago. With this single exception we believe that the work is fully up to date, and it cannot fail to maintain its great and well-earned popularity.

<sup>1</sup> Die Geburt bei engem Becken, nach eigenen Beobachtungen und Untersuchungen, von Dr. Carl Conrad Theodor Litzmann, Professor der Gynäkologie an der Universität Kiel. Leipzig: Breitkopf and Härtel, 1884. S. 738.



*Lectures on Diseases of the Nervous System, especially in Women*; by S. WEIR MITCHELL, M.D., Second edition. London: J. & A. Churchill, 1885.—We feel sure that the new edition of Dr. Mitchell's admirable lectures will be received on this side of the Atlantic with more than ordinary attention. His subject, the nervous disorders of women, is one that interests every practitioner, and his views on treatment are gradually receiving general acceptance. The new matter in the present edition deals with hysterical affections of the joints, of the alimentary canal, and rectum especially, and of the relation of hysteria to organic disease of the spine. Under this latter head a most remarkable case is narrated, tending to upset some accepted views in regard to disease of the spinal cord. We have been accustomed to believe that when any group of muscles presented the "reaction of degeneration" there was hopeless disease in the corresponding area of the spinal cord. Dr. Mitchell's case, however, shows that this is not universally the case. The symptoms in the case of the young lady in question were of so extreme a character, that nothing short of her complete recovery would have sufficed to satisfy us that there was not organic disease of the cord; the patient was blind, her mental faculties were impaired, her limbs were contracted in an extreme degree, the contraction not giving way under an anæsthetic, and the muscles of the leg presented the degenerative reaction, and yet she got quite well. Dr. Mitchell says that the clinical history of acute hysteria has yet to be written, but it appears to us that he has contributed at any rate the preliminary chapters, and if, as he says, we still know nothing of the physical basis of hysteria, we would reply that, thanks to him, we are at any rate in a better position to recognise and treat it than we were.

*Injuries of the Spine and Spinal Cord, without apparent Mechanical Lesion, and Nervous Shock, in their Surgical and Medico-Legal Aspects*; by H. W. PAGE, M.A., M.C., Cantab. Second edition. London: J. & A. Churchill, pp. 397.—Mr. Page's now standard work appears after thorough revision, in its second edition. The author candidly tells us that he has been unable to make such additions to it as he had wished and contemplated, but otherwise, so good and so full of valuable information is the book, that we should never have discovered that additions were either possible or necessary. The work throughout is full of plain common-sense argument, and testifies to an unbiassed, yet critical mind at work in an old field, but entirely on new lines. Though great prominence was given to the work by what we may call a regrettable mistake, its popularity and success in no sense rest on such an accident, but rather on the admirable reasoning and sound conclusions drawn from a very large experience in the particular class of cases under discussion.

*Frozen Sections of a Child*; by THOMAS DWIGHT, M.D.; Fifteen drawings from Nature, by H. P. QUINCY, M.D. New York: William Wood & Co., 1881. This useful atlas, prepared under the direction of the Parkman Professor of Anatomy at Harvard University, appeared some years ago, but it has never been noticed in these columns, and we gladly take the opportunity of drawing our readers' attention to it. The study of sections and plates of sections, which is now becoming so popular, can never replace careful dissections as an anatomical training, but it is a very excellent supplement to the ordinary course of anatomy, and indeed it may be almost said to be necessary to a full and clear idea of the architecture of the human body. The present volume exemplifies this in a remarkable degree, for it deals with the body at an age which, anatomically, has received little attention, the subject of the sections having been the body of a girl of three years of age. To the increasing number of practitioners who are devoting their attention to the diseases of childhood, it will give important aid; to such practitioners an accurate knowledge of anatomy is essential, as their diagnosis must necessarily be formed almost exclusively on the study of objective facts, and any means which facilitates this study and renders accuracy in it more possible will be heartily welcomed. The plates are accompanied by explanatory chapters, in which the in-

ferences to be drawn from them are noticed, and many points omitted in the ordinary text books are emphasized. The peculiarities due to the age of the subject are pointed out, and the appearances contrasted with those met with in adult sections. In his preface Professor Dwight gives directions for making frozen sections, a process which, owing to the colder winters of the author's city, is evidently much easier there than in our own temperate climate. The book is one which should be constantly in the hand of every surgeon or physician who has to deal with the disorders of childhood.

*Micro-Chemistry of Poisons*; by THEODORE G. WORMLEY, M.D. Second Edition. Philadelphia and London: J. B. Lippincott Company, 1885.—It would be difficult if not impossible to speak in terms of too high praise of this beautiful work. The arrangement is systematic, the author's style clear, and the whole subject is minutely and thoroughly treated. The plates, sixteen in number, all from steel engravings, are without exception admirably executed, and constitute a most important feature in a work which even without them would have made its mark. The new matter in this edition consists mainly in a chapter on gelsemine and an appendix on the examination of blood and the detection of blood stains. In both these articles the author shows himself to be fully abreast of current medical opinion on these important subjects.

## ABSTRACTS AND EXTRACTS.

### THE TRANSMISSION OF PHTHISIS.

IN a recent clinical lecture on the transmission of phthisis between husband and wife, M. Potain (*Revue de Médecine*, June) briefly records a case in which there was reason to suppose that a woman who had died under his care from phthisis had contracted the disease from nursing her husband, who died of the same malady. He then proceeds to study the general evidence bearing upon the question. The old popular belief in the contagious character of phthisis was shared by Hippocrates and Galen, and in later times Sennert, Morton, Valsalva, Morgagni and many others had held the same opinion. In the middle ages, especially in Italy, phthisis was regarded by the law as a contagious disease, sufferers from it were isolated, and the notification of the sick was compulsory. Gradually with the advance of pathological anatomy the notion of its contagiousity became lost, at any rate so far as the medical profession was concerned, for in many places the popular belief in its contagiousness lingered on. Laennec, who believed in the inoculability of phthisis, did not admit its contagiousity, and he was followed by Portal, Andral and Requin, who all shared his views. Finally, the histological researches of Virchow and his school afforded a fresh support to the opponents of the contagion theory. Many practitioners, notwithstanding all these facts, were led to share the popular belief, and to still think that tuberculosis might be contagious. It was chiefly in the army that the facts of transmission were most striking, and the frequent occurrence of tuberculosis in young men, healthy for the most part, but living together, was a strong argument in favour of the contagious nature of the disease. It was a French Army physician who first undertook to demonstrate scientifically what his every-day experience taught him to presume to be the case. To M. Villemin belonged the honour of having been the first to prove experimentally the virulence of tuberculosis. His first work in this direction dated back to 1865, and at that date he had already arrived at the opinion that tubercle was an infectious zymotic disease. Naturally his views at first met with much opposition. In 1877, Klebs announced the discovery of bacteria in the sputa of phthisical persons. In 1882, Koch succeeded in demonstrating conclusively the bacillus of tubercle by the aid of new methods of preparing and staining, Toussaint having failed the year before in his cultivation



experiments. M. Potain then briefly recounted some instances in which contagion from wife to husband had taken place, as well as some in which it had been from husband to wife. In all these cases it was observed that the contracted disease ran a rapid course, more rapid in fact than in that in the person from whom it was contracted. Sometimes tuberculosis might be transmitted to successive husbands or wives as the case might be, and sometimes a husband having contracted phthisis from his wife, and after her death having married again, had been known to transmit the disease to the second wife. It was noted that in the majority of cases where a wife became phthisical through contagion, she had already borne children, and it was already recognised that pregnancy was a weakening cause, predisposing to phthisis, but cases were cited where the transmission of the disease had taken place in the absence of pregnancy, so that this was not an essential; nor did it by any means follow that phthisis always proved contagious between married persons. Wherever individuals lived together in common, as in monasteries, barracks, &c., the transmission of phthisis was of frequent occurrence. The mortality from phthisis in barracks had been shown to be higher than in the civil population, but with the army in the country this was not the case. The marked difference which existed between town and country in the matter of the frequency of tuberculosis showed the danger of over crowding, and afforded a proof of the contagious nature of the disease. These facts seem to indicate that the danger of contagion ought to be great in hospitals, but as a rule the stay of the patient was not sufficiently long to enable the influence of the contagion to take effect. As regarded hospital nurses it had not been clearly shown that phthisis was more frequent amongst them than in the rest of the public. Thus, then, the lecturer urged, the contagiousity of phthisis could no longer be disputed. The infecting agent penetrated into the organism either in the form of a bacillus or in the form of zoogloea, which as M. Malassez had shown was only a special form of the parasite. But what was the mode of transmission? Some had thought that it took place by means of the perspiration, but this was open to numerous objections: phthisis had often been contracted by persons who had not been exposed to its influence. It had been thought that the expired air might contain the infective agent. This could not be proved. Undoubtedly the most frequent mode of transmission was the absorption of dust coming from dried sputa. The sputa therefore were the chief source of danger, and all efforts at prophylaxis should be in the direction of keeping the sputa from becoming dried until such time as they could be effectually destroyed.

**TREATMENT OF PULMONARY CONSUMPTION.**—Dr. T. J. Mayo writes as follows on this subject in the *Therapeutic Gazette* for June: All individuals belonging to the consumptive class possess two prominent characteristics,—(1) a capricious appetite depending upon a facile derangement of the digestive and assimilative apparatus, and (2) a lack of constitutional resistance against unfavourable conditions. The strength and sustenance which they derive from their daily physiological income is barely sufficient to meet the daily demands incurred by carrying on the normal expenditures; hence, the reserve capital is but small, and leaves the body in but an unstable equilibrium, unfit to react against the contingencies of disease which may be encountered at any time. It is evident, therefore, that the physician's attention is promptly demanded to rectify the digestive and assimilative difficulties in this disease, and his success or failure in the treatment of it is measurably due to his ability or inability to permanently restore these impaired functions. In order to succeed it is necessary to discriminate rigidly between those foods which agree with the patient and those which do not. As far as the force-producing value of foods is concerned, there can be no doubt that cod-liver oil and the fatty and saccharine foods stand at the head of the list; but it is also true, on the other hand, that many patients have a marked aversion to all fatty substances, and oftentimes when cod-liver oil does agree, it diminishes

the capacity of the stomach for other kinds of food. Again it is well known that in these cases there is a constant tendency to sourness of the stomach after eating, caused by excessive fermentative changes of the fatty and sugary foods; hence, with all the redeeming features of the non-nitrogenous foods, it would be madness to persist in their use when they are so plainly contraindicated. When they are well borne, stimulate the appetite, and make flesh, they are invaluable. Among the non-nitrogenous foods which are least prone to undergo fermentation are alcohol and butter, and the dietetic value of these articles, if they agree, increases in proportion as it becomes necessary to exclude the other non-nitrogenous foods from the dietary list. The nitrogenous foods which are employed to greatest advantage in this disease are beef, mutton, eggs, oysters, lobsters, milk, either raw or cooked, cheese, bread, beans, peas, &c. These foods, by entirely obviating the constant tendency to fermentative changes in the stomach, furnish a desideratum which cannot possibly be supplied by the non-nitrogenous class. In the management of the dietetics it is of the utmost importance to have these patients under constant and entire control of either a nurse or an assistant, and to have them pursue a rigid and systematic course in regard to everything that pertains to their welfare. Each patient should have a programme laid down as to what to do in relation to eating, drinking, sleeping, exercising, amusements, application and administration of remedies for the whole twenty-four hours. No half-way measures will answer in the treatment of this malady. The great object to be gained is to economise the energy of the stomach and the body, in order to secure the greatest amount of work with the least expenditure of vital force. The first can undoubtedly be best achieved by allowing the patient to take small and oft-repeated meals. Five or six meals a day at regular intervals, slowly and thoroughly masticated and swallowed, will furnish a sufficient amount of nutritive material to the patient. Dinner taken between one and two o'clock should be the heaviest meal, and the last one at night should be the lightest one in the day. Upon a most dexterous cook depends the task of serving a variety of foods, and of rendering the bill of fare tempting and enticing to the patient's appetite. No appetite is as fastidious as that of the consumptive, and he should never know in advance what the table has in store for him, so that he is not allowed sufficient time to manufacture excuses for not eating certain kinds of foods. He always eats best when he is surprised by some new and inviting dish; but, on the other hand, nothing should be denied to him unless it is known to be positively injurious. In regard to medicinal treatment which is calculated to arouse the digestive apparatus, much can often be done. A pressure and fulness in the gastric region, associated with sour cructations after eating, is very often relieved by eight or ten drops of dilute phosphoric or of dilute nitro-muriatic acid in a tumblerful of hot water after meals, and, if necessary, a combination of compound tincture of cinchona, gentian, and eardamoms before meals. A brisk massaging over the gastric region for ten or fifteen minutes has a very beneficial effect in these digestive disorders.

**KRAUROSIS VULVÆ.**—Professor Breisky, of Prague, describes under this term a little-noticed form of atrophy of the mucocutaneous covering of the female pudendum. He has observed twelve cases, of which the following were the characteristics:—Apparent deficiency of the nymphæ, the integument from the mous veneris to the meatus urinarius passing smoothly over the clitoris without folds. Sometimes a cicatricial line is seen in the middle line of the vestibule. The glans clitoridis is either quite concealed by the shrunk teguments, or lies underneath a small round depression in them. On separating the labia majora, the mucous membrane below the urethra is stretched, and projects as a transverse fold. An effect of the atrophic process is a "*stenosis vestibularis*," together with which the tissues become unyielding, and readily tear. In consequence, after labour, extensive lacerations are often seen, and even by coitus much fissuring may be produced. At the places of greatest atrophy, the integument is whitish and dry, sometimes covered with a thick somewhat rough



epidermis, while the neighbouring parts are shining and dry and of a pale greyish-red. The sebaceous glands of the pudendal folds generally appear remarkably few. Breisky has made a microscopical examination in one case, and found a cicatrix-like appearance; the connective tissue being sclerosed, nearly homogenous, the fibres running in a few nearly parallel bands, instead of having the usual undulating appearance. The papillæ were of unequal sizes, mostly small, the rete malpighii strikingly thin. No sebaceous glands could be seen, and only remnants of sweat glands. As to the ætiology of the disease, the author can only say that in 4 cases much pruritus preceded it; only 3 patients suffered from leucorrhœa; syphilis was not demonstrable in any; none had suffered from eczema or any exanthem; nor could difficult labours, parturient injuries or puerperal inflammation be pointed to as ætiological factors. Sugar was not present in the urine of any. The affection has not been hitherto described, and its characters are not those of the condition of the vulva which is known to commonly follow severe pruritus. Neither does it correspond to any form of cutaneous or mucous atrophy hitherto described. Therefore the author has given it the name of "*kraurosis*" ("*schrumpfung*"—shrinking) "*vulvæ*." As to its course and termination nothing is known. Treatment as yet has proved ineffectual. We take the above from the *Centralblatt für Gynäkologie*, June 6th, 1885.

**EPIDEMIC AND SPORADIC CHOLERA.**—Dr. Alexander Harkin, who can lay claim to having witnessed every epidemic of cholera that has taken place in Belfast, in a paper read before the Ulster Medical Society, after discussing the modern views with regard to the bacillary origin of the disease, proceeds to consider the influence of the part played by the nervous system. The vomiting and purging are apparently due to an abnormal or excited condition of the nervous supply to the stomach and bowels; the choleraic voice, the vertigo, the spasms and cramps, and the tremors all own the same cause; the symptoms of collapse in the algid stage are due to the irritation and hypertrophy of the sympathetic system; whilst the depression of the functions of circulation and respiration point to affection of the vasomotor system. The treatment should be directed to exerting some control over the sympathetic nervous system. For the general treatment rest in bed between blankets is essential; turpentine and mustard stupes may be applied to the abdomen; beef tea, milk and whey and iced water ad libitum may be given. Dilute sulphuric acid with opium has proved as beneficial as any other internal remedy, but Dr. Harkin lays no stress on internal medication at all, and urges the application of some blistering fluid behind the ear extending along the course of the pneumogastric nerve, as far as the angle of the jaw. As a rule he only applies it on the right side, but if necessary it also may be applied to the left side. The reason for choosing the right side is that the right pneumogastric nerve is distributed to the whole of the small intestines. He has tried this remedy in all stages of cholera and recommends it for all. It has appeared to him to control and almost paralyse the sympathetic in the stomach and intestines, and to stop at once the inordinate secretions due to its agency. The violent contraction and palpitation of the heart are controlled, the dilating power of its walls and cavities especially of the left side is restored, and the congestion of the pulmonary and arterial systems is put an end to.—*Dublin Journal of Medical Science*, June 1885.

**THE ELECTRICAL EXCITABILITY OF THE UTERUS.**—Dr. E. Bumm, of Würzburg, writes in the *Archiv. für Gynäkologie* (Band XXIV., Heft 1) on electricity as applied to the uterus, a subject to which some attention has been drawn lately. The following are his conclusions. In the majority of cases electrical stimulation does not influence the uterus sufficiently to be of use in practice. We cannot stimulate the uterus through its nerves, therefore the electricity must be applied directly to the muscle itself. The uterus being a large flat muscle and the excitability of smooth muscular fibre low, it is necessary that the current should be applied in the manner by which the greatest possible effect can be produced. This condition is not fulfilled either by applying the electrodes externally, or by bringing one pole in contact with the vaginal portion. A

powerful effect is only to be produced by putting one conductor in the uterine cavity itself, and so bringing the muscle directly between the electrodes. This can only be done when the uterus is empty. It follows therefore that the only rational use of electricity in midwifery is to combat relaxation of the uterus with hæmorrhage in the third stage of labour, and this only when the non-contraction of the organ is due to simple atony, and not to mechanical causes. Dr. Bumm states that he has never observed any bad effect, either on mother or child. As electricity has been recommended as a means of inducing premature labour, we may mention further that Dr. Bumm has applied it in ten pregnant women, without any effect. Out of 40 women in labour, in only five was there a marked effect, and in 20 no effect whatever could be perceived. We may add that the paper contains an exhaustive survey of the literature of the subject.

**CARBOHYDRATES IN THE HUMAN LIVER.**—The *post-mortem* formation of sugar goes on in the liver, according to Kratsehmer in the *Chem. Cent.*, from a healthy or diseased subject up to a certain extent, and quite independently of the amount of glycogen present at the time. Since the glycogen remains intact for a time, the sugar must come from other sources. The degree of fullness of the alimentary canal does not in general influence the result. Cases occur in which, with considerable amounts of sugar, no trace of glycogen occurs, whilst in other cases, in the liver of the lower animals as well as of the human subject, the glycogen has not been attacked. In pathological cases, both sugar and glycogen may completely disappear from the liver. The livers of both men and animals afford a substance containing both nitrogen and sulphur, which has not yet been described. When a liver free from sugar and glycogen is de-albuminised by treatment with hydrochloric acid and potassium mercury iodide, and the clear filtrate is mixed with 5 or 6 times its amount of 90 per cent. alcohol, a small snow-white flocculent precipitate is obtained, in appearance exactly like glycogen. This shrinks to gum-like floccs on the filter, is largely dissolved by water, and can be reprecipitated by alcohol. Neither saliva nor mineral acids convert it into sugar; it contains nitrogen and sulphur, is not precipitated by phosphotungstic acid, but is precipitated by potassium mercury iodide, and is distinguished by this and other reactions from albumin, peptone, mucin, and gluten. It also occurs in livers which contain sugar and glycogen.—*Journ. Chem. Soc.*, June, 1885.

**KOLA.**—Dr. Leon Monnet, in a paper on the physiological and therapeutical action of Kola in the *Thérapeutique Gazette*, No. 4, arrives at the following conclusions:—(1) Kola, by the caffeine and theobromine which it contains, is a tonic of the heart, whose pulsations it accelerates, while it increases their power and regulates their contractions. (2) In the second phase of its action, it becomes, like digitalis, a regulator to the pulse, whose energy it raises; under its influence the pulsations become more ample and less numerous. (3) As a result of its effect on the vascular tension, diuresis augments, and this fact renders it valuable in affections of the heart with dropsy. (4) It seems to result from my observations that kola, while energizing the cardiac contractions and promoting the contractility of the muscles of organic life, has, nevertheless, a paralyzing influence on the striped muscle when employed in toxic doses. (5) It is a waste restrainer, diminishing the losses of the economy from the combustion of the azotized compounds; probably from a special action on the nervous system. (6) It is a powerful tonic by the principles which it contains, and its employment is indicated in anæmias, in chronic affections of debilitating character, and in convalescence from grave fevers. (7) It favors digestion, probably by augmenting the secretion of gastric juice (eupeptic influence), and by acting on the unstriped muscles of the stomach which it tonifies. Under its influence anorexia disappears, and the digestive functions become more regular. (8) Lastly, it is an anti-diarrhœic medicament of great value, and as such has rendered good service in chronic diarrhœa, and in certain cases of sporadic cholera, although its action in these instances may not as yet be clearly explained.



## SPECIAL CORRESPONDENCE.

## INDIA.

(From Our Bombay Correspondent.)

*Paid v. Honorary Hospital Surgeons—Cholera in the Bolan Pass—The Insanitary Condition of Quettah and the advisability of its abandonment as a Military Station.*

June 9th.

IN a previous letter I commented on the subject of the employment of honorary assistant surgeons to the Goculdas Tejpal Hospital of Bombay, and stated that the experiment having proved to be a failure, the Government had appointed paid assistants from the grade of assistant-surgeons in the service. It would appear that a memorial from the friends and supporters of the honorary assistants whose services were dispensed with, has since been submitted to Government, who, after referring the matter to the civil Surgeon-General, Mr. Moore, have re-affirmed their former verdict. On the subject of these appointments, I would observe that it would doubtless be still better in every respect were the Government to employ junior members of the covenanted Indian Medical Service, in place of assistant surgeons.

It has been reported in the Indian journals that cholera is prevailing in the Bolan Pass, and rapidly spreading in the directions of communication and traffic. I gather that it was carried there from Rindli in Sind by *human intercourse*, because it was raging there first, and because there has been *human intercourse* between Rindli in Sind and the Bolan Pass, and further because there was no cholera in the latter parts or communication with any other cholera-infected place. A Bombay contemporary writes that "A telegram from Rindli says that cholera at Pirchowki is increasing. According to the official report, three or four cases occur daily, but private information puts the number of cases down at more than double that estimate. The people, says the telegram, are deserting the place, and the bulk of the *coolies* (labourers) are being sent up the Pass. Cholera continues at Rindli in a moderate degree." Later news to hand, as I write, informs me that orders have been issued for the evacuation of Rindli as far as the Commissariat and Transport Departments are concerned, in preparation for the war with Russia. It would appear that among the labourers working on the Quettah Railway, there occurred 75 cases up to the 30th ultimo; of this number, it is said, 32 proved fatal. The sanitary arrangements of these parts, including Quettah (the soil of which is sodden with sewage), are, indeed, in a very unsatisfactory condition, and most decidedly call for remedial measures to be adopted with promptitude and energy. Indeed, if the sanitary arrangements of this district are to be placed on anything approaching a satisfactory footing, the abandonment of Quettah as a military station is an absolute necessity. But I fear very much that, however sound this advice of mine may be, it is not likely to be followed for political, financial, and other reasons, leaving out of consideration the pressure and influence which are not unlikely to be brought to bear against any such proposition by those interested personally in the present state of affairs.

At the present time, the heat in most parts of India is very great, and people are, as a matter of course, anxiously awaiting the advent of what is called the *monsoon*, the setting in of the rains, in about a week or fortnight, according to the geographical situation.

**DIABETIC COMA.**—An Italian observer whose observations are recorded in the Naples *Giorn. Internazionale delle Scienze Mediche*, disbelieves the ordinary theory that acetone in the blood is the cause of diabetic coma. He says that acetone is not particularly poisonous, less so indeed than ethylic alcohol. He finds that aceto-acetic ether does not produce diabetic coma, but that it produces albuminuria and hæmoglobinuria, and is itself voided in the urine unchanged. Crotonic aldehyde is very poisonous, causing in a rabbit a train of symptoms comparable to those described by Kussmaul as characteristic of the coma of diabetes.

## GENERAL CORRESPONDENCE.

## THE FIRST APPENDIX TO THE "MEDICAL DIGEST."

[To the Editor of the Medical Times.]

SIR,—Considering that during the past four years so much has been written on Medical Science, it has been suggested that it would be acceptable to many if the first appendix to the "Medical Digest" were to be issued at the end of 1885, instead of at the close of 1886, as originally proposed. I wish, upon this point, to elicit the opinion of yourself and, through your journal, that of those interested in the subject. A post card addressed to myself, or to the publishers, Messrs. Ledger, Smith, and Co., St. Mary Axe, E.C., expressive of such opinions, and noting, at the same time, any needed corrections in the edition of 1882, will oblige.

I am, Sir, yours, &amp;c.,

RICHARD NEALE, M.D. Lond.

60, Boundary Road, South Hampstead, N.W.

June 26th, 1885.

## MEDICAL CONSULTATIONS.

## NO. XV.—THE TITLE OF DOCTOR.

SCENE.—*A medical book-club dinner at Lanceton-on-Sea.*

## DRAMATIS PERSONÆ.

STAVESACRE.—*A brand new Brussels M.D.* } *In practice at Lanceton.*  
COWHAGE.—*M.R.C.S., L.S.A.* }  
BROOM.—*M.D. Cantab., from a neighbouring town.*

*Several other practitioners, deeply engaged in conversation—mostly of guns, and drugs, and wounds, &c.*

COWHAGE.—(*Glass in hand.*) Well, here's to your new door-plate, Doctor Stavesacre! May its lustre never grow dim.

STAVESACRE. Thanks, Cowhage; but you count too much on the diligence of surgery-boys.

BROOM. Eh?

STAVESACRE. O, Cowhage is pleased to be facetious. Between ourselves, he grudges me my promotion a little. But really I could not help it. My friends were always worrying me; patients kept saying, "How strange a successful man like you should be only Mr. Stavesacre!" and then young Liverwort over there drops down on us brandishing his Scotch M.D.; so the end of it was, I ran over to Brussels. I did not covet the title myself, don't you know, but really the competition in these watering-places is so brisk, that one cannot afford to ride the high horse. I am sure my old diplomas were as good as half the M.D.'s about, but then the public somehow thinks otherwise. Besides, you must admit it's very convenient to be called "Dr." It is less shoppy, don't you know? It enables one to drop the "surgeon and accoucheur" for instance. A plain "Mr." on a door-plate may be a piano-tuner for all the world knows.

BROOM. Nay, to my thinking, the "Dr." is the more shoppy. You never shake it off. You are always in uniform. It goes with you everywhere, sticks to you like a burr.

STAVESACRE. It is not an unprofitable burr in a place like this, I can assure you. You go out to dinner, say, as



plain "Mr.," and very likely unless you tell it her, the old dowager you take down never guesses your profession; whereas "Dr." illumines her at once, and if you only play your cards well, ten to one before dessert she has made up her mind to call you in to her next colic.

BROOM. I question whether dowagers so won are worth winning.

COWHAGE. I am sure they are not. They are apt, you know—with all deference to my colleague's social charms—to find dinner-party impressions illusory. A man looks nicer through a champagne glass than through a medicine phial.

BROOM. No doubt. When I go out to enjoy myself I like to leave the stethoscope behind, to get into mufti, as they call it. I detest advertising my business to all and sundry, and having always the look of touting for patients. That's one advantage I get from calling myself "Mr." Besides, the more one respects the title of "doctor" and all it ought to imply, the more one hesitates as to one's worthiness to wear it. Take my case, for instance. I am not a learned man in any sense, but only a simple country practitioner who by good fortune rather than desert, has had conferred on him a title that was meant to imply erudition. As I cannot pretend to be erudite, "Mr." is quite good enough for me.

COWHAGE. Why, for that matter, "Mr." is good enough for any of us. But we are governed by custom and not by philology. You will no more prevent a word widening out by refusing to use it for yourself, than you will prevent a river reaching the sea by damming it out of your garden. Philology gives you just as good a claim to the title of "doctor" as to that of "esquire," by which you expect your correspondents to address you. Historically "Mr." is good enough for anyone, but practically it classes you with the first drunken chimney-sweep, who is not even *master* of himself, let alone anyone else. It is of no use fighting against this diffusion, or, if you like it better, this degradation of titles. Depend on it, we shall live to see every practitioner calling himself "Dr." whatever you or I may do. As for your denying yourself a title to which you have a perfect right, I should be inclined to call it a piece of false humility, implying a contempt for the University that gave it you. Surely if they thought you learned, it does not lie in your mouth to reiterate that you are not.

BROOM. (*Quietly.*) We can only judge for ourselves what best meets our self-respect.

COWHAGE. O, of course!

BROOM. For my part I think so highly of the title of "doctor" that to be worthy of it I feel one should continue to deserve it. A learned man of thirty years ago is not necessarily learned now. What chance have you, or I, or any other busy general practitioner of keeping learned? Why, then, should we scramble for a title that Sydenham and Harvey made honourable by their use of it?

STAVESACRE. Really, I can't soar so high as that, Mr. Broom, though like you I deprecate the vulgarisation of the title. This outcry for its general use is to my mind nothing but a bit of trades-unionism. Those who have it are not jealous of those who have, and so want to reduce us all to one dull level of uniformity.

COWHAGE. Ah, Brussels, Brussels, what a change is here! Why, last year, Stavesacre, you were quite of my way of thinking. It was not trades-unionism then. And in your heart you know it is not now. Why, none of us are jealous of a man who can show that he is really more learned and skilful than we are. What I object to, and

what you also objected to a twelvemonth ago, is a conventional and accidental standard of superiority. Take young Liverwort now. He is not a bit more worthy to be called "Dr." than you or I or half a dozen fellows down the table. But his father chanced to have more money or more "nous" than either of ours, and so sent him to a school where he could get a title. It is monstrously unfair. What an indignity, for instance, to a successful man like you to be sent back to cram-books again, and driven across the water for a degree!

STAVESACRE. Pray forget me for a minute, Cowhage, if you can, and think of the general good. If you bring down the M.D. to the lowest level, you at once deprive every man of more than common talents of his best incentive to use them, as well as of his due reward for them and their good use. What will it profit a man to work hard and spend five or six years on his education, if he gets no advantage from it over one who has sauntered through the common curriculum, and passed College and Hall by the skin of his teeth?

COWHAGE. You can easily make too much of that argument. For instance, it gives a man no greater credit with the public to have taken an honours' degree, and yet men strive for honours. Medals go into a drawer after a short spell of fingering, and yet men compete for medals. You can't make it plain on your doorplate that you have been house-surgeon to this hospital and house-physician to that, and yet every vacancy of the sort finds competitors. If the London Colleges were to give every pass-man the title of "Dr." to-morrow, I doubt whether it would diminish the entries for the London M.B. You see, your argument will not hold water. In fact, I am not at all sure that the system you champion does not do the student more harm than good. The less you encourage men to run after flashy titles, the more I believe will you drive them to the studies and the work which will enlarge their practical efficiency. There is a great deal too much competing for honours amongst students now-a-days. If a man hopes to be able to flaunt an M.D. as a visible token of superiority, he has the less incentive to make good his superiority in more solid and practical ways.

STAVESACRE. Then you come to nearly the same point as Broom. You would divorce erudition from the practice of medicine, while he believes the two divorced already. But whereas he is logical enough to drop the title when erudition lapses, you would give the title to every one, erudite or not.

COWHAGE. Simply as a convention. It is mere pedantry to be dominated by language. To the public "Dr." means not a pundit, but a practitioner. Call yourself "Mr." as much as you will, to your patients you are still the "Doctor." Naturally, they cannot grasp the logic of an arrangement which gives you a handle to your name and me only a tail, which makes you Doctor Stavesacre and me only Cowhage, Doctor.

STAVESACRE. They may not grasp the logic, but they grasp the fact. Don't be too confident in your generalizations about the public. Their eyes are much wider open than we suspect. They know very well that there is some difference between a "Dr." and a "Mr." They know that the one mostly implies a longer training, or, at any rate, a higher degree of medical culture than the other.

COWHAGE. But you will admit that very often it does not. How is the poor public to distinguish between a Brussels and a Brummagem M.D.? People assume that a "Dr." is a better practitioner than a "Mr.," whereas



the fact may be that he is only a better chemist, or botanist, or section cutter.

**BROOM.** My good friends, it seems to me you are wrangling about the shells and letting the oyster drop. Those patients that choose their doctor by his doorplate are infinitesimally few, and, to my thinking, little worth having. The best patients are those who judge the pudding by its taste, and not by the elegance of its recipe; who come to you because of the good report their friends give of you, and not because of any university imprimatur. The public thinks itself, and perhaps wisely, a much better judge of a doctor's practical efficiency than any university can be. Chance patients, who only know of you through the plate-engraver, are always suspicious of you and difficult to deal with, and for my part I would rather they passed me by. No, let us each stand on our own bottom, and despise such fortuitous and rickety elevations as diplomas and degrees. If we work so as to win confidence in our own efficiency, throwing off all pretence to be what we are not, why then we shall earn, not perhaps fame and fortune, but our own and others' respect, which, considering all things, is the best reward a poor practitioner can look for. Trust me, we shall be happier and more genuinely successful if our patients learn to know us as good and kind and true men, than if we had all the titles and diplomas and distinctions that any university can give without those virtues.

**COWHAGE.** 'Tis the voice of success. Nevertheless, here's to your new doorplate, Stavesacre.

**STAVESACRE.** And here's to your lamp, Cowhage. May it never cease to throw its warm light on the pallid wayfarer, and tempt her within your doors.

## MEDICAL NEWS.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE election of Fellows to serve on the Council of the Royal College of Surgeons took place on Thursday last, and caused considerable excitement, not among the aspirants only, but also among the voters at large. Rumours were abroad that a certain well-known surgeon, who has shown himself an uncompromising enemy to all schemes of reform, and who was seeking re-election, would not meet with that support which his undoubted abilities, and strength of character, no less than his professional standing gave him the right to expect, especially as his re-election practically meant succeeding at no long interval to the Presidency of the College. We are pleased to see that these rumours have proved unfounded, and that Mr. Savory, to whom they alluded, has come in at the head of the poll, a long interval separating him from the next on the list. It would have been very regrettable if one who has proved himself so able an administrator, who has served the College so faithfully, and who has taken such a prominent part in medical education during the last 30 years or more, had been passed over on this occasion, and thus deprived not only of his seat on the Council, but of the highest position which the College has at its disposal. For, however desirable it is to introduce changes into college management—and we hold that it is very desirable to do so—such changes must be brought about gradually, and only after mature consideration. Nothing would be so detrimental to the college interests as any sudden alteration in the *modus vivendi*, and a sudden substitution of a new and untried system of working and

governing the institution, such as would probably follow on a too rapid change in the *personnel* of the council. For these reasons, over and above Mr. Savory's personal claims, which even his opponents will admit to be pre-eminent claims, we rejoice at his re-election. Not less pleased are we that Mr. Pemberton, as representing the provincial Fellows, has this time been elected. Besides this claim, he has always taken great interest in the affairs of the Association of Fellows, and he enters the Council practically pledged to support their views and help on the cause of Reform which the Association advocates. Mr. Maenamara, who stands third on the list, is also known as an active advocate of reform; the manner in which he has devoted himself during his year of presidency to the management of the affairs of the Metropolitan Counties' Branch of the British Medical Association gives an earnest of administrative ability, and of his fitness for the duties which will now devolve upon him. We can only hope that these last-named gentlemen will not, like some of their predecessors, forget their pledges, and allow the pleasures of office to blind them to the reforms which as independent Fellows they strove to accomplish. Mr. Gant, Mr. Cowell, and Mr. Mason came next on the list, but with a long interval between them and Mr. Maenamara; Mr. Rouse came last, with a modest 41 votes, including one plumper.

It is not possible to give the exact number of Fellows who voted at the Election; but there was a more than average attendance, especially of provincial Fellows, among whom may be mentioned Messrs. Lund, Baker, Pearce, Sympton, Reginald Harrison, Bartleet, Vincent Bell, Manby, Crosse, Cadge, Bennett, May, Bowring, Brookhouse, Richardson, Crosse, Anderson, and many others. One of the features of the voting was the large number of plumpers recorded for Mr. Savory, showing unmistakably the feeling, of some at least, of his supporters.

The following is the poll-list:—

	Votes.		Plumpers.
1. W. S. Savory	182	including	42
2. Oliver Pemberton	140	„	12
3. Maenamara	127	„	4
4. Gant	73	„	3
5. Cowell	54	„	16
6. Mason	52	„	3
7. Rouse	41	„	1

**UNIVERSITY OF DUBLIN.**—At the Trinity Term Examination for the Degree of Bachelor of Medicine (M.B.), held on Monday, June 8, 1885, and following days, the successful candidates passed in the undermentioned order of merit:—

William S. Dobbin; William Leah; George T. Revington; Arthur E. Switzer; Edgar Hogben; William P. Morgan; Walter C. Poole; Augustus E. Dixon; Alexander S. Patton; Cathcart Garner, Henry I. Hadden, æq.; John D. Wynne; John M. Day; Edward W. A. Gray; Alexander Findlater, Whitley B. Stokes, æq.; William A. Ardagh; Frederick A. G. Davis; Robert L. Donaldson; Thomas Du B. Whaite; John I. Russell; William I. Donaldson; William V. MacMahon; Edwin G. Newell.

At the corresponding examination for the Degree of Bachelor in Surgery (B.Ch.), held on Monday, June 15, 1885, and subsequent days, the successful candidates were arranged in order of merit as follows:—

Alexander Stoney Patton; Edgar Hogben; Arthur E. Switzer; Robert K. Johnston; Walter C. Poole; William P. Morgan; William A. Ardagh; Cathcart Garner; John T. Bouchier-Hayes; Robert L. Donaldson; John M. Day; Edward I. Farmer; George Revington; John I. Russell, John D. Wynne, æq.; Thomas Du B. Whaite; Daniel Conway, Miriam M. Faulkner, æq.; Alexander I. Boyd, Robert I. Montgomery, George Hilliard, æq.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentlemen passed their examination in the Science and



Practice of Medicine, and received certificates to practise, on Thursday, June 25th, 1885:—

Parounag-Jean Baronoff, 46, Guildford Street, Russell Square;  
William Grimshaw Bigger, M.R.C.S., Riverview, Londonderry;  
Procter Selby Hutchinson, M.R.C.S., 15, Cavendish Square, W.

On the same day

Vincent John Rigg, White House, Fillongley, Coventry, passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise.

UNIVERSITY OF EDINBURGH—*Medical Degrees Examinations*.—The following gentlemen have passed the final examinations for graduation in Medicine:—

Arthur Russell Aldridge, Robert Thomas Allen, James Anderson, John A. Ashcroft, John Mackintosh Balfour (with distinction), Robert Beveridge, John Wilson Black, Robert Bone, George Lindsay Bonnar, Louis Jules Henry Bouchet, Edward Kemp Bourne, Reginald Bowman, Herbert Brooks, Harbit Brown, Walter Burns, William Johnstone Cameron, Edward Chamberlayne, Clifton Charleton (with distinction), Reginald Chetham Stode, Richard Davidson, M.A.; David Middleton Greig, Joseph Griffiths, Samuel Hughes, George Francis Johnston, John Charles Lamont (with distinction), Edward Leonard Lees, William Robert McKinnell, Charles Henderson Melville, Edwin Morton, Edward Joseph B. du Moulin (with distinction), Ernest Robertson, Herbert Sheldermine, William Henry George Stephen, Caleb Terrey, William James Thomas, Henry Alexis Thomson, John Warnock, Fitzgerald George Westenra, Henry Worsley.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.—The distribution of prizes to the students will take place at the Medical School, Chandos Street, on Friday, July 3rd, 1885, at half-past three o'clock, Sir Richard Temple, Bart., in the chair.

ROYAL INFIRMARY, EDINBURGH.—The Edinburgh Football Association has handed 60*l.* to the Infirmary from "gate" money received.

THE ST. JOHN AMBULANCE ASSOCIATION.—A centre has been opened in the Canterbury district, New Zealand; 104 persons, the result of two meetings held at Christchurch in May, entered their names as members.

SANITARY INSTITUTE OF GREAT BRITAIN.—The ninth Anniversary Meeting will be held in the Lecture Theatre of the Royal Institution, on Thursday, July 9th, at 3 p.m., Sir John Lubbock, Bart., in the chair. An address will be delivered by Prof. Corfield, on "The Water Supply of Ancient Roman Cities," and the Medals and Certificates awarded to the successful Exhibitors at the Exhibition held at Dublin, in 1884, will be presented.

CHARITABLE BEQUESTS.—The late Mr. James Alexander, of Avening House, Hampstead, bequeaths 1,000*l.* to the Royal Hospital for Incurables, Putney; 500*l.* to the Hospital for Women, Soho Square; 100*l.* each to the National Hospital for the Paralysed and Epileptic, Queen's Square, Bloomsbury; the Surgical Aid Society; and the Samaritan Free Hospital, for Women and Children.

MILK DISTRIBUTION FROM A HOUSE IN WHICH WERE CASES OF SCARLATINA.—A Dutch milkman who had scarlatina in his family, having been warned that it would be illegal for him to continue his sale of milk, sought to evade the law by driving his cows into the country, and entrusting a boy with the distribution of milk from his house. The law was fortunately equal to the occasion, and the ingenious milkman was fined.

THE CAUCASIAN MEDICAL SOCIETY.—This society now comprises 433 members, including 41 honorary members and 31 corresponding members. A subsidy of 2,300 roubles is received yearly from the Government. What would the Chancellor of the Exchequer say if the Clinical Society were to apply for a Government subsidy?

FURTHER USES OF COCAIN.—Dr. Trileski has employed cocaine locally in vomiting and for the pains of labour. The effect in both cases was satisfactory. No effect was produced on the course of the labour.

UNIVERSITY OF KHARKOV.—Prof. N. N. Beketov, having just celebrated his jubilee, the St. Petersburg Academy has in honour of the occasion elected him one of its honorary members.

PROFESSOR JÄGER AND HIS PILL.—Professor Gustavus Jäger, well known in Europe as the apostle of woollen

clothing, lately patented a pill, which contained, as he said, a distillation of the liquid which exists in human hair, and advertised his pill in a learned-looking pamphlet as a sovereign cure for many internal disorders. The Austrian Minister of the Interior was inquisitive enough to have these pills analyzed, and finding them to contain nothing but sugar of milk, has forbidden them to be sold.

ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.—It has been announced that from and after July 1st, no infectious cases will be received into the hospital. On the other hand, no such cases already in the hospital will be dismissed until they are entirely cured. This may take a period of from six weeks to two months. Thereafter, the fever wards, which are the finest in the hospital, will be thoroughly disinfected and prepared for the reception of general cases. This will afford an immense benefit to the city, as from thirty-five to forty beds will be rendered available for such cases; and, as it is understood that adequate and suitable accommodation for children suffering from fever has been provided in the new Fever Hospital, the result as a whole, particularly when it is to lead to the opening of an additional ward in the Infirmary, must be a very great gain to the city.

CHOLERA AT ARANJUEZ.—The Madrid Correspondent of the *Standard*, whose telegrams have contained by far the best intelligence of the cholera epidemic in Spain, telegraphing at midnight on Wednesday says that the latest intelligence from Aranjuez is quite distressing. "The number of cases to-day increased over two hundred and fifty, and the deaths were more than one hundred and twenty-five. All the telegraph clerks are ill of cholera. Numerous cases have occurred in the Regiments of the Line and the Hussars. The Civil Governor of Madrid has been to Aranjuez, where he found four bodies lying unburied near the station, and many others in various parts of the town. He has asked for the services of medical men and Sisters of Charity from the convents, and for help to bury the dead. He says that five thousand out of the nine thousand inhabitants have fled."

VOLUNTEER MEDICAL STAFF CORPS.—It is officially announced that Surgeon-Commandant Cantlie, and Surgeon Hall (adjutant) have been attached to the Training School, Medical Staff Corps.

GLASGOW WESTERN INFIRMARY has benefited to the extent of seven guineas by the temporary addition to the spirit duties. Two publicans have forwarded part of the sums returned to them by the Government. This is an example deserving of being followed. In a letter to the papers acknowledging receipt of the money, the secretary of the Infirmary speaks of it being "in urgent need of funds."

HEALTH OF GLASGOW.—The vital statistics of Glasgow for the fortnight ending 20th June show a death-rate of 23.4 per 1,000, as against 25 the previous fortnight, the diminution being in zymotic diseases. Two cases of small-pox were registered and removed to the hospital. The first was that of a fireman on board a steamer sailing from Calcutta to London. He was unvaccinated and died in a few days. The other case was that of the fireman's bed-fellow who, along with three other persons, lived in the same house and were all unvaccinated. On the discovery of the disease they were all promptly vaccinated, but the operation failed with the sailor's bed-fellow. For the week ending June 27th the death-rate was 24 per 1,000.

CONVERSAZIONE AT THE MIDDLESEX HOSPITAL.—A very successful conversazione, organised by the President and Officers of the Students' Medical Society, was held at the Middlesex Hospital on Thursday, the 25th ultimo. At least two thousand guests collected within the precincts of the hospital, and enjoyed to the full the various artistic and scientific amusements provided. The Board-room and New Out-patient Department were decorated for the reception of the guests and for the exhibition of the various objects of scientific interest. But the special feature of the evening was the illumination of the spacious gardens of the hospital. A musical entertainment was provided in the school, to which Mr. W. H. Cummings and others



lent their assistance; and in the anatomical theatre, which was filled to overflowing, Dr. Benjamin Ward Richardson delivered an interesting address on "Medical Poets." No profession, he said, had produced so many poets as physicians. Of what might be called Prose Poets, brilliant examples were such men as William Harvey, Arbuthnot, William Hunter, Sir Thomas Watson, John Fernandes Clarke, Mr. Stephens, of Finchley, and others. Among poets of fame who had been more or less connected with the practice of Medicine, he instanced Sir Thomas Browne, the author of the *Religio Medici*, Sir Richard Blackmore, Sir Samuel Garth, Mark Akenside, John Armstrong, Oliver Goldsmith, Erasmus Darwin, Nathaniel Coltar, George Crabbe, David Muir, and John Keats. From each of these authors Dr. Richardson gave extracts, and at the conclusion of the address a hearty vote of thanks was accorded to him.

**ST. MARK'S HOSPITAL.**—In aid of the cost of the recent extension of the hospital, a festival dinner was held on the 24th ultimo, at the Langham Hotel, Mr. George Palmer, M.P., presiding. It appeared from the small endowment and from subscriptions 6,000*l.* was raised, but the annual expenditure was 13,000*l.* The deficit of 7,000*l.* was made up by constant appeals to the generosity of friends and others. The new wing was empty for the want of funds to furnish it, albeit there were numbers of patients ready to be admitted to the hospital. The evening's subscriptions amounted to 2,200*l.*

**ST. PETER'S HOSPITAL, HENRIETTA STREET, COVENT GARDEN.**—The annual report just issued, shows that the in-patients for the year were 232—an increase of 38 on any previous year. In the out-patients' department there were 3,964 new cases, and 29,089 attendances, exhibiting a considerable addition. The income was 2,520*l.* and the outlay 2,300*l.*, leaving a balance of about 200*l.* The debt on the building fund had been reduced to 700*l.*, an incumbrance of which the Committee desire to be freed, to begin a maintenance fund.

**THE HYPODERMIC INJECTION OF OILS.**—At the recent meeting of the American Medical Association (*New York Medical Journal*, May 23rd), Dr. Shoemaker, of Philadelphia, communicated the results of his observations, carried on now for some years, on the effects of the hypodermic injection of oils. Not only have rapid and satisfactorily purgative results been demonstrated, but their utility in debility, dyspepsia, scrofula, tuberculosis, and certain diseases of the skin and nervous system has been amply proved. It is the quickest and best method of introducing oil into the system, especially when more nutrition is required, or when the patient is unable to swallow oil or this does not become easily assimilated in the alimentary canal. Oil is also a valuable menstruum for suspending other drugs for hypodermic use, and it may be used with suitable diet or with other medication by the mouth. For purgative action, one or two drams of castor oil usually suffice; and for nutritive purposes the same quantity of cod-liver or olive oil may be administered two or three times a day. In the event of alimentation depending wholly upon this injection, they should be given about every two hours. A large syringe, provided with a needle of good calibre and with a capacity of from two to eight drams, should be employed; and the injection may be made in any part of the body well provided with subcutaneous cellular tissue, into which the oil should be thoroughly deposited. About the same amount of irritation is caused as by any other hypodermic injection, and sometimes a nodular elevation is produced which usually disappears in from twelve to forty-eight hours. No inflammation or induration follows, provided the proper precautions are taken in using the syringe properly, and the tissues are in their normal condition. Dr. Shoemaker has injected oils in very many cases (occasionally as much as half-an-ounce being used at a time), without any unfavourable effect being caused; and the results obtained demonstrate that certain conditions and diseases can be controlled, relieved, or cured. It is, indeed, an invaluable method, on which full dependence may be placed, especially when the alimentary canal can no longer absorb and assimilate medicines, particularly oil.

**THE CITY OF LONDON DISPENSARY AND SURGICAL APPLIANCE ASSOCIATION.**—It appears, from the Secretary's statement, at a dinner held at the Holborn Restaurant last week, in connection with this institution, that it was not yet, as had been anticipated, self supporting. There had been 21,710 attendances at the Hospital, and 1,532 at patients' houses, since the Dispensary had been opened, and the modest sum of 300*l.* or 400*l.* would free the institution from debt—an amount which, in consideration of the benefits derived from it, we should hope will be forthcoming.

**LONDON SCHOOL OF MEDICINE FOR WOMEN.**—The prizes and certificates won by the pupils of this school were distributed by Professor Gladstone, on Tuesday last. The report for the past year stated that there had been a larger entry of pupils than in any previous year. Fifteen pupils had joined last October, and two more in the summer. Five had passed the first professional examination of the King and Queen's College of Physicians, Ireland, and four the final examination. Two had passed the M.B. examination of the University of London, and seven students who had taken their diplomas have been studying in the large hospitals in Vienna. The experiment that had been tried of providing female medical officers for the female clerks in Government offices had worked well in Liverpool, London, and Manchester. The financial statement showed that although there was still money in hand from previous balances more subscriptions were required.

**BOROUGH OF HUDDERSFIELD.**—Dr. Spottiswoode Cameron's report for the year 1884 has just reached us, from which we gather that the public health has been unusually good during the year, the general death-rate having been 19.5 per 1,000, showing a marked diminution on any previous year. Whooping cough proved exceedingly fatal during the year, no less than 61 deaths being attributed to this cause, giving a death-rate during the first half of the year of 1.19, whilst 1.77 represents the death-rate of all the zymotic diseases. The death-rate from autumnal diarrhoea was relatively high, and this Dr. Cameron attributes in great measure to the high temperature and the scanty rainfall. He believes, however, that the deaths under this head would have been much more numerous had it not been for the persistent and regular flushing of the drains, which had been systematically carried on. The Notification of Infectious Diseases clause has been found to work smoothly, and by this means information was received of 239 cases.

**DR. WARLOMONT.**—In the *Presse Médicale Belge* of June 21, Dr. Warlomont, the distinguished Brussels Ophthalmologist, who is also so well known in this country by the active part he has taken in the vaccination question, details the circumstance of his arbitrary dismissal from the post of Director of the Ophthalmological Institute. Other causes than the one specified must surely be in the background, but the only one mentioned is the circumstance of his health having necessitated during the last year or two a visit abroad for a few months, for which he obtained the necessary authorisation from the authorities. During his 30 years of service, he has never before been a week at a time away from his post. Without calling upon him for any defence or explanation, the managers of the Institute superseded him by abolishing his office. On his seeking for the pension that was due to him, he was informed that this could only be gained by a person who had attained 65 years of age, and had served the Institute for 30 years. His service of 32 years fulfilled one of these conditions, but he had yet 282 more days to live to attain the necessary age. The abrupt and hasty way in which the dismissal was brought about had all the appearance of an intentional deprivation of this acknowledgment of services rendered.

**CHOLERA PREVENTION ON THE CONTINENT.**—A fortnight ago the Austro-Hungarian Government requested the Governments of Germany, Switzerland, Italy, and France to supply information as to the measures taken in their respective countries to prevent the spread of the choleraic infection. Answers were returned immediately, and a circular has now been sent to all the municipal authorities in Austria and Hungary, calling their attention to some of



the precautions recommended. The sanitary condition of both Vienna and Pesth is at present excellent. Disinfectants are largely used in the watering of the streets, and especially of markets, hospital wards, cabstands, and railway stations. Precautions continue to be taken in Russia against an outbreak of cholera. All officers and soldiers have received printed instructions on the subject, and cholera sections have been prepared in the military lazarettos of St. Petersburg, with beds for 60 officers and 775 privates. In the St. Petersburg military district, cholera stations have been established for accommodating 3,067 privates and 252 officers.

**A CIRCULAR HOSPITAL.**—Compelled by exigencies of space to discard the commonly accepted pavilion plan for a new infirmary which they were compelled to erect at New End, close to the heath, the Hampstead Board of Guardians have just finished a building on the new circular ward system, and the structure was opened for the first time on the 25th ult. to the inspection of the public. The Hampstead Board is the first parochial authority in Great Britain which has adopted this plan, the only other example in working operation being a small private one at Greenwich. It has, however, been used on a very large scale by the municipality of Antwerp, although it is believed that the building at Hampstead will compare very favourably, especially in the important matter of ventilation, with the foreign institution. The circle is fifty feet in diameter, and contains seventy-two beds on three floors—twenty-four on each—arranged around the walls. In the centre of the building a ventilation shaft is carried from the foundation to the roof, and a balcony has been placed round each ward.

**THE FEVER HOSPITAL ARRANGEMENTS AT EDINBURGH.**—It is understood that, pending permanent arrangement, the Town Council are to endeavour to secure the services of the whole of the present medical and nursing staff of the Fever Hospital, the management of which they take over at once. It is not anticipated that there will be any difficulty in coming to a temporary arrangement with the hospital staff until the Town Council have finally determined how the management of the Fever Hospital is to be conducted. As stated before, the feeling in the Council is that the management should be under the direct control of the Corporation. As a consequence of the Infirmary managers being relieved of the expenses of the Fever Hospital, they intend, it is understood, to equip and open immediately another ward in the Infirmary; so that what the public lose in one way they will gain in another.

**ST. VINCENT'S HOSPITAL, DUBLIN.**—Surgeon-Major Tobin, F.R.C.S.I., of the Army Medical Department, an old student and resident assistant at the hospital, has been appointed to the additional assistant surgeoncy recently created. Mr. Tobin was appointed in 1879 Assistant Professor of Military Surgery to the Army Medical School, and put in charge of the Surgical Division of the Royal Victoria Hospital, Netley. Last year he spent several months in the schools and hospitals of Paris, Vienna and Berlin, and subsequently he went out to the Soudan as "field-surgeon" to General Graham's expeditionary force. His period of office at Netley having expired, he retires to civil life on the twenty years' service pension. He will prove a great addition to the teaching power of the St. Vincent's Hospital staff.

**MEN AS NURSES.**—An association has been formed for the purpose of training men as nurses. The promoters believe that many men would rather be attended in illness by their own sex than by women. Bachelors and widowers residing in chambers and some men in families would, it is thought, employ properly trained men. In the army and navy men have been found to possess all the qualities for making good nurses, and many military and naval surgeons have testified to the superiority of men as nurses for soldiers and sailors. The new association proposes to train suitable men for nurses in civil life. The idea was originated by Miss Jane Hamilton, a near relative of the late Dr. Billing, F.R.S., and the committee is submitting a plan to one or more of the large hospitals with a view of establishing an efficient training school for men.

**MUNICIPAL AND SANITARY ENGINEERS ASSOCIATION.**—The annual meeting was held at Westminster, on the 25th ultimo. The report was satisfactory both in respect to the financial position of the Association, and the increase of its membership. The President-elect, Mr. R. Vawser, of Manchester, read an address in which he dwelt on the failure of sewage purification schemes being traceable to projects for utilisation of the products, instead of the primary proper duty of the purification of the effluent water. Two papers were read and discussed: one by Mr. Crimp on the recent electric lighting trials at Wimbledon; the other on sanitary gas-making, by Professor Wanklyn. The proceedings of the yearly meeting were brought to a conclusion on the Friday following, when papers were read on the "Ventilation of Sewers," "Highgate Hill Steep Grade Tramway," and on "Dangerous Structures." About eighty of the members were subsequently entertained at luncheon by the Lord Mayor, at the Mansion House, who in proposing the toast of his guests spoke of them as the practical executive of the municipal and sanitary authorities of the kingdom. After the luncheon, several visits were paid to places of engineering interest in the city.

**HYDROCHINON, THE NEW ANTIPYRETIC.**—In an article in the *New York Medical Record* (May 30), Dr. Kinnicut, as the results of the trials of this substance at the St. Luke's Hospital, New York, arrives at the following conclusions:—1. That in hydrochinon (known to chemists as dihydroxylbenzole) we possess a new and most efficient antipyretic. 2. Its use is apparently unattended with any injurious effects. 3. The antipyretic effect of single doses is comparatively temporary, resembling in this respect that of kairin, thallin, and antipyrin; but the maintenance of moderate temperatures in hyperpyretic conditions can be safely obtained by repeated doses. 4. While apparently without effect in arresting a specific disease process, its employment is conservative, and productive of a marked amelioration of many of the symptoms incident to high temperatures. 5. With our as yet limited experience of the drug, it should be given prudently, and its effects carefully observed. (From 15 to 20 grains were the standard single doses employed.)

**IMAGINARY UTERINE DISEASE.**—Prof. Goodell observes that the crying medical error of the day is the mistaking nerve disease for womb disease. From this wide-spread delusion it has come to pass that no organ in the human body is so over-treated, and consequently so maltreated, as the uterus.—*New York Medical Record*.

**ORTHOGRAPHICAL ERRORS.**—The *Boston Medical Journal*, while indicating an error by which Dr. Milner Fothergill's name is transformed into "Milner Sathergell" as an example of the "strange masquerading which English names undergo in French and German journals," amusingly commits a far more serious mistake by quoting the sinning periodical as the *Lyons Médicale* instead of the *Lyon Médical*. In point of fact, all medical journalists quote names much more correctly than they used to do, and we should make some considerable allowance for the faulty copying of our uncouth Anglo-Saxon denominations.

**COSMETICS.**—M. P. Vigier observes in the *Gazette Hebdomadaire* that the mineral acids which constitute the base of some well-known cosmetics are objectionable, and that tartaric acid in the proportion of 1 to 20 of the glycerole of starch is very preferable in acne and redness of the face. This, however, is a medicinal application only to be used on occasions; but he proposes a cosmetic that may be continued for an indefinite period, and must be regarded rather as a preservative than a remedy. It is composed of boric acid, 1 part to 100 parts of rose-water with 5 drops of English honey water. The face is to be moistened morning and evening with this lotion, which is but another application of that substance, boric acid, that is so useful in therapeutics.

**THE COST OF CHOLERA IN FRANCE LAST YEAR.**—The French administration has just published (*Revue de Thérapeutique*, June 15th) an account of the expenses that have been incurred for the arrest of the progress of cholera



during its short visit of last year. Together, these amount to 1,050,000 francs, distributed in sums varying from 280,000 francs in Algeria to 100 francs at Arrière. There are also charges of 90,000 francs put down for medical inspection at railway stations and at the frontier; 7,000 francs for mission expenses; 10,000 francs for quarantine on the coasts; 30,000 francs for deterioration of material lent by the war office; 10,000 francs for medals; and 100,000 francs for miscellaneous expenses.

**ACTION OF DYNAMITE ON THE NERVOUS SYSTEM.**—Action has lately been called to an injurious effect produced by handling dynamite (independently of the danger from its explosion), as manifested by headache, tinnitus, and palpitation. One recent writer believes it to be due to small amounts of nitro-glycerine swallowed, stating that a man, who formerly had the habit of tasting his fingers to ascertain if the dynamite was washed off, recovered from these symptoms on discontinuing the habit and wearing gloves; others claim that the "dynamite headache" is due to inhalation, and is similar to that caused by nitrite of amyl, and that it is inseparable from the use of dynamite, unless immunity be obtained by idiosyncrasy or prolonged habit.—*Boston Medical Journal*, June 1.

**GRAFTING MUSCLE FROM A DOG.**—The *Louisville Medical News*, of May 16, gives an account of the first instance of muscle-grafting that has been executed in the United States. A laundress, 23 years of age, had her arm crushed in a mangle, and although no bones were broken, there was deep laceration just below the elbow joint, the muscles also being badly torn at the elbow, and much tissue being lost. Several weeks were required for the healing, and she was able only to move the arm with great difficulty, and had practically lost the use of her fingers. She entered Bellevue Hospital, New York, and it was determined to employ muscle-grafting, the execution of which occupied half-an-hour. Alongside of the operating-table a dog was laid upon another table, and an anæsthetic having been administered to both subjects, an incision was made into the arm at the seat of injury, a raw fresh surface being secured by cutting off the ends of the contracted and paralysed muscles. By a rapid stroke of the scalpel, the thigh of the dog was laid open, and muscular substance 4 inches in length and 2 in width, was instantly transplanted to the opened arm. The wound was sewn up and bandaged, neither patient nor dog having suffered any pain from the operations that had been performed. The experiment was quite successful, for in little more than three weeks the young woman was able to move her arm with little difficulty. It is a trifle less limp than before the accident. She has also regained the use of her fingers.

**PAPER-BOTTLES** are now being made on a large scale in Austria and Germany. The paper must be well-sized, and is composed of 10 parts of rags, 40 of straw, and 50 of brown wood-pulp. It is impregnated or coated on either side with 60 parts of defibrinated blood, 35 of lime powder, and 5 of sulphide of alumina. After drying, 10 or 12 rolled leaves are coated again, placed over each other and then put into heated moulds. The albumen of the blood forms a combination, on pressure, with the lime, which is perfectly impermeable to spirituous liquids. The bottles are made in two pieces which are joined afterwards.

**PROFESSOR TYNDALL AND SCIENCE IN AMERICA.**—Professor Tyndall has directed that the receipts from his lectures in the United States in 1872, amounting to some 6,000*l.*, shall be equally divided between the Universities of Columbia, Harvard and Pennsylvania, with the view of founding science fellowships for men who wish to devote their lives to original research.

### APPOINTMENTS.

**AWDRY, WALTER, R., M.B. Dub., M.R.C.S. Eng.**—Medical Officer to the Berkeley District, Thornbury Union, *vice* Mr. J. T. Bridgman, deceased.  
**BAILEY, W. H., M.R.C.S., L.S.A.**—House Surgeon and Secretary to the Newark Hospital and Dispensary.  
**BAMBER, HARRY, M.B. and C.M. Glasg.**—Assistant Medical Superintendent and Dispenser to the Infirmary, Fulham Union, *vice* Mr. F. J. Ingoldby, resigned.

**BARTON, GEORGE HENRY, M.R.C.S. Eng., L.R.C.P. Edin.**—Medical Officer to the Market Rasen District, Caistor Union, *vice* Mr. H. Turnour, deceased.  
**BROWN, JOHN TAYLOR, M.B. and C.M. Glasg.**—Medical Officer to the Trelleck District, Monmouth Union, *vice* Mr. G. Mayon.  
**DILLON, J. T., M.D.**—Medical Officer to the Listowel Dispensary of the Union, *vice* U. Fitzmaurice, M.D., deceased.  
**ELLIOTT, W., L.D.S. Edin. and Dub., F.C.S.**—Professor of Dental Mechanics in Queen's College, Birmingham.  
**HOWARD, HERBERT, L.R.C.P. Lond., M.R.C.S. Eng.**—Medical Officer to the First District, Guiltcross Union, *vice* Mr. Horace F. Howard, deceased.  
**LACEY, THOMAS S., L.R.C.P. Edin., L.R.C.S. Ire.**—Medical Officer to the Second District, Oldham Union, *vice* Mr. W. F. Chadwick, deceased.  
**LEWIS, JAMES KING, M.R.C.S. Eng., L.S.A. Lond.**—Medical Officer to the Thorverton District, Tiverton Union, *vice* Mr. Henry Robinson, resigned.  
**LONGMAN, GEORGE P., L.R.C.P. Edin., M.R.C.S. Eng.**—Medical Officer to the Donhead District, Tisbury Union, *vice* Mr. W. H. Reed, resigned.  
**MEDCALF, ERNEST S., L.R.C.P. Edin., M.R.C.S. Eng., L.S.A.**—Medical Officer to the First District, Steyning Union, *vice* Mr. J. Dixon, deceased.  
**McMURRAY, JOHN, M.D., M.Ch., L.M. Ire.**—Assistant Medical Officer to the Brownlow Hill Workhouse of the Parish of Liverpool, *vice* Mr. J. G. Barns, resigned.  
**MORRIS, C. A., M.A., M.B., B.C. Cantab., M.R.C.S.**—Resident Medical Officer to the Liverpool Royal Infirmary.  
**O'CALLAGHAN, R. T. A., L.R.C.S.**—Surgeon to the County Infirmary, Carlow.  
**ROYDS, W. A. S., L.R.C.P., M.R.C.S., L.S.A.**—Surgeon to the Royal Berkshire Hospital.  
**TOBIN, R. F., F.R.C.S.I.**—Assistant Surgeon to St. Vincent's Hospital, Dublin.  
**VAUDREY, E., M.B.**—Resident Assistant House Surgeon to the Derbyshire General Infirmary.  
**WOLFHAGEN, J. E., M.B.**—Assistant House Surgeon to the Royal Albert Hospital, Devonport.

### VACANCIES.

**BANBURY UNION.**—Medical Officer for the Middleton Cheney District, in succession to Mr. T. C. Lawson, resigned. Area, 6,428 acres. Population, 2,241. Salary, £53 per annum.  
**CHESEA HOSPITAL FOR WOMEN, FULHAM ROAD, S.W.**—Resident Medical Officer. Salary £60 per year, with board and residence. Candidates must be duly registered. Further particulars may be obtained of the Secretary, to whom applications must be sent by July 6th.  
**DEWSBURY UNION.**—Medical Officer for the Dewsbury District, in succession to Mr. W. F. Watts, resigned. Area, 1,335 acres. Population, 21,617. Salary, £55 per annum.  
**EAST LONDON HOSPITAL FOR CHILDREN, AND DISPENSARY FOR WOMEN, SHADWELL, E.**—Assistant Physician. (*For particulars see Advertisement.*)  
**HANTS COUNTY ASYLUM.**—Junior Assistant Medical Officer. Salary, £100 per annum, with furnished apartments, board, washing, and attendance. Candidates must be doubly qualified and registered, unmarried, and not above 27 years of age. Applications with copies of testimonials to be addressed to the Committee of Visitors, Knowle, Fareham, not later than July 8th.  
**MADELEY UNION.**—Medical Officer for the Workhouse, in succession to Mr. J. Procter, resigned. Salary, £26 per annum.  
**MANCHESTER ROYAL INFIRMARY, DISPENSARY AND LUNATIC HOSPITAL, ETC.**—Honorary Obstetric Physician. (*For particulars see Advertisement.*)  
**NORTHALLERTON UNION.**—Medical Officer for the Osmotherley District, in succession to Mr. Cumine, resigned. Area, 11,327 acres. Population, 1,874. Salary, £35 per annum.  
**ROYAL CORNWALL INFIRMARY.**—Honorary Physician. Candidates must be medical graduates of the University of Oxford, Cambridge, Dublin, Edinburgh, Glasgow, or London, or Members or Fellows of the Royal College of Physicians of London, and must not be connected in partnership with any person who practises Surgery, Pharmacy, or Midwifery. Diplomas or other qualifications and testimonials, to be sent to the Secretary, on or before July 8th.  
**SALOP AND MONTGOMERY COUNTIES LUNATIC ASYLUM, SHREWSBURY.**—Junior Assistant Medical Officer. Salary, £100 per annum and £8 in lieu of beer, with board, lodging, and washing. Candidates must be registered, and not over 27 years of age. Applications with not more than six recent testimonials, to be addressed to the Medical Superintendent, on or before July 8th.  
**WESTERN GENERAL DISPENSARY, MARYLEBONE ROAD.**—Honorary Surgeon. Candidates must be Fellows of the Royal College of Surgeons of England. Full particulars as to duties, etc., can be obtained of the Secretary. Candidates must forward their applications, with testimonials, on or before July 10th, and attend at the Dispensary on Monday evening, July 13th, at seven o'clock. --Also, Junior House Surgeon. (*For particulars see Advertisement.*)

### DEATHS.

**HOWARD, Edward**, Deputy Inspector-General of Hospitals, A.M.D. at Mindenwolfe, Bedford, on June 28th, aged 69.  
**HOWE, JOHN ERNEST, B.A., M.B., M.R.C.S.,** at Knowle Vicarage, Warwickshire, on June 28th, aged 27.  
**PRATER, HORATIO, M.D.,** of 7, Edwards Square, Kensington, at 28, Devonshire Street, on June 20th, in his 80th year.  
**SAMPSON, G. E. GREEN, M.R.C.S.,** at St. Matthews, Ipswich, on June 27th, aged 81.



## NOTES, QUERIES, AND REPLIES.

## THE CAUSATION OF LABOUR.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—On looking down the Index of the *Medical Times* of to-day's date, I see no mention of my letter to you "On the Causation of Labour," published in your issue of January 10th last. It is a theory of a physiological act not previously explained, and which I hope you will not permit to be lost sight of.

I am, Sir yours &amp;c.

WM. ELLIOTT PORTER.

Lindfield, Sussex, June 27th, 1885.

## COMMUNICATIONS RECEIVED—

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## BOOKS RECEIVED—

Our Recent Debts to Vivisection, by W. W. Keen, A.M., M.D.—Proceedings of the Society for the Study and Cure of Inebriety—Endometritis Fungosa, by J. B. Hunter, M.D.—Announcement of Trinity Medical School, Toronto—The Encyclopædic Dictionary, Part 18—Foreign Bodies left in the Abdomen after Laparotomy, by H. P. C. Wilson, A.M., M.D.—Case of Brachial Monoplegia, due to Lesion of the Internal Capsule, by A. H. Bennett, M.D., and C. M. Campbell, M.D.—Pathological Mycology, by G. Sims Woodhead, M.D., etc., and Arthur W. Hare, M.B., C.M.—Suicide, by W. Wynn Westcott, M.B. Lond.—Contributions to the Surgical Treatment of Tumours of the Abdomen, by Thomas Keith, M.D., LL.D. Edin.—Handbook for the Instruction of Attendants on the Insane—Lectures on Diseases of Children, by Robert J. Lee, M.A., M.D.

## PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Révue Médicale—Gazette Hebdomadaire—Nature—Boston Medical and Surgical Journal—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Louisville Medical News—Weekblad—The Philadelphia Medical Times—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—The New York Medical Journal—The Hospital Gazette—Revista de Medicina—The Therapeutic Gazette—The Polyclinic—The British Gynaecological Journal—The Monthly Homœopathic Review—The Journal of Mental Science—The Edinburgh Medical Journal—The Medical Temperance Journal—The Veterinarian—Archives Generales de Medeciné.

## HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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- Professor John Wood, F.R.S.: Third Hunterian Lecture on the Radical Cure of Hernia. [Abstract.]
- Dr. Norman Chevers, C.I.E.: On Convulsions and Epilepsy in India.
- Dr. T. J. Hudson: On Belladonna and Galvanism in the Treatment of Intestinal Obstruction.

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MEDICAL TIMES
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ON NATURAL GROUPS OF SKIN DISEASES.
A STUDENT'S LECTURE
By JONATHAN HUTCHINSON, F.R.S.,
Emeritus Professor of Surgery in the London Hospital College.

GENTLEMEN,—To continue our subject, the common Chilblain will give us another good type-form from which to construct a family group. Let us define a chilblain to be an inflammation produced by direct exposure to alterations of temperature, commonly, but not exclusively to cold. If the cold has been extreme, and gangrene is produced, we call it frost-bite, but it would be very difficult to draw an abrupt line of demarcation between frost-bite and chilblain. Unquestionably, personal peculiarities as regards force of circulation very materially influence the individual liability to frost-bite. There are many frost-bites which do not end in gangrene, but which produce a chronic condition of inflammation scarcely distinguishable from chilblains. Many forms of chilblain, however, by no means require exposure to severe cold for their production. Those who are very liable to them get chilblains at all times of the year, if they are in the least exposed to wind or wet. In a few instances the cause is not cold at all, but rather heat, and we may have what we may appro-

priately call the sun-blain and fire-blain. In order that chilblains should occur it is necessary that the solid tissues, and not alone the vascular ones, should possess a sort of inborn susceptibility which renders them liable to inflame when exposed to changes of temperature. Note that it is not mere feebleness of circulation; chilblains are by no means constantly associated with cold extremities. Those who habitually have red, cold hands and feet, and in whom the capillary circulation is at its weakest, are precisely those who never get chilblains. Their tissues do not resent the influence of cold, and do not inflame when it is removed. On the contrary, those who suffer much from chilblains have not infrequently a rather active circulation, the susceptibility being in the tissues themselves, or possibly in the vaso-motor system. We will class everything which can be proved to be in direct relation with slight changes as regards cold and heat, as of the nature of chilblain, and you must not imagine that they always present the same features. The commonest form is perhaps an ill-defined swelling of the skin, red sometimes, livid at others, which itches and burns, and which is very liable to crack and become sore on the surface. In other cases the part is permanently livid; there is but little burning and no tendency to crack. In some the inflammation is very superficial, a mere erythema; in others it is deep, and leaving the skin, it may affect the subcutaneous cellular tissues, or even the periosteum. Sometimes a whole finger is involved in swelling, not unfrequently chil-



blains implicate the nails, and sometimes, but in rare instances, they affect the joints and ligaments. I keep to my definition: a chilblain is anything that results from exposure to slight alternations of heat and cold. We must not restrict it to any particular tissue. For obvious reasons chilblains occur chiefly in certain definite positions—to wit, on the extreme periphery of the body. The fingers, the toes, the heels, the nose, the ears, and the lips, are the parts most liable to suffer, and about in the order in which I have mentioned them. The part affected will of course vary with the kind of exposure to which the individual has been subjected. Inborn peculiarity of tissue is obviously the main predisposing cause. They are common in certain families and perhaps in certain races. Youthfulness of tissue is also almost essential; as we advance in years our tissues become, as a rule, less and less irritable under exciting causes of the kind mentioned. The liability to chilblains sometimes constitutes an important complication of other diseases, more especially of hereditary gout, and some of the forms of what is known as Raynaud's symmetrical gangrene of the extremities and the condition which I have myself described as "Last Joint Arthritis" are closely connected with them. The relationship of chilblains to lupus erythematosus is exceedingly close—so close, indeed, that it is sometimes impossible to distinguish them from each other.

Close to the chilblain family, but not in it, we may place a small and unimportant group of affections in which derangements of nutrition of the skin occur in connection simply with senility. I do not refer to such affections as senile gangrene, which is, of course, not a skin disease, but to certain forms of palmar psoriasis, chronic eczema of the hands and disease of the nails, which, so far as I can tell, seem to be associated rather with senile degradation of tissue than with anything else. In this category ought to be placed senile blanching of the hair and loss of hair, unless, indeed, we regard them rather as physiological processes than as disease.

It is a very great mistake to count the peeling and cracking of the palms which has received the unsuitable name of psoriasis palmaris as being always of a specific nature. In a large proportion of cases I feel sure that it is chiefly senile, the result of degeneration in the nervous and vascular systems, with the addition perhaps of some slight local cause of the nature of pressure, such, for instance, as the use of tools. The skin has got old, and ceases to wear well and to repair itself easily. The palms of the hands are far less frequently affected in this way than the soles of the feet, and for an obvious reason: they are far less used. Possibly even in a majority of elderly persons who are obliged to stand much we should find evidences of impaired nutrition in the integument of the soles. If there be any tendency to disease of the spinal cord, any defective sensation or slight form of ataxy, the risk of these senile changes is very greatly increased. These affections induce, indeed, a sort of premature local senility. The chief importance of recognising this group of maladies is negative, that we may avoid attributing them to causes which have really nothing to do with them.

Erythema multiforme and Erythema nodosum may suitably form the central figures of an ill-defined and, as yet, ill-understood group. They are types of forms of skin disease, in which the phenomena are always systematically placed on the halves of the body, or rather the two sets of limbs, and are, therefore, obviously due to some general influence, probably, but not quite certainly, a blood cause. Something very like them may occasionally be produced by the iodides and bromides, and it is possible that they are sometimes of drug and diet origin. This, however, is by no means certain, and more frequently they appear to depend upon

causes of the same nature as those which produce acute rheumatism. These symmetrically placed forms of papular or nodose erythema are always transitory and not usually recurrent. They disappear without regard to treatment, and possibly without any influence from it. As their name implies, they may vary very considerably in the precise type of outward manifestation, but they are almost always restricted as regards location, affecting the limbs only.

The conditions to which the term Purpura is applied, and of which scattered extravasation of blood, or thrombosis of blood vessels, are the distinguishing feature, are so various as regards their causes, that it is perhaps scarcely right to group them in one family. Purpura is usually a mere symptom, and a symptom which by no means always acknowledges causes of the same class. Often it is the result of the use of some drug or article of food, as, for instance, the over-consumption of table salt or the administration of iodides or bromides. In other cases it follows on impediment to the circulation. In a remaining group, however, which comprises the more typical examples of what is known as purpura hæmorrhagica, we are as yet quite unable to assign its cause, and cannot venture to place it in alliance with any other malady. It may be that in these there lurks an unsuspected idiosyncrasy as regards some drug or article of diet. It is possible that sometimes the very thing which has caused it is prescribed as a means of treatment. Further investigation may very likely show that a purpura group is by no means necessary to a complete classification, and that the cases in which this symptom is present may be properly relegated to their appropriate families, in each of which something is known as regards the cause. It would be premature, however, to attempt to do that now.

We may take Erysipelas as the type-form for another family. We know quite well how to describe this malady. It is an erythematous inflammation of the skin, attended with oedema, with a red edge that rapidly spreads and a surface which usually vesicates. Professional opinion, however, is not quite so well agreed as to its definition. Many would say that it is a specific fever and always depends upon a specific virus which has been introduced into the blood. For my own part, I am concerned to deny this with emphasis, and to say that it is a non-specific inflammation of the skin, which such influences as cold, wind, wounds, &c., can originate, and which itself causes the fever which accompanies it. It is only by accepting this definition that we shall succeed in constructing the group which I now desire to sketch.

The essence of the erysipelatous process is probably inflammation of the lymphatic spaces, for from their implication comes the oedema and the rapid spreading which are so characteristic. We have two chief forms in which we encounter erysipelas: one the terror of the surgeon, the traumatic variety, which occurs in connection with wounds; and the other the medical form, which affects almost exclusively the face and head, and which is often in recognised association with exposure to cold or heat. The surgical form gives no immunity as regards second attacks, and the medical one is well recognised as involving a very decided liability to recurrence. Remembering these facts, we are, I think, in a position to recognise the true position of certain other maladies closely related to erysipelas. There is what is called the vesicating erythema of the cheeks: a form of disease which occurs perhaps twice a year to those who are liable to it, but which differs from common erythema, medical erysipelas, in showing no tendency to spread at the edge, and in being of very brief duration. Of this disease the first attack is almost invariably the most severe and the most like common erysipelas. This remark applies also to



another form in which there are no vesications, but in which recurring attacks of œdema occur, sometimes so frequently that the part never wholly recovers itself. This chiefly affects the eyelids, cheeks, and lips, and may easily lead to permanent deformity, a sort of elephantoid hypertrophy of the features. In close connection with this we must mention true elephantiasis, the Barbadoes Boucnemia or the elephantiasis Arabum. This affection, if we would rightly place it, is, I believe, simply hypertrophy consequent on manifold attacks of erysipelatous œdema. Its beginning is usually some slight injury leading to acute œdema, and occurring in a dependent part which cannot easily recover itself. The position rendering the œdema permanent, repeated slight attacks of erysipelas in the damaged part leave each behind it its special increment. Thus, by slow degrees, a mixed condition of solid œdema and true hypertrophy of the cutaneous and subcutaneous elements results, and in a few cases grotesque deformities ensue. There is no mystery about the disease, its stages are in their explanation as simple as possible. The varieties which it assumes are in connection with the part affected, the habits, nationality, the state of the health of the patient and the climate in which he lives.

We may constitute another group of those maladies which are definitely in association with the Nervous system. It is possible indeed that they are, from beginning to end, diseases of the nervous system—that is, of those parts of the nervous systems which are located in the skin. It is perhaps not correct to speak of such a disease as herpes zoster as being induced by the nerves, for we should possibly be nearer the truth if we were to name it as a form of cutaneous neuritis, and to recognise that its result is the disorganisation of the end-organs and ultimate nerve structures. In this group of neurotic skin affections we place definitely two, but it may easily be true that there are several others. The two which I will name, herpes and morphœa, are of extreme interest, but I must not venture now to enter upon any detail, as they are both very large subjects. I must be content to say respecting them both, that in their most typical forms they are distributed in the most definite manner according to the known anatomical arrangement of the cutaneous nerves. The disturbances in the skin which are induced are always limited to the part first affected. This statement is equivalent to saying that their inflammatory products are not infective. This is a most remarkable feature, and with it is correlated another which probably depends upon it—that, namely, of the invariable spontaneous subsidence of the process. This spontaneous cure takes place very quickly in herpes, but very slowly though not less surely in morphœa. The forms of skin inflammation induced in these two diseases are very different. In herpes it is vesicular, or now and then gangrenous; in morphœa it is first erythematous, and then a sort of sclerosis. In herpes it is clearly the sensory filaments which are involved, as denoted by the pain which attends the process and the numbness which follows it; whilst in morphœa the absence of disturbances in sensation, and the great amount of derangement of nutrition which results, warrant a plausible conjecture that it is the vaso-motor filaments which are implicated. In neither disease, so far as we know, has the general health of the patient anything to do with the malady. Neither of them ever happen to infants. Herpes zoster must be definitely placed amongst the drug and diet diseases, as well as in the group which we now constitute, for there is no doubt that it is often produced in severe typical forms by the administration of arsenic.

I have spoken hitherto of herpes *zoster* exclusively, but there is another form of herpes, the symptomatic herpes labialis, in the main a herpes, which differs a

good deal from *zoster*, more especially in the fact it is liable to occur over and over again in the same individual. It is associated chiefly with vaso-motor disturbance causing rigor or horripilatio, but in some instances would appear to be a wholly local malady. Curiously enough, arsenic which will cause herpes *zoster* very seldom causes symptomatic herpes, and usually prevents its recurrence.

Although in the groups which we have named we should be able, I think, to comprise almost the whole of what we know as skin diseases—whether mere symptoms of other maladies or substantiated in themselves—yet there would remain a small number which will present considerable difficulty. The only way out of this difficulty that I can see will be to create a number of small and comparatively unimportant groups, most of which it would be impossible to name, as we have hitherto tried to do, by reference to supposed cause, since of many the cause is complex or possibly as yet unknown. I allude to such diseases as acne, sycosis, frambesia, and the like. Concerning most of these I am sure that we may hold that the convenience neither of the student nor the practitioner would be helped by our attempting to place them in artificial association with other maladies which may bear a superficial resemblance to them as regards the local lesion. We had better let erysipelas stand as erysipelas simply, than class it with *bullæ* because it frequently vesicates, and we shall understand acne quite as well if we make of it a family to itself instead of classing it with *pastulæ*. I would propose, then, to take a type-form for each of these smaller groups, to use the name which is in common employment for it as the name of the group, and then to see how many cognate maladies will cluster round it. It will easily be understood that no very abrupt lines of demarcation can be drawn between groups constructed on this principle; and that we shall not unfrequently find it necessary to mention the same disease under two headings, or perhaps more. That this should be the case, necessarily follows from our having attempted a natural classification. It is a difficulty which assails the naturalist in every field of investigation. Neither the geologist nor the botanist can escape it entirely, or if they do it is only by arbitrary methods. It is a difficulty, however, which from the nature of his materials the investigator of disease must encounter much oftener than they do. We encounter connecting links and mixed forms on every hand, and we should inflict a great and very foolish injury to truth if we were to try to make them bend to conventional rules of classification. It should, indeed, be one of the foremost precepts which we keep in view, that the causes which we have to study are capable of endless and diverse mixtures and combinations. The problem before us is, how best to express these combinations in our nomenclature. The plan which is the simplest will, I believe, be found to be the best. If we are careful to give clear definitions to the names which we have in common use, it will not, I think, be difficult to combine those names in such a manner that they shall express with tolerable exactness what we mean. For myself, I very much prefer the plan of joining together two well-understood substantives rather than that of constructing a new and possibly very unwieldy adjective to be applied to one of them. For instance, I prefer the word treason-felony to that of felonious treason as expressing with less ambiguity what is meant. I prefer also the word lupus-acne when I mean a real admixture of the two conditions to the invention of an adjective which, at the best, would imply only resemblance. With these explanations, we will proceed with our task of attempting to group the forms of skin disease which have not as yet been included.



I will take then as our next group the Lupus family. The type-form of common lupus is well known, and so also is that known as lupus-erythematosus. Whilst these two present very remarkable differences so important that not a few have suggested that they ought not to be placed together, they yet possess such features of resemblance that it would be, I think, most unwise to separate them. We will claim the name lupus for every form of inflammation of the skin which begins at a point, spreads slowly, but steadily at its edge, is attended by cell infiltration or more properly by cell growth, which growth undergoes after a time retrogressive changes, and leaves the skin more or less disorganised. A spreading or serpiginous edge; and the final result a scar, are then the almost distinctive features of this process. They, like all other forms of skin disease, may be closely imitated in those whose tissues have been affected by syphilis. When this happens, we simply prefix the adjective syphilitic, well recognising that in so doing our diagnosis, prognosis and treatment all of them undergo a complete change. By the substantive we denote here the character of the pathological change, by the adjective its cause, and it is the cause which is all important. No more inconvenience can result from our speaking of a syphilitic-lupus than of a syphilitic lichen or psoriasis, for in each instance we clearly recognise that the malady is totally different from the non-specific prototype which lends it its name.

To return, then, to common lupus, we find it occurring under two chief forms. In both of them the process is locally infective, and tends to self multiplication; but there is the great difference that in one the disease begins symmetrically on the two halves of the body, whilst in the other it is never symmetrical except by accident. This difference is, I admit, a most important one, and were it not that there are connecting links it might seem sufficient to detach lupus-erythematosus from lupus vulgaris.

It is to be admitted, however, that there are cases of lupus erythematosus which are not symmetrical, and in which it is exceedingly difficult to distinguish the local process from that which occurs in common lupus; whilst there are instances of the latter in which the disease becomes generalised, and approaches in distribution closely to that of the erythematosus form. It would appear that lupus erythematosus has a very close alliance as regards its exciting causes with chilblains. It is caused by exposure to sun and to cold, and it occurs almost invariably first, and often exclusively, to the parts which are most exposed to those influences. It does not, however, like chilblains, come to an end on removal of the cause, but proves its relationship to common lupus by spreading like it at its edge indefinitely and over large areas, and leaving the skin when it comes to an end in the condition of scar. In the lupus family, in addition to these two chief forms, we have several other more rare ones, some of them exceedingly rare. Thus we have a sebaceous lupus, a variety of the erythematosus in which there is often little or no erythema, but the skin becomes rough and pitted like a piece of orange peel. We have also a lupus lymphaticus, in which the lymphatic trunks are involved after the same manner as the blood vessels in the erythematosus kinds. Further, there is an acne-lupus, an eczema lupus, and a peculiar form to which it is difficult to give any appropriate name, which occurs only on the hands and feet.

The lupus family has affinities less or more strong in its different forms with scrofula, with chilblains, with psoriasis, and with cancer. Not very unfrequently in persons past middle life the lupus scar takes on malignant processes. A most interesting form of family disease has within the last ten years been observed by Hebra and Kaposi in Vienna, and studied

with enthusiasm by dermatologists in all parts of the world, which appears to be a form of erythematosus lupus, but which occurs in several members of the same family, begins in very early life, and leads in not a few instances to malignant growths even in those who have not yet passed childhood.

We will allow the disease known as Sycosis to stand as the type-form for another group. In this affection hair follicles are involved; a suppurative inflammation of the follicle loosens the hair and destroys the bulb, leaving a small scar. The sycosis process, like that of lupus, is infective, and like it, may sometimes begin symmetrically and sometimes not so. It usually spreads gradually, unless arrested by art, over large areas, permanently destroying all the hairs, and leaving the skin in a condition of scar. It occurs to just the same class of patients as those who get lupus, and both the constitution and the local measures are *mutatis mutandis* very similar. Clearly sycosis is a near congener of lupus. It is a great mistake to imagine that sycosis is confined to the male sex and to the whiskers and beard. It is true that it shows its most characteristic features on these parts, but for the simple reason that there the hairs are the largest and most closely set. The ophthalmia tarsi which so often destroys the eye-lashes of delicate children is, if we would regard real affinities, a sycosis. In some cases the eyebrows also are attacked, not unfrequently the axillæ, and now and then the hairy scalp. It may sometimes affect the hairs of the body generally, and produce an eruption which will probably get the name of impetigo. In yet rarer cases we have a true sycosis unguium in which all the nails of the fingers and the toes are affected, inflame, suppurate and are exfoliated. The nails, as you know, are only modified hairs. You will observe that I put wholly aside that form of sycosis which is due to a vegetable parasite. It is quite true that this is the form which produces the most characteristic conditions, and which has furnished some of the best portraits of sycosis in our atlases. Its cause, however, is totally distinct from that of the sycosis which I have been describing. If we met with it on the scalp of a child in association with ringworm, as we frequently do, we should call it kerion, and as such cure it. It is exactly the same disease when it occurs on the bearded chin of an adult, and it is curable by exactly the same treatment. Surely it is better that we should call it kerion there also, and not jumble matters up by calling it a parasitic sycosis. It belongs of course to our first groups—that of the tineæ or diseases due to vegetable parasites. It has no relation to the health of the individual, and may be cured in as many weeks as sycosis will take months or even years.

Our next group is the Acne family. In acne we encounter the inflammation more or less acute or chronic of the sebaceous follicles. The tissues surrounding them are always involved, sometimes becoming very erythematosus, and at others hypertrophic. In some cases the contents of the follicle accumulate within it, and consolidate, forming a comedo. In others suppuration takes place around the follicle, and a pustule results. Thus we may have different forms of acne, the comedo form, the common pustular form, an acne rosacea or erythematosus, an acne tuberosum and an acne-lichen. Many interesting features of peculiarity might be mentioned as regards these and other types of acne. Of all the varieties a few general statements will be found to be true. In all it will be found that the blood supply to the skin is liable to disturbance in connection with the derangement of what is known as tone. It does not matter what the precise cause of this disturbance of tone is, whether the patient has been lowered artificially by the administration of iodides or bromides, or whether



he brought it upon himself by any one of the many various possible irregularities of life, whatever has lowered his tone will place him in danger of acne. And the precise form which it will assume will depend upon the original endowments of his skin. If he have a thick coarse skin with large follicles he will get the comedo, the pustule, the follicular abscess, and possibly in the end tuberculous hypertrophy of his nose. If his skin be fine and thin the tendency will be to erythematous acne. Acne is the disease to which, for the most part, and with the exception of the erythematous and tuberculous varieties, young persons only are liable to. Its pustules invariably leave small scars; it is probably in some low degree infective, that is—one pustule may cause others; it has probably a slight alliance with sycosis, and also with that state of health which leads to boils. I am sure, however, that I have told you what is true, in saying that it is mainly dependent upon derangements of tone when they occur to young people.

## AN ADDRESS ON MEDICAL EDUCATION.<sup>1</sup>

By W. T. GAIRDNER, M.D., LL.D.,

Professor of Medicine in the University of Glasgow.

(Continued from page 5.)

I AM no enemy, as all my friends here and elsewhere know, to the scientific side of medical education. I have rather been a supporter of the scientific branches in the broadest possible way in my own University during the whole course of my connection with it. But, nevertheless, looking at medical education as a practical whole, I cannot but confess that there is a possible danger—all the greater now that the immense and daily increasing number of details becomes more and more overwhelming to the young mind, or to any mind—in the scientific branches being so developed that it will be impossible to teach the practical branches in an adequate way. Only last night I happened to be in the company of a very old friend of my own, an excellent practitioner, whose son is at the University of Glasgow. He is a very clever young fellow, and has got immensely attracted by the study of biology. He is occupied all the day in the way Professor D'Arcy Thompson showed me in his laboratory to-day, making sections and studying microscopic forms. He is proud of the work. He is wholly absorbed in it, and says "I don't want to go beyond this. This is the sort of thing I wish to live by." In my own much earlier experience I had in my class a young man who was a very good linguist. He was a thoughtful man, with varied accomplishments, and endowed with a truly scientific brain. He came to my class and mastered everything that I had to teach him. Everything, by some kind of instinct, seemed to arrange itself in his mind in such a way that in the very first year he beat all the senior pupils in practice of medicine, with all their hospital experience (of which he had literally none at this time), in the easiest possible way. It came very naturally to me to say to that man, I should like to take you into the hospital as my assistant. But no; it would not do; nothing would induce him, after all his success in my class, to do a single day's turn in practical work. From that time to this he has hardly ever entered an hospital; or if so, only as a governor. I was utterly unsuccessful in bringing him face to face with true practical medical work, because the

scientific instinct was so strong in him, that it overcame every other instinct. That man is now Professor of Chemistry in one of the old Scotch Universities, and he is a very distinguished Professor. This, indeed, is an exception; but what is to come of the mass of the men who may be thus attracted by the earlier subjects, and who are induced in one way or another to prolong the association, so that in four years there is literally no time for us to teach the other important branches? We do our best, we clinical teachers. But what if the students come to us unprepared? What if they come to get their eyes and their ears educated for the first time as to things they should have been educated in long ago? Observe the difficulty, for it is a very serious difficulty. The practical training and discipline is, as it were, shunted into a corner, and so made impossible; and this is more especially the case with the medical training which, coming in the order of time necessarily after the surgical, and yet being much wider and more complicated in its scope, is too apt to be run entirely into the fourth year of study, and not half done even then, simply because the man, with all his previous training, is not half ready for it.

Now to meet this difficulty, which we all acknowledge is a serious one, I have heard of two different kinds of proposals. One is to throw back a considerable portion of the early scientific training from the Colleges into the schools; to demand of the schools the teaching of elementary physics, chemistry, and biology. Well, perhaps many of those here who know the schools and the school system of Scotland much better than I do will be able to say whether that be desirable or not. It is plain we are not ripe for it just now. The schools have not the apparatus—have not the means of giving anything more than a mere knowledge by rote; and knowledge by rote is worse than no knowledge at all. Unless the schools can teach these things, as Professor D'Arcy Thompson and the other professors teach them here, they need not begin. Therefore, for a long time to come that plan may be considered as practically out of the question. A second proposal is to extend the curriculum to five years. Well, speaking for myself, I have no objection to that. The matter has been discussed and argued in the Medical Council without any decided conclusion being arrived at. At present you may regard it as settled that the medical curriculum will not be altered generally to five years in all probability, for some time at any rate. But, suppose it were, I have so much belief in the attractive power of these early scientific branches—I feel so much myself the attraction they have for the mind—that I am convinced that the same difficulty would still occur. The risk would be that a considerable number would still have their whole attention monopolised by these early branches, and that those branches which it is absolutely necessary for them to acquire as practitioners would be, to some extent, apt to be shunted out of the course. There is only one remaining way, and that is a way I ventured to propose more than a quarter of a century ago, but which is regarded by several of my colleagues as rank heresy. It remains for us to see whether we can inoculate Dundee with this idea, and whether this College, beginning with new men, and not hampered by old prejudices, can give a medical training in the way I propose, and so develop a new type of medical teaching, having all the advantages of the old apprentice system, and superadded to these a considerable portion of valuable scientific training.

What I propose is that the scientific and practical training shall be carried on together throughout the medical student's education, so that he does not at any period of it lose touch either with the one or the other. Is it possible to teach the early scientific branches

<sup>1</sup> Delivered at University College, Dundee, June 27th, 1885



without monopolising a man's mind? The view adopted by Oxford and Cambridge is that they should take the man for two or three years to teach him the science only; and then turn him over into the London hospitals to teach him the practice. I venture to say that if that is the scheme of medical education that is to be adopted, not four years, not five years, not six years perhaps will be sufficient, and this education will ever remain the education of the few; and at least it is safe to say that this never can be the education of the great mass of medical practitioners; and remember, the studies of the great mass of the medical practitioners are what chiefly interest the public. Therefore, although the Oxford and Cambridge idea may be suitable for these great universities and the great hospital centres of London, and is therefore by no means to be discouraged, I maintain that for the medical student as I know him, as I esteem him, and as I have a life-long knowledge of him, that method is quite out of the question. I think there might be in a medical school an organisation such that at every stage of the student's training an illustration could be sought out of the field of disease. He should be brought more or less face to face with the business of his life all through his course, so as at no time to lose touch with it altogether, and yet be in a position to apprehend the relation to it of thorough and genuine scientific work. I may illustrate what I mean by one or two examples. A great deal of what is called stethoscopy—the science of auscultation, which rests, in the main, upon a basis of pure physics, and might therefore be advantageously taught at the very commencement of a medical career, in connection almost with preliminary training; a great deal of this and of the most elementary principles of it, has actually to be taught during the last year of a student's course. It is during the fourth year only that I can count absolutely upon his being brought into connection with me at all; although, in point of fact, many students begin in their third year to think it worth while to know something of what the practice of medicine is. The difficulty I meet with is that the man has at this advanced period to be taught for the first time really and personally what is normal, what is healthy, and it may take months before his ear, not to speak of his mind, is educated so that he can be made to draw a single correct inference. Now, why learn all that on the diseased subject when it could be learned so much more easily and satisfactorily on the healthy subject? There are scores of instances of matters of this kind that could be taught casually and incidentally during the progress of the scientific training. Illustrative cases which happen to present themselves at the hospital could be made good use of according to the stage of progress of the student at the time. The same method could be followed in the learning of physics, chemistry, and the whole realm of graphic physiology. There are facts in connection with all these sciences which could be explained in the lecture and illustrated at the hospital. But in the event of a School of Medicine being founded in Dundee, should it, it has been asked, take the Oxford and Cambridge method, or go on a model of its own? If Dundee goes on the Oxford and Cambridge method, and makes itself purely a scientific school, and sends its pupils thereafter to Glasgow or Edinburgh, as a matter of course, and of necessity, it is losing practically half its advantage. It is giving up the game. It needs no prophet to see that in a poor country like Scotland a system by which the scientific training by itself is to be developed in this alarming way will not at all suit the purses of the students or the time they have at their disposal.

Now, what I have to suggest is that you might manage to interest my friend, Dr. M'Cosh (the medical superintendent of the Dundee Royal Infirmary), in this

matter. He is an old student of my own, and I know how good a man he is in the practical department, and how much he feels the whole value of a medical training. If we could manage to get Dr. M'Cosh to support himself by one or two well-paid hospital tutors, young men recently off the irons, thoroughly well-trained both in the practical and theoretical side; and if the few students of your nascent medical school were paternally supervised by these tutors, who would follow them up in the lectures, learn what they were getting in the chemistry class, what in the biology class, and take them into the hospital for an hour or an hour-and-a-half every day, and teach them what the hospital affords in connection with disease, and explain such things as may bring the lectures into relation with the clinical side of medical training, you would make these students feel their profession all along, and you would add a new interest to their scientific training. I shall be told that this is impracticable. Well, in Glasgow and Edinburgh, with our large number of students, with all our old traditions, with certain interests involved, and with ways which have become fixed and stereotyped, it is impracticable. But to my mind it is not impracticable in a new school. If this were done in a new school it would, in my opinion, come to modify beneficially the whole course of medical training not only of the older schools of Scotland, but also of the hospitals and schools of England. I will not absolutely say that the student should go very much into the hospital from the first moment he enters the classes, but I do think he should be led into the hospital soon, and be led under the tuition of a man who would make it his business to lighten his mind with ideas tending to forward him in his vocation, and at the same time to give an interest to his scientific study by showing its bearing upon his future vocation. This might occupy two years, this joint system of scientific and practical training. Then I may engage to say that in the third and fourth year the clinical training would begin at an immense advantage, and we clinical teachers—I am supposing myself for a moment in Dundee—would find our men with their ears and eyes educated, their senses trained, and their minds qualified to a certain extent much more accurately and really to appreciate the facts of disease, as we are obliged to study them and lay them down, from a practical point of view.

But I am afraid that in this long disquisition we are losing sight of one of the main objects of this assembly. We are losing sight of you, my young friends, and I may say here I have written this, the only previously written part of this address, without properly appreciating the number of the fairer and gentler sex that were to be present on this occasion. We are losing sight of you who have launched out already in your several careers of study, and are here to obtain the prizes which you have so well earned. For you, too, I have one word of warning and one word of encouragement. The word of warning I shall not give in my own words, but in the words of Mark Pattison. In his very pungent, but unmistakably sincere, book recently published (his memoirs), the late Rector of Lincoln says—and I may observe that the most remarkable thing about this passage (otherwise I should not be quoting it here), is that it is not a criticism on his opponents, but a severe, if just, commentary on the results produced by the reforming movement supported by himself and by his friends—“The young Oxford, which our present system tends to turn out, is a mental form which cannot be regarded with complacency by any one who judges an education not by its programme, but by its *élèves*. Our young men are not trained; they are only filled with propositions of which they have never learned the inductive basis. From showy lectures, from manuals, from



attractive periodicals, the youth is put in possession of ready-made opinion on every conceivable subject : a crude mass of matter which he is taught to regard as real knowledge. Swollen with this puffy and unwholesome diet, he goes forth into the world regarding himself, like the infant in the nursery, as the centre of all things, the measure of the universe. He thinks he can evince his superiority by freely distributing sneers and scoffs upon all that does not agree with the set of opinions which he happens to have adopted from imitation, from fashion, or from chance. Having no root in itself, such a type of character is liable to become an easy prey to any popular charlatanism or current fanaticism." The word of encouragement shall be taken from one of my own old addresses ; in which I have endeavoured to show forth as regards the medical art, but in terms, I think, applicable equally to every other, the principle that underlies all sound teaching and learning. It is this : "The first lesson to be learned in order to make all other lessons possible is, in my opinion, this — to deal very largely with things and not with mere words ; to realise as much as you can all your instruction by making it your own through personal observation ; to suffer nothing, if it can possibly be avoided, to lie in the mind as a dead weight of vocables, oppressing the memory and dwarfing the intellect, but to bring everything into the living light of fact and of nature, and thereby at once to assure to yourself the truth and exactness of your knowledge, while at the same time you are stamping it down upon the memory by the most sure and lasting of all technical methods. This is essentially the modern spirit of scientific inquiry, in virtue of which alone you can rise out of the dogmatisms and orthodoxies of the past to make secure and beneficial progress in the knowledge of your profession." I do not for a moment suppose that any of the able and accomplished men whom I see around me will differ from me in respect of the words I have just cited, or will think that they are aimed contemptuously at scholarship or the study of languages, or especially of the Greek and Latin languages when studied in the spirit of Mark Pattison, or of the best representatives of such studies in Oxford or Cambridge. To speak such words in the presence of Principal Peterson would in that case be an outrage on propriety which I could not bring myself to commit. But I appeal to the general context of these three published addresses of mine, which, however, I will not inflict upon you, in proof that I do not personally at all undervalue linguistic studies ; and you will perhaps take it as an additional proof of my sincerity in this, that, as a matter of fact, having lost sight of almost all the little Greek I had in my school days during the absorbing claims of the medical curriculum, and the after days of practice and scientific studies, I took pains to recover a little of it by renewed studies long after I had become deeply engaged in the business of life. But even in the study of languages there is a right way and a wrong way, and the principle here is the same—to keep close to nature and the facts—to make them, in short, a living study and not a dead one. The unamiable and self-sufficient type described by Mark Pattison grows everywhere, as well as in Oxford, out of want of thoroughness in doing the work in hand, whatever it be, or out of want of a right direction in that work. The best training in humility and truthfulness that can possibly be supplied, short of the highest Christian exemplar, and the moral and religious element which grows only out of that, is to be found in the study, the large and reverent study, of nature. Who that is once confronted—really confronted, I mean, and not merely verbally confronted—with a single realm, however apparently trivial or remote, of natural science, can

avoid applying to himself the well-worn expression ascribed to Newton, of standing on the brink of an illimitable ocean of unknown truth, of which only the merest margin can be surveyed by mortal ken? What man of the present day, in all that belongs to the essence even of the Christian idea of humility and reverence, devotion to truth, and freedom from self-seeking, is greater and nobler than Charles Darwin, whom some would call (wrongly, as I believe) an Agnostic or an Atheist?

Now, in a College which, by its very constitution, is wholly divorced from theological opinion and teaching, you may require to be warned of a danger springing from this source. How far this is or may be so, I am not here to say. But I am here to say what I know from an experience of many years as a teacher, a student, and a man of active and practical life—that there is no natural tendency in science and learning in themselves, and certainly no tendency in medical science or practice, to make men proud, overbearing, and self-sufficient. When science is simply crammed out of books, indeed, and with a view to examinations and to prizes, there is, it may be admitted, some such risk, because then you are placing yourselves in relation, not with the illimitable majesty of nature and the overwhelming dominion of law, but with some little smattering of knowledge set aside for you to get up by rote, in which you are comparing your little paltry self, not with the whole field of knowledge, but with so much of it as has been "got up" by some other man. But to him who comes really face to face with nature, whether in the physical, vegetable, or animal world, whether in health or disease, who makes thoroughness his aim from the first in everything he does and thinks, and who is not to be diverted from this aim either by lucre or popular applause, or even by the desire to excel others—to such a man (and such men I hope your training here will make some or most of you) reverence and humility of character come as a matter of right, indeed of necessity, because they know and feel, even if they fail thus to formulate their convictions, that all nature is the temple of the living God, glorious and immense, and unspeakably great above all the possible conceptions of any finite mind. Those who enter this temple may well put their shoes from off their feet, and understand that the place whereon they are standing is holy ground. But they will only adopt this attitude of mind when they cease to compare their own puny efforts with those of their neighbours, and learn to contrast them with the enormous sum of human effort that has already, during all these centuries, taken the same direction ; and finally with the illimitable ocean of the unknown, over which, if I mistake not, the Holy Spirit still broods, as of yore, and, if you are thus wise and reverent, will reveal Himself to every one of you.

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THE annual meeting and dinner of the Cambridge Medical Graduates Club will be held at the Holborn Restaurant on Wednesday next, July 15th, at 7.30 p.m., when Dr. W. H. Dickinson will be in the Chair. Any graduate who has received and not answered an invitation to join the Club may become a member by applying to either of the Honorary Secretaries : Dr. J. R. Fowler, 35, Clarges Street, Mayfair, W., or Dr. W. E. Steavenson, 39, Welbeck Street, W.



## CLINICAL LECTURES

ON

DISEASES OF THE URINARY TRACT  
IN THE YOUNG.DELIVERED AT THE HOSPITAL FOR SICK CHILDREN,  
GREAT ORMOND STREET.By JOHN H. MORGAN, M.A. Oxon., F.R.C.S.,  
Assistant Surgeon to the Hospital.

## LECTURE I.

IT is, I presume, the legitimate function of Clinical Lectures to supply in greater detail the results of observation on cases or on classes of cases which do not generally find mention in the ordinary text-books, or are alluded to only in such a manner as will supply the general features of the subject, and it is of advantage that they should be illustrated, as far as possible, by the presentation of cases or by the demonstration of specimens so as to allow a closer examination of the matter in hand. It might well be expected that this institution should be able to add in this manner much towards the knowledge of the diseases of children, and such indeed was one of the primary objects of its foundation. But such has been the prolific nature of this parent, that in the course of the last twenty years, children's hospitals have sprung up in numbers, not only in this metropolis, which already counts some eight or ten, but also in every large town throughout the country as well as in many rural districts. It is a necessary result that while humanity gains science is bound to suffer. Speaking only from my own experience of the out-patient room during the last fifteen years, since I first began to work there under Mr. Thomas Smith, the number of cases of any rarity or of any unusual interest has diminished in a very marked proportion. Formerly, the cases were not few that were sent to this hospital for an opinion, many of them coming from long distances and being often of exceptional interest and rarity. At the present moment, although the hospital stands foremost in the country among such institutions, the number of rare and exceptional cases which come for advice are necessarily very much fewer, since they naturally seek advice nearer home, and are eagerly seized on by the medical officers of such smaller institutions, who gain a local reputation for skill in the treatment of children's maladies, but have not leisure in all the harass of general practice to give to the world the results of their experience.

Thus, you will understand that in our out-patient rooms a very large amount of monotonous work has to be done, with only occasional relief of meeting with cases of unusual interest, whilst to pursue a search into any particular subject requires a much longer period of observation and enquiry.

The subject which I propose to consider in the present course of lectures is that of the surgical affections of the urinary tract in the young; it is one to which for many years I have given particular attention. My endeavour will be to treat the subject as fully as possible, but avoiding those portions of it which are amply dealt with in the text-books of surgery or in the more special treatises upon diseases of children, and I shall hope to illustrate what I have to say by cases which have come under observation in the out-patient room or in the wards, as well as by specimens and drawings from the museum.

Commencing at the end of the tract, and dealing first with the deformities of the urethra, it is of some interest to note that, as compared with the intestinal tube which not infrequently has no external opening,

there is but one case so far as I can ascertain in which congenital absence of the urethra is recorded. This is described by M. Peliteau in *Gaz. Hebd. de Med. et Chir.*, Jan. 30, 1864, though some other cases are there said to have been mentioned by French authors. As this was remedied by operation, it is to be presumed that the deficiency was limited to the anterior portion of the urethra. The condition of epispadias, when the urethra opens upon the dorsal surface of the penis, is exceedingly rare, that is to say, when unaccompanied by extroversion of the bladder. I have notes of only one case, in which the opening was situated just behind the glans, and was complicated by division of the prepuce and by non-descent of the testis on both sides. A case of this deformity is found recorded by Mr. Partridge in the "Transactions Pathological Society," vol. xvi. p. 192, and reference is there given to two other specimens. Another case of which I am unable to find the notes is represented in the drawing which I here show. In it the penis appears to be diminished in size, and the urethra opens above its base just in front of the symphysis pubis. It would appear to represent a case which has fallen short of the ordinary condition seen in ectopia vesicæ, and is of peculiar interest on that account as well as for its extreme rarity.

Of hypospadias, where the opening is placed upon the under surface, we see very many examples in which the opening of the canal may be situate in any position from the centre of the perinæum to the point at which the frænum is attached to the body of the penis. This is by far the most usual situation for the opening, and it is frequently so small as to escape any but the most minute search. More than once cases have been brought to me in which it has been declared that no opening of the urethra existed, a condition which, as I have said, is almost unknown. Probably, in these cases the examination has been confined to the glans penis only, when there is invariably to be found a depression for the meatus at the usual spot, the actual orifice lying further back. In many instances the smallness of this opening has been the cause of so much distress that it has required enlarging, and this I have always done in the same manner as when, after amputation of the penis, the orifice having been slit up the edges are drawn apart and attached by a horsehair stitch to the tissue on each side. As instances of what may happen from this condition, a boy was brought here with this deformity in whom the mucus and dirt had so obstructed the passage as to cause painful and delayed micturition, and in the case of a youth the same causes had led to a gleet discharge. Thus, it will be seen that it is of the greatest importance minutely to examine the under surface of the penis, scrotum and perinæum in all cases of the deformity, and the question which is invariably asked regarding them, and to which a careful answer must be given, is as to the power which a male thus formed has of begetting offspring. To this the reply must mainly depend upon the position of the orifice in the case under consideration, but, on the whole, the instances are few even where the opening of the urethra is situated very far back, in which ejection of semen cannot take place.

An interesting enquiry connected with this subject, and one which confirms the above remark, is as to the hereditary nature of this deformity; and in a most instructive article in the *Lancet*, April 19, 1884, Mr. Lingard gives an instance in which this deformity was traced through six generations, and relates a case in which it was transmitted by the widow of a hypospadian to four sons by a second husband who had no deformity. I have in several cases been able to trace an hereditary transmission of the condition.

I once was witness to an attempt to increase the



procreative possibilities of a child whose urethra opened behind the scrotum, by making a channel through the scrotum and forming a passage beneath the penis. This was done by dissecting off and turning over flaps of the scrotum, which were united in the middle line so as to form a channel by which the fluids which passed along the urethra might be conducted. The operation was performed by many stages, and the result was not at all satisfactory. In those cases in which the penis is bound down to the scrotum, and is therefore incapable of becoming properly erected, some operation may be called for, and under such circumstances any proceeding that is undertaken requires to be somewhat freely performed. An ingenious method of operating has been described by Mr. Pick, by which the malformed prepuce with the tissues of the penis and scrotum are made to form the floor of a channel by which the fluids discharged from the abnormal orifice of the urethra may be conducted. How far this was of practical utility was not ascertained, and I have personally much doubt as to the efficacy of any interference. On the contrary, cases are quoted in which the urethral orifice has been very far back, in which procreation has been effected.

I do not touch here upon those extreme cases of hypospadias in which the urethra is open along the greater part of its length, and the external organs are so ill-developed as to leave some doubt to which sex the patient may be said to belong. These cases are more properly discussed under the subject of hermaphroditism, because together with the deformity of the urethra there is also considerable deviation from the normal of the sexual organs which may resemble analogous parts in either sex. Here I show a sketch which I had an opportunity of making from a recent specimen which was exhibited lately at the Pathological Society. But short of these extreme cases there are many in which this condition exists with some other abnormal state, as in the boy before you, who, with a moderate condition of hypospadias, has an ill-developed scrotum, and in whom neither testis has descended; or in this other boy who has nearly the same condition of urethra, but has no testis in the scrotum on the right side, whilst on the left it has descended, and is followed by a congenital hernia. These are two examples of very usual complications of this condition. Before leaving the subject of these deformities, I may mention one or two anomalies which I have met with, such as a curious instance of congenital penile fistula in which a probe passed in at the meatus issued at an orifice midway along the under surface of the organ, micturition being performed through both openings; and another in which the depression for the meatus, which was impervious, lay upon the left side of the glans, and the urethra opened upon the left side of the corona.

In this preparation is a specimen of cyst of the prepuce which corresponds in size, nature and situation with another which was under my care. They resemble the mucous cysts of the lips, &c., and require nothing but evacuation for their obliteration. Trivial as so slight an imperfection may seem, there can be no doubt that a long prepuce, especially when its orifice is narrow, is the cause of very many ailments of youth. To its presence has been ascribed the existence of talipes, and even of paralysis, whilst a well-known surgeon has seen in it one of the provocations of hip-joint disease. How far it may influence the origin of these affections I will not argue, but there can be no doubt that by reason of the obstruction to the ready flow of urine it produces effects directly upon the bladder. "I have seen," says Mr. Bryant, "this simple condition of the penis produce every degree of

irritability of the bladder even to hæmaturia, also retention from the same cause, also priapism." Sir James Paget, speaking of the hypertrophy of muscle, says (*Surgical Pathology*, p. 57): "Action of muscle, if it be at once frequent and forcible, may produce hypertrophy, even though the action be unhealthy." This appears to be the case with the bladder of some children who suffer from frequent and very painful micturition, and nearly all the signs of calculus, but in whom no calculus exists. The bladder in such children is found exceedingly hypertrophied, and there may be no other disease whatever of the urinary organs. Dr. Golding Bird has shown that phimosis, by obstructing the free exit of urine, may give rise to these signs and to extreme hypertrophy of the bladder. If confirmation of these observations be wanted it is to be found in the cases which occur almost daily in our practice here of children who, having all the symptoms of calculus, with the exception perhaps of hæmaturia, are permanently relieved by removal of the prepuce. Hence it has become my invariable practice, when a child in these circumstances is brought to me, to place it under the influence of an anæsthetic, and having ascertained the absence of stone to perform circumcision. Prominent among the consequences of this condition hernia, especially inguinal, is in very many instances induced, owing to the frequent and extreme tension to which the abdominal muscles are brought in order to overcome the resistance to the flow of urine, and the pressure which is in consequence exerted upon the contents of the abdomen. Mr. Kempe, lately house-surgeon to this hospital, published the result of observation on 50 consecutive cases of congenital phimosis (*Lancet*, July, 1878), and found that of these 31 had rupture, in 5 there was double inguinal hernia, and in many of these there was umbilical hernia as well (umbilical hernia alone was not counted). In none of these cases was the rupture noticed at birth, the earliest was observed at three weeks, the latest at two-years-and-a-half. The adhesions which are so often found to exist are small bands of cicatricial tissue passing between the prepuce and the glans, and bear a close analogy to the bands which so frequently are found to unite the edges of the labia in fat and healthy female children. There would seem to be some sort of congenital tendency to their formation, for I have known them to occur in several brothers, and in one case they had existed in the male members of three generations at least. At an early age they are easily torn, and leave only a slightly excoriated surface of mucous membrane, but if allowed to persist into adult life they may cause serious trouble, not only by the irritation caused by the smegma secreted from the glands of the corona, but also from the hæmorrhage which follows any attempt to break them down. The later effects of this condition, such as the greater liability to venereal affections, and the induction of cancer of the penis, need only be alluded to here as having weight in deciding upon the advisability of operating. Let me add one caution regarding the operation: do not be satisfied with less than its complete performance. Twice during last year I was called upon to repair the results of too sparing a hand, which by reason of only partially removing the prepuce had caused a contraction of the parts which was more serious than the original condition, and necessitated a second and complete circumcision.

Stricture of the urethra in children occurs only as the result of wounding, and is therefore necessarily very rarely met with, although for the same reason it is a very serious condition. I have seen two cases. one was in a boy who had tied a piece of string so tightly round the penis that it had caused ulceration of the parts, and a cicatrix in the lower part of the



urethra which, so long as he was under observation, did not cause serious inconvenience. The other case was that of a lad who when very young had ruptured the urethra by falling astride of a rail, and who ultimately died of the effects of the stricture, which was so obstinate that no urine could be passed without the aid of a catheter, and he had more than once to undergo the operation of perineal section.

Passing on to the bladder, we need not concern ourselves with those abnormalities which are only discovered after death, and which present neither symptoms nor inconvenience during life, such as an entire or partial division of the cavity, but we will proceed to discuss that occasional deformity which goes by the name of extroversion of the bladder, *ectopia vesicæ*, and for which Mr. Holmes aptly proposes the term congenital hiatus of the bladder, as indicating what is a very important feature, viz., that a great part of the bladder is positively absent. This condition arises through deficient development of the anterior wall of the abdomen as well as of the bladder itself, and in consequence the posterior wall of the viscus is seen in the middle line, and is united at the edges by a cicatricial margin to the healthy skin of the abdominal parietes. Some have endeavoured to account for the deformity as due to inflammatory processes taking place *in utero*, and like most other things obscure in surgery the ægis of syphilis has been extended over it in explanation. But occurring as it does in the middle line, and often in conjunction with other errors of development happening in the same individual, there is no doubt that it is due to an arrest of development which, from what is known of the progress in development of the allantois from which the bladder is formed, must necessarily take place before the third week of embryonic life, a fact which of itself silences the suggestion of being induced by maternal impression. In common with other deficiencies in the median line which are found upon the anterior surface of the body, it is more frequent in males than in the opposite sex, and in confirmation of this I have met with only two cases in females during the last ten years. The first was the offspring of healthy parents, and there were two elder children perfectly well formed. She presented the usual mass of granulation-covered mucous membrane above the pubes, which were not united by bone in the median line, a condition found usually to co-exist with this deformity. At the lower part of this mass were two symmetrically-placed eminences of florid granulations which marked the orifices of the ureters, and from which the urine could be seen to issue, occasionally mixed with blood from the granulations. In each groin was a fulness covered by ordinary skin, not in any part resembling that of a scrotum, and containing no hernia nor any body which might be ovary or testis. From below the pubes in the middle line the parts were divided by a fissure, bounded by prominences which might represent the labia, but the state of the vagina, uterus, &c., could not be ascertained. The second case which I here show you comes of healthy parents who have three elder and one younger child, all of whom are normally developed, and the condition is very nearly identical. In a somewhat similar case, of which a dissection was made by Dr. Champneys and described in the St. Bartholomew's Hospital Reports, the uterus and appendages were normal, and it is stated that cases of pregnancy and of parturition have occurred in subjects of this deformity. The anus was placed rather more anteriorly than normally, and this is said to be the usual condition, and was noticed in both my cases, whilst other parts of the intestine are often found to be abnormal in their situation and relations. The ureters are nearly always tortuous and dilated, as are also the pelves of the kidneys, and the former may open into

the vagina, the urethra or the rectum. As the drawings which I exhibit will show, it is in male subjects of this deformity that epispadias is met with, and the floor of the urethra may in some of them be seen lying open along the whole length of the short and ill-developed penis.

The general health of these children is, as a rule, very good, and notwithstanding the results of the deformity they grow up into healthy and well-nourished adults. Sometimes the bleeding from the granulations, when they are pushed forwards against the clothes, causes a drain upon their strength, and besides the urinous smell which surrounds them, and which might be expected to interfere with health, the parts in the neighbourhood occasionally suffer severely from eczematous eruption. Besides this the urine frequently deposits phosphatic matter which, forming crusts in the edges and folds about the lower part of the abdomen, gives rise to sores which do not readily heal. These results may be combated by careful management, by cleanliness, and by the use of appropriate ointments, and the adjustment of a well-made apparatus to catch the urine, and prevent it from running over the surrounding parts. The difficulty, on the one hand, and the expense on the other, of providing instruments seem to point to the desirability of performing, an operation to remedy this defect. Two surgical measures have been performed with this object which, described briefly, are as follows:—

1st.—To divert the course of the urine so that it may be passed per rectum, as proposed and unsuccessfully attempted by Mr. Simon.

Or, 2ndly, by means of a series of plastic operations to cover the exposed mucous membrane, and so allow the more perfect adaptation of an instrument for reception of the urine.

This subject is ably discussed by Mr. Holmes in his work on the Surgical Treatment of Children's Diseases, and he there states that as far as our present experience goes the danger and difficulty of Mr. Simon's operation appear to outweigh its probable advantages. The second method has been successfully carried out by Mr. Holmes, and more frequently by Mr. Wood. To the writings on the subject by these gentlemen, I would refer those who are inclined to perform the operation; but for my own part, seeing the risk to the patient which cannot be considered small, and looking to the protracted period during which healing must take place, to the large extent of cicatricial tissue which results, and the comparatively small advantage gained, I prefer to trust to the careful adaptation of an instrument, notwithstanding its inconvenience and expense.

In the specimen here shown from our museum you will see the parts removed from a boy who died of brain-disease, and who had been operated on for the remedy of this deformity, and in this child which I exhibit you will be able to compare the results of operation with the condition in the other subject of the deformity which is before you.

[At the conclusion of the lecture a number of cases which had been collected for the purpose were shown to those present, and the remarks above given were then illustrated.]

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EDUCATIONAL OVER-PRESSURE.—Messrs. Macmillan & Co. will publish immediately a translation of Dr. Hertel's work on over-pressure in Danish high schools, with an introduction by Dr. Crichton-Browne, who considers it an eminently careful and scientific treatise, placing in a clear light the dangers and difficulties which beset educational enterprise in the present day.



## SOME CASES OF INTEREST.

By JOHN GASON, F.K.Q.C.P.I., Rome.

At the present time I have under treatment in the Protestant Italian Hospital in Rome an interesting case of keloid. The subject is a woman 75 years of age, on whom I operated thirteen months since for the removal of scirrhus of the entire left breast. In November last I visited her at her home. She complained of an eruption resembling urticaria, accompanied by much irritation and fever, close to, but not on the cicatrix, which was completely healed. This eruption took place on both sides of the transverse incision. There were then ten or eleven of these raised wheals or button-like eruptions. When they first appeared they were of a light red colour, convex on the upper surface, firm and smooth to the touch, no pain on pressure, but attended with considerable irritation. At the present time there are eleven of these buttons of keloid existing on both sides of the transverse incision for the removal of the cancer, but not in contact with it, though some of them run into the others. They are of a round shape with well-defined margins except where they join with the others, of a firm consistence, much raised, some about an eighth-of-an-inch above the adjoining skin. The centre of each button of keloid is much darker than the exterior. They resemble very much in their appearance large buttons. She complains at times of irritation in this eruption. She has no fever, but since their appearance she has not been quite well. Her tongue very foul. Appetite bad. She sleeps well. Within the last week there is a considerable diminution in their size. They continue to be very hard, and are much flatter than they were. She is at present taking 10 minims of Fowler's solution of arsenic three times a day.

I have also at present under my care two cases of hypertrophy of the labia majora. They are both in married women. They think that they had syphilis, but when I first saw them I could not ascertain such to be the case. There was slight ulceration at the junction of the labia majora with the external skin. The health of both patients is good. The labia, particularly in one case, were very large. Under antiseptic treatment I removed both labia, and drew the cut edges together by means of silver wire. Both patients were completely well in ten days, and were able to leave their beds. One has already left the hospital quite cured, and the second will leave in a few days quite well.

This hypertrophy of the labia majora was so great in both cases that it caused them considerable inconvenience. They are both young. In removing them, no vessel required to be secured; the hæmorrhage was slight and soon ceased.

Operation for the removal of a large cervical gland in a girl 17 years of age:—Anungiata Tofani, æt. 17 years, has had a large cervical gland extending from the lobe of the left ear downwards since childhood. In its removal by dissection it was requisite to proceed very cautiously, as its attachments were closely connected with the adjoining parts. In its removal it was necessary to secure two vessels by torsion and one by ligature. It was done under antiseptic precautions. The edges of the wound were united by silver wire ligature. There was no fever, and the incision was quite healed in 15 days. Her general health improved very much, and she left the hospital quite well.

## REPORTS OF

## HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

## ROYAL FREE HOSPITAL.

## HÆMORRHAGE INTO PONS LEADING BY RUPTURE TO EXTENSIVE SUPERFICIAL EXTRAVASATION.

By SAMUEL WEST, M.D., F.R.C.P.,

Physician to the Hospital, &amp;c.

JAMES C. was brought into the Royal Free Hospital unconscious and paralysed, and died two hours later. He had been seen to fall suddenly in the street. The pupils were equal, but minutely contracted.

It transpired that he had had an injury to the head two years before, and since then had had pains in the head for which he had been two months in the Doncaster Infirmary. On *post mortem* examination, the convolutions of the brain were found flattened on both sides. The vessels at the base were very atheromatous. The pons and upper part of the medulla were covered with blood; this extended under the pia mater, over the upper part of the cerebellum, corpus callosum, and crown, all of which parts were softer than natural, but otherwise normal; the ventricles contained a little clear serous fluid. In the middle of the pons on the right side the tissue was discoloured, and a long transverse slit was found infiltrated with blood, from which hæmorrhage proceeded. The right side of the cerebellum was remarkably soft, and on section a cavity was found, containing recently extravasated blood, from which the finger could be passed into the cavity corresponding with the slit described. This was not the source of the hæmorrhage, but a laceration produced by the blood as it passed from the pons. The aorta was slightly atheromatous, the left ventricle slightly hypertrophied, but the valves healthy. The kidneys were large (right =  $6\frac{1}{2}$  ozs., left =  $5\frac{1}{2}$  ozs.), and the liver firm, weighing  $3\frac{1}{2}$  lbs.

A hæmorrhage in the pons which leads to rupture and large superficial extravasation is very uncommon.

## ABERDEEN CHILDREN'S HOSPITAL.

## GLIOMA OF RETINA—THREE CASES IN A FAMILY OF FIVE.

By Dr. ALEXANDER MACGREGOR.

JOHN F., 4 years old, was admitted into the Aberdeen Hospital for Sick Children, suffering from a large tumour of the right eye. The following is shortly the history of the family:—He was one of a family of five, whose father is living and in good health; and whose mother died at the age of 34 of "disease of the liver and heart." The left eye of the eldest child was removed when he was two years old. The tumour recurred in the stump, and also affected the right eye. In the case of the second child, the left eye was removed when the child was three months old. Nine months afterwards the right eye became affected, with a fatal result in a few months. The third child has escaped, is six years old, and in good health. The fifth child is fifteen months old, and so far, has shown no symptoms of the malady that has played such havoc among the members of this unfortunate family.



The fourth child is the one that came under my care. In his case the left eye was removed when he was seventeen months old. Nearly two years afterwards the right eye became affected, the sight was lost, the eyeball protruded, and became more and more involved until, *on admission*, the orbit was completely filled with a red fleshy pulsating tumour, which protruded more than an inch beyond the margin of the orbit. He died a few days after admission, apparently from exhaustion.

## APPOINTMENTS FOR THE WEEK.

Thursday, July 16.

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 6 p.m.—  
Annual General Meeting at Holborn Restaurant.

# Medical Times and Gazette.

SATURDAY, JULY 11, 1885.

THE Council of the Royal College of Surgeons, at their Meeting on Thursday afternoon, elected Mr. Savory President of the College, and Mr. John Wood and Mr. Henry Power Vice-Presidents. The College has seldom been so well officered.

CONVOCATION of the London University met on Tuesday last to elect a representative on the Senate, and advantage was taken of the opportunity by various members to move resolutions, only one of which, however, was of medical interest. The result of the voting for the three names which have to be submitted to Her Majesty when a representative of Convocation is to be elected, was that Mr. Carey Foster was returned, as the French say, "on the first line" with 397 votes; Dr. R. F. Weymouth "on the second line" with 276 votes; and Mr. Philip Magnus last with 179 votes. The fact that 156 voting papers, or more than one in six, were rejected, provides a curious commentary on the stupidity and carelessness of even London University graduates.

A COMPARATIVELY small number of medical graduates were on the spot when Dr. W. J. Collins moved his resolution:—"That this House desires to express its approval of the resolve of the Senate, as intimated by the Vice-Chancellor, to maintain the standard and scientific character of the medical degrees of this University;" but decidedly more were present then than when at the commencement of the business an attempt was made to obtain precedence for the motion. Dr. Collins made a lucid and able speech in support of his motion. He said that he was acting after consultation with many graduates, and specially quoted Mr. Savory, who had requested him to say that he would strenuously oppose any attempt to make the degrees *common*. There had been an agitation initiated by the Metropolitan Counties Branch of the

British Medical Association, and taken up by the medical journals, to diminish the severity of matriculation, to facilitate the acquirement of degrees, and to enable practitioners who had gone through the curriculum to take degrees without being obliged to again pursue the same course. In Convocation last February, Lord Justice Fry and Sir J. Lister had argued to the effect that the standard must be lowered and teaching improved; and finally the Colleges of Physicians and Surgeons were inclined to enquire if they could not obtain powers to grant a doctorate. The whole question seemed to lie in this, whether the standard should be lowered, or candidates screwed up to the present requirements. The demand to lighten the degrees came ill from medical students, who were far more favourably situated than students in other faculties, for they had a special curriculum marked out for them. The Senate had so far yielded as to give up Logic in the M.D. examination in favour of Mental Physiology, and had allowed the Preliminary Scientific and Intermediate M.B. to be taken piecemeal; a policy which might culminate in the granting of an M.D. "in monthly parts." He contended that facilities for taking degrees had been mistaken for facilities in taking them, and he was especially severe upon Dr. Bristowe, whom he taxed with ingratitude to his alma mater. Dr. Collins denied that in moving this resolution he was at all actuated by "vested interests," and averred that the movement against the University emanated from the teachers of the London schools, who desired to prevent the exodus of students to Scotland. The Senate through its Vice-Chancellor had shown itself determined to maintain the standard, and he trusted that Convocation by passing the motion would strengthen the Senate in this resolve. Dr. E. W. Roughton seconded the motion, which, without further debate, was carried with but two dissentients.

At the annual meeting of the Ophthalmological Society on Friday last, the following were elected as the Officers and Council for the year 1885-6, viz.:—*President*, Jonathan Hutchinson, F.R.S. *Vice-Presidents*: Sir William Bowman, Bart., F.R.S.; \*George Johnson, M.D., F.R.S.; Thomas Reid, M.D. (Glasgow); \*T. Simpson (Lincoln); T. Shadford Walker (Liverpool); J. C. Wordsworth. *Treasurer*, J. F. Streatfeild. *Secretaries*: \*Seymour Sharkey, M.B.; W. A. Brailey, M.D. *Other Members of the Council*: \*John Abercrombie, M.D.; \*Sidney Coupland, M.D.; George Cowell; G. A. Critchett; \*Walter Edmunds; \*W. Adams Frost; E. Nettleship; Priestley Smith (Birmingham); Simeon Snell (Sheffield); \*J. B. Story (Dublin); John Tweedy; W. Spencer Watson. Those whose names are marked with an asterisk (\*) were not in the Council, or did not hold the same office, during the preceding year. The appointment of a librarian was decided upon, and a well-deserved compliment was paid to Mr. James E. Adams in his unanimous election as a life member of the Society.

THE time of the Society up to the commencement of the annual meeting was mainly occupied in discussing a paper read by the President at a former meeting, on



that knottiest of ophthalmic subjects, viz., the nature of sympathetic, or, as he called it, reflex ophthalmitis. Mr. Hutchinson had propounded a theory (partly new) that the disease was conveyed from one eye to the other by the blood; to this theory, however, none of those who spoke found themselves able to subscribe. Mr. Nettleship showed how it could account for some of the phenomena, and also how it failed to satisfy other conditions often observed; and Dr. Brailey contrasted it with the better known theory of direct transmission, pointing out that on the whole the latter more nearly met the various requirements which must be fulfilled; but he, in common with all who took part in the debate, was careful not to accept any theory as altogether satisfactory. Mr. Spencer Watson asked why other organs did not suffer from the effects of sympathetic inflammation, instancing the joints as the only ones in which it was probable that this took place; and Mr. Power observed that the great length of time that sometimes elapsed before the sympathetic effects were manifested was very difficult of explanation on the hypothesis of blood transmission; whilst Dr. Mules regarded this fact of the variability in the date of onset of the disease as clearly in favour of the theory of a bacillary origin. Dr. Noyes, in an interesting speech, passed in review very briefly all the theories that had been advanced, without accepting any of them; and the President, in reply, disclaimed any intention of tying himself down to the hypothesis he had advanced, though none of the speeches that he had listened to had convinced him that it was untenable.

THE cholera is still raging in Spain, as many as ten thousand cases and nearly five thousand deaths having been officially recorded since we last wrote on the subject. The disease is still mainly confined to the four maritime provinces of Valencia, Castellon, Murcia, and Alicante, and to the four inland provinces of Saragossa, Cuenca, Toledo, and Madrid, though scattered cases in fugitives have occurred in the provinces of Salamanca, Tarragona, and Zamora. The infected territory may be roughly represented by a triangle, with its base occupying the middle two fourths of the eastern seaboard, and its apex situated at Madrid. Of towns, Valencia and Aranjuez have been most severely visited. In the former, a city of some 110,000 inhabitants, 1,500 cases and 870 deaths have been recorded in the last week. At Aranjuez there has been a regular stampede of the inhabitants, even the chemists and tavern keepers have closed their shops, and the only people moving about its beautiful alleys, it is said, are priests, doctors, and men with carts removing the dead or the sick. The king made a secret visit to Aranjuez on Thursday week, and was received with enthusiasm, but his example does not appear to have infected the inhabitants. Later accounts, however, state that the scare is subsiding with the arrival of abundant supplies, army surgeons, and sisters of charity. The epidemic is evidently of a most virulent character judging from the mortality. M. Gibier, a French doctor, who went to Spain to see Dr. Ferrán's inoculations, says he never saw cholera in a more terrible form than in

the Spanish hospitals and improvised infirmaries. The filth there is inconceivable to one used to French establishments of the same kind. He has not the slightest belief in Dr. Ferrán's vaccine, and thinks one might as well prevent violent colds by inoculating with catarrh mucus as deadly cholera with Dr. Koch's bacilli. The following are the daily official returns of cases and deaths during the first week of the present month:—

	Cases.	Deaths.
1st .....	1,487	692
2nd .....	1,354	664
3rd .....	1,424	668
4th .....	1,639	825
5th .....	1,467	660
6th .....	1,701	797
7th ....	1,109	628
Totals ....	10,181	4,934

OUR Paris Correspondent writes:—The pilgrimage of Professor Brouardel and his companions to the feet of the great Western Sage, who professes to stamp out the most formidable of modern epidemics, has produced the most startling and unexpected results. Dr. Ferrán positively refused to make known his method of preparing the fluid, the inoculation of which, he claims, preserves from cholera. He would not allow the French Commission to carry off even a single tube of vaccine matter for the purpose of examining it under the microscope, and refused to sanction any experiment outside of his "laboratory." The place dignified with that high-sounding name possesses none of the modern appliances of science, not even an apparatus for regulating the temperature of the stove in which the cholera virus is cultivated for attenuation. The single microscope available within its precincts only possesses a magnifying power of 700 diameters, while in all modern laboratories of bacteriology magnifying powers of 1,200 or 1,400 diameters are considered indispensable. We must admire the genius of investigation which led Dr. Ferrán, with such imperfect means, to achieve such portentous discoveries; but we cannot laud the spirit in which he told the French Commissioners that he could not surrender his secret without "a guarantee." The meaning of this expression was clearly indicated by the Doctor himself, in a letter officially addressed to the (French) Minister of Trade, in which, after deploring the indifference of his native country, which, unlike France and Germany, grants no pecuniary reward to its men of science, he openly says, "All the fame in the world would not preserve my children from poverty if death should overtake me."

It seems fair that before granting Dr. Ferrán a "substantial" reward, the Spanish Government should make sure that there exists a "substantial" discovery. The French Commission could not solve the problem, as the doctor had no microscopical preparations to show them, and would not grant them permission to make any of their own. They had therefore no means of controlling Dr. Ferrán's startling announcements as to the mode of reproduction of the cholera bacillus, nor of making experiments upon living



animals. All they could do was to attend the doctor in some of his "*vaccinations*" and to examine the statistical data which seem to plead in favour of his system. Dr. Ferrán inoculated, in presence of the Commissioners, a certain number of Sisters of Charity. He injects the contents of a full syringe (one cubic centimetre) into the back part of each arm. No antiseptic precautions are taken, and the air contained in the syringe is not even expelled before the injection takes place. The results are a slight malaise with lowering of the temperature, no fever, no vomiting, or diarrhoea. It must be allowed that, on the whole, no bad effects seem to follow the injection. The blood of persons inoculated contains no abnormal elements.

THE statistical data, which at first sight appear to confirm Dr. Ferrán's statements, are upon further investigation found to be altogether unreliable. The population of Spanish towns is always understated, in order to avoid taxation; the number of deaths is also understated, especially in times of cholera, in order to avoid the much-dreaded sanitary "*cordon*." No reliance, therefore, can be placed upon the figures, which seem to prove that vaccinated and revaccinated subjects are less liable to infection than others. Besides, it is well known that in all countries cholera is less frequent among the more prosperous classes of society than among the poor. Now, the poor are properly not to be reckoned among vaccinated subjects, since Dr. Ferrán's charges vary from four to ten shillings. As the doctor is said to vaccinate from 500 to 600 persons daily, the operation would not seem to be altogether unprofitable, and the "*guarantee*" which Government refuses is evidently drawn from the public. It may, therefore, safely be concluded, as Professor Brouardel remarks, that Dr. Ferrán has far too hastily stepped out of the scientific and experimental period into the period of what he calls "*practice*." Compare with his rashness the extreme prudence of Pasteur! Yet the French physiologist operated upon cattle, and not upon man.

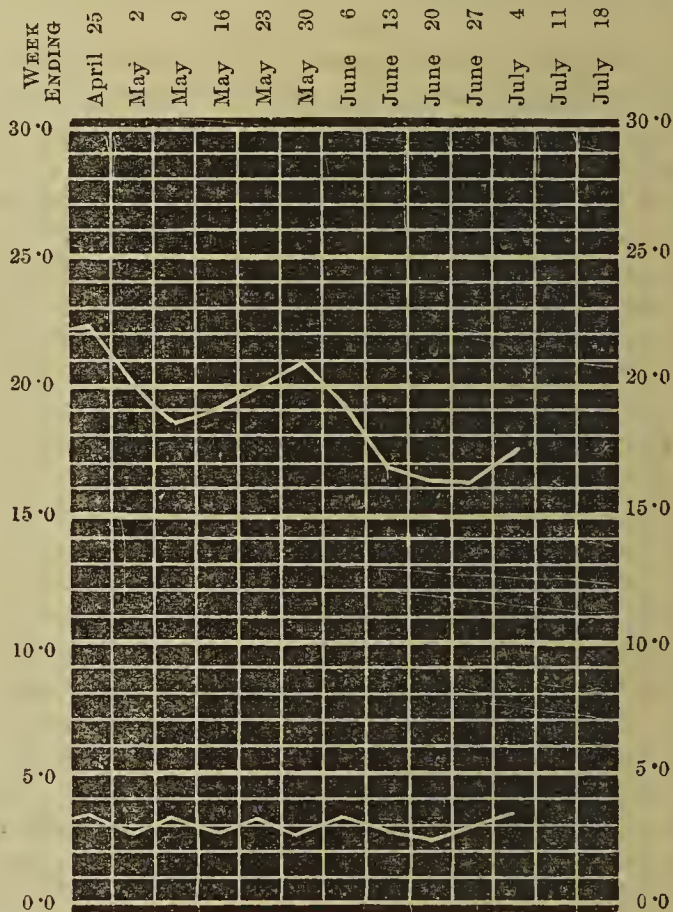
It is stated that a British Commission is about to proceed to Spain in order to examine into the still doubtful question of the relation between germs and cholera, and as to the treatment of that disease. This Commission—which is composed of Professor C. S. Roy, of Cambridge University; Dr. Graham Brown, Edinburgh; and Mr. C. S. Sherrington (George Henry Lewis Scholar)—goes to Spain under the auspices of the Royal Society, and of the Association for the Advancement of Medicine by Research.

In answer to Lord C. Hamilton, who asked for information as to the steps being taken by Government to prevent the importation of cholera, Mr. A. Balfour told the House of Commons on Tuesday that the more extended inspection undertaken during the present year by six Government medical inspectors is now almost complete as regards the port and riparian districts of England, and is being pursued in other districts which there is reason to suppose would be

most likely to suffer from cholera in the event of its introduction into this country. As a part of this inspection sanitary authorities are met and counsel taken with them, and their more immediate duty of preparation against cholera, as well as their general sanitary duties, are impressed on them by the Board's inspectors. The regulations which were in force during the prevalence of cholera in France and Italy are still in operation. As regards rags, an order has been issued prohibiting until the 1st of November next the importation of rags from Spain.

A BRIEF discussion arose in the House of Commons on Tuesday as to the Lunacy Bill of the late Government, but though Sir Henry Holland admitted that the new Government were fully alive to the gravity of the question, and Mr. Stuart Wortley stated that his department was strongly in favour of the Bill, very little light was thrown on the intentions of the Cabinet regarding it. At present the Government appears to fight shy of the magisterial intervention, and to more or less identify itself with Lord Shaftesbury's views on that proposal. Lord Salisbury, however, has admitted in the House of Lords that there is every disposition on the part of the Government to proceed with the Bill, and it is stated that its remaining stages in the Upper House will be got through this week.

THE deaths last week in London numbered 1,366, which, though 118 below the average for the week, caused the death-rate to rise from 16.3 to 17.5. Of the



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past eleven weeks.

zymotic diseases, whooping cough, diarrhoea and small-pox showed a marked rise over the record of last week, the two former causing 59 and 51 deaths respectively,



whilst the latter counted 39 victims. There were, however, only 94 fresh cases of small-pox, representing a diminution of 100 when compared with the return a fortnight previously. The deaths from measles fell from 90 to 80 and scarlet fever caused 9 deaths. Enteric fever was fatal in 9 cases, and diphtheria in double this number. There were 192 deaths under the head of diseases of the respiratory system. In the chief provincial towns, Liverpool alone maintained the high death-rate from measles that has prevailed during past few weeks with 20 deaths, Manchester having 11 and Sheffield 7 fatal cases. The highest general death-rate recorded, viz., 27·6, was at Halifax, and the lowest, viz., 12·8, at Birmingham.

THREE Reports to the Local Government Board relating to outbreaks of diphtheria have lately reached us. The first of these is Dr. Simpson's report on the prevalence of diphtheria in the Urban and Rural Sanitary districts of Shaftesbury in Dorsetshire. The inspection was rendered necessary by the large number of cases that occurred in 1884, 102 cases with 18 deaths having been recorded. The disease first made its appearance in October 1883, and as usual seems to have been disseminated in great measure through the medium of the school. The exact way in which the disease had been first introduced could not be traced owing to the time that had elapsed before the enquiry was commenced. The defective arrangements, however, in regard to the disposal of sewage, and the great prevalence of pigstyes in close proximity to the houses, constitute insanitary conditions favourable for creating a predisposition to such diseases as diphtheria. The Urban and Rural Sanitary districts of Wellington in Somerset, which have also been reported upon by Dr. Simpson, do not seem to be in better plight as regards sewage disposal, for the report says that the soil is saturated with sewage and the water supply polluted. The two main streets of Wellington are said to be well planned, but the courts and alleys leading out of them are in many instances unfit for human habitation, the general health of the inhabitants is far from good, the children are pale, and cases of "blood poisoning," abscesses, &c., are said to be common. Diphtheria was shown to have been prevalent and fatal from the middle of 1882, but the first case was traced back to December 1881, when it was introduced to the factory by a girl whose father worked at the Poole brickworks. Further enquiry revealed the fact that sore throat had been common amongst the workmen at Poole for some months previously, but Dr. Simpson was unable to assign the cause of the presence of the disease there to any particular factor. He believes that both at Wellington and Poole the dampness of the soil had much to do with the spread of the disease. The Rural district of Spilsby in the Fen district of Lincolnshire has been the subject of a report by Mr. John Spear. Two of its parishes, viz., Stickford and Friskney, suffered severely from diphtheria in the autumn of 1883 and the spring of 1884. In the former there were 37 cases with 10 deaths, and in the latter 79 cases with 30 deaths. Mr. Spear reports that the land is habitually damp, that the houses are ill-kept and dirty,

and that there is no proper provision for the removal of excreta. The water supply is mainly derived from the rain water, that from the dykes being occasionally called into requisition. In all these outbreaks the readiness with which the disease is transmitted from one person to another constituted a marked feature.

THE Guardians of the City of London Union appear to be dissatisfied with the system of management pursued at the City of London Asylum. The charges brought forward at the recent meeting of the Guardians were not very definite, nor perhaps very well sustained, but they were widely supported by the members present, and it is evident that a strong feeling of dissatisfaction prevails. That such a feeling should exist is not to be wondered at, when it is considered how large a share of the cost of maintaining an asylum is contributed by the Union, and how completely powerless the Guardians of the Union are to control or guide in any way, the expenditure of the money which they contribute. The obvious and proper remedy for such dissatisfaction as found expression at the meeting in question, is to give those who find the money the control of its distribution.

IN London, owing to the numerous opportunities of obtaining medical advice gratis, the provident dispensary system has a hard and up-hill fight, but some tangible progress appears to have been made since 1881, when the Metropolitan Provident Medical Association began its operations. This Association has now eleven branches, four of which are financially independent, and managed by a local Committee of *bonâ fide* members in conjunction with representatives of the medical staff. It is estimated that some 25,000 persons belong to these dispensaries, the annual income derived from whom amounts to over three thousand pounds. The Association believes that at least fifty more branches are necessary to supply the needs of the Metropolis, and we can well believe it but at present it only asks for one thousand pounds to enable it to carry on its work till the end of 1886. Seriously we know of no way in which philanthropists may do so much good at so small an expenditure. The Association, if it is determined to persevere, has a big work before it, of which it has as yet only touched the fringe. There are at least half-a-million of persons in London who ought to belong to provident dispensaries.

THE Paris Academy of Medicine has terminated a prolonged discussion on the contagion of erysipelas by adopting at its meeting on June 22 the following resolutions, drawn up by Professors Verneuil and Tillaux:—"The discussion which has engaged the attention of the Academy for so long a period, has demonstrated that erysipelas is eminently contagious; and that antiseptic treatment has certainly diminished its frequency and gravity, but is unable to always prevent either patients who come from without infecting the wards of hospitals, or patients who quit the hospital from creating epidemic centres outside. So that every year a certain number of deaths take place exclusively due to this importation and this reciprocal infection and the in-



definite persistence of the disease. To remedy this state of things, the Academy believes that it is indispensable to have within the hospitals special wards in which the isolation of erysipelas patients may be effectually practised. The Academy, therefore, makes the formal demand for such facilities at the hands of the authorities, who now that they are duly warned, will not desire to assume any longer responsibility for the existing state of things."

On the 8th inst., the Academy elected Dr. Vallin, an eminent military physician, to fill the place of the late lamented Dr. Fauvel, in the section of hygiene.

M. PAUL VIGIER, writing in the *Gazette Hebdomadaire* (July 3), states that on the occasion of a former communication of his, at the beginning of the year, the druggists of Lima were seized with such a spirit of speculation that the exportation of Peruvian coca assumed extraordinary proportions. The only object of mercantile attention was the obtaining of bales of the miraculous leaf, and as soon as the orders for every morsel of it that could be got arrived, a kind of delirium seized all concerned, nobody having any doubt that this precious shrub would lead to the resurrection of Peru. Forthwith, anything that could be regarded as coca was at once shipped without any selection being made, the most faded and yellow leaves brought three times the price of the green leaf of other days, and all the old stocks of the warehouses were in demand. The result is that care must now be taken in making purchases of the leaf, it only being bought, indeed, after ascertaining what quantity of cocaine it will yield. According to its state of preservation the amount varies from zero to 4 grammes per kilogramme, and the assay of this substance is just as important as that of opium. At present we must be satisfied with a yield of 2 grammes per kilo. A large arrival at Havre has just terminated a crisis in the trade, which had continued for six months; cocaine now only costs 10 francs per gramme, and M. Vigier is of opinion that the usual price will soon be 5 or 6 francs. In his former communication he suggested that the chemists of Peru should themselves manufacture cocaine, which is done with great ease, and which would at once reduce the price of the article by saving the freight of the leaves. A kilogramme of cocaine could be conveyed by the parcel-post at a small charge from Callao in a month, while 50 kilos of coca, which would furnish this amount, would be dear in transport, and would require two months to arrive. M. Vigier describes a new and simple procedure for extracting the alkaloid, and his advice is no doubt likely to be taken by the Peruvian chemists.

LAST week some forty representatives of the medical profession in Belgium assembled at the country house of Professor Boddaert near Ghent, to present him with a testimonial on the completion of his hundredth case of ovariectomy. The testimonial consisted of an artistic bronze, with an appropriate inscription. Subsequently, M. Boddaert entertained the testimonialists at dinner, when his health was proposed by Professor Du Moulin, of the University of Ghent, and received with acclama-

tion. The operation of ovariectomy has recently made great progress in Belgium, mainly through the efforts of Professor Boddaert. Twenty years ago a successful ovariectomy had never taken place in Belgium. Sir Spencer Wells operated with success at Ghent in 1871, and encouraged by his teaching and practice which he had followed in London, Boddaert began his series, and in fourteen years completed his first century of cases, seventeen of which proved fatal. At first, before the use of antiseptics, the mortality was discouraging, nine deaths having taken place to twelve recoveries. Since antiseptic precautions have been introduced, however, Boddaert has operated 75 times with only 7 deaths. Of four cases of removal of cysts of the broad ligament, three recovered. The Belgian doctors are to be congratulated on their readiness to honour this pioneer of abdominal surgery in their country, considering, to quote the journal which brings us intelligence of the event, that "fraternal effusiveness is not much in vogue with the medical profession."

THERE is a very unfortunate discussion going on at present in professional circles in America, which, it is quite possible may turn out disastrously for the International Medical Congress which it has been decided to hold at Washington in 1887. It will be remembered that a small Committee of the American Medical Association was nominated by the executive of the Copenhagen Congress, with full power to add to their number, and to act on behalf of their professional brethren. Carrying out their mission they chose as colleagues twenty-eight leading American practitioners, especially selected on account of their standing in the profession, and drew up the programme which has already been published. Subsequently, when the Committee reported to the meeting of the American Medical Association at New Orleans, exception was taken to their proceedings on the plea that they had exceeded their powers, and had no commission to act on behalf of the Association. The jealousies that had been roused amongst those who had been passed over in the co-optative selection were worked upon by two or three pushing wire-pullers, and, in the end, resolutions were passed, revising the work of the Committee, and substituting a Committee of 38 men selected from the different States and Territories for those added to their number by the original Committee. At a subsequent meeting, the results of which we are daily expecting to hear, the subject was again to come under consideration, and we learn that it was the intention of all the leading practitioners in the States to withdraw from the Congress, if the decisions of the original Committee were not treated with more respect. We sincerely hope that the profession in America will strenuously support their recognised leaders; otherwise they will make an exhibition of themselves to the world, and besides imperilling the future success of those international gatherings which have hitherto been conducted with so much harmony, will distinctly lower the respect in which the profession is held throughout the world.

THE American Laryngological Association, whose proud motto is "lux et veritas," recently held its seventh annual Congress at Detroit, Michigan, and got



through a lengthy programme of what it quaintly terms "exercises." The President, Dr. E. L. Shurley, of Detroit, led off with an address, and followed it up by a paper on the use of galvanism in pharyngeal affections. As many as nineteen other papers were set down for reading, a considerable proportion of which dealt with disorders of the nose. The last paper on the list was by Dr. J. Solis-Cohen, "On the Efficacy of Mild Measures in the treatment of so-called Naso- and Naso-pharyngeal Catarrh," which, from its title, looks as if it contained a protest against the violent treatment so commonly practised. The Congress concluded its labours with a "boat-ride" on the river.

DR. J. C. EVERS, writing in the *Weekblad* as a consultant retired from practice, gives several instances of the value of consultations where either himself or some other practitioner had overlooked some important physical sign which would have enabled a true diagnosis to be made. A gross case of military surgeons' carelessness came under his notice. He was asked to see a soldier who had been sent to prison for insubordination, *i.e.*, for having failed to perform his duty satisfactorily. He was looked upon by the medical officers as hypochondriacal, but was found by the writer to be suffering from cyanosis, and general anasarca with stenosis of the pulmonary artery. This diagnosis was confirmed shortly afterwards by the autopsy, which likewise revealed a patent condition of the ductus arteriosus and foramen ovale. Equally serious cases have come under Dr. Evers's notice more than once where men suffering from serious organic mischief have been compelled to perform duties in the public services for which they were physically unfit. He mentions also the case of a woman who had suffered for some months with pains in the epigastrium and vomiting. Nothing was made out by the student who took the case, and the acting physician instead of examining for himself accepted the student's statement that there were no objective physical signs. Dr. Evers, however, discovered a small tumour above the umbilicus, which was in fact a small hernia, probably through a small arterial foramen in or near the linea alba. Again, a general officer who had recently returned from India, complained of pains in the abdomen and about the cardiac region with nausea, and an ulcer of the stomach was suspected; the practitioner who brought the patient mentioned that there was a hydrocele which he had wanted to tap, but which the patient refused to allow to be operated on. Dr. Evers will not soon forget his look of distress when the "hydrocele," on being percussed, gave a clear tympanic note. A truss quickly cured all the old gentleman's troubles.

THE inventive genius who devised the first perambulator certainly deserved the gratitude of mothers and of nursemaids. Whether the infant himself had always reason to be equally grateful, may well be questioned. The springs were often far from comfortable and easy in their action; the child was placed upon an unyielding seat with a rigid back for an hour or two together, at an age when it would not have been expected or allowed to sit up for the same length of time under any other conditions, until gravity, weariness,

and weakness compelled it to assume a huddled-up semi-recumbent posture combining all varieties of spinal curvature. The vehicle itself possessed an unfortunate facility for turning sharply and suddenly in a small circle, to the serious disturbance of its occupant, and frequent and disquieting jolts were inevitable under any but the most careful management. Too often the nursemaid seemed to think that the child, once consigned to its perambulator, was satisfactorily disposed of without any need for further attention from her: *quis custodiet custodes?* But later improvements have rectified many of these disadvantages, and have combined to make the modern perambulator not merely a luxurious baby-carriage, but one which is, as nearly as possible, automatically safe. Two pairs of bicycle wheels with rubber tyres reduce jarring to a minimum; the bassinet form allows the child to recline at full length; while cunningly devised canopies and a reversible carriage have been contrived, to shield it from excess of wind and sunlight. But amid all these good reasons for satisfaction, we have lately noticed with amazed astonishment the latest enterprise of some perambulator-builder gone mad. It takes the form of a single perambulator in which the child sits beneath a leathern hood closed in front with a glass window that fits closely down to the apron. It is, in fact, a miniature reproduction of that form of bath chair in which elderly invalids occasionally appear out of doors, but carefully excluded from the outer air. The observant pedestrian will have noticed as a not insignificant fact that the infants whom he sees enclosed in this manner are always somnolent. The sun may be blazing in upon them through that sheet of glass which limits their small air-chamber, converting it into a sort of super-heated hot-house, but still they remain, in nursery parlance, "good"; while the observer feels that they are slumbering on in that narcotic sleep induced by the continuous re-breathing of their self-polluted atmosphere. It is curious to think that the affectionate mother, who would shudder at the notion of exhibiting her baby to admiring visitors tightly corked up in a large glass bottle, should have no hesitation in sending it out of doors to be asphyxiated in a machine contrived on the same principle, just because this happens to run upon wheels and is called a perambulator.

IN an address to the Graduates at the Women's Medical College of Pennsylvania, Dr. W. W. Keen, the Professor of Surgery to the College, recently took the opportunity to point out a few of the benefits of vivisection. Starting from the position that in the future medicine must either grow worse, stand still, or grow better, he showed that in order to do the latter, we must try new methods, give new drugs, perform new operations, or perform the old ones in new ways—in short, we must make experiments. These experiments must be tried on some living body, as experiments on the dead body can never do more than conduce to manual dexterity. As experiments on our fellow beings can never be right or justifiable, it follows that if medicine is to progress it must be by means of experiments on animals. Amongst the drugs now in con-



stant use whose action had been previously ascertained by careful experiments on animals, he mentioned cocaine, chloral hydrate, eucalyptus, nitro-glycerine, calabar bean, jaborandi, salicylic acid, and nitrite of amyl. America had been accused of having contributed very little to the progress of medicine by means of vivisection, but this Dr. Keen contended was a strong argument for its more extended employment. Amongst the more important results of vivisection in America, the work of Parkes in relation to gunshot wounds of the abdomen was mentioned, as also Dr. H. C. Wood's well-known researches on the intimate nature of heat-stroke, and the more recent labours of Drs. Wood and Formad on the nature of diphtheria. After a brief reference to the brilliant results obtained by Sir Spencer Wells, and the recent cases of cerebral surgery published by Dr. Hughes Bennett and Mr. Macewen, Dr. Keen concluded his admirable address with a few sentences in praise of Lister and the antiseptic system which has proved so great a boon all over the world.

### A PLEA FOR VARIETY.

THE profession has before it two remarkable expressions of professorial opinion on the important question of medical education, the one contained in that portion of Prof. Gairdner's Dundee Address which we print this week, the other in a characteristic letter of Prof. Ray Lankester in the last issue of the *British Medical Journal*. We would strongly advise every one who is seriously interested in the training of the medical practitioner to carefully read these articles side by side; but for those who have not the time or opportunity to do so, we give their "leading motives" side by side.

#### PROFESSOR GAIRDNER.

I am no enemy to the scientific side of medical education. \* \* But nevertheless, looking at medical education as a practical whole, I cannot but confess that there is a possible danger in the scientific branches being so developed that it will be impossible to teach the practical branches in an adequate way. \* \* \* The view adopted by Oxford and Cambridge is that they should take a man for two or three years to teach him the science only; and then turn him over to the London Hospitals to teach him the practice. I venture to say that if that is the scheme of medical education that is to be adopted, not four years, not five years, not six years perhaps will be sufficient, and this education will remain the education of the few, and never can be the education of the great mass of medical practitioners; and remember the studies of the great mass of medical practitioners are what chiefly interest the public."

#### PROFESSOR LANKESTER.

It would seem ridiculous, were it not deplorable, that it should be necessary at the present day to insist on the value to a medical man of a fair knowledge of the range of organisation of the lower animals and of plants. Not merely the advantage but the necessity of such knowledge is admitted by the whole of Europe outside London. \* \* \* The opinion of a majority of the medical profession as to the proper subjects of medical education, though extremely valuable, cannot be regarded as decisive. \* \* The general complaint to the effect that the medical student of the present day cannot give sufficient time to the acquirement of strictly professional knowledge, owing to the large amount of time which he is induced to give to preliminary subjects, is not a reasonable one. The preliminary and accessory subjects should be, and as a matter of fact are, no more extensive than is absolutely reasonable and therefore necessary."

The above sentences no doubt suffer somewhat for being torn from their context, but with context or without it we do not think there is much room for doubt as to which view the majority of our readers will incline to. Their opinion may perhaps weigh little with Prof. Lankester, as he not obscurely hints, but if we may say so without unpardonable rudeness, we should be disposed to attach greater importance to the views of any cultured medical practitioner, let alone so distinguished an authority as Prof. Gairdner, than to those of the teacher of an isolated and accessory branch of medical education. One of the great difficulties in the way of obtaining a really practical and commonsense education for the medical student lies in the invincible tendency of all teachers of special subjects to regard their own science as the most important in the curriculum, and to make demands on the student's time and energy which would only be reasonable on the supposition that he was to be made an expert in that subject. The hatred of half knowledge which is at the bottom of this tendency is one with which we can heartily sympathise, but it is obvious that the medical student, let him give to his preliminary studies what time he may, can never hope to be more than an amateur in them, if he is to be an expert in those subjects, the practical application of which will be the work of his life and the source of his income. If he is led to become an expert in biology, or in chemistry, or in physics, as the professors of each of those sciences seem to wish, there is a risk—and not merely a hypothetical risk, but one which is repeatedly being demonstrated by individual instances—of his being frightened or tempted away from the study of medicine, and so robbing our profession of the very class of mind of which we stand so greatly in need.

We should be the last to affirm that—apart from this risk—a thorough training in biology is not an admirable prelude to medical study. But the same may be said—and is said by different professors—with an almost equal amount of truth, of chemistry and physics. It must be remembered, however, that in each case the value of the training depends on the scientific method which it teaches, rather than on the facts which it imparts. To Prof. Lankester's contention that a fair knowledge of the range of organization of the lower animals and of plants is necessary to a medical man, we are almost inclined to return a categorical denial. Such knowledge is scarcely more necessary or more valuable than the fair knowledge of the anatomy of a steam-engine, or of the combinations of tungsten and rubidium which the teachers of physics and chemistry respectively demand of him. What is necessary and valuable is the training in observation and reasoning in a more or less exact science as a prelude to his study of sciences which are not exact, and in which, therefore, strictness of method and accuracy of observation are all the more necessary. If we do not take care we may wake some morning to find that we have spent generations in shaking ourselves free from classical shackles only to put ourselves under the yoke of biology which, under incompetent teachers, may conceivably become quite as much a dead language as any that schoolboy was ever birched for.



The assumption which appears to us to vitiate most of these discussions on the training of medical students, and from which we rejoice to see that Prof. Gairdner has broken free, is that all medical education must be of one pattern. Men argue that because this system has been adopted in Germany, therefore we must introduce it in England; that because Oxford swears by this curriculum, therefore we must swear by it here in London; that because Edinburgh teaches in this way, we must follow her example in order to ensure her success. Such arguments are those of doctrinaires. The two things to be striven for are that whatever is taught shall be taught well, and that no practitioner shall be admitted to the Register who has not a thorough knowledge of his practical subjects. But we hold that the greatest variety should be encouraged at different schools and hospitals as to what preliminary subjects shall be studied, and how the practical branches shall be taught. We cordially re-echo Prof. Lankester's demand for "Lehrfreiheit" and "Lernfreiheit," but we would demand them in a somewhat less restricted form than he appears to do. We see no reason for instance, except the risk pointed out above, why the student's preliminary training should not be in physics alone, or in chemistry alone, or in biology alone, for it is pretty clear that if the teachers' demands continue to increase at their present rate, it will soon be utterly beyond the student's powers to take up all three. And as for set lectures in his professional subjects, we would let each school retain or abolish them at its own will. The German and Scottish methods are no doubt admirable in their way, especially for Germans and Scotsmen, but the English system, as Dr. Gairdner admits, has merits of its own, which we ought to be careful not to throw away in our eagerness for theoretical and symmetrical perfection. Prof. Gairdner has shown how a new school may take advantage of its newness to inaugurate a new method of medical teaching, and we sincerely hope that the interesting experiment he has sketched may be fairly tried; we also trust that advantage may be taken of the new birth which we all hope is before the University of London, to establish a reasonable and well balanced system of education which, without servile imitation of foreign models, and with sufficient elasticity to meet the views and methods of different schools, shall place clinical excellence in the very front of its requirements, and shall regard the preliminary sciences rather as the means than as the end of culture. It is perfectly possible to agree with the view stated so ably by Dr. Collins and endorsed by Convocation on Tuesday, that the University of London ought to maintain the standard and scientific character of its medical degrees, and yet to ardently desire to see them taken by at least half our London students. There are few medical graduates of the University, we venture to say, who would wish to see their degree depending for its value mainly on arbitrary and irrational restrictions.

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DENTAL HOSPITAL MEDICAL SCHOOL.—The Annual Distribution of Prizes of this School will take place on Friday, July 24th, at 5 o'clock at the Hospital, 40, Leicester Square. Sir J. Risdon Bennett has kindly consented to take the chair.

## THE PARLIAMENTARY REPRESENTATION OF THE SCOTTISH UNIVERSITIES.

It is now an open secret that the distinguished medical practitioner of whom we have heard during the last two or three weeks as a probable candidate for the representation of the Universities of Glasgow and Aberdeen in the new Parliament, is none other than the eminent surgeon, Mr. Erichsen. It appears, however, that Mr. Erichsen has been in the flattering, if somewhat distracting position of being solicited by two University constituencies, and that Glasgow and Aberdeen have had a serious, and it is now stated a successful rival in Edinburgh and St. Andrew's. The Edinburgh Liberals seem to have been quite knocked out of time, to use a vulgar phrase, by the decision of Sir Lyon Playfair to withdraw from the seat which he has held for so many years, and there is therefore a certain excuse for the somewhat scant consideration which they have shown their fellow Liberals of Glasgow and Aberdeen in stepping in and carrying off the candidate of their choice. But that is a matter which we may leave to the rival wooers for Mr. Erichsen's hand themselves. What will concern and interest the profession at large is that one of their number so highly respected as Mr. Erichsen should stand for some constituency at all events, and preferably for that in which he has the best prospect of success. Sir Lyon Playfair's services will not be lost, though he becomes the representative of hand- rather than brain-labour, for his voice on behalf of science in all its departments will no doubt continue to be heard and respected as much in the future as in the past, whatever and wherever be his seat. But the opportunity which his change of seat gives of reinforcing the ludicrously small contingent of science in the House of Commons ought not to be neglected. The Edinburgh graduates will not be doing justice to themselves, or to the sciences whose successful culture has made their University what it is, if they prefer a man of the law, however eminent in his profession, to a man of science. Still, for all that they ought not to have spoilt Mr. Erichsen's chances of becoming the representative of Glasgow and Aberdeen if they cannot hold out to him an equally good prospect of success, and it is not yet too late to give careful consideration to the question which seat promises best. We are sure that every member of the profession, to whatever party he may belong, would regret to see Mr. Erichsen falling between two stools. On the whole, he would make a very good Parliamentary representative of the medical profession. He has a robust common-sense, a self-reliance, and a practical directness which would perhaps be more likely to commend themselves to Parliament as the characteristics of his profession than the philosophical deliberation and distrust of active interference, which might be claimed as equally peculiar to the medically-trained mind. Mr. Erichsen, too, enjoys a position and has enjoyed an experience which would render him an exceptionally good representative. If elected, he would occupy such a position in Parliament as never within the present generation has been held by a member of the medical profession in London.



To return to the question of probabilities, it is at all times difficult to form an opinion as to the movements of political opinion in constituencies, the voters of which are so widely scattered over the kingdom as is the case with University graduates. We know this, however, that the Liberal section of the younger generation of Glasgow graduates are very anxious for a contest on the ground that the Conservative majority in the Council has of late been steadily diminishing. Since 1869, when the majority of the Conservative candidate was 504, Mr. Asher is the first Liberal who has obtained a majority in one University. In Glasgow, too, the Rectorial elections have been uniformly in favour of the Liberals by large majorities since 1877, when Mr. Gladstone was elected by a majority of 544, though it must be admitted that only six years previously Mr. Disraeli obtained the Rectorship by a majority of 304. The feeling therefore among the younger graduates of Glasgow is that the large Liberal element that has existed for some years among the students has by this time invaded the Council to such an extent as to render the prospect of a sufficient Liberal majority extremely favourable. On the other hand, the University of Edinburgh seems steadily lapsing into Conservatism. Sir Lyon Playfair's majority, which in 1868 was 255, had fallen in 1880 to 74. For the Lord Rectorship Lord Hartington had in 1877 a majority of 248, whereas in 1880 Lord Rosebery's majority was only 39, and in 1883 the Conservatives succeeded in polling for Sir Stafford Northcote 52 more votes than the Liberals polled for Mr. Trevelyan. On the whole, Glasgow and Aberdeen would seem to offer Mr. Erichsen the better chance of success, though there may be other considerations which we do not know of that have determined his choice.

#### A MONOCOTYLEDONOUS UNIVERSITY.

THE author or authors of the scheme for reorganising the University of London would seem to have been deeply infected with the cult of the lily. They swear by threes and multiples of threes. The flower of their toil is as remarkable for its ternary arrangement as any monocotyledonous bloom that bursts from the earth to herald the coming warmth of spring. They are of one kidney with the monthly nurse who pins her whole faith on the special and undeniable virtue which exists in the third numeral. We have much to thank them for. Their love of symmetry renders it all the more easy to grasp and remember the details of their proposals, just as the monocotyledonous orders tax the memory far less than the arbitrary peculiarities of the dicotyledones. Thus they place the University which they are attempting to reorganise under three main bodies—the Senate, the Faculties, and the Boards of Studies, Convocation becoming in their hands a degenerate and obsolete organ of little more than historical interest. Their Senate, again, is composed of multiples of three. At its head we have the official trio—Chancellor, Vice-Chancellor, and Chairman of Convocation, a sort of triple stigma. Then come thirty ordinary members, of whom six are

to be elected by the Crown, six by Convocation, six by the Constituent Colleges, and three by each of the four Faculties. The last arrangement is no doubt a blot on the scheme, which, however, could be easily repaired. The Faculty of Laws, for instance, might well have been thrown into the Faculty of Arts, which is henceforth to become the refuge of destitute subjects fathered by no other Faculty. The lawyers would possibly object, but surely some sacrifice might be expected of them in the interests of symmetry. The retirement of Senators is also subject to the ternary law. One third of each group of six is to retire every year, and each Senator therefore would sit for three years. Coming to the constituent Colleges, we find them arranged in groups of three: (1) Colleges occupying the entire time of the student; (2) Colleges giving lectures of the most advanced kind; (3) Colleges giving evening lectures, or otherwise not falling under one of the two preceding groups. We may add that the Constituent Colleges are to consist of bodies in or near London which are either named in a schedule settled by a joint Committee of the Senate and Convocation, or are admitted by the Senate with the concurrence of the Faculty or Faculties interested. The institutions from which the University receives certificates for degrees in medicine—in other words, the recognised medical institutions—are to retain their right of granting certificates whether they become Constituent Colleges or not.

The Faculties again are to consist of *three* groups of members: (a) Such teachers in the corresponding Faculty of the Constituent Colleges as have been admitted to the Faculty by the Joint Committee or the Senate; (b) Examiners in that Faculty during their period of office and *three* years subsequently; (c) Eminent persons, not more than *six* in number, elected by the Faculty. The duties of each Faculty would be to elect three members of the Senate, to nominate a Board of Studies, and to advise both the Senate and the Board of Studies on the subjects connected with the Faculty. Coming to the Boards of Studies, we find that the members of each Board are to number some multiple of three, not less than six, and not more than twenty-one, with one representative of Convocation added. One third of the representatives of the Faculty are to retire each year, and the representative of Convocation is to sit for three years. The main duties of the Boards of Studies would be to advise the Senate with regard to the regulations and examinations in their respective Faculties, the Senate being forbidden to act without such advice having been given; to advise the examiners; to receive the recommendations of the Faculties, to report to them, and to summon them for discussion when necessary.

The scheme, which is practically the work of Lord Justice Fry advised by a small sub-committee, has been ratified with very little alteration by the Committee of Convocation appointed to deal with the subject, and will be submitted to an extraordinary meeting of Convocation to be held on the 28th instant, the earliest day on which that very common property, the theatre of the University, is available. The proposals will no doubt be most hotly discussed in Convocation, and if they ever reach the Senate may count



on meeting with a still warmer reception there. We may prophecy without hesitation that very many members of Convocation will strenuously object to so much power being given to the Faculties and Boards of Studies, composed as they will largely be of teachers who are not graduates of the University. The scheme professes indeed to leave Convocation itself unchanged, but practically it reduces it to a cipher, a proposal not likely to commend itself to a body whose chief characteristic has always been its determination to get and keep as much power in the University as possible. But if Convocation is shorn of its importance by the scheme, the Senate is shorn much more closely. Theoretically, it is allowed to remain the governing body of the University, but practically its powers are divided and distributed amongst the Boards of Studies, which are obviously intended by the authors of the scheme to be strong bodies to whose representations the Senate will be almost obliged to defer, and without which, indeed, it cannot act.

## ESSAYS ON MEDICAL CLASSICS.

### VII.—HEBERDEN.

WILLIAM HEBERDEN was born in London in 1710. He entered St. John's College, Cambridge, at the age of 14, took the degree of B.A. in 1728, and that of M.A. in 1732, and became a Fellow of his College in 1730. He subsequently studied medicine both at Cambridge and in London, and graduated as M.D. in 1739. For ten years he practised physic at the University, lectured annually on *Materia Medica*, and made a valuable collection of specimens, which he presented to his College shortly after he removed to London to practise in 1749. He had been made a Fellow of the Royal College of Physicians in 1746, and in 1749 he was elected a Fellow of the Royal Society. Before long he acquired a very large London practice, and gained a high character as an eminent and liberal-minded physician as well as a learned and accomplished scholar. In 1766 he laid before the College of Physicians a design for publishing a series of "Medical Transactions." The scheme was adopted, and several of the most learned and distinguished physicians contributed papers, but Heberden's were the most numerous and prominent; three volumes of these "Transactions" appeared, in 1768, 1772, and 1785. He delivered the *Gulstonian Lectures* in 1749, the *Harveian Oration* in 1750, and the *Croonian Lectures* in 1760. Some of his papers were contributed to the Royal Society and published in the *Philosophical Transactions*, among them one on Fevers, especially the Plague, and another on the influence of Cold on the inhabitants of London. His chief works, to which he owes his lasting fame, were published separately. Of these, the "*Antitheriaca*," a short treatise written while at Cambridge, is a close and judicious enquiry into the knowledge of drugs and poisons possessed by the ancients, with the special intention of exploding the superstitious belief in the wonderful potency of the poison of *Mithridates*. But his principal work, a really glorious production, is

the "Commentaries on the History and Cure of Diseases," which appeared in 1802, at first in Latin, but afterwards in English; from it we obtain most of our knowledge of Heberden as a classical writer, and it forms the main source of the account which follows. Heberden practised actively in London for thirty years, and though after that he gradually lightened his labours, he did not altogether retire from practice until within a few years of his death, which happened in the first year of the present century at the ripe age of 91. There is abundant testimony extant to the excellence of his personal character. No physician was more highly esteemed. He was thoroughly virtuous and honourable; candid, sincere, and unselfish in mind, and modest and dignified in manner, he carried his varied and extensive learning without bringing down on himself the envy of his contemporaries, and used it to the best benefit of those who placed their confidence in him.

The book of Commentaries was written late in life. As he says of himself, he divided his life, like that of a vestal virgin, into three periods, in the first to learn, in the second to practise, and in the third to teach, by communicating to others the results of his own experience. The volume was compiled from "notes taken in the chamber of the sick, or from their attendants, and read over every month, and all points were collected thence that threw light on the history of disease or the effects of a remedy." The notes were thus put down at the time the observations were made; and so anxious was he to avoid wilful or unintentional errors, that when he had not notes at hand on which to depend, he would not trust to his memory to supply a description. For instance, he had lost the records of most of his cases of small-pox, and therefore he does not attempt to give a full history of the disease. The papers thus compiled he left at his death, "to any of his sons who may choose the profession of physic," and they came accordingly into the hands of his eldest son, who published them in 1802, a year after his father's decease. They soon became known, and were greatly appreciated, both in Britain and on the Continent, as a scientific contribution of the highest class. They are by no means a collection of merely unique and marvellous cases; the fact, indeed, that the greatest amount of attention and space is given to those diseases which are most commonly met with, testifies to Heberden's anxiety to gain an *intimate* knowledge of those single symptoms which seem of the greatest importance to the patient as well as the physician and provide the chief indications for treatment. Nor is there so much speculation on the nature and causes of disease as the title might lead us to expect; what purely scientific opinions the author might hold are rather implied than expressed. His search after causes is limited to what may be known with certainty by a shrewd and unprejudiced observer; and no conclusion is put down by him until it has been well weighed and revolved over and over again in his mind. He evidently has a great horror and contempt of mere unsubstantial or unpractical theories; he says of such, "all this appeared much more plausible when taught in the schools of physic, than probable when I attended to fact and experience," from which we may gather



that he found he had a good deal to unlearn. He is equally averse to any undue tendency towards rationalism on the one hand and superstition on the other. A good example of the former is to be found in Chap. 97 (*Ventriculi morbi*). "If we were to reason upon chemical principles, nothing seems more practicable than to neutralise and subdue an acid, to which we can immediately add whatever we think proper; but the animating principle makes so much difference between a living stomach and an inanimate vessel, that this, which appears easy in theory, has been found difficult in practice." Of the latter there are abundant examples; it is to be noticed that he always makes his attack on popular superstitions by adducing his own telling experience to the contrary, even in such a case as the influence of the moon upon insanity, rather than by *a priori* arguments. He has no ambition to construct any new system or even to offer a new classification of diseases, but accepts the nomenclature usually adopted from of old, and thus arranges his subjects alphabetically according to their Latin names. He is quite content to hold current and traditional opinions until he has tried and proved them well by experience. He does not even attempt to frame a definition, unless there was previous confusion about a term.

His aim was simply to give as clear and precise an account as possible of the natural history of each disease, and to form a reliable estimate of the value in each complaint of the remedies ordinarily employed. He was always more anxious to determine the powers and uses of familiar drugs than to abandon them in search of novelties, with the hope of finding some panacea; indeed, his experience often led him to discard many remedies which had been recommended, and that to an extent that has given him a certain reputation for scepticism. The very withholding of all the ordinary literary expedients which men employ to enforce attention is in reality the most striking feature of his book; for it helps one vividly to realise the great extent and accuracy of his observations, his weighty common-sense, and the maturity of his experience; for such qualities, indeed, the extreme plainness and simplicity of his style form the most appropriate setting. There is, in Heberden's writings, an easy flow of language, but no show of literary art; no space is wasted in straining after oratorical effect, or in dissertations on the right method to pursue. He scarcely ever indulges in any play of humour; but his descriptions are always cool, serious, sound and practical, with occasionally a very slight burst of enthusiasm. His observations are genuine and original, and his judgments independent; moreover, he always shows just the proper amount of concern in the malady, and attaches the right value to particular symptoms, without being engrossed by trifles or neglectful of anything that is serious or of importance. Hence we feel implicit confidence in him as a guide, and look on his sketches as being quite as faithful as they are attractive. His carefulness is rather amusingly witnessed where he expresses his disbelief in the occurrence of yellow vision in jaundice; "all his patients denied it except two women, whose evidence was very suspicious." A good idea of his mode of thinking and

acting is given in the opening chapter. Among the first considerations in the cure of a disease are:—  
 1. Whether it require any evacuation, according to the general belief of practical authors. 2. Whether any specific or certain remedy has been found out for it. 3. Vomiting, purging, pain and urgent symptoms may demand immediate relief. 4. In long and obstinate diseases, in which no particular remedy is found to have succeeded, it is often advisable to have recourse to the general means of strongly affecting and making considerable changes in the state of the body; in hopes by this shock of dislodging the cause of the disease. 5. Where there is no room for anything else, it is the duty of the physician to exert himself as much as possible to support the powers of life, by strengthening the natural functions of the body. He is no martinet with regard to diet: he says, "I never met yet with any person of common sense (except in an acute illness) whom I did not think much fitter to choose for himself than I was to determine for him;" "the too strict attention to fixed rules of diet and regimen hath often hurt them that are well, and added unnecessarily to the distresses of the sick." He is opposed to starvation in fevers, giving, contrary to contemporary custom, a free diet of eggs, milk, broth and jellies; he admits that for the stomach to lose all its powers so that the patient is averse to taking food is an alarming symptom; for "this death of the stomach never fails to be soon succeeded by universal loss of life." To sound practice he united sound philosophy; "some have pretended to have known too much about it (the vital principle), and been guided by their own fancies and speculations; others have overlooked the laws and powers of animal life and endeavoured to solve all difficulties by the common mechanical powers. Whatever animation be, experience has undoubtedly acquainted us with several means both of deadening and invigorating its operation. Though always trying to remove present inconveniences, the chief efforts must be made against the tendency of the disease to destroy life."

Of the contents of the book, some subjects are of especial interest—principally because the author was the first to notice or throw light upon them. Perhaps the most noteworthy are the chapters on Angina Pectoris, Gout, Digitorum Nodi, and Varicella. That on Angina Pectoris should be familiar to every physician, as with the exception of a slight reference to it by one of the ancients, it is the first description of the complaint, and one that it would be scarcely possible to improve upon even now. Under the heading "Pectoris Dolor," after mentioning the ordinary pains about the chest, he says, "But there is a disorder of the breast marked with strong and peculiar symptoms, considerable for the kind of danger belonging to it, and not extremely rare (he had seen nearly 100 cases), which deserves to be mentioned more at length. The seat of it, and sense of strangling and anxiety with which it is attended, may make it not improperly be called Angina Pectoris." He then describes its phenomena and its tendency to end in sudden death, and gives a series of excellent reasons, displaying sound pathology, for ranking it among the spasmodic and not the inflammatory diseases.



Under "Arthritis" there is a complete account of gout—perhaps surpassed only by that of Sydenham; for whereas Heberden holds the mirror up to nature and gives a good picture of the exterior, Sydenham gives an insight into the causes and actual process and reveals nature itself. There is a fair discussion of the question whether it is of service in removing other complaints; and there is some dry humour in his remarks about the anxiety of some people to suffer from it. Chap. 28 on "Digitorum Nodi" is brief, but of historical interest, as being the first notice of Rheumatoid Arthritis. It begins, "What are those little hard knobs, about the size of a small pea, which are frequently seen upon the fingers, particularly a little below the top, near the joint? They have no connexion with gout . . . are rather unsightly than inconvenient," &c. Heberden was the first to point out distinctly the difference between chicken-pox and small-pox; the former had previously been overlooked as a trivial skin disease, or regarded as a mild attack of small-pox, and persons who had had it considered themselves, though wrongly, exempt from taking the latter. He had evidently made a careful study of paralysis, and had distinguished aphasia, which is "not due to paralysis of the organs of speech, but to the utter loss of the knowledge of language and letters." The remarks on chorea and epilepsy are also good, especially the description of attacks of *petit mal*. He was extremely judicious in his treatment of intestinal obstruction by opium. We might select many more illustrations of his clinical sagacity, his acquaintance with morbid anatomy (the application of which he did not strain), and his therapeutical resources, but for these we must refer the reader to the work itself.

N. H.

## REVIEWS AND NOTICES OF BOOKS.

*The Inhalation Treatment of Diseases of the Organs of Respiration, including Consumption*; by A. H. HASSALL, M.D. Lond.; London: Longmans & Co., 1885, pp. 367. The subject dealt with in this work has hitherto been somewhat neglected by scientific workers in this country. In America and in Germany it has been fully discussed by Solis Cohen and by Oertel, but no writer of repute has given proof of serious study of the question in any English treatise. A natural repugnance to the adoption of anything like a formulated "system" of treatment, coupled with the fact that the method of inhalation has been made use of for their own purposes by persons whose professional status has not entitled them to respect, may be looked upon as the reason for this apparent neglect. In the work which he has now brought before the profession, Dr. Hassall discusses the question in considerable detail, and emphasizes throughout the opening statement of his preface, in which he declares that much error prevails upon the laws and principles which govern inhalation. On perusal of the whole work we venture to think that the reader will conclude that there is even yet much to be learnt upon the subject. But to unlearn error is a necessary process before the truth can be arrived at, and the author does good service in directing attention to the more glaring absurdities that are perpetrated at the present time, even if his own propositions for their amendment do not meet with universal approval. In his earlier chapters he discusses at some length the mode of entrance of medicaments into the organs of respiration and the principles concerned in the volatilisation and

inhalation of these medicaments. He shows by experimental evidence that inhalation of certain drugs, such as creasote and conium, when carried out according to the official pharmacopœial directions, has no effect upon the lung tissue for the simple reason that the drugs in question never reach the lower air passages at all. They are indeed but little exhausted by the process of inhalation, as much remaining in the inhaler at the end of the sitting as at the beginning. Of steam and hot and cold spray inhalations and of the common oro-nasal inhalers he only speaks in disparaging terms in so far as lung diseases are concerned, but it ought to be borne in mind that in the vast majority of cases such remedies are only employed in the treatment of disease in the pharynx and larynx. A series of experiments undertaken to prove that volatilisation of certain substances takes place more rapidly when they are spread over a large surface and at a high temperature, are quoted in detail, and it is upon the results so obtained that the author grounds his own views as to the most effective means of inhalation. Before entering upon the description of inhalation chambers, he devotes a chapter to an account of the many and various kinds of inhaler that have been devised of late years, giving a decided preference to those which most nearly fulfil the conditions mentioned above, as favouring volatilization. It is to the advantages of complete inhalation chambers, however, that the author draws especial attention, and it is probable that the introduction of this subject forms the principal *raison d'être* of the work before us. By placing his patient in an enclosed space in which the air is charged with a definite and known quantity of medicated vapour, the medical practitioner may satisfy himself that a certain proportion of such medicament does find its way into the affected lungs. In what manner the air is best charged and to what extent such inhalation should be permitted will be found fully set forth in Dr. Hassall's work. Some important hints are given as to the use of inhalation in general, whether through small or great appliances. There can be no doubt that the apparent failure of inhalation is, in many cases, to be attributed to the manifest neglect of ordinary precautions in its use, and it would add to the value of a practical work on the subject if these precautions were even more prominently stated. From his description of the apparatus the author turns to that of the various drugs, solid, liquid or gaseous, which can be by any means introduced by inhalation into the respiratory passages. Of these he presents a list extending over 120 pages, a short account being given of the properties, composition, doses, and mode of administration of each in a style which will be familiar to students of the handbooks of therapeutics, but which does not impress the reader with the idea that its author is writing from his own experience of the drugs in question. The final section of the work deals with the various morbid conditions, upon the treatment of which inhalation could by any conceivable ingenuity be brought to bear. So various indeed would seem the resources of inhalation, that a student might well be led to wonder that any other form of treatment could be necessary in such cases. The practitioner, however, might be inclined to ask upon what kind of evidence Dr. Hassall founds his genuine belief in its value. If we may venture to answer the question from the impression left by perusal of his work, we should reply that it rests mainly upon the evidence afforded by the statements published from time to time by Dr. Ringer and his pupils, and upon the casual contributions to the medical journals of many other writers less known to the world than they. We look in vain for the indications of Dr. Hassall's own labours upon the subject. If he could tell us that he had used, say, three drugs, in a really large number of cases of phthisis under similar conditions, and had obtained definite and distinct results which he could explain on a scientific basis, we venture to think that such a contribution to medical knowledge would be of far greater value than the long and rather wearisome collection of scrappy information over which he has undoubtedly expended much hard work and attention. But as a work of reference the general practitioner will possibly find it useful, containing as it does a fund of information which is capable of practical application. We will express a hope, in conclusion, that the resources of the work will not



lead him to forget the curative influences of a form of inhalation which receives but little notice from the author, that of pure atmospheric air, medicated, compressed or rarefied only as Nature wills it.

*Surgical Operations, Part I., The Ligatures of Arteries;* by SIR WILLIAM MACCORMAC. Smith, Elder & Co., 1885.—This book forms the first part of a compendium of operative surgery. The author tells us that his object is to give a brief, but he hopes accurate statement of the manner in which the several operations may be performed, and in this object a large measure of success has been attained. The work consists of an introduction treating of the various methods of ligature, the indications for and against the procedure, the method of performing the operation, and the effect of the ligature upon the vessel. This is followed by a systematic description of the mode of operation in the case of the different arteries. The introductory section, is clearly and succinctly written, providing the student with the necessary information in as short a compass as could well be managed; the description of the operation and dressings being given, as their importance demands, with some degree of minuteness. The engravings to this section, as well as those illustrating the action of the ligature on the vessel, are exceedingly good. The author is disposed to view the double ligature and division of the vessel with little favour, unless in exceptional cases. The special part is to be regarded as exhaustive from a practical point of view, since it contains directions for the application of the ligature in every feasible position. Each artery is treated of separately, and its anatomy, the indications for its ligature, the mode of operation, and the results obtainable are detailed. The anatomical guides and relations are given with due accuracy, and the tables of collateral circulation are likely to be of special use to the student, while the sections devoted to the history, indications and results not only make the volume of use to the surgeon, but have the virtue of rendering it a real manual of operative surgery, rather than a description of operations on the dead body. The author and publishers are to be congratulated on the get up and appearance of the book. The illustrations throughout are of high excellence and utility, besides being extremely numerous. The anatomical ones are very completely explained, and many are quite original in execution. No pains have evidently been spared upon the volume, while its price puts it within the reach of every student.

*The Transactions of the Edinburgh Obstetrical Society;* Vol. IX. Sessions 1883-84. Edinburgh: Oliver & Boyd, 1884. Pp. 222.—We are glad to be able again to call attention to this volume as containing some excellent work. We do not know any obstetrical or gynaecological society that at present produces better work than that of Edinburgh. Space does not permit us to mention every article in the volume, and therefore we must restrict our remarks to the more prominent. Mr. R. W. Felkin contributes an interesting ethnographical paper on labour in Central Africa. Dr. Robert Bell writes on the treatment of uterine displacement by medicated tampons, a method of treatment which, though apparently successful in Dr. Bell's hands in relieving the patient, is yet open to the objection that it is very prolonged, and involves much local manipulation. The great paper of the volume—of which it is not too much to say that it is one of the most important contributions to obstetric knowledge that have been published for some years—is on the anatomy and relations of the uterus during the third stage of labour and the first days of the puerperium, by Dr. A. H. Freeland Barbour. Its object is more especially to ascertain the mode of detachment of the placenta and membranes, a point as to which Dr. Barbour remarks we are still quite in the dark. In this, as well as in many other matters, those who practice obstetrics and gynaecology labour under great difficulties, in that so little of the pathology of that department of medicine is based upon the actual dissection of the dead body. Dr. Barbour's paper is an account of an examination more thorough than any similar investigation that

has been made before, of puerperal uteri. It throws light upon so many points in the puerperal process that we cannot adequately represent its purport in the short space now at our disposal, but must be content with recommending it to the careful study of our readers. The volume contains three contributions from Dr. Angus Macdonald; the first, on extra-uterine foetation, containing a full account of two cases, the second on lupus of the ano-vulval region, also consisting of well described cases. The subject of this essay is further illustrated by a paper from the pen of Dr. Matthews Duncan, "On hæmorrhagic lupus of the female genital organs," and both Dr. Macdonald's and Dr. Duncan's papers are made additionally valuable by chromo-lithographs representing the morbid condition. Dr. Macdonald's third paper is a record of cases treated by him in the Royal Infirmary during six months. The idea of giving some such complete account of all the practice in this department of the hospital is an excellent one, but it is not carried out in the manner in which, from the good work Dr. Macdonald has done in the past, we should have expected. To take one point on which information is much needed at present—the effect of trachelorrhaphy. Dr. Macdonald gives five cases, but in not one of them is anything said as to the history of the patient after the operation. That the split cervix can be repaired there is no doubt; the question is, whether the patient is any the better for having this done. Dr. Macdonald's cases throw no light on this, and we are surprised that he should not see that this is the essential point, and that cases without the after-history are worthless. We find in the volume, moreover, an unpretending but valuable paper, by Mr. Skene Keith, on Emmet's operation, and a discussion thereon, in which we find that Mr. Keith and the speakers on his paper recognised the great importance of following up the cases. The general tenour of the debate was to show that the operation is of far more limited utility than some of our American brethren would have us believe. Dr. J. W. Ballantyne contributes an interesting paper, giving an account of some cases under Professor Simpson's care: a case of pyo-salpinx, and a case in which, to relieve ovarian pain, a ligature was put through the broad ligament and so tied on each side of the ovary as to constrict its vascular supply. The result was improvement in the patient's health; but as some three months afterwards she had an attack of pelvic peritonitis, the case does not tell us whether the proceeding adopted is capable of doing permanent good. We have not exhausted the volume, but as our space is limited, we must here stop. We congratulate the Society upon its production, and thank them for it.

*Osteotomy and Osteoclasia, for Deformities of the Lower Extremities;* by Dr. C. T. POORE. New York: Appleton & Co., 1884.—The author tells us that he has had considerable experience both in the mechanical and in the operative treatment of deformities, and he has no doubt of the want of a concise treatise on the subject, one in which the methods of operating and the management of the wound and limb after operation are considered in detail. The work before us is intended to supply this want and the details in question. The book is rather unequally divided between osteotomy and osteoclasia, the former receiving the lion's share, perhaps because the author considers osteotomy the better operation, and prefers this method of recording his opinion to any more definite or direct statement of his views. We must acknowledge that the subject is worked out in a comprehensive manner, which testifies to diligent study; all noteworthy cases and authorities are duly cited; so much is this the case, indeed, that the author's own individuality and experience rather sink into the background. As regards methods of procedure, we find little to criticise, provided it be right to operate at all. Whether, however, osteotomy should be performed on young children is a point open to discussion. The author gives as a criterion the amount of sclerosis, as tested by manipulation rather than age: "If, by the use of moderate force (and by moderate is meant not enough to cause any pain) the bone is felt to yield or spring, it is safe to conclude that the bone has not become hard. . . . If the bone does not yield, the sclerosis has advanced so far that



mechanical treatment will fail." Osteotomy is indicated, he thinks, when the bones have become hard, and in certain cases also which have become partially sclerosed. We have no doubt that many cases of rickety deformity right themselves slowly long after sclerosis, as measured by our author's test, has set in, and we have been led to adopt this view by carefully watching cases for many months, even for years, in which an operation has been refused by the child's friends, and we have seen both genu valgum and bow legs gradually straighten, without even the use of splints or other mechanical apparatus, after expressing an opinion that an operation was necessary. The reason why parents are often so indifferent to deformities of the legs in their children may be distinctly traced to the popular tradition that "they grow out of it in time." Our author himself lays stress on the frequent association of relaxed ligaments, and, strangely enough, regards this condition as indicating osteotomy. We agree with him "that the practice of compelling children to wear mechanical appliances for the relief of knock-knee for years is cruel." Our own reason and his probably do not accord. He considers them useless, we consider them needless. Better than either osteotomy or mechanical appliances is good general treatment—internally, good diet and cod liver oil; externally, manipulation and shampooing. If the social status of the patient permits it, a sojourn at the seaside will often work marvels for young children under five or six years. In saying this, we do not condemn the practice of osteotomy—quite the contrary; for young adults, even for elder children, it is an operation of the greatest value, and one we have practised many times during the past eight or nine years. With osteoclasis, however, despite its antiquity, we have little or no sympathy; we have seen complicated instruments giving immense leverage fail completely to break the bone even in children, and for deformities of this kind osteotomy on every ground appears to us to be preferable to it. For deformities arising from ankylosis of joints, we equally prefer osteotomy, for after *redressement brusque*, especially of the hip or knee joints, serious constitutional disturbance, ending fatally, has been not infrequently reported. Osteoclasis may answer well enough in some cases of badly-united fracture, but, as a rule, a small subcutaneous osteotomy allowing the surgeon to attack the deformity in the most advantageous manner, and requiring neither force, nor bruising of soft parts, is for all reasons to be commended. The work is well published, and illustrated with neat drawings.

*A Practical Treatise on Fractures and Dislocations*; by F. H. HAMILTON, M.D. 7th edition. Illustrated with 379 woodcuts. London: Smith, Elder & Co., 1884, pp. 1,005.—Since the first edition of this work appeared in 1859, it has rapidly advanced in public estimation, and has long been considered as the most exhaustive and most reliable work on the subjects of which it treats. The first two-thirds of the book are devoted to fractures, and here every possible variety is considered seriatim. Frequent references to recorded cases are made in each of the chapters, in which the reader gets not only the author's own experience and views, but a *résumé* of those of other authorities also. The last chapter is especially devoted to gunshot fractures. Possibly from the fact that it is very short, the author has been obliged to be rather dogmatic, and on this account it is less thorough and less good than many of its predecessors. Drawings of the vertebra, showing the course of the bullet which caused President Garfield's death a few years ago, are given in this new edition, as well as an account of the autopsy. The same thoroughness is displayed in the second part, in which dislocations are treated. The first chapter deals with general considerations—nomenclature, causes, symptoms, pathology, prognosis, and treatment. Then follow chapters on the individual joints; that on dislocations of the hip joint being especially worthy of perusal. It is in this subject that we are specially beholden to American surgeons for the most important advances that have been made, and when the subject is read side by side with the older teaching, and the past and present methods of treatment are contrasted, the immense superiority of the latter over the former—

persuasion instead of force—becomes at once evident. The last chapter deals very thoroughly with the interesting but obscure subject of congenital dislocations. The work is well printed, and embellished with many drawings, which add greatly to its teaching value.

## ABSTRACTS AND EXTRACTS.

### KRAUROSIS VULVÆ.

MR. LAWSON TAIT writes to us as follows with regard to a paragraph which appeared in this department of the journal last week:—The disease which Professor Breisky has described under this term is not one which, as he imagines, has not been previously described, nor is his statement true that as to its course and termination nothing is known. If you will kindly reproduce in your columns the following account of the disease, which I have given at p. 43 in the first edition of my book on "Diseases of Women," published so long ago as 1877, you will, I think, see that I have not only described it, but have also included many facts which Dr. Breisky seems to have missed. The termination of the disease is always in spontaneous cure, and is arrived at simply by the traversing, over the whole surface of the nymphæ, of the disease which I have described. The disease may be relieved in many ways temporarily, but time alone effects the cure.

"The nymphæ are also subject to a peculiar degenerative and atrophic change, which occurs only at or after the climacteric period. It is a very distressing complaint, and one of the most intractable with which we ever have to deal. It is very often, but by no means always, associated with vascular enlargement of the urethra, of which I shall speak further on. This affection has been alluded to by Simpson, and various other authors, but no description which I have seen includes all the facts that may be observed in connection with it. It is always confined, in my experience, to the mucous membrane on the inner surfaces of the nymphæ, and is never met with in the labia majora, or in the vagina higher than the vestibule. It is a very frequent cause of the total suspension of marital intercourse, and is the real disease existing in a large number of cases of so-called vaginismus, a term which is widely used as a cloak to cover ignorance and carelessness. A patient suffering from this disease will nearly always be found to be over 40 years of age, and she will state that she has a slight yellow discharge, a good deal of scalding when she passes water, and that she suffers excruciating agony on any attempt at intercourse. This latter is always the first symptom in date; and when a case comes under the notice of the gynæcologist it will generally be found that intercourse has been discontinued for many months, if not for several years. The misery is very great, and a great deal of the climacteric drunkenness, too common among women, is due to this disease. When the labia are separated and an inspection made, one or two spots of redness on the mucous surface of the nymphæ will be observed, varying in colour from a palish brick-red to a bright purple; and if these be touched they will be found to be exquisitely tender. If very carefully observed in a chronic case, these spots will be found to be very slightly below the level of the normal mucous membrane. If a case be watched for a long time, it will be found that the spots are transitory and spreading, that after lasting for some months, the red colouring either entirely disappears from the spot observed, and comes out at another, or extends serpigiously, disappearing from the old site as it progresses towards the new. This process is very slow, but it explains the intractable nature of the disease, which is seldom content until it has passed over the whole mucous surface of the nymphæ. During its progress, the vestibule of the vagina slowly contracts, until as in the case of a widow lady now under my care, it may be so reduced as barely to admit a finger, even though the



patient has borne several children. In her case the disease has been going on for nearly six years.

"In one instance I was enabled to remove a fragment of mucous membrane, containing a patch of this vascular change, and I found enough to display the pathology of this mysterious disease. I placed the fresh fragment in my freezing leptotome, and having stained the sections by hæmatoxylin, silver lactate, gold perchloride, and carmine, I found that at the site of the spot all the textures had been removed save a few fibres, the walls of the capillaries, and the superficial epithelium, under which the loops of capillaries with thinned and dilated walls lay almost unprotected. The gold staining also showed nerve fibres, which lay amongst the capillaries almost as unprotected. These observations explain the three chief clinical facts of the disease, the great pain, the abnormal vascularity of the spots and their tendency to bleed when touched, and the contraction of the surface in the third stage. It is, in fact, a progressive atrophy of the mucous membrane, the last textures affected being the blood-vessels and nerves; for when the process has been completed the pain ceases, the redness disappears, and nothing remains but a vestibulum vaginæ so narrow that incredulity may be excused when the patient states that she has borne children. I have been fortunate enough in two cases, one of which furnished the specimen described, to watch the complete course of the disease, almost from its commencement to its perfect recovery, and I have seen all the stages described. This experience is rare, because the patients suffer so much, and they see so little prospect of cure, that they generally wander about from one gynaecologist to another, until the degenerative process works its own cure. Great relief is obtained, though only temporary, by the application of strong carbolic acid to the red spots. The acid is a powerful local anæsthetic, and it never fails to mitigate the tenderness for a time. The application of a plug of cotton-wool, soaked in a saturated solution of neutral acetate of lead in glycerine, placed between the nymphæ at bedtime, is also generally successful in procuring some relief. The patient should always be informed that the progress of her disease will extend over years, that it will certainly get well in time, but that treatment from time to time will give her relief. She seldom retains this belief for any length of time, for it is the misfortune of gynaecologists that the diseases they treat are generally so chronic in the courses they run, that the patients wander about and rarely give any one practitioner a very prolonged trial."

#### POISONING OF AN INFANT THROUGH THE MILK OF ITS MOTHER.

PROF. BROUARDEL has recently (*Revue de Thérapeutique*, July 1) communicated the following interesting case to the Society of Legal Medicine. A man was charged with poisoning, by means of arsenic, his wife and his infant, whom she was then suckling. The child had died with the symptoms of cholera some days after its mother had herself manifested analogous symptoms. As this occurred during hot weather, the occurrence did not arouse suspicion until November, when the woman and her mother, who lived with her (and whose money the man was charged with endeavouring to obtain by forgery), were both attacked with choleraform symptoms. A paper containing white arsenic was also found in the pocket of the accused. As the death of the infant was now canvassed, Prof. Brouardel caused its coffin to be brought to Paris about six months after its burial. The body having been entirely converted into fatty matter, so that isolation of the viscera was impossible, it was submitted to analysis *en bloc*. Weighing about two-and-a-half kilogrammes, it yielded five milligrammes of arsenic, which certainly did not proceed from the linen in which the body was wrapped, or the soil by which the coffin was surrounded. The question now arose, whether the arsenic was eliminated by the mother's milk; and as the possibility of this had never been sufficiently investigated, Dr. Pouchet undertook some very conclusive experiments. He administered to some of the nursing mothers in the St. Louis Hospital, who had diseases of the skin, from six to twelve drops of Fowler's solution,

and found that their milk always exhibited a relatively considerable quantity of arsenic. For example, the milk of a nurse who had taken eight milligrammes of arsenic for six days, was found to contain one milligramme in 100 grammes of milk. In such doses neither the nurses or the infants exhibited any symptoms. But it does not follow that the same result would have followed had the arsenic been exhibited in a single considerable dose. The endeavour to ascertain this by experiment on sucking animals did not furnish any conclusive results, owing to the great difference in susceptibility to the action of arsenic, so that no conclusion obtained could be applied to the human subject. At all events these investigations show that the lacteal secretion is a predilectory channel of elimination for arsenic, and that it is imprudent to administer it to nursing women. The man was sentenced to 20 years hard labour.

#### VALUE OF ICE IN CONGESTIVE CHILL.

No one, writes Dr. L. B. Anderson, doubts the value of ice, externally applied, in active congestion of the brain, various hæmorrhagic states, and in local inflammations. But its value in congestive chill seems to have escaped the observation of the profession. A fully developed congestive chill is as insidious as it is alarming, and when improperly treated, fatal. The whole surface, with an occasional exception of the chest and epigastrium, is as cold as death, and bathed in a profuse perspiration. The pulse soon ceases to beat at the wrist, and the pulsations of the heart are frequent and feeble. The respiration is short and hurried, with an occasional sigh. Sometimes both the respiration and pulse are slow and feeble. The surface becomes mottled with the irregular accumulation of dark venous blood in the cuticular capillaries. The countenance is variable: sometimes it is calm and serene, the eye expressive of no emotion, and the patient sinks into the sleep of death, as if falling into a calm repose; at other times, great restlessness, anxiety, and suffering may exist. Often one who is reduced to the verge of dissolution and recovers, is perfectly oblivious of what happened during all this period of congestion, though he seemed to be perfectly conscious all the while. Accompanying the congestion there is, sometimes, a diarrhœa (always very unfavourable), at others, nausea, and occasionally, when the lungs are peculiarly implicated, pulmonary hæmorrhage. Whatever agent may produce a chill—and there are hundreds which may under favourable atmospheric and hygienic influences—there is always a suspension of the functions of the organic nerve-centres, whereby secretion is suspended, the circulation is impeded, and there is an accumulation of an abnormal amount of blood in the vessels of the internal organs, and a diminution in those of the surface. The vital processes being suspended by a torpid condition of the nerve-centres which preside over these functions, the various constituents of the blood are massed in a heterogeneous conglomeration, and chemical forces come into vigorous exercise, generating every conceivable morbid product, from the simplest salt or acid to the most deadly ptomaine. In the meantime the evolution of heat from these rapid chemical changes increases the centripetal action, and hastens the march to a profound congestion. The use of stimulants, anodynes, or narcotics is calculated to increase the trouble and lessen the chances of recovery. Ice poured into the great central reservoir, the stomach, rapidly absorbs and renders latent the superfluous heat, gives tone to the exhausted nervous centres, sets free the pent-up nervous forces, puts in motion the torpid vessels, restores the vital forces, and thus equalizes the circulation.—*Therapeutic Gazette*, June.

#### DISEASES OF CHILDREN.

SCURVY IN A CHILD.—Dr. Jones Bateman, in the *Birmingham Medical Review* for July, records a case of infantile scurvy. The patient was a female child, aged six, who had always been delicate. Her habitual diet had always been bread and butter and tea for breakfast and tea, and bacon and bread for dinner except on Sunday, when she had



meat for dinner, though sometimes in the shape of salt meat; she never had fruit or fresh vegetables. On admission she was noted to be small for her age, and presented signs of past rickets. Her gums were red, spongy, and bled on the slightest touch; there was an ulcer on the inner side of her cheek and another on one tonsil. Her arms were much swollen about the elbow joints, the skin being tense and presenting the characters of a recent bruise. A somewhat similar condition was found in the popliteal spaces, a few petechiæ were scattered over the body, and her eyelids were much swollen. She improved for the first four days, but she then became very quiet, and would not take her food, and her temperature sank in a remarkable way, being at one time as low as 93.4°; this condition lasted about twenty-four hours, she then passed two motions slightly stained with blood and began to improve. After this she had an attack of cancrum oris of the lower lip, which was checked by three applications of strong nitric acid; the ulceration of her gums was not finally cured until she had had fourteen teeth extracted. A tonic line of treatment was adopted throughout, but the only thing that seemed of much service was alcohol. At no time was any blood or albumen present in the urine. The author thinks the diagnosis of scurvy justified by the absence of serious hæmorrhages, and by the fact that the diet had been entirely wanting in potatoes and milk.

**THE TREATMENT OF CHOREA.**—In a clinical lecture on the treatment of chorea recently published in the *Progrès Médical* (No. 24), M. Joffroy strongly advocates the use of hydrate of chloral. His first experience of it was not satisfactory; he treated two children suffering from severe chorea with large and repeated doses for four or five days keeping them in a deep sleep during nearly the whole time, but without any material benefit. He then took to giving it methodically three times a day, in regular doses, and considers that he has obtained excellent results by this method. For children over ten, the daily dose should be sixty grains; for those under that age this should not exceed forty-five grains. Seeing that he speaks of having continued the drug sometimes even for two months, and that he admits that in the severest cases the drug has proved of no service, it is evident that even in his hands chloral has not shown itself to be of more service than the thousand and one drugs which have already been recommended for this disease. In the severest cases M. Joffroy has found wet packing of great service.

**ACUTE GASTRO-INTESTINAL INDIGESTION.**—When an infant who has previously appeared to be in good health shows symptoms of indigestion, it must be determined whether these symptoms are due to a catarrh or other affection of the alimentary canal, or merely to some error of diet. The latter is the cause, according to Dr. J. M. Keating (*Archives of Pediatrics*, May), when the child's tongue is perfectly clean, and there is no stomatitis and no fever. On the other hand, if there is fever and the tongue is coated, the bowels being distended and the motions offensive and slimy, change of diet will not suffice to restore health. Something must be done in addition to this. The quantity of food may, with advantage, be lessened, the feet may be put into hot water, and the gums lanced when there is any indication, but the main object of treatment is to evacuate the contents of the alimentary canal; this is effected by small doses of calomel, and especially by promoting vomiting, for which purpose nothing is better than to encourage the child to drink plentifully of warm water. A spice poultice to the abdomen is strongly recommended, and if any sedative is necessary Dr. Keating thinks that there is nothing superior to one or two drops of sweet spirits of nitre. In the after treatment pepsin is found useful in some form or other as well as cinchona and nuxvomica, and in older children arsenic is thought highly of.

**THE KEEPING WARM OF PREMATURELY-BORN CHILDREN.**—Credé, of Leipzig, describes in the *Archiv für Gynäkologie* (Band xxiv., Heft 1) a warming cradle or box, in which premature children can be kept and their heat maintained. It is a sort of miniature bath, made of copper, with double sides and bottom; and between the two walls is a space for hot water, which is poured in

above, and let run off by a tap below. The hot water is renewed every four hours. This machine has been in use in the Leipzig Lying-in Institution for more than twenty years. Every child weighing less, or only a little more, than 2,500 grammes (about 5 lbs.) has been put into it. The result has been, that out of 677 children so treated (excluding 24, who weighed less than 1,500 grammes), only 97 have died, or 15 per cent. The average mortality of children in the same class in other institutions, where no warming apparatus was used, Credé estimates at 65 or 66 per cent. This was the mortality at Paris. Now, in the Paris Maternité and Cochin Hospitals, Auvard's couveuse is used, and children under 2,000 grammes put into it. The mortality has fallen to 38 per cent. Credé's mortality, for children under 2,000 grammes, with his warming box, is 36 per cent.

**THE RELATION BETWEEN GONORRHOEA AND OPHTHALMIA NEONATORUM.**—Drs. Leopold and Wessel, contribute to the *Archiv für Gynäkologie* (Band xxiv., Heft 1) a paper which, if the facts contained in it are confirmed by other observers, is a very important one. That the ophthalmia of the new-born is due to inoculation of purulent discharge from the mother's vagina is commonly accepted. It is also commonly believed that it is next to impossible to be positive whether a purulent vaginal discharge is gonorrhœal or not. Leopold and Wessel have not been content to rest in this inexactness. In 18 cases of pregnant women with purulent vaginal discharge they examined this secretion for the gonococcus of Neisser. In 17 of them none were present; no precautions were taken to prevent the infants of these 17 from getting ophthalmia, but none of them suffered from it. In one case Neisser's gonococci were found without doubt; the child of this woman on the fourth day had ophthalmia. These researches go to show that we have in the gonococcus of Neisser a certain test of gonorrhœa; and that gonorrhœa is the actual and true cause of ophthalmia neonatorum: two general propositions, which, if corroborated, are distinct strides in our knowledge.

**OPHTHALMIA NEONATORUM.**—In a paper on this subject read before the Staffordshire Branch of the British Medical Association (*vide Ophthalmic Review*, June), Mr. Vose Solomon proposes that the mother should be supplied prior to her confinement with the materials for an eye-lotion, with all needful directions for its use. Every order for the parish midwife should be accompanied by a packet containing sixty grains of alum, and bearing the following label: "LOTION POWDER FOR THE BABY'S EYES.—Directions.—Dissolve this powder in a pint of clean water. Directly you see matter come from the baby's eye, clean it away every two hours with a bit of wool or rag, and then thoroughly wash the inside of the lids with the lotion. If the eye looks weak and does not matter, use the lotion every four hours. Get a doctor as soon as possible. Eyes that matter, if neglected, often go stone blind." He thinks that by this plan public attention would be drawn to the disease, and thus this preventible malady might ultimately be stamped out.

## REPORTS OF SOCIETIES.

### OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

FRIDAY, JULY 3RD, 1885.

JONATHAN HUTCHINSON, F.R.S., President, in the Chair.

#### Living Specimens.

MR. MARCUS GUNN showed a patient with symmetrical enlargement of the upper half of the face, with proptosis, optic atrophy, and anosmia. The patient was a female, aged 22, married. About 11 months previously, neuralgia in both temples and vomiting set in, when she was two



months pregnant with her first child. The neuralgia continued. The sight of the left eye began to get dim two months before her confinement in February last. Two days before the birth of the baby, she became quite blind in the left eye, and remained so for one month, when the vision gradually improved until June 5th, when she again became suddenly blind in this eye. The day after the birth of the baby, she became suddenly blind in the right eye, and continued so for a fortnight, when the vision of that eye steadily improved. Two months before confinement, the face became slightly swollen, and the eyeballs prominent; these symptoms considerably increased. The patient had objected to see anything of a blue colour. There was no history of fits or syphilis. She was very pale and puffy, with considerable prominence of both eyeballs, and swelling of the upper part of the face, very marked in the eyelids. The deformity of the face was bilaterally symmetrical. There was apparently some thickening, and marked tenderness over the whole of both superior maxillary bones, and over the ramus of the jaw on both sides, and especially near to the zygomatic processes. There was complete anosmia. Pupils of medium size, right active to light, left barely so. Both optic discs atrophied; the veins large and rather tortuous. No albuminuria. Patella-tendon reflex was normal. Facial paralysis had set in suddenly that day (July 3rd). Antisyphilitic treatment had been of no avail.

Mr. LANG showed a mother and son in both of whom the iris on both sides was totally deficient; both patients had lateral nystagmus; the mother had a lamellar cataract in the right eye; the right eye had been cataractous, and had been operated on unsuccessfully; the child had striæ in both eyes. The mother had had two other children; the second had aniridia; the boy shown was the third.

Mr. LANG also showed a child who had first come under his care when 16 months old in March 1882; the right eye was then excised for glioma; the left appeared healthy, but, in January, 1884, the patient was again brought with a growth in the left eye in the front part of the retina at the inner side; a secondary growth subsequently developed in the episternal notch.

Mr. LAWFORD exhibited microscopical preparations of a tubercular deposit in the choroid, obtained from the right eye of a child, aged 5 years. The growth had been observed with the ophthalmoscope during life, as a yellow patch surrounded by a grey halo in the yellow spot region, and a sketch made of it. The child died of tubercular meningitis; and at the necropsy, miliary tuberculosis of the lungs, heart, and liver was found. Microscopically, the nodule in the choroid presented all the evidences of tubercle, except the presence of the bacillus tuberculosis, which, though carefully looked for, was not proved to be present. Bacilli were easily obtained in specimens of the meninges taken from the base of the brain of the same patient.

#### *Reflex Ophthalmitis.*

The PRESIDENT, before inviting discussion of his paper, read on May 14th, briefly recapitulated the chief theories which had been put forward:—1. That there was a disturbance of a hypothetical trophic centre for the eyes. 2. That there was a progressive neuritis advancing from one eye to the other along the optic or ciliary nerves or their sheaths (or the lymph-spaces). 3. That the infective agent was transferred by the blood-circulation and became active in the eye either because it was arrested by the small size of the capillaries and the favouring influence of light (Berlin), or because the infective elements found a suitable nidus in the tissues of precisely similar character in the fellow organ. Professor Berlin's theory predicated the existence of germs, his own did not.

Mr. HENRY POWER, after dwelling on the great interest and importance of the subject raised by the President's paper, criticised the views put forward in it, on the ground that many facts were left unexplained. How were the greater frequency and rapidity of the disease in children than in adults to be accounted for? Wounds of the ciliary region were much more apt to produce sympathetic ophthalmia in children than in adults; he had been accustomed to attribute this to their restlessness, the wanton removal of bandages, and the difficulty of keeping young

children in a dark room for many weeks. He thought that there was strong evidence that sympathetic ophthalmitis was an extension from the original disease. It was true that a very considerable interval might elapse; this was a difficulty on either theory. He quoted one case of foreign body in the eye (a rivet impacted in the optic nerve), where, for twelve years, frequent attacks of inflammation occurred. How was it that this patient could go about for so long without suffering from more than slight sympathetic ophthalmia? He also referred to cases of relapse after apparent recovery from sympathetic ophthalmia. These occurrences appeared to be explicable upon the theory that the inflammation travelled along nervous tracts better than by the theory advanced by Mr. Hutchinson.

Mr. SPENCER WATSON thought that an objection to the theory was, that other sense-organs did not suffer from sympathetic inflammation. The only example of sympathetic inflammation occurring elsewhere than in the eye, was the occasional occurrence of inflammation sympathetically in joints. The eye was the only sense-organ where the anatomical arrangements afforded a ready channel for the transference of inflammation by continuity of tissue. He did not agree with Mr. Power that sympathetic ophthalmia was more common in children than in adults; children, he thought, bore wounds of the ciliary region better than adults.

Dr. NOYES (New York) observed that the active theory of the day was the theory of propagation by bacilli. All the theories fell under one of three categories: the spread of the disease was set down to the agency either of nerves, of lymph-channels, or of bacilli. All these theories were so wanting in any sound scientific basis, that he was not ashamed to say that he had not arrived at any final opinion. It was necessary to recognise that sympathetic ophthalmia occurred under various conditions, and to distinguish clearly between sympathetic irritation and true sympathetic inflammation. The theory which attributed sympathetic inflammation to the agency of bacilli, taught that if the first eye were septically infected, the second eye if it became affected became the seat of sympathetic inflammation; whereas, if the first eye were not affected by a septic inflammation, then the second eye suffered sympathetic irritation. He referred to cases of trigeminal neuralgia accompanied by herpes zoster ophthalmicus, where the eye of the affected side was lost with subsequent sympathetic affection of the other eye. An objection to the nervous theory was that wounds of the ciliary region were not invariably followed by sympathetic affection. He quoted a case in which a foreign body had remained in front of the iris for nineteen years, and referred to other similar cases; but, as a contrast, he mentioned a case in which a piece of percussion cap was impacted in the iris. After some years of quiescence, atrophy of the lens occurred, and coincidentally neurotic irritation of the other eye. In other cases, the bony shells found in damaged eyes set up neurotic irritation; the removal of the shell was followed by recovery. A shrunken eyeball might be very sensitive, and yet no neurotic irritation might ever be produced. He had observed two cases in which the removal of the cicatricial tissue at the apex of the orbit was followed by a relief of the sympathetic symptoms of the other eye. It was true that excision of a portion of the optic nerve was not always successful, but V. Graefe used to perform subcleral division of the ciliary nerve with success. He especially desired to urge that, before resorting indiscriminately to excision of the eye, the possibility of saving the eye with useful vision should be fully discussed. He felt that he hesitated much more now than he formerly did in advising excision.

Mr. NETTLESHIP said that of all the theories that of blood infection accounted for some of the phenomena of the disease more easily than any other, *e.g.*, the simultaneous appearance of changes, such as neuro-retinitis or iritis in widely different parts of the eyeball. The difficulties in the way of accepting the theory were, that upon it was hard to understand how the incubation period could ever be so long as it sometimes actually was, or why the disease should break out in the sympathising eye at a considerable interval after the removal of the infecting eye. Two other questions might be asked which would perhaps tell as much against as for the theory under consideration. How could ex-



exceptional but well attested cases be explained in which parts outside the eye, such as the eyelashes, underwent organic change in the course of sympathetic inflammation? and how was it that the exciting eye might be but slightly damaged though the sympathising eye suffered profoundly, even to total blindness? The severity in the sympathising eye must depend upon the number of germs which it contained; if these were bred in the exciting eye, why did it not suffer in proportion? On the other hand, if they were not simply carried by the blood, but multiplied in it, how did the other tissues of the body escape serious change? As regarded the transmission theory, there were difficulties in regard to all the paths along which the disease had been thought to travel. Deutschmann's view that septic inflammation was conducted along the optic nerves met with a certain amount of support from clinical facts. Failure of sight, papillitis, or papillo-retinitis were, for instance, among the earliest phenomena of the disease, and in cases of traumatic inflammation of the eyeball it had been proved that inflammation could travel up the optic nerve. But iritis or keratitis punctata had been present in all cases, or nearly all, which had shown early retinal or neural changes, and all these phenomena might be accounted for upon the supposition of inflammation of the choroid. The clinical proofs that were required in support of this theory were that the changes should appear at the disc some time before they were seen in other parts of the eye, and that failure of vision should precede the other visible alterations. Again, according to the transmission theory, basic meningitis ought sometimes to be seen as a sequel. In mild cases too, on the optic nerve theory, the disease should sometimes be confined to the optic nerve, but except, possibly in a case of Dr. Brailey's, this was hitherto unknown. Again, in retro-bulbar neuritis there was no evidence that the inflammation ever spread upwards to the other eye, though it went downwards to the disc on the same side. The chief objection to the theory of transmission along the filaments of the fifth or sympathetic nerves was that the path would be so very long and narrow; the nerve twigs were so very difficult to examine that it was easily to be believed that inflammatory changes in them might escape detection.

Dr. MILES thought that sympathetic irritation and inflammation, though they had some symptoms in common, ought to be separated. The connection between them was that the former dilated the lymph-spaces, and so allowed the more easy transit of infective elements. As to the difficulty raised with regard to the long interval between the injury and the sympathetic inflammation, he did not think that that was conclusive against the bacterial theory. It was not known how long a period might be necessary for their passage along the lymph-spaces. He was unable to say whether the micro-organisms must be invariably introduced from without.

Dr. BRAILEY compared the evidence in favour of the President's view with that which seemed to support one of the most recent and plausible of the other views, the theory of direct transmission along the substance of the optic nerve or the sheath space around it. In favour of the former was the fact that cells from a choroidal sarcoma were transmitted through the blood to other organs, such as the liver. But, on the other hand, he knew of no instance in which they had lodged, and produced a sarcoma in the choroid of the opposite side. Similarly, a purulent ophthalmitis might produce a purulent meningitis without any direct continuity, but it did not produce a purulent choroiditis of the opposite side. Again, there was some little physical evidence in favour of direct transmission, namely, the finding of inflammatory cells after enucleation in the loose tissue between the nerve-sheaths; there was also the case recorded by Snellen, where an injury to one eye resulted not only in sympathetic disease of the other, but also in total deafness, with every symptom of acute meningitis; and, finally, the experiments of Deutschmann, who produced papillitis of the one eye by injections into the vitreous of the other eye.

The PRESIDENT said that the arguments used had not convinced him that his theory was untenable, though he was not prepared to adopt it strongly. It was a theory that was applicable to other diseases, such as multiple periostitis. He agreed with Dr. Noyes that excision of the injured eye after the development of sympathetic inflam-

mation did no good, and ought not to be performed if there was any hope of useful vision in the injured eye. The occurrence of relapses was not conclusive against the theory, for inflammation in any situation might recur when an organ recovering from inflammation was again exposed to irritation. With regard to the argument used by Dr. Brailey, it was to be noted that occasionally a malignant growth of one eye did recur in the other. The sequence of the development of secondary growths in cases of malignant disease was very irregular; the intervals were sometimes very long; further, it was not safe to argue from the behaviour of one class of morbid element what would be the behaviour of another, for instance, from the behaviour of malignant elements to that of inflammatory elements. His own experience did not lead him to agree with Mr. Spencer Watson that children were less liable than adults to sympathetic inflammation.

As this was the last meeting of the session, two papers, one by Mr. Critchett, on a case of Extreme Retinal Irritability; and the other by Dr. Walter Edmunds and Mr. Lawford, on the Pathological Anatomy of Optic Neuritis, were taken as read.

#### *Annual General Meeting.*

The business of the Annual Meeting was then proceeded with.

The Secretary read the following Report of the Council:—

"The Council have again to congratulate the Society upon its continued prosperity. During the Session eighteen new members have been elected, so that the total number is now 202, including 25 non-resident members.

"Since the last annual meeting the Society has lost two members by death, viz., Drs. Buchanan Baxter and F. A. Mahomed. One resident and three non-resident members have ceased to belong.

"The Council recall with satisfaction that early in the Session Sir William Bowman was elected unanimously an honorary member of the Society.

"The first Bowman lecture was delivered by the President in November, and at the request of the Council Dr. Hughlings Jackson, F.R.S., has consented to deliver the second lecture.

"The Library now contains considerably more than a hundred volumes, nearly all of which have been presented to the Society. The Council recommend the appointment of a special officer as librarian to take charge of it in the future.

"A deputation of the Society, consisting of the President, Sir William Bowman, Bart., F.R.S., Mr. John Tweedy, Dr. D. McKeown, Dr. Brailey and Dr. Abercrombie waited on Mr. G. Russell, M.P., at the Local Government Board office on May 8th, to urge upon that Board the necessity for adopting some measures for the prevention of blindness from ophthalmia neonatorum. The deputation was very well received, and though no action has as yet been taken, there is reason to believe that some good may result.

"During the Session a considerable number of papers have been communicated, and the meetings have been well attended.

"The Committee appointed to consider some points in connection with sympathetic ophthalmia has sifted a large mass of evidence, and it hopes shortly to be in a position to present a report."

The Treasurer then presented the balance sheet duly signed and audited. The income of the Society had amounted to 256*l.* 17*s.* 0*d.*, exclusive of Sir Wm. Bowman's gift, and a balance of 379*l.* 13*s.* 1*d.* had been carried forward.

The adoption of the report and balance sheet was carried *nem. con.*

The following resolution was then proposed from the Chair:—"The Council has had under consideration the peculiar and much regretted circumstances under which Mr. James Adams's active connection with the Society has come to an end. Remembering Mr. Adams's great services to the Society in the past, the Council recommends that he now be elected a Life Member without any payment of Composition Fee,"—and carried by acclamation.

The alterations in the Rules proposed by the Council were unanimously accepted.

The list of officers and Council elected for the Session 1885-6 will be found on another page.



## GENERAL CORRESPONDENCE.

### "HOW IS IT WITH THE PROFESSION?"

[To the Editor of the Medical Times.]

SIR,—Your article of July 4th must have been warmly welcomed by many a country practitioner. It is seldom an attempt is made to feel the professional pulse throughout the land.

For London's physicians and leading men it would seem to be enough that the great heart of medical science beats with constantly renewing vigour, that the stream of knowledge and reform is for ever flowing *somewhere*. Whether the tide ever reaches the distal vessels or not would appear to be a matter of little consequence.

To those who have been many years in country practice, this indifference respecting provincial doctors may pass by unheeded; but the younger members of the profession feel that it is rather hard to be so severely let alone. For my part, I think we need not seek far to find a reason for the apparent callousness of the profession concerning this neglect. We are indeed impotent because so little noticed. We went to the Hospital crude and unformed; we left it useful scientific men. But there our connection with the great centre is at an end. We are the creations of a governing body, not members of a self-ruling fraternity. We trusted to Medical Councils to form us in the past; we must leave them uninterrupted power to rule us in the future. And so, finding our bucolic ideas are not wanted, we turn back to our work—work that is often worse than drudgery. Yet our burden might be somewhat lightened if we could know and feel that our own voices could influence our own welfare—that our affairs were no longer in the hands of those who, however anxious to raise the standard of medical education, are leaving a large and useful section of the profession out in the cold.

I am, Sir, yours, &c.,

G. P.

## INVENTIONS AND IMPROVEMENTS.

### NEW SOUND DEADENER.

By J. WARD COUSINS, M.D. Lond., F.R.C.S.

THE little instrument devised for this purpose consists of an elastic air cushion, and is made in several sizes, to suit the varying capacity of different ears. As a sound deadener it powerfully modifies and reduces the intensity of sonorous vibrations, but it does not altogether suspend the sense of hearing. It can be instantly introduced into the aural orifice, and the deadening power can be regulated by the degree of firmness with which it is put in. It is very neatly made in flesh-coloured vulcanite by Messrs. Maw, Son & Thompson. The Sound Deadener has proved an excellent ear protector for artisans and other persons exposed to the injurious effects of sound. It is a matter of common observation that deafness is intimately associated with noisy occupations, and although individuals placed under the same conditions exhibit very different aural susceptibilities, still, as a general rule, persons who are exposed for a long period to loud and harsh sounds are sure to suffer more or less injury. At the present time, about three hundred men are employed as boiler-makers and riveters at the Royal Naval Yard, Portsmouth, and out of this number very few can be found in possession of normal hearing power. As a general rule the men appear remarkably indifferent about their aural insensibility, and some even regard their deafness with satisfaction, as it reduces the distress caused by the constant concussion on the tympanic membranes. The Sound Deadener is also an excellent ear protector for swimmers and divers, and for all who suffer from aural

disturbance after bathing. It forms a shield which effectually prevents the entrance of water into the ear, and, when used for this purpose, it has proved invaluable to many patients labouring under aural delicacy and chronic disease. It has also been worn with great comfort by many suffering from abnormal aural sensibility, associated with general nervous depression and debility; and by railway travellers and other persons unable to sleep in consequence of the disturbance and confusion produced by continual noise. It can be used as an ear protector during exposure to the blast of explosives, or severe cold or wind; and it forms an elegant substitute for the old-fashioned and unsightly plug of cotton-wool.

## MEDICAL NEWS.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY meeting of the Council was held on Thursday, July 9th. The minutes of the Extraordinary Council of the 3rd instant were read and confirmed. Mr. Savory, having been introduced, resumed his seat as a Member of Council. The name of Mr. Francis Goold was ordered to be removed from the list of members. Mr. Clarkson's name was also erased, in consequence of his refusal to withdraw certain advertisements to which the Council objected. It was decided to inform Mr. Alabone that the Council accepted his explanation, and had decided to take no further action, provided that he withdrew all the copies of his work which contained the objectionable passage, and that he submitted to the Council for inspection any new edition which he might intend to publish. The Report of the Joint Building Committee of the two Colleges was submitted. The negotiations with the agent of the Duke of Bedford having fallen through, the committee recommended that the two Colleges should jointly lease for 99 years a piece of land facing the Embankment, at a ground-rent of 2,200*l.* per annum. The Examiners in Medicine and in Midwifery were re-appointed. Messrs. Power and Cadge were appointed Professors of Surgery and Pathology. Messrs. Stewart, Brailey, Hill and Treves were appointed Professors of Comparative Anatomy and Physiology. Mr. Wooldridge was appointed Lecturer on Anatomy and Physiology, and Mr. J. B. Sutton Erasmus Wilson Professor.

Mr. Savory was unanimously elected President, and Messrs. Wood and Power, Vice-Presidents for the ensuing year. Mr. Macnamara and Mr. Pemberton having subscribed the By-Laws took their seats at the Council. A special vote of thanks, proposed by Sir Spencer Wells, and seconded by Mr. Marshall, was voted to Sir James Paget in connection with the completion of the new Pathological Catalogue of the Museum. Mr. Marshall then gave notice of motion—the terms to be afterwards determined upon—that some permanent record of Sir James Paget's long and valuable services be erected in the College. The Council then adjourned until the *first* Thursday in August.

UNIVERSITY OF EDINBURGH — MEDICAL DEGREES EXAMINATIONS.—The following candidates have passed the final examination for Graduation in Medicine, those marked with an asterisk having passed with distinction:—

Robert Blair, Pulicet Parthasaradhi Chetti, Edmund Wearne Clark, B.Sc.; Frank Gerard Clemow, Frederick William Collinson, John Cram, M.A.; James Henry Dawe, Jules Delepine, Henry George Dickman, \*Kenneth M'Kinnon Douglas, William Oliphant Dow, Walter Musgrave Eaton, William Elder, George Graves Eyre, B.A.; William Cooke Faulkner, Lewis Gordon Fischer, Alexander Fisher, M.A.; H. S. R. Freeborn, Edwin Sargood Fry, \*John Garvie, John Edward Gemmell, John Glegg, James Gray Glover, A. E. Lambton Gray, C. W. Monroe Grier, Thomas Howard Griffith, William B. Thompson Gubbin, John Scott Haldane, M.A.; Stuart Pennington Hallows, John Thomas Harvey, John Hunter Helm, \*Thomas Arthur Helme, Walter Croft Helme, Frank William Hennessy, George Vickerman Hewland, John Ramsay Hill, Herbert Hirst, Joshua Jacobus Hoffman, William Edward Home, B.Sc.; Archibald Hood, Reginald Ernest Horsley, Alfred William Hughes; James Hunter, M.A.; Ernest Cory Kingdon, John Richards.



ROYAL COLLEGE OF PHYSICIANS.—The following candidates have passed their final examination, and have been licensed to practise:—

Thomas Pagan Lowe, Bath; James Donaldson, Lochmaben; Alfred William Robson, Birmingham; John Henry Booth, Chesterfield; Alexander Cook, Rutherglen; John Francis Hall Edwards, Birmingham; Henry Ernest Purdon Wright, St. Helens, Lancashire; Robert Charles Gordon Dill, Burgess Hill, Sussex; Thomas Cardwell, Reading; John O'Callaghan, Cappamore, County Limerick, Ireland; and William M'Manus, Athlone, County Westmeath, Ireland.

THE SOCIETY OF APOTHECARIES, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, July 2nd, 1885:—

James Harry Ernest Brock, M.R.C.S., 30, Bartholomew Road, N.W.; Thomas Rushbrook, M.R.C.S., 22, Rutland Street, Hampstead Road, N.W.; Samuel Gordon Smith, M.R.C.S., 76, Barnsbury Road, N.

ROYAL COLLEGE OF PHYSICIANS.—At an extraordinary meeting of the College held on Thursday, July 2nd, a communication was received from the British Association respecting the proposal to hold an International Scientific Congress in 1888. A report was read from the Committee on the Croonian Trust and adopted. The Report of the Committee on the Lunacy Act Amendment Bill was read, and the President was requested to transmit a copy of it to the Earl of Shaftesbury.

EDINBURGH UNIVERSITY—NEW EXAMINATION HALL.—Alterations involving a cost of about 1,000*l.* are at present being made at the north-west corner of the University buildings. The octagonal room, which was formerly the principal part of the anatomical museum, with the apartments to the east and south of that structure, are being converted into a large examination hall by the removal of the intervening walls, the superstructure being supported by strong iron beams and pillars. The floor space which will be afforded under the new arrangement will give accommodation for some 240 students at a time, when engaged at written examinations. The work is being rapidly proceeded with, and will be completed by the beginning of the ensuing winter session. The contractors are Messrs. John Mitchell and Son. Mr. R. Morham, City Superintendent of Works, prepared the plans for the alterations.

UNIVERSITY OF GLASGOW.—The summer session at Glasgow University closes on Friday, the 10th instant, and the Final Examinations for medical degrees begin on the following Monday and last three days. The subjects included in the examination are: Materia Medica, Forensic Medicine, Practice of Medicine, Pathology, Surgery and Midwifery. For some years the subjects of Materia Medica and Therapeutics were separated and taken at different examinations. Now the old arrangements are restored, whereby both subjects are included in the same examination. The number of candidates is 115. The graduation takes place at the end of the month.

THE REPRESENTATION OF THE UNIVERSITIES OF EDINBURGH AND ST. ANDREW'S.—At a meeting of the Edinburgh and St. Andrew's Universities Liberal Association held on Friday last, it was resolved to request Mr. Erichsen to become a candidate for the Universities, in the Liberal interest, at the general election. The invitation, we are informed, has been accepted. Mr. Erichsen was one of those who received honorary degrees last summer on the occasion of the Tercentenary of Edinburgh University. The *Scotsman*, commenting on Mr. Erichsen's candidature says that it will be strange if his high professional standing, his scientific attainments, and his undoubted culture do not commend him to the Universities as a more suitable representative than the Lord Advocate. Mr. Erichsen has made his mark in the scientific world, and he comes forward at the desire of those who wish to see the Universities represented as becomes their character.

THE ROYAL SOCIETY OF EDINBURGH.—The fifteenth ordinary meeting of the Royal Society was held on Monday, when several interesting papers were read. The vital relations of micro-organisms to tissue elements formed the subject of a paper by Dr. G. S. Woodhead and Dr. A. W. Hare, and Dr. Woodhead, in communicating the results of

their investigations, mentioned that Edinburgh was now thoroughly equipped for bacteriological investigation. In the University there were complete apparatus and arrangements for carrying on the work in the Pathological, Surgical, and Practice of Physic departments. Professor Turner described a specimen of Sowerby's whale (*mesoplodon bidens*), which he recently obtained from Shetland. This species was looked upon as very rare. Since 1870 he had been fortunate enough to obtain three specimens. They came from the north of Shetland, and were characterised by having very sharp snouts. In 1881 he got a specimen which was first recognised from one east ashore in 1806 near Elgin. From that date up to 1881 no other specimen of this particular whale had been obtained anywhere on the Scottish coast, although one or two had been got on the Irish coast. One peculiarity about it was that the food had to pass through globular compartments, eight in number, before it reached the stomach, which was very like the human stomach, and might be said to be of two compartments.

SIR GUYER HUNTER.—It is stated that Sir Guyer Hunter has been selected as the Conservative candidate for the representation of the Central Division of Hackney in the new Parliament. His special experience would, no doubt, render him an extremely valuable addition to the House of Commons.

APPOINTMENTS.—His Excellency the Earl of Carnarvon, Lord Lieutenant of Ireland, has up to the present made the following professional appointments in the Vice-regal household: Surgeon-in-Ordinary, Edward Hamilton, M.D.; Surgeon-Oculist-in-Ordinary, Archibald Hamilton Jacob, M.D.

THE CHOLERA IN SPAIN.—The Belgian Government has despatched Dr. van Emerghen, the author of *La Microbe du Choléra*, on a mission to Spain, in order to investigate the cholera there prevailing, as well as Dr. Ferrán's inoculations.

THE CHAIR OF HYGIENE AT THE PARIS FACULTY OF MEDICINE.—For the Chair of Hygiene, which has become vacant by the resignation of Prof. Bouehardat, the Faculty has sent in to the Minister of Public Instruction the names of Dr. Proust on the first line, and Dr. Landouzy on the second line.

TYPHOID FEVER AT SWANSEA.—There are said to be no fewer than 400 cases of typhoid fever in Swansea, and quite a scare prevails among the inhabitants. The outbreak is said to be due to sewage matter being allowed to run from surrounding farms into the reservoirs.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—The annual general meeting, for the purpose of receiving the reports of the council and honorary officers, and electing the office bearers for next session, will take place at the Holborn Restaurant, on Thursday next, at 6 p.m. The members and their friends will subsequently dine together. Professor Corfield has been nominated as the new President of the Society.

ST. ANDREW'S GRADUATES ASSOCIATION.—The annual meeting was held on the 30th of June, at 11, Chandos Street, Cavendish Square. The following office-bearers were re-elected:—Dr. B. W. Richardson, President; Dr. J. H. Paul, Hon. Treasurer, and J. M. Menzies, M.A., Hon. Secretary. The report of the Hon. Treasurer showed a balance of upwards of 90*l.* in favour of the association. A committee was elected to report to the council on legislation as bearing upon the Scottish Universities and upon the University of St. Andrew's in particular.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—The Annual General Meeting will be held in the Examination Hall, Queen's College, Cork, on Tuesday, August 4, 1885, under the presidency of J. A. Eames, M.D., F.R.C.S.I. In the morning the officers for the ensuing year will be appointed, general business will be got through, and a recommendation of the Council in regard to the granting Certificates in Psychological Medicine by the Association will be brought forward. At the afternoon meeting, held at 2 p.m., Dr. Eames will deliver an address, and Dr. Haek Tuke will read a paper on "A Case of Moral Insanity." The Members of the Association will dine together after the meeting.



**THE PREVENTION OF CHOLERA.**—With a view to preventing the introduction of cholera from the Continent, the Town Council of Dover decided at their recent meeting to adopt very strict precautionary measures with regard to importation of rags, &c., from Spain. In case of any such imports being landed they are to be at once destroyed. The Swausea Port Sanitary Authority have issued stringent instructions to the pilots that no vessels having cases of sickness on board are to be admitted into the docks until examined by the medical officer. The customs authorities have adopted the most stringent quarantine precautions.

**FORFARSHIRE MEDICAL ASSOCIATION.**—Dr. Keith Anderson presided at the annual meeting held at Arbroath, on the 2nd instant. The financial position of the Association was satisfactory. The office-bearers for the year ensuing were elected, as also a Council, and local secretaries for the several towns in the county. A paper was read by the President, which led to some discussion, on Neuralgia and Hydrothorax occurring in his practice. In Montrose the next meeting of the Association was appointed to be held.

**THE FIFE LUNACY BOARD.**—It is somewhat refreshing now-a-days to hear of such an exceptionally prosperous career as that of this Board. According to an announcement made by the clerk at a meeting of the Board, held at Cupar, on the 30th ultimo, 6,693*l.* was the credit balance at the Board's bankers, notwithstanding the discussions and efforts made to reduce it, covering a period of several years. The balance at one time exceeded 7,000*l.*, and, as will be seen, it has not been appreciably affected by the renewal of the deliberations upon the subject.

**THE ALBANY MEMORIAL HOSPITAL.**—On Saturday last the Albany Memorial wing of the National Hospital for the Paralysed and Epileptic, was declared open by the Prince of Wales. Towards the close of the ceremony, the Princess of Wales received a number of purses in support of the building fund. A concert was held in the evening. The collection of the day, including the sum of the presentation purses, amounted to upwards of 1,000*l.*

**CONVALESCENT HOME FOR SCARLET FEVER, STANMORE.**—Miss Mary Wardell, on the approaching first anniversary (the 14th inst.) of the opening of her home, at Stanmore, appeals to the public to commemorate the anniversary by "Birthday presents" to the home, of annual subscriptions, donations, or articles of furniture, toys, games, &c., especially anything for outdoor use. It appears 5,000*l.* is required to complete the home for its full complement of patients, and to carry it on an annual income of subscriptions of 500*l.*, in addition to the receipts derived from patients' payments.

**FEVER AND SMALL-POX IN THE METROPOLIS.**—At the meeting of the Asylums Board on Saturday, the returns of fever cases in the Board's asylums showed that there were 244 cases under treatment, as against 245 a fortnight ago. In regard to small-pox, 233 cases had been admitted during the fortnight, as against 378 a fortnight ago, and there were 852 in the asylums and camp as against 1,145 at the date of the last report.

**DISFRANCHISEMENT FOR MEDICAL RELIEF.**—It is stated that immediately after the Chancellor of the Exchequer on Tuesday night intimated a disposition to offer facilities to Mr. Jesse Collings to forward the Medical Relief Bill, Mr. J. G. Talbot blocked the measure. Mr. Jesse Collings, M.P., replying to a resolution of the Leicester Liberal Association, strongly condemning the proposed disfranchisement by medical relief, and referring to his own measure on the subject, writes:—"I shall lose no opportunity of pressing the matter forward, and I trust we shall be able to bring such pressure to bear on the Government that the measure will become law even at this period of the session, and the monstrous injustice involved in the amendment of the House of Lords be remedied. It cannot be endured that poverty should be made a crime to be punished by loss of the rights of citizenship." The Earl of Kimberley, in replying to the same resolution, says: "I beg leave to say that I voted in favour of the clause in the Registration Bill rejected by the House of Lords, and shall continue to support the

removal of the disqualification of voters by the receipt of medical relief."

**AN IRISH VIEW OF THE LAST MEDICAL BILL.**—At the election of Parliamentary representatives of the Dublin University on the 30th ultimo, Dr. Edward H. Bennett, who supported the candidature of Mr. Plunkett, took occasion to say that, "Every one familiar with medical topics knew well the distress that the medical profession had recently been in—that, in fact, it had only just floated above water. But this they had to congratulate themselves upon, that in the coming session they should have the support, and perhaps more influential support in consequence of their present positions, of their two last representatives in maintaining the status of the corporations in the profession, and putting aside what they could characterise as an attempt at legislation by destruction. The last efforts, as far as they were proposed, were merely proposals to destroy everything good in the profession for the purpose of seeing what good would come out of the ruin. He thought they might safely say that David Plunkett, and the Lord Chancellor in his position as Cabinet Minister, would help to avert such ruin as that, and he thanked them on the part of the medical profession for their constant attention to its interests."

**THE REUBEN HARVEY MEMORIAL PRIZE.**—The first triennial award of this prize has just been made. The prize was founded by subscription in 1882 in memory of Dr. Reuben J. Harvey, a Doctor of Medicine of the University of Dublin and a Fellow of the King and Queen's College of Physicians in Ireland, who died of typhus fever caught in the discharge of his duties as one of the physicians of Cork Street Fever Hospital, Dublin, on the 28th of December, 1881, in the thirty-sixth year of his age. Dr. Harvey was rapidly making a reputation as a physiologist at the time of his death, and the prize was established with the two-fold object of perpetuating his memory and of encouraging original research in the department of physiology. It is to be awarded once in every three years to the writer of the best essay on a subject selected by the candidate, evidencing original research in animal physiology, including pathology, the essay to be illustrated by drawings or preparations. On the present occasion only one essay was sent in, by an author under the *nom de plume*, "*In cute curanda plus æquo operata juvenus*." The subject selected by him was "The Changes occurring in the Skin in some forms of Disease." The examiners for the Prize—Dr. Walter G. Smith, acting on behalf of the President of the King and Queen's College of Physicians, and Mr. Phineas S. Abraham, acting on behalf of the President of the Royal College of Surgeons in Ireland—reported most favourably of the essay, which was illustrated by 59 microscopical sections and several original sketches. Accordingly the Presidents of the Colleges awarded the prize, the value of which is 20*l.*, to Mr. Henry T. Bewley, Bachelor of Medicine and Bachelor of Surgery of the University of Dublin, who proved to be the writer of the essay.

**THERAPEUTIC PROGRESS.**—In his presidential address, at the annual meeting of the Birmingham and Midland Counties Branch of the British Medical Association, Dr. Sawyer (*vide Birmingham Medical Review* for July), after pointing out the difficulties that beset therapeutic progress and the conditions necessary for its attainment, concluded as follows: "There is another condition of our work in the treatment of disease about which there has been much misconception, but about which we can scarcely miss agreement if we weigh the case carefully. It is this: whether we like it or not we must be mainly empirics in our practice. We must not be above being empirics. I do not mean empiricism in any bad sense of the word. I do not mean that there is any real opposition between true empiricism and scientific practice. The great bulk of our therapeutic knowledge is as yet empirical, and as empirics, though as rational and scientific ones, we must administer it. By this empiricism I mean, and mean only, a knowledge which is founded upon experience. I mean a knowledge which grows from and with experience, and which is in this sense empiric, however scientifically it be



applied. In much of our therapeutic work it is experience which prompts our action whilst experience alone can test our results. Much of what we do we cannot explain, in the scientific meaning of the word explanation, so we lean upon experience, and trust with an empiric faith much that we know to be true though we cannot understand it. We expect much of further gain to our art from the discoveries and developments of physiological research into the actions of medicines, and such research has already given us some valuable remedies, which an *a priori* reasoning has applied in practice and which experience has confirmed. . . . Progress has two sides. It advances with a double front, by the discovery of the unknown and by the perfection of the known. What the unknown has in store for us we cannot say, but a mine of therapeutic progress lies ready at our hands in the perfection of the remedies we already know. At the perfection of the known we can all work and none shall miss his prize. The discovery of the unknown bears fruit late, seldom, never, and splendid; the perfection of the known bears fruit at once, always, continuously and in bushels.

**CHARING CROSS HOSPITAL MEDICAL SCHOOL.**—On Friday last (July 3) Sir Richard Temple presided at the distribution of medals, prizes, and certificates gained during the summer and winter sessions by the students of the Medical School connected with the Charing Cross Hospital. The ceremony took place in the lecture theatre of the institution in Chandos Street. From the dean's report it appeared that 60 new students were admitted last year, as compared with 50 during the previous twelve months, whilst the total number now on the roll was 180. The Llewellyn scholarship was awarded to W. J. Colborne, who also won the governor's clinical gold medal and the Pereira prize; and the Golding Scholarship was obtained by R. E. Fasnacht. Sir Richard Temple commented upon the general efficiency of the Charing Cross Hospital and School, and remarked that it must be satisfactory to every true-hearted philanthropist.

**THE ADELAIDE HOSPITAL, DUBLIN.**—The annual meeting at the close of the summer session was held last week in the theatre of the hospital, when the prizes were awarded to the successful candidates. The chair was taken by Lord James Butler. The closing address of the season was delivered by Dr. Purefoy, who called attention especially to the anti-septic method of treating wounds which was now so fully carried out in the surgical department of the hospital, and which had yielded brilliant results. In the Adelaide Hospital they had now the means of manufacturing the materials and solution used for the carrying out of the anti-septic method, and since they had done so they had obtained even better results than formerly. The prizes distributed included the Hudson Scholarship (gold medal and 30*l.*), awarded to Mr. George T. Revington, B.A., and the Hudson Prize (silver medal and 10*l.*), to Mr. J. Darley Wynne, B.A.

**THE GREAT ORMOND STREET HOSPITAL.**—Subject to the deduction of some small amount for expenses, a sum of 842*l.*, the result of the concert given by Madame Cellini, on the 25th ult., on behalf of the Hospital for Sick Children, Great Ormond Street, has been handed to the committee of the hospital.

**POOR LAW MEDICAL OFFICERS' ASSOCIATION.**—A meeting of the Association will be held at Cardiff during the meeting of the British Medical Association, to which all Poor Law Medical Officers and others interested in the subject are earnestly invited to attend, as matters of great importance in reference to the future of Poor Law Medical Officers will be discussed. Mr. Wickham Barnes, the Honorary Secretary of the Association, has announced that he would feel obliged if, prior to the meeting, every Poor Law Medical Officer throughout the Kingdom would send him a post-card stating "Yes" or "No," as regards their approval of the Lords' amendment in reference to Poor Law Medical Relief.

**ERRATUM.**—In *Medical Times* for July 4th, 1885, page 31, line 17 in first column, for "St. Mark's" read "St. Mary's Hospital."

## APPOINTMENTS.

**BARROW, FREDERICK, M.R.C.S. Eng., L.S.A. Lond.**—Medical Officer to the Rothbury West District, Rothbury Union, *vice* Mr. John Todd.  
**BRAMWELL, H., M.B.**—House Surgeon to the Newcastle-on-Tyne Infirmary, *vice* J. Waldy, M.R.C.S., L.R.C.P., who has been promoted to the Office of House Physician.  
**CHADWICK, GEORGE FREDERICK, L.R.C.S. and L.R.C.P. Edin.**—Medical Officer to the Codford St. Peter District, Warminster Union, *vice* Mr. Isaac Flower, resigned.  
**GARSTANG, E. M., M.R.C.S., L.R.C.P.**—Honorary Surgeon to the Bolton Infirmary and Dispensary.  
**LANE, JOHN WILLIAM, M.D. St. Andr., L.R.C.S. Ire.**—Medical Officer to the Workhouse, Clun Union, *vice* Dr. Lemon, resigned.  
**LEEMING, ROBERT W., M.R.C.S. Eng., M.B. Camb., L.S.A. Lond.**—Medical Officer to the Kendal District and to the Workhouse, Kendal Union, *vice* Mr. R. T. Leeming, deceased.  
**MAWBEE, WILLIAM GEORGE, L.R.C.P. and L.R.C.S. Edin.**—Medical Officer to the Blisworth District, Towcester Union, *vice* Mr. William T. Popplewell, resigned.  
**O'MEARA, JOHN BRETT JOHNSTONE, L.R.C.P., L.R.C.S., and L.M. Edin.**—Medical Officer to the Sutton Bridge District, Holbeach Union.  
**ROYLE, JOHN FREDERICK S., M.B., C.M. Aberd.**—Medical Officer to the Polesworth District, Atherstone Union, *vice* Mr. Mark Hales, resigned.  
**THORP CHARLES WILLIAM, F.R.C.S. and L.K.Q.C.P. Ire.**—Medical Officer to the Workhouse, Todmorden Union, *vice* Dr. W. Thompson, deceased.  
**THURSTON, EGAR, L.R.C.P., L.S.A.**—Superintendent of the Presidential Museum, Madras.

## VACANCIES.

**ERPINGHAM UNION.**—Medical Officer for the Cromer District, in succession to Mr. R. McKelvie, resigned. Area, 8,818 acres. Population, 4,090. Salary, £66 per annum.  
**HENDON UNION.**—Medical Officers. (*For particular see Advertisement.*)  
**HOLBEACH UNION.**—Medical Officer for the Luton District, in succession to Mr. J. E. Smith, resigned. Area, 14,642 acres. Population, 2,675. Salary, £37 10*s.* per annum.  
**HUNTINGDON COUNTY HOSPITAL.**—House Surgeon. Salary, £60 with rations. Candidates must be qualified in Medicine and Surgery. Testimonials to the Hon. Secretary, on or before July 13th.  
**MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT.**—Medical Officer. Salary, £40 per annum, with board, apartments, and washing. Candidates must be qualified and registered. Applications, with copies of testimonials, to be sent on or before July 31st.  
**MANCHESTER ROYAL INFIRMARY, DISPENSARY AND LUNATIC HOSPITAL, ETC.**—Honorary Obstetric Physician. (*For particulars see Advertisement.*)  
**RUGBY UNION.**—Medical Officer for the Rugby District and the Workhouse, in succession to Mr. G. J. Sadd, deceased. Area, 10,030 acres. Population, 12,492. Salary, £50 per annum. Salary for Workhouse, £50.

## DEATHS.

**BARKWAY, F. T., M.R.C.S., L.S.A.,** at Grove House, Lavenham Suffolk, on July 5, aged 59.  
**CHEPMELL, E. C., M.D.,** at Florence, on June 24th, aged 65.  
**DALE, GEORGE THOMAS, L.S.A.,** at 8, Pembridge Place, Bayswater, W., on July 6, in his 86th year.  
**DEMPSTER, CHARLES CARROLL,** Deputy Surgeon-General, Army Medical Department, at Tramore, County Waterford, on June 20th, aged 51.  
**HIND, G. W., F.R.C.S.,** at 184, Euston Road, on July 4th, in his 84th year.  
**KEMP, GEORGE, M.D.,** at Ivy Cottage, Pilton, Barnstaple, on June 28th, aged 77.  
**MANBY, F., F.R.C.S.,** at East Reedham, Norfolk, on June 30th, aged 74.  
**SKEEN, ANDREW,** Surgeon-Major, at Kassauli, Punjaub, India, on June 10.  
**WOOD, ARTHUR, M.D.,** at 12, Philbeach Gardens, Earl's Court, on July 7, in his 80th year.

## NOTES, QUERIES, AND REPLIES.

### A PHYSICIAN WANTED.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—The city of Truro is in the centre of the population of the county of Cornwall, which population numbers about 330,000 persons. The city of Truro itself contains 11,000 persons, and within a few miles there is a population not far short of 80,000 souls. For many years Truro always had *three* physicians resident therein, but of late two only. Of these two, one has recently died, greatly respected, at the ripe old age of 80 years, and the last surviving physician is now 70 years of age. He has just retired, in consequence of advancing age, from the post he has long held with so much credit to himself as the honorary physician of the Royal Cornwall Infirmary. This noble institution is therefore at the present time *without a physician*, although there are probably 50 or 60 in-patients in the house,



to say nothing of the out-patients, which far outnumber those maintained within the walls. I may add that the income of the Infirmary was never greater than it is at the present moment. The office of physician and surgeon of the Royal Cornwall Infirmary has always been an honourable, and hitherto much-coveted office, and it does therefore appear inexplicable that no one has applied for the office known to be vacant. No one will deny that the position of a physician is a highly honourable one. Men skilled in the art of healing, whether physicians or surgeons, have always, in this and other countries, been held in high estimation. The study of physic is one sure to command respect, and, speaking for myself and many others, I can confidently state that a physician of good acquirements, with good tact and comely presence, combined with a sincere desire to do good in his generation, would command and receive a kindly greeting in the good city of Truro. I may add that within my own knowledge fees of £10, £15, £25 and even £50 have been paid of late to have the opinion of men of good position supposed to be well versed in the healing art.

I am, Sir, yours, &c.,

A FATHER OF A FAMILY.

Truro, July 4th, 1885.

#### COMMUNICATIONS RECEIVED—

Prof. GAIRDNER, F.R.S., Glasgow; Mr. E. WHITE WALLIS, London; THE EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, Chicago; Dr. R. NEALE, London; Mr. J. H. MORGAN, London; Dr. J. A. COUTTS, London; THE SECRETARY OF THE DENTAL HOSPITAL MEDICAL SCHOOL, London; Mr. J. T. W. BACOT, Seaton, Devon; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; Mr. ROBERT JONES, Liverpool; Dr. J. WARD COUSINS, Portsmouth; THE SECRETARY OF THE LOCAL GOVERNMENT BOARD, London; Dr. EDWIN PAYNE, Lewisham; Dr. SIDNEY COUPLAND, London; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; THE SECRETARY OF THE DEVONSHIRE HOSPITAL AND BUXTON BATH CHARITY, Buxton; THE REGISTRAR-GENERAL FOR ENGLAND, London; Mr. J. M. MENZIES, London; Dr. CHOLMELEY, London; Mr. LAWSON TAIT, Birmingham; THE SECRETARY OF THE SOCIETY OF MEDICAL OFFICERS OF HEALTH, London; THE SECRETARY OF THE ROYAL INSTITUTION, London; THE SANITARY COMMISSIONER FOR THE PUNJAB, Lahore; Messrs. McDougall, London; OUR GLASGOW CORRESPONDENT; Dr. MERCIER, Watford; Dr. MAXWELL, Woolwich; Dr. RAYNER, Hanwell; Mr. HEARD, Truro; Mr. C. B. PLOWRIGHT, King's Lynn; OUR DUBLIN CORRESPONDENT; Dr. T. ORME DUDFIELD, London,

#### BOOKS RECEIVED—

Report on the Epidemic of Typhoid Fever at Plymouth, Luzerne County, Pa. By M. S. French, A.M., M.D., Etc.—Dust and the Dustbin, by Mrs. Sheil—How to Avoid being Drowned, by F. W. Brewster, M.A.—Von Ziemssen's Handbook of General Therapeutics, Vol. II.—The Anatomy of the Intestinal Canal and Peritoneum in Man, by Frederick Treves, F.R.C.S.—Transactions of the *Sei-i-Kikai*—Report on the Health, Sanitary Condition, etc. of Kensington, May 24 to June 20, 1885—Stone in the Bladder, by R. Harrison, F.R.C.S.—Retrospect of Medicine, Vol. XCI.—Shall we Hang the Insane, etc., by Clark Bell, Esq., of New York—Lectures on the Diagnosis of Diseases of the Brain, by W. R. Gowers, M.D., F.R.C.P.

#### PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Revue Médicale—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—The Hospital Gazette—Revista de Medicina—Archives of Pediatrics—Glasgow Medical Journal—Birmingham Medical Review—The British and Colonial Druggist—The American Eagle—Canada Medical and Surgical Journal—The Australian Medical Gazette—The Medical Chronicle—Revista dos Cursos Práticos e Teóricos—The Practitioner—The Dublin Journal of Medical Science—Journal of Anatomy and Physiology—The Morningside Mirror.

### HOSPITAL OPERATING DAYS.

**Monday.**—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.

**Tuesday.**—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

**Wednesday.**—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

**Thursday.**—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

**Friday.**—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

**Saturday.**—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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# MEDICAL TIMES

AND GAZETTE.

No. 1829.

LONDON, SATURDAY, JULY 18, 1885.

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## LECTURES ON SOME OF THE DISTINCTIVE CHARACTERS OF DISEASE IN EARLY LIFE.

GIVEN AT THE HOSPITAL FOR SICK CHILDREN,  
GREAT ORMOND STREET.

By OCTAVIUS STURGES, M.D., F.R.C.P.,

Physician to the Hospital.

### LECTURE IV.

#### *Tuberculosis.*

HAVING spoken of infantile spasm and convulsion, it would have been of interest next to compare the nervous disorders of infancy with those of childhood; to notice how, along with the development of mental and bodily activity, new forms of functional disease appear, taking shape and colour from the natural characteristics of their subjects, until, little by little as life advances, the affections of childhood get transformed into the more abiding but strictly analogous affections of men and women. But time gives no opportunity for this, and in dismissing the subject

of nervous disorders in early life, and turning to the consideration of tuberculosis, I would only ask you to bear in mind how vast and varied is the field which they occupy, and how dim, partial and insufficient the light which morbid anatomy affords.

Tuberculosis, as I have more than once reminded you, is the central feature of children's disease. Amongst the poor, at least, it is the great enemy of child-life. No one, therefore, who attempts to speak, however cursorily, of the distinctive characters of disease in early life can afford to pass it by. Yet the subject is so encompassed with difficulty, and just at present, the particular point which is attracting attention—the relation of tubercle to micro-organisms—is (or ought to be) so entirely in the hands of a few trained observers, that it is impossible to approach it without apology. In what I have to say to-day I shall confine myself to the clinical aspects of the affection, to its comparison with the tubercular development of later life, and to certain considerations in reference to the cause, distribution and symptoms of tubercle which cannot but be important factors in determining its pathology and directing its treatment.

It is in early life that tubercular development shows its greatest activity and widest extension. The earlier the life the more generalised the tubercle, and the less its association with destructive changes. As time goes on tubercle more and more tends to the lungs, its nervous symptoms become less prominent, and its



exciting causes less obscure.<sup>1</sup> Infantile tuberculosis, moreover, exhibits along with its generalness (in what precise relation to the tubercular development is matter for question), that which is, in a measure peculiar to it. I mean enlargement and cheese-like degeneration of the lymphatic glands, a condition which, although mostly out of sight, may be safely predicted whenever tubercle itself can be predicted.

In its typical completeness tuberculosis invades every tissue and organ of the body, being co-extensive with those adenoid bodies which are supposed to pervade the connective tissue skeleton, and whose hyperplasia is the hypothetic structural basis of the disease. Yet, clinically speaking, the chief seats of activity of tubercle—the places, I mean, where the occurrence of inflammation is apt to indicate it during life—are the brain, the lungs, the peritonæum and the small intestine. Thus tuberculosis comes to resemble certain general diseases which have some particular local manifestation, and like them, it will often display symptoms which call off the attention from the prime source and origin of mischief, and fix it upon some single seat of trouble. Just as we may mistake a pneumonic consolidation, which is in fact part of enteric fever, for a simple pneumonia; or pulmonary œdema, which is part of a general dropsy, for simple bronchitis; just so, only much more easily and excusably, may we mistake tubercular for simple inflammation. Herein lies the main difficulty of tuberculosis from the diagnostic point of view. It is a general disease; it shows as a local inflammation. Hence it is that, mindful of the extreme liability to tubercle in early life,<sup>2</sup> we are always on the look-out for it, knowing that it may be lurking behind the commonest affections. If infantile bronchitis be prolonged, if diarrhœa, or vomiting, or night-fever persist, or the child without obvious cause lose cheerfulness or appetite, in all such cases, notwithstanding that such ailments are common with all children, we begin to make enquiry for some of the special signs of tubercle development, wasting or sweating or grinding the teeth in sleep, and so forth.

Perhaps the best illustration of the diagnostic difficulties of tuberculosis, as well as of its varieties at different periods of life, is to be found in its near resemblance, both in childhood and in youth, to enteric fever. In the child enteric ulceration is one of the commonest associations of acute tuberculosis, and in the abdominal distension, indefinite mode of onset and general languor, its likeness to typhoid is intimate. There is besides the same tongue, the same splenic enlargement, even it may be the spots and the characteristic typhoid evacuations. It is true that the bodily heat in tuberculosis is less than is commonly found in typhoid, and that the course of the temperature is less definite. But such differences are not constant or reliable, and at the outset an indefinite typhoid in a young child can never be certainly known as not tuberculosis, a regrettable perplexity, since the one is almost certain to recover and the other to die.

And in youth as well as childhood tuberculosis may closely resemble enteric fever, but not quite in the

same way, for the tuberculosis of adolescence has already begun to contract its area and to tend towards the lung. Hence it will not be by abdominal symptoms that the resemblance will be made, nor yet of necessity by pulmonary, for disseminated miliary tubercle in the lungs may give no physical sign whatever, but rather by the pyrexia and daily increasing prostration. And inasmuch as acute tuberculosis after childhood is a comparative rarity, the liability to error is here far greater than in the former case, and the actual fact is that such attacks are very commonly misapprehended up to the time of death.

But, in the case of children, this obscurity seldom lasts to the end. The earlier symptoms may have been abdominal or pulmonary, indistinguishable from enteric fever or from simple broncho-pneumonia; but the time presently comes when, by their endurance and by the wasting of the body and night-sweats, we are assured that the inflammation has a tubercular basis. Not only so, but however little there may have been of such symptoms during the illness, it is but seldom that the end comes without signs of cerebral disturbance, sickness, or vomiting, or convulsion, or coma or any of these. Thus a disease which may be absolutely undiscernable at the outset becomes obvious enough when there is no longer any use in recognising it.

It is remarkable that the extreme liability to general tuberculosis concerns the very same age that is most exposed to spasm and general convulsion from trivial and unexplained causes, altogether apart from tubercle. There is a time of life somewhere between four and five which marks abruptly the period at which tubercular development undergoes a marked abatement. At this hospital the children dying of tuberculosis under five years old are to those so dying above that age in the proportion of nine to two; a calculation, it must be remembered, which without doubt understates the actual infant mortality of the disease owing to our very sparing admission of infants. In a large majority, as I have before mentioned, there is no tubercular parentage to account for this large death-rate.<sup>3</sup> Yet from their very early decline, from the deaths of many who are but a few weeks old, it would seem as though the tubercular process—whatever that may be in its early stage of development—were called into activity at the very commencement of extra-uterine life.

It is difficult, of course, to estimate the share in this high and early mortality which is due to neglect and ill living and other circumstances of poverty. There is urgent need of accurate statistics upon this point as regards the well-to-do. Still, with whatever difference between classes, it is but too certain that the infant mortality from tuberculosis in this country is prodigious, and that inheritance is quite insufficient to account for it. Large numbers are born to die. The conditions of independent existence, such atmospheric exposure and such functional activity as life implies, become at once sources of injury and irrita-

<sup>1</sup> One hundred and four tubercular children taken in succession, give 24 over 5 years old; 5 of these are examples of induced tubercle following caries and suppuration; in 6 peritonitis was the chief local affection, and in 1, ulceration of the ileum; in 6, the lungs were most concerned, 2 of these being cases of phthisis. In 1 case of meningitis, tubercle was confined to the brain; and in another there was evidence of old as well as new inflammation. There was besides a case of "tubercular kidney." Only 3 of the 24 were examples of general tuberculosis dying with cerebral symptoms after the manner which is so characteristic in the younger children.

<sup>2</sup> In 1,420 deaths at the Hospital for Sick Children, taken without selection and mostly consecutive, there are 434 who died with tubercle, i.e., over 30 per cent. The proportion is very unequal for the several years computed, but, taking these large numbers, the tubercular proportion would seem to be between a third and fourth of the total mortality.

<sup>3</sup> As regards age, 133 consecutive cases of tubercular deaths yield 109 under 5 and 24 above that age. A similar proportion prevails throughout. As regards inheritance, in a series of 95 consecutive deaths of tubercular children (Vol. ii., P.M. and Case Book) no family history could be obtained in 34. Of the remaining 61, the father was phthisical in 3, the mother in 6, both parents in only 1, there was phthisis in the father's family in 9, in the mother's family in 6, both parents were healthy in 28; the remaining 8 were uncertain. In a second series (Vol. iii.), 30 children dying of tuberculosis have one parent phthisical (father or mother) in 5 instances, and phthisis in the family of one parent in 4 instances, there are 21 with no phthisis whether parental or otherwise. In a third series (Vols. iv. and v.), where doubtful cases and cases of distant phthisis are neglected, 113 children dying of tuberculosis have one parent with phthisis in 21 instances and both parents ascertained to be healthy in 58. There are many causes to militate against the perfect accuracy of such statistics, but allowing full margin for error, it may yet be asserted that inheritance is but a small factor in the large mortality of young children from tuberculosis.



tion. These children are in precisely similar plight with those whose inspiratory efforts are too feeble to keep the lungs inflated, or those, again, whose reflex excitability is so extreme that common sensation is converted into spasm. We have here, in the language of Niemeyer, as applied by him to the lungs, the utmost degree of "vulnerability." The children are doomed at birth, and they set about the process of tubercle development so soon as they are separated from the parent.

And, under the same figure and with the same authority, we recognise lesser degrees of vulnerability; and we recognise, moreover, the lessening of susceptibility in this respect (be it more or less) as life goes on, which is a law of nature. There is the child of capricious appetite and eager, variable temper, easily upset, often feverish and restless at night, and apt to sweat about the scalp, and to grind its teeth in sleep. With them the continuance of life is largely dependent on the intelligent vigilance of those who can interpret such signs and discern from time to time the particular direction whence danger threatens. To these children the common incidents of life, pressing now from this quarter and now from that, are all perilous. They have to face in turn the troubles of teething, the effort and excitement of mental training and the deteriorating influence of certain childish affections, notably of measles and whooping-cough.<sup>4</sup> With care and good fortune these dangers are successively overcome. The morbid susceptibility both lessens and narrows. It is less easily aroused, and it concerns fewer organs; until presently the age is reached when for the first time life becomes secure. Yet there is no period of absolute immunity from tubercle. The long continuance of empyema or other suppuration, the occurrence of measles or whooping-cough, or even of typhoid fever, these and other accidents may induce tuberculosis which would not otherwise have occurred. Thus we are all under the possibility of tubercle; some will only succumb to it under extra and special inducement; some only with care escape; and a large number are fore-doomed, be the circumstances what they may.

Owing to the manner of its distribution, tuberculosis comes naturally to be regarded as a child's disease. Yet the law that throughout I have been insisting on still holds good, that there is nothing in childhood which may not be repeated in after life. The age does no more than to shape expectation. Thus, anyone observing a child in convulsion or coma would at once be reminded of tubercle, whereas no such thought would occur on seeing an adult in like condition. And yet men and women may have general tuberculosis as well as children, and, like them, its active development may be cerebral and not pulmonary.

I have before me a striking example of this kind. It is that of a young woman of 19 who was admitted into the Westminster Hospital, under my care, some three years ago. She was then unconscious, had strabismus, and unequal pupils, and what little nourishment she could be got to swallow was not retained. She had been acutely ill for only ten days, sickness being the most prominent symptom. There was no wasting about the body or other indication of long illness. She quickly died without recovering consciousness. *Post-mortem* miliary tubercle was found occupy-

ing the lungs,<sup>5</sup> peritonæum, and spleen, while the ileum was acutely inflamed and had two small ulcers near the ileo cæcal valve. The condition, remarkable at her age, was, in fact, precisely that which is so common in children, and from the symptoms it would have been immediately suspected had the patient been ten years younger. As regards the brain, however, it was observed that, although the pia mater was markedly injected, no tubercle was discovered in this situation. In the substance of the pons varolii, however, two roundish bodies were found, something smaller than hemp-seed, which, on examination, presented all the microscopic characters of tubercle.

In such ways, whether from the age of the patient or the misleading character of the symptoms, we may encounter tubercle without suspecting it. But so ever-present to the minds of those who have to deal with children is the presence and insidiousness of tuberculosis that we are perhaps more exposed to the opposite error: to suspect tubercle where there is none. Especially is this the case when the occurrence of cerebral symptoms in childhood suggests the most common and characteristic of all the modes of tuberculosis. And hence arises this strange dilemma: the more elaborate and comprehensive our descriptions, the more fully we seek to warn the student against overlooking the earliest evidences of meningeal tubercle, the more are we compelled to dwell upon ambiguous symptoms, upon what is sometimes tubercle indication and sometimes not, attributing here or there a significance which is more express and definite than the facts warrant.

There is no more graphic description of acute hydrocephalus than that of Dr. West, who divides it into three stages, and enters with much minuteness into those earlier nervous symptoms which are apt to be overlooked. But the difficulty is to fit the symptoms to the anatomy of the disease, to say what condition of brain or of membranes coincides with each of these stages respectively. What are the life signs of actual tubercular development, what of hyperæmia or of inflammatory exudation, and what is the relationship and order of procession of these several phenomena? All that we know is that a child may fulfil the symptoms of the first stage, and even of the second, and then recover; and that, fulfilling all the stages and dying, it by no means follows that any tubercular growth, or even that recent inflammation shall be found *post-mortem*. In fact, no more is signified for certain, even by the later symptoms, such as retraction of head, strabismus and repeated convulsion, than a condition of cerebral irritation, to which it is clear, both from the fact of recovery in some instances and the fact of death without either tubercle or new inflammation in others, no more precise definition can be given.<sup>6</sup>

We have, in fact, ample authority (derived from the

<sup>5</sup> Anatomically there is practical equality of tubercular invasion in early life between the brain and lungs, the peritonæum being far behind. But it is to be noticed that while the brain is sometimes free, and sometimes meningitis is found but no tubercle, it is very rarely indeed that the lung escapes altogether; where there is no tubercle there will be pneumouia and enlarged, perhaps caseating, glands. I find but one out of 65 consecutive cases of tubercle where the lungs are natural. It is one of peritonitis, presumably tubercular. (No. 82, Vol. v., P.M. and Case Book.) Thus, the liability of the lung in tuberculosis, which is so obvious a fact with the adult, is true of the child also, although less apparent clinically than anatomically.

<sup>4</sup> The injurious influence of measles is especially worthy of notice, and comes out in strong relief on perusing a large number of cases consecutively. It is very common to find children, who up to the time of an attack of measles have been strong and healthy, dating their tubercular decline from that event or from the bronchitis which succeeds it. Numerical computations upon this subject are not easy, because the examples cannot be taken consecutively owing to the common practice of leaving negative facts unrecorded. Yet the circumstances are such as would lead me to lay special stress, in the many cases of doubt, upon the absence from the patient's history of three of the great factors of tuberculosis—measles, whooping-cough, and tubercular inheritance.

<sup>6</sup> A child, aged 4, had daily convulsions and vomiting with retracted abdomen and progressive wasting. Later, strabismus and unequal pupils were superadded. After about 6 weeks of such symptoms, which were now better and now worse, the child began to mend, and two months after the first seizure all cerebral symptoms had disappeared. The patient, now recovering, caught measles, and of an intercurrent attack of bronchitis connected therewith, died less than a fortnight after the disappearance of the nervous symptoms and without any return of them. *Post-mortem* there was no tubercle either in the brain or elsewhere, and no sign of inflammation past or present. (Vol. i., p. 649, P.M. and Case-Book.)



records of this hospital for the last 25 years) for saying, first, that children with symptoms taken for tuberculosis—and the statement need not be limited to the brain alone—will sometimes recover, contrary to expectation and contrary to their common rule, and sometimes they will recover from a first and die in a second and precisely similar attack; secondly, that children with symptoms taken for tuberculosis during life, and dying just as the tubercular do, will sometimes fail to exhibit any grey granulations whatever, while sometimes (as in the case just related), although granulations appear elsewhere, there will be none at the seat of active inflammation, the place, that is, to which the symptoms pointed, the organ through whose disorder the patient died.

Now, as a way out of this difficulty, in so far as it concerns hydrocephalus, it is maintained by some high authorities that there is a spurious as well as a real hydrocephalus, an affection to which Dr. Marshall Hall gave the name "hydrocephaloid disease," which arises from different and, indeed, quite opposite causes, which needs a perfectly different treatment, yet which the nicest discrimination hardly enables us to separate from the condition it simulates.

I would ask you on every ground, both logical and pathological, to reject this "spurious hydrocephalus" as an unreal shelter. There is no room for it either in physiology or therapeutics, and in morbid anatomy it does not even claim a place. The old notions of the overfed and actively inflamed brain, and the underfed and anæmic brain—of "depletion," curative up to a certain point, and injurious afterwards—all this has ceased to be. Modern treatment in discarding altogether the depletion of little children suffering meningitis by means of bleeding and mercury has taken away whatever appearance of reality "spurious hydrocephalus" ever possessed. And if all similar phraseology were banished along with it—"spurious croup," "spurious whooping-cough," "bastard pneumonia" and the like—we should all be the gainers. Acute hydrocephalus is acute meningitis, and where it is wrongly attributed owing to the misinterpretation of clinical signs it is not the inflammation that is to be blamed, but our own narrow and insufficient definition of its symptoms.

What other solution is possible? When I observe symptoms like meningitis accumulating day by day, symptoms which I have seen and followed to the *post-mortem* room many times, and which books describe to me as the signs of tubercular meningitis, what am I to say of those exceptional examples—of the one case in twenty that recovers? There are but two answers. One is simple meningitis, which is recoverable, is indistinguishable from the tubercular. The other is tubercular meningitis, is itself recoverable in its earlier stages.<sup>7</sup> The whole question, as it seems to me, resolves itself into this: What is the period, and what, if any, are the signs of tubercular development, *when does the tubercle itself come*, and how are the local inflammatory signs (and I would even add the general constitutional signs) related to that event? Keeping to our illustration in acute hydrocephalus, if tubercle be the *cause* of inflammation, then tubercular meningitis must be always and

necessarily fatal; and we err, from time to time, in prognosis from not knowing its proper signs. But if tubercle is a result or part consequence or occasional associate of meningitis, then there is a period in every case of the kind when the inflammation being pretubercular is not necessarily fatal, but sometimes recovers, and sometimes causes death at that early stage.

Shall we say, then, tubercular manifestations, both local and general, precede and herald the actual advent of tubercle; tubercular inflammation may precede tubercular development; the local symptoms, like the constitutional, are at the first but warnings of a tubercular irruption which appropriate treatment, whether by climate, diet or drugs<sup>8</sup> may in certain instances arrest? The statement is one which obviously can receive no direct sanction from morbid anatomy, inasmuch as the cases which it contemplates are precisely those which are removed from that field of observation. Yet it may be true, nevertheless. Let us leave the children for awhile and enquire of older people. Youth may be taken as well as childhood to illustrate the ways of tubercle, and especially of pulmonary tubercle, where there is less of doubt and obscurity than in the case of acute hydrocephalus. A young Englishman born in New Zealand came over to this country to study for the bar. Very soon he began to show tubercular symptoms, cough and wasting and night sweats, with now and again some localized bronchitis. These symptoms persisting, he took alarm and advice, and returned, as he hoped, temporarily to his birth place. Back in New Zealand, leading an outdoor farming life, he got stout and robust, and presently returned to his chambers and student life in Lincoln's Inn. Thereupon, again, comes the wasting and cough and the rest of it, and this time his condition is so grave as to threaten very speedy death. But he is carried on board ship, sails from the country which he is now persuaded is not liveable for him, and once more becomes a strong and healthy man. Here is but one case out of many. It can hardly be doubted that this young man so long as he lived in London was making for tubercle; it can hardly be doubted that he came very near to actual tubercle development; yet it is certain that he managed to escape that final stage, and that sea air and his native climate twice saved his life.

It is the same, I am persuaded, with children and with hydrocephalus. But here the fact is obscured, partly because, until quite recently, meningeal inflammation was so fiercely attacked by bleeding and mercury that the chances of recovery were reduced to a minimum, and partly because the term "spurious hydrocephalus" was applied to those that survived that treatment. Pulmonary tubercle is not put to the same penalty, nor has anyone as yet proposed to call symptoms like those I have just quoted "tuberculoïd," and so the truth is more apparent in the case of the lungs than of the brain. But a more rational treatment, aided or not by the use of drugs, is coming to the rescue of these unhappy babies who are threatened with tuberculosis, and already there are signs that the subjects of meningeal inflammation recover in larger proportion than heretofore.

I have taken acute hydrocephalus for the purpose of illustration as being the most characteristic as well as the commonest form of tuberculosis in young children. But, as you have seen, the symptoms of meningeal inflammation are dubious and equivocal to a degree even beyond what we are in the habit of admitting. The case is much plainer in tubercular peritonitis, for the signs of this inflammation are within

<sup>7</sup> The point at issue concerns the relationship of meningitis to tubercle, a question which is not affected by the observation that the diagnosis of meningitis itself, whether tubercular or not, is not absolutely infallible. Yet in proof not only of the general correctness of diagnosis, but also of the recoverability of meningitis, it is not rare to find *post-mortem* the signs of old meningeal inflammation corresponding to a distinct clinical history of a past attack. I would commend to notice Dr. Goodhart's remarks on this subject: "No doubt," he says, "some of the less severe cases of simple meningitis get well," and he adds an opinion that the error has been "not in the diagnosis, but the too rigid application of the more general rule that meningitis is generally fatal." The same writer is, I believe, equally in the right in declining to assign any precise diagnostic value at present to optic neuritis. "Diseases of Children," p. 395, &c.

<sup>8</sup> I include drugs tentatively in the growing belief that tubercular inflammation in children is sometimes favourably influenced by the employment of the hypophosphite of soda in doses much larger than those which are now official.



sight and touch. In children who are markedly "tubercular," the abdomen will become distended, sometimes it will give signs of fluid, the patients will waste and sweat and have continued pyrexia, and yet a certain proportion of them eventually recover. The name "tubercular peritonitis" is habitually attached to such symptoms; and, in the event of recovery, it is less readily withdrawn than in the other case. For of the inflammation there has been physical evidence, and to speak of simple or idiopathic peritonitis is almost meaningless. Moreover, unlike what happens in meningitis, the several steps in the morbid process are here traceable, from the early hyperplasia of lymphatic glands which is its first starting point. We recognise throughout the structural basis of the affection, and can even define anatomically the precise stage at which recovery becomes impossible.

But upon this branch of the subject—the part played by the lymphatic glands in the so-called tubercular diseases of childhood—there is no room to enter. Had time permitted it could have been shown how the several forms of tubercular phthisis in children, whether thoracic or abdominal, owe some of their distinctive characters to the behaviour of these glands; and especially how empyema, which in early life is sometimes only a form of phthisis, takes its shape in consequence of the intimate histological likeness between pleura and lymphatic glands.

In conclusion, I would direct your main attention to two considerations of the highest practical importance, arising out of the great and difficult subject which has been so inadequately discussed this afternoon. One is the possibility, nay, the probability, that the mortality from tuberculosis in children here in London is in large degree preventable. The other is the uncertainty which must always attend the early diagnosis of tuberculosis, more especially in that cerebral form which is its commonest manifestation in infants, an uncertainty which is not removed by the recovery of the patient.

The enormous mortality of poor children in London concerns chiefly, as I have said, those who are under five years of age; and it is not to be accounted for by inheritance. For a certain proportion of this high death-rate is probable that the health deterioration produced by measles and whooping cough is responsible, and for a further proportion the conditions of London life among the poor. What we want to ascertain is the relative action of these several factors. Considering that many of the circumstances of poverty—such, for instance, as concern food, clothing, and exposure—are much the same both in town and country, it is at least plausible to maintain that one chief agent of tuberculosis, and part cause of the intolerable fatality of the disease in London, is overcrowding and dwelling underground away from the light and the sun—such conditions of living, in a word, as are known to cause tuberculosis in rabbits and guinea pigs. That is the first point; and the second is that when tuberculosis seems already in possession, be the signs those of meningitis, peritonitis, or broncho-pneumonia, a fatal termination is not to be regarded as inevitable. Not only is there a premonition of danger in certain well-known constitutional signs, there is besides a pre-tubercular stage of inflammation capable of recovery, and it may be within reach of drugs, a stage which, so far as acute hydrocephalus is concerned, has hitherto been so hardly dealt with by "antiphlogistics" and "depletion" that the natural tendency to recover (be it more or less) has been under-estimated.

NAVAL MEDICAL SUPPLEMENTAL FUND.—At the quarterly meeting of the Directors of this Fund, held on the 14th instant, Sir W. R. E. Smart, K.C.B., M.D., Inspector-General, in the chair, the sum of 62*l.* was distributed among the several applicants.

## THE USE OF HOMATROPINE AS A SUBSTITUTE FOR ATROPINE IN ESTIMATING LESIONS OF REFRACTION OF THE EYE.

By W. LANG, F.R.C.S. Eng.,

Ophthalmic Surgeon to the Middlesex Hospital; and Assistant Surgeon to the Royal London Ophthalmic Hospital,

AND

JAMES W. BARRETT, M.B.,

Demonstrator of Physiology in King's College and Clinical Assistant to the Royal London Ophthalmic Hospital.

THE great inconvenience which patients experience from the prolonged paralysis of accommodation and mydriasis, which follow the application to the eyes of atropine for the purpose of ascertaining lesions of refraction, has stimulated us to make investigation with a view of ascertaining whether any other agent would answer the purpose equally well, and at the same time minimize the attendant inconveniences.

This preliminary communication is based upon the first set of experiments conducted by us, and as both the primary and check experiments have been uniform in their results, we now feel justified in publishing the results depending on them.

The objection to the use of atropine for the purpose mentioned is, that the accommodation usually remains paralysed after its application for from seven to ten days, and sometimes even longer, so that the determination of a lesion of refraction involves paralysis of the accommodation for seven to fourteen days.

It was required, then, to find an agent which would effect the necessary paralysis in a short time, and the effects of which would rapidly pass off, so that the examination for the purpose of finding the lesion of refraction could be made very shortly after the patient was seen for the first time.

There are, probably, several agents which will effect this purpose, but the one which, from a variety of considerations, appeared to us to be the best is homatropine, which was first introduced to the notice of the English profession by Mr. Tweedy some years since. With respect to the necessity for applying any agent in estimating lesions of refraction we can refer to some experiments made by Mr. A. S. Morton and Mr. J. W. Barrett,\* which show that, without the use of some such agent, retinoscopy gives very unreliable and variable results.

Fifty eyes have been experimented on by us with the view of ascertaining whether this agent is equal to atropine for the purpose mentioned. The notes of the examination of 31 of these are attached. Notes of the remaining 19, which were of the nature of check observations, are not here inserted.

The method of experiment adopted was as follows:—After noting the vision, a solution of homatropine (2 per cent.) was freely applied to the eye, the lids being held apart and the eye bathed in the solution for about half-a-minute. For the majority of cases, after an hour's interval, this proceeding was repeated, but in a smaller number of cases this was not done.

Not less than 15 minutes after the second application (when it was made), retinoscopy was practised at the macula lutea in the usual manner. After this a solution of atropine 0.4 per cent. was applied to the eyes three times a day for four days, and at the end of this time retinoscopy was again practised.

The results given in the two cases were then compared and the vision ascertained whilst the patient was under the influence of atropine.

A consideration of the following tables shows that

\* Paper on Retinoscopy in Press.



very much the same result was given when the 2 per cent. homatropine solution was applied once or twice, and also in the isolated cases where an 8 per cent. solution was used.

The object of the second application was to prevent error which might occur from the washing of the atropine out of the eye in the first application by the tears.

To obviate this washing out we have used a 2 per cent. solution of pure homatropine in castor oil. This we find answers perfectly, as it does not give rise to oil globules on the cornea like the vaseline ointment, or preparation of homatropine, and at the same time does not leave the conjunctiva so soon as a watery solution. As a rule, too, but one application is required.

Number of Eye.	Age of Patient.	Preliminary Vision.	Mode of Application of Homatropine.	Results given by Retinoscopy under Homatropine.		Mode of Application of Atropine.	Results given by Retinoscopy under Atropine.		After Vision under Atropine.
				Vertical.	Horizontal.		Vertical.	Horizontal.	
1	13 years	$V = < \frac{6}{60}$	3 Applications of a .8 per cent. solution in one hour	D. - 2.75	D. - 2.75	Application of a .8 per cent. solution 3 times a day for 4 days	D. - 2.5	D. - 2.5	$Vc - 2.5.D. = \frac{6}{9}$
2	13 "	$V = < \frac{6}{60}$	"	- 2.75	- 2.75	"	- 2.5	- 2.5	$Vc - 2.5.D. = \frac{6}{9}$
3	19 "	$V = < \frac{6}{60}$	1 Application same solution	- 3.25	- 2.5	"	- 3.25	- 2.5	
4	11 "	$V = < \frac{6}{60}$	"	- 3	- 3	"	- 2.75	- 2.75	
5	16 "	$V = < \frac{6}{60}$	1 Application of a 2 per cent. solution	-15	-14	"	-14	- 13	Results difficult to obtain, on account of some irregular astigmatism
6	16 "	$V = < \frac{6}{60}$	"	-14	-13	"	-13	- 12	
7	26 "	$V = \frac{6}{12}$	"	+ 1.5	+ 1.5	"	+ 1.5	+ 1.5	$Vc + 1.D. = \frac{6}{12}$ Some irregular astigmatism. Result only approximate $Vc + 1.D. = \frac{6}{12}$
8	26 "	$V = \frac{6}{12}$	"	+ 1.5	+ 1.5	"	+ 1.5	+ 1.5	
9	32 "	$V = \frac{6}{12}$	"	+ 3	+ 3	"	+ 3.25	+ 3.25	$Vc + 3.D. = \frac{6}{6}$ partly
10	32 "	$V = \frac{6}{12}$	"	+ 3.5	+ 3	"	+ 3.75	+ 3.25	$Vc + 3.D. = \frac{6}{6}$ partly
11	6 "	$V = \frac{6}{6}$	"	+ 1.75	+ 2.5	"	+ 2.25	+ 3	$Vc + 2.5.D. = \frac{6}{6}$
12	6 "	$V = \frac{6}{6}$	"	+ 2.5	+ 2.75	"	+ 2.75	+ 3.25	$Vc + 2.5.D. = \frac{6}{6}$
13	8 "	$V = \frac{6}{12}$	Several Applications, .8 per cent. and 2 per cent. solution in 2 hours	+ 1.75	+ 1.75	"	+ 1.5	+ 1.5	$Vc + 1.25.D. = \frac{6}{6}$ partly
14	8 "	$V = \frac{6}{9}$	"	+ 2	+ 1.75	"	+ 2	+ 1.5	$Vc + 1.25.D. = \frac{6}{6}$ partly
15	9 "	$V = \frac{6}{9}$	2 Applications of 2 per cent. solution 1 Application following the other at 1 hour's interval. Retinoscopy practised 10 minutes after second Application	+ 1.75	+ 1.75	"	+ 2.25	+ 2.25	$Vc + 1.5.D. = \frac{6}{9}$
16	9 "	$V = \frac{6}{9}$	"	+ 2.5	+ 2.5	"	+ 2.5	+ 2.5	$Vc + 1.5.D. = \frac{6}{9}$
17	13 "	$V = < \frac{6}{60}$	"	- 9.5	- 8	3 Applications a day of a .8 per cent. solution for 4 days	- 9.5	- 8	$Vc \frac{-8.D.}{-1.5.D. \text{ cy}} = \frac{6}{18}$ axis hor. $Vc \frac{-12.D.}{-1.5.D. \text{ cy}} = \frac{6}{18}$ axis hor. } Large staphyloma
18	13 "	$V = < \frac{6}{60}$	"	-13	-12 or -11.5	"	-13	- 11.5	
19	21 "	$V = \frac{6}{6}$	"	+ 5	+ 4.5	"	+ 5.5	+ 5	



Number of Eye.	Age of Patient.	Preliminary Vision.	Mode of Application of Homatropine.	Results given by Retinoscopy under Homatropine		Mode of Application of Atropine.	Results given by Retinoscopy under Atropine.		After Vision under Atropine.	
				Meridians—			Meridians—			
				Vertical.	Horizontal.		Vertical.	Horizontal.		
20	21 years	V = $\frac{6}{6}$	2 Applications of 2 per cent. solution 1 Application following the other at 1 hour's interval. Retinoscopy practised 10 minutes after second Application	D. + 4.75	D. + 4	3 Applications a day of a .8 per cent. solution for 4 days	D. + 5.25	D. + 4.5	Vc + 4.5.D. = $\frac{6}{9}$	
21	11 "	V = $\frac{6}{6.0}$	"	- 4.5	- 4.5	"	- 4	- 4	Vc - 4.5.D. = $\frac{6}{9}$ } $\frac{6}{6}$	
22	11 "	V = $< \frac{6}{6.0}$	"	- 5	- 5	"	- 4.5	- 4.5		Vc - 5.D. = $\frac{6}{9}$
23	21 "	V = $< \frac{6}{6.0}$	"	- 5	- 5	"	- 4.5	- 4.5		Vc - 4.5.D. = $\frac{6}{6}$
24	21 "	V = $< \frac{6}{6.0}$	"	- 5	- 5	"	- 4.5	- 4.5	Vc - 4.5.D. = $\frac{6}{6}$	
25	13 "	V = $\frac{6}{6}$	"	+ 5.5	+ 6.5	"	+ 5.5	+ 6	Vc + 6.D. = $\frac{6}{6}$	
26	13 "	V = $\frac{6}{6}$	"	+ 5.5	+ 6	"	+ 5.5	+ 6	Vc + 6.D. = $\frac{6}{6}$	
27	22 "	V = $\frac{6}{2.4}$	"	+ 1.5	+ 2.75	"	+ 1.75	+ 3.25	Vc $\frac{+ .75.D.}{+ 1.25.D. \text{ cy axis vert.}}$ = $\frac{6}{9}$ } $\frac{6}{6}$ partly	
28	22 "	V = $\frac{6}{1.8}$	"	+ 1.25	+ 3	"	+ 1.75	+ 3.25		Vc $\frac{+ .75.D.}{+ 1.5.D. \text{ cy axis vert.}}$ = $\frac{6}{9}$
29	18 "	V = $\frac{6}{3.6}$	"	- 2.25	- 2.5	"	- 2	- 2.25	Vc - 2.75.D. = $\frac{6}{9}$ } $\frac{6}{6}$ partly	
30	18 "	V = $\frac{6}{2.4}$	"	- 2.75	- 2.75	"	- 2.75	- 2.75		Vc - 3.D. = $\frac{6}{9}$
31	20 "	V = $\frac{6}{6}$ partly	"	+ 1.75	+ 1.5	A .8 per cent. solution applied 3 times a day for 4 days	+ 2	+ 1.75	Vc + 1.25.D. = $\frac{6}{9}$	

Of the 31 eyes the notes of the examination of which are stated above, 14 were myopic, and 17 hypermetropic. Of the 14 myopic eyes, the astigmatism indicated under the two conditions did not differ by more than 0.25 D. In 4 (Nos. 3, 17, 18, and 30) the lesion of refraction indicated was exactly the same in both eyes. In 9 (Nos. 1, 2, 8, 4, 21, 22, 23, 24, and 29), the myopia indicated was less under atropine than under homatropine by from 0.25 D. to 0.5 D., whilst only in 2 (Nos. 5 and 6) was there a difference of as much as—1 D. and this in very myopic eyes, in which very accurate retinoscopy was impossible.

Of the 17 hypermetropic eyes, the results given were much the same under the two conditions. The astigmatism indicated under the two conditions did not differ by more than 0.5 D. In five cases (Nos. 7, 8, 16, 25 and 26), the results given under the two conditions were identical. In ten cases (Nos. 9, 10, 11, 12, 15, 19, 20, 27, 28, 31), the hypermetropia indicated under atropine was greater than that indicated under homatropine by from 0.25 D. to 0.5 D. Whilst in two cases (Nos. 13 and 14), the hypermetropia indicated under atropine was less than that indicated under homatropine by 0.25 D. So that the general result of the experiments was that under the influence of homatropine the myopia indicated was less than, and the hypermetropia greater than, that indicated under atropine and that the difference averaged about 0.25 D. in only two cases being more than 0.5 D. In these cases (Nos. 5 and 6), the condition of the eye explains the error.

Making every allowance for possible errors in working, the result shows that, at all events in the majority of cases, homatropine may be used in the manner indicated for the purpose of estimating lesion of refraction. In ordering the glasses it will simply be necessary to deduct or add less than the amount usually allowed for the atropine, the difference being something under 0.5 D. There are, however, some cases of spasm of the accommodation which need the prolonged use of atropine, and cannot be examined in this way.

As to the time taken by the accommodation apparatus to recover after this application, our investigation on this head has been rather of a clinical than a scientific character; since we have assumed the time of return of voluntary control over the apparatus to be the time when hypermetropes, whose accommodation has been paralysed as described, could again read and do their near work accurately, and also by the time when the pupil became of normal size. We have found this period in about twelve hypermetropes to vary from 24 to 48 hours after the final application of homatropine.

Since even this delay in regaining complete control over the apparatus is an objection, we have managed to do away with it altogether by means of the application of a solution of eserine .4 per cent. to the eyes after retinoscopy.

The application of this solution after retinoscopy has been followed, in the cases in which we have tried it, by such a change in the accommodation apparatus that the patient (hypermetropic) in a few minutes ob-



tained fair distant vision and fair near vision, the near vision being Ir. j. at 25 c.m. distance. The effect of the eserine seems in some cases to pass off completely just as the effect of the homatropine is ceasing, whilst in other cases just before the homatropine effect has ended. Still we have found so far that by this use of eserine patients are enabled to continue their daily work without interruption after the retinoscopy is effected. All patients whose eyes we have so treated have been hypermetropes, since such an application is hardly necessary in the case of myopes.

We feel, then, justified in asserting—

(1) That in the majority of cases where it is required to estimate the refractive condition of the eye atropine need not be used, but that a 2 per cent. homatropine ointment or solution applied in the manner indicated will answer equally well.

(2) That the effect will pass off in from one to two days, but that if the patient be hypermetropic or emmetropic, and is desirous of avoiding the period of paresis of accommodation,

(3) One or two applications of .8 per cent. solution of eserine just after the examination is finished will give him fair near vision till the effect of the homatropine is beginning to pass off.

## ON ARTHROPATHIES ASSOCIATED WITH INFANTILE PARALYSIS.

J. A. COUTTS, M.B. (Cantab), M.R.C.P.,

Assistant Physician to the East London Hospital for Children.

THE interest connected with anything concerning the conditions known as Charcot's disease, as evidenced by the late prolonged debate at the Clinical Society, must be my excuse for a crude and somewhat premature paper. In that debate, as reported by the medical journals, most of the speakers confined themselves somewhat rigidly to the question of the connection of the joint lesion with locomotor ataxia, and the whole dispute ranged itself about the point as to the reality of so-called tabetic arthropathy as a distinct disease. Now in thus restricting themselves, it seems to me the speakers missed much of the advantages that might have resulted from the consideration of arthropathies associated with other diseases of the spinal cord. Charcot, although chiefly treating of the disease as associated with *tabes dorsalis*, by no means limited it to the last, and speaks of it as a factor in paraplegia from Pott's disease, tumours occupying the grey spinal substance, progressive muscular atrophy, acute myelitis, &c. His cases on which he most relies to demonstrate the connection between the cord and arthropathies are two in which the disease manifested itself on the paralysed side after severance, by wounds, of one lateral half of the cord.<sup>1</sup> Here the joint troubles occurred almost simultaneously with the motor ones on the paralysed side, affording strong confirmation of the dependence of both on the same injury to the spinal cord. In speaking of the joint phenomena in locomotor ataxy he strongly expresses the opinion that they will be found consecutive to extension of the cord lesion to the motor cells in the anterior cornua, along the internal radicular fasciculi. If his views be correct as to the dependence of the arthropathy on the motor cells in the anterior cornua, then locomotor ataxia with its manifold symptoms and varied lesions, would seem

a most unsuitable example to take for their verification. Search should rather be made in those diseases due to lesions more strictly confined to the motor cells. Of these, at the present time, the two best known are infantile paralysis and progressive muscular atrophy. Of occurrence of arthropathies in the latter disease Charcot has, as I said before, given examples. That he does not instance it in the former would seem to prove, either that he was unacquainted with arthropathies occurring during its course, or else considered them due to causes other than spinal. Now, in infantile paralysis, it would seem to me that we possess every requisite for the manifestation of this much debated disease. In it the lesion is probably irritative in its nature at its commencement, and originates in, or at least very early in its progress involves, the large motor cells in the anterior cornua; any sclerotic changes that may occur in the neuroglia being secondary to the changes in the motor cells. If it can be shown that joint disease occurs here, then strong confirmation would be afforded of Charcot's views as to the part played by the spinal elements in locomotor ataxia and other diseases.

In an admirable paper on rheumatism in children, read before the British Medical Association in August, 1883, by Dr. Barlow, the author calls attention to an affection occurring at the commencement of infantile paralysis, which he warned his hearers should not be confounded with rheumatic manifestations. Since my attention was called to it by this paper I twice chanced to come upon this affection during an investigation as to the frequency of rheumatism in children made at the instigation of Dr. Sturges.<sup>2</sup>

My first case was that of a male child, aged sixteen months, who had been ill for six days when first seen. The mother stated that the child was slightly feverish at the commencement of the attack, but this was never very marked; there had been no convulsions, and the disturbance being attributed merely to teething no medical man was called in. On my first seeing the child, the mother informed me that there had been no movement of the left leg since the commencement of the attack, a circumstance which she ascribed to rheumatism, giving as her reasons for so doing the condition of the ankle joint. This, on examination, presented an obvious swelling, but permitted free handling without pain or discomfort to the child. Although to the touch this ankle-joint seemed of a higher temperature than the unaffected one, the same condition along with a slight hyperæmia obtained in the whole left limb below the knee, and was not localised in the ankle-joint. There was no history of accident, and nothing like bruising of the tissues about the joint. The left leg was flaccid and the knee-jerk unobtainable, while it was readily elicited on the other side. The diagnosis of infantile paralysis was arrived at and borne out by the result. On being seen the next week the condition remained much the same with the exception that the surface temperature on the affected side was the same, or even lower than that on the sound one. At the end of a month the swelling of the ankle-joint was still present, there had been marked wasting of muscles, the circumference of the left leg being nearly an inch less than that of the right, and its temperature much lower; the contrast between the wasted limb and the swollen ankle-joint presented a striking appearance.

My next case was that of a male infant, aged 11 months, and the illness dated from a month previous to the time of my seeing him. Beyond slight feverishness and fretfulness there had been no definite symptoms to mark the commencement of the attack. At his first visit to the hospital there was noted wasting of left

<sup>1</sup> Charcot. "Diseases of the Nervous System." New Sydenham Society's Edition, vol. ii. p. 58.

<sup>2</sup> *Lancet*, Sept. 20th, 1885.



leg, its circumference being nearly half an inch less than its sound fellow, with flaccidity and loss of temperature. There was swelling of the left ankle-joint, which the mother stated had made its appearance a few days after the child had been taken ill. In addition to this condition of the ankle-joint the dorsum of the left foot was puffy and swollen, as if œdematous, but the swelling was firm to the touch, and did not pit on pressure.

These cases, I may add, ran the ordinary course of those of infantile paralysis, the muscles, as usual, most affected being those on the front of the leg. The swelling of the ankle-joints gradually disappeared, and at the end of six weeks from the first commencement, beyond extreme mobility of the joint, left no traces of its former presence.

Besides these two cases where the arthropathy commenced almost simultaneously with the motor troubles, I had the opportunity of seeing the same condition in the right ankle joint of a female child aged three-and-a-half years, who had been the victim of infantile paralysis of the right leg for nearly two years. In her case the swelling was shorter lived, lasting only a fortnight, but as I was unable to connect her joint trouble with any fresh paralytic condition, such as is sometimes seen in the disease,<sup>3</sup> I purposely leave it out of consideration in the views about to be put forward.

Now, as to the nature of these joint-lesions occurring in infantile paralysis? That they were not rheumatic will, I think, be readily granted. The age of the patients, rheumatism in children so young being an extreme rarity, the absence of local tenderness and redness, the course of the disease, the long localisation in the one joint and the absence of complication of others, &c., would all go to negative such a supposition. The most careful enquiries failed to elicit any traumatic cause to account for any such injuries.

There seem to be the following reasons for believing that they were of spinal origin and due to the same exciting cause as the paralysis—(1) They took place on the affected side, and were strictly limited on that side to the region presumably in relation with the same part of the cord as the paralysed muscles. (2) The date of their origin, probably the same as that of the paralysis, coincided with the supposed acute stage of inflammatory changes in the cord. In connection with this I would draw attention to the close resemblance of some points in my first case to some of those detailed by Charcot in his cases of severance of one lateral half of the cord. (3) The progress of the joint affection was the same as that of many others observed during the course of other spinal affections.

No one can be more fully aware than I am of the fallacy attached to reasoning on data so meagre as those which I furnish. The chief reason for my paper is that others may be induced to publish their experience of those arthropathies occurring in infantile paralysis, and their views as to their possible association with the disease known by Charcot's name. That these arthropathies are not very uncommon at the commencement of infantile paralysis will, I believe, be verified by those who search for them. Unfortunately the protean aspect which the disease presents at its commencement must often obscure its diagnosis until the time has passed for the recognition of these possible arthropathies, and our experience at children's hospitals is chiefly limited to cases in which the disease has existed for so long a time as to render the complaint an unmistakeable one. But in many cases one can gather from the parents or friends a history of the existence of a supposed rheumatic affection at the commencement of the attack, and although such testimony is, as a rule, extremely untrustworthy, it may be taken for what it is worth as confirmatory of the

frequency of the arthropathies. It is possible again, that in some of those cases in which extreme mobility of the joint exists, more than is explainable by the state of the muscles, the extra mobility may be a legacy left by the past arthropathy.

In conclusion, it would be interesting to know whether the cases associated with arthropathies differ in any respect in the severity of their progress from those without this accompaniment; whether, as I fancy, muscular wasting is more rapid in them than ordinarily, and also whether recovery is at all influenced by the fact that a joint lesion was a factor at the commencement of the disease.

## PERFORATING ULCER OF THE BLADDER.

By JAMES OLIVER, M.B. Edin., M.R.C.P. Lond.

THE type of ulcer I am about to describe as affecting the bladder has hitherto been looked upon as more or less peculiar to the stomach and duodenum. When however, we consider the probable cause of its formation, it is not to be wondered at that other parts of the intestinal canal and even the bladder itself may become the seat of a similar necrotic change. In the *Lancet* of March 7th of this year, I recorded a case in which the ascending colon had been thus perforated, and doubtless careful pathological observation will prove that such are not uncommon.

Perforating ulcer of the bladder is primarily always acute; if, however, there be extensive destruction of tissue, the functions of the organs are likely to be permanently disturbed and the disease become one truly chronic in character. This ulcer is especially apt to recur, a fact strongly in favour of a diathetic tendency or proneness to the affection. It usually develops without signs of inflammation or suppuration, and as in the stomach and other parts of the intestinal tract, apparently results from a plugging of the vessels which run in and nourish the coats of the viscus. If the blood supply to any tissue of the body be suddenly withdrawn—as happens when a vessel becomes occluded—and collateral circulation be not readily established death of the part is inevitable. Embolism and thrombosis are the most frequent causes of softening in the brain and spinal cord, and it is more than likely that these play an important part in the production of perforating ulcer of the bladder. Round ulcers similar to those we are now considering have been produced in the stomachs of animals artificially by the introduction of emboli into the gastric vessels. This form of necrosis is truly analogous with dry gangrene occasionally seen in the extremities of the aged, where the arteries, because of the generative changes in their coats, have become impervious. The embolic theory of chorea is still tenable, and all who see much of this disease remark its frequent association with rheumatism or a rheumatic predisposition. Judging from those cases of perforating ulcer of the bladder which have come under my notice, I am inclined to believe that the rheumatic diathesis augments the tendency to this affection, and favours embolism as a probable cause of its production. In one case the symptoms attributable to perforating ulcer developed during an attack of acute rheumatism, and as the patient died some time after, opportunity was afforded for examining the bladder and verifying the diagnosis. The heart in this case showed no trace of valvular disease. Females, it would appear, are more prone to this affection than males, and especially about the period of puberty. No exciting cause can as yet be suggested.

<sup>3</sup> Charcot. "Diseases of the Nervous System." New Sydenham Society's Edition, vol ii. p. 134.



One or more ulcers may develop according to the number of vessels occluded; some days, however, must necessarily elapse before disintegration is completed. Whether the necrotic changes shall invade the whole thickness of the bladder wall or not depends on the seat of obstruction of the artery, the completeness or incompleteness of the plugging, and the period at which collateral circulation becomes established. Should, however, the destructive process attack all the coats of the bladder, and at a part covered by peritonæum, this coat tends to thicken and form adhesions with neighbouring structures, it may be the small intestine or omentum, thereby preventing rupture of the organ, extravasation of its contents, and death by shock or peritonitis. If the bladder forms adhesions with any part of the intestinal canal, the ulcerative process may extend and invade this organ too; vesico-intestinal fistula, though fortunately rare, may therefore depend upon simple perforation. In such cases even a careful enquiry into the clinical history may fail to reveal the probable starting point.

The symptoms and course of perforating ulcer of the bladder are usually very insidious, and fatal peritonitis may result from destruction of all the coats ere the grave condition has been recognised. Pain more or less constant and referred to the hypogastrium is a frequent symptom—it is aggravated by pressure and any slight distension of the organ. There is frequency in micturition, and the pain as a rule becomes sharp and cutting in character towards the end of the act. The most distressing symptom of all is tenesmus, which results from spasm of the muscular coat, and may continue for some time after the organ has completely emptied itself. Blood usually appears in the urine about the third or fourth day, is small in quantity, and is expelled with the last drops of urine. The treatment is rest and bland food; opiates must be given to relieve pain and the intense bearing down.

## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

### KING'S COLLEGE HOSPITAL.

#### THREE CASES OF PLEURISY WITH EXCESSIVE EFFUSION OF FLUID.

(Under the care of Dr. JOHNSON.)

(Reported by Mr. T. SYDNEY SHORT, Medical Registrar.)

CASE I.—J. C., æt. 15 years, was admitted on Feb. 10th, 1885. He had had no previous chest trouble and gave a history of good health. Ten days before admission he caught cold and had several shivering fits, followed by dyspnoea, pain in the left side, and feverish symptoms. On admission the respirations were 40, the pulse-rate 102 per minute, and he complained of a sharp pain in the left side on taking a deep breath. The left side of the chest measured 1 inch more than the right at the level of the ensiform cartilage and  $\frac{3}{4}$  inch more at the nipple level. The whole of the left side was dull on percussion, with absence of vocal fremitus below the 7th rib; above this vocal resonance was present, but decreased. The vocal resonance was absent below the level of the 2nd rib and much diminished above, with an ægophonic twang. The heart was pushed over to the right side, and the apex beat most plainly seen in the epigastrium. In three days there was a distinct pleural friction-sound heard most plainly at the 4th left intercostal space syn-

chronous with the heart's impulse. At the end of the week the fluid had much decreased; fremitus could be obtained all over in front, but not at the base behind. The patient improved rapidly, and was sent to the Convalescent Home on March 16th; no evidence of fluid could be detected after the beginning of the month. The temperature during the first week ranged between 99° and 102° F., and during the second between 98° and 101° F., gradually falling to the normal.

*Treatment.*—Nitrate of potash with quassia at first; on the 9th day, iron and quinine; and on the 13th day, cod liver oil in addition.

CASE II.—G. E., 47 years, admitted on April 20th, 1885. He had no history of any previous chest disease; was a travelling photographer by trade and much exposed to the weather. Robust-looking man, subject to attacks of gout. Three weeks before admission was out on a cold and damp day, but felt no bad effect from this until a week afterwards, when he had several rigors and a severe pain beneath the left nipple, much dyspnoea, and a short cough. These symptoms continued for a fortnight, the dyspnoea getting worse and the rigors recurring. On admission he was breathing 60 times a minute. The left side of the chest was larger than the right by  $\frac{1}{4}$  inch, the whole of the side was dull to percussion, with absence of vocal resonance and fremitus. Bronchial breathing was heard in the left vertebral groove, heart was pushed over to the right side, no impulse could be seen on the left of the sternum, the apex beat was diffused and visible from the right edge of the sternum to  $\frac{1}{2}$  inch from the right nipple. Temperature 101° F. Paracentesis thoracis was performed on the day of his admission below angle of left scapula, and 98 oz. of clear serum were drawn off. Dyspnoea greatly relieved, and the next morning the respirations were only 18 a minute, the temperature had dropped to 98° F., rising however to 101.4° F. the same evening. On the second day the dulness extended up to the nipple level only, and feeble breathing with frictions were heard above this. The heart was seen now beating just to the left of the sternum. At the end of the week dulness reached as high as the 6th rib on the nipple line, and the 8th in the scapula line; above these the vesicular murmur was present, but feeble, and ægophony was heard below the level given posteriorly. The heart assumed its normal position on the 10th day, and the temperature during this week varied from 98° to 100° F. During the next three weeks the patient steadily improved, the temperature being at about normal, and at the end of this time the vesicular murmur and the vocal resonance and fremitus were equal on both sides, except at the extreme left base where they were still feeble. He got up at the end of the third week, and was discharged on June 10th. No treatment was required beyond that mentioned.

CASE III.—E. H. W., aged 15 years, admitted on April 30th, 1885. He was a pale-looking boy, and a "roller" at printing works by occupation. Had had no previous chest trouble. No phthisical history in the family.

He was admitted with dyspnoea, pain in the left side, and slight cough with no expectoration. Said that at about Christmas time he had suffered with pain in the right side of the chest and a cough, but did not lay up with it; he went on with his work and had his chest poulticed at night. The pain passed off, but during the early part of the year he had several recurrences of pain in both sides of the chest. A week before his admission the pain settled in the left side of the chest, and he had several shivering fits with sweats at night time and a short dry cough. For three days he had been laid up in bed. On admission respiration = 36; pulse = 112. Left side of the chest was dull all over front and back, and the intercostal spaces were bulging



outwards; the circumference of the side was larger than that of the right side, with greatly decreased expansion. The heart was pushed over to the right side and the apex beat was seen in the right fifth interspace. Temperature =  $100^{\circ}$  F., and on the next day  $101.4^{\circ}$  F., being irregular during the week, but only once rising over  $100^{\circ}$  F. Linsced meal poultice was applied, and he had Pot. Iod. gr. v. in water three times a day. The first two days he sweated freely, with no cough nor pain: on the fifth day the dulness in front reached the third rib only, and exaggerated breath sounds were heard above this. At the end of the first week the dulness reached the fourth rib in front and the eighth behind, the fremitus above being good, but absent below. The resonance was high pitched on percussion, and frictions could be heard above the level of the fluid. The heart not yet in its normal position. At the end of a fortnight there was no absolute dulness anywhere, and breath sounds could be heard all over, but were feeble at the base. Temperature during the last week was at about the normal. On May 11th he was ordered a quinine mixture; his condition steadily improving he had a belladonna plaster applied on the 21st, and an iron and quinine mixture internally on the 24th. The heart regained its normal position during the second week.

It was found that the right side of the chest was really larger in circumference than the left on account of a lateral spinal curvature, so that the increase in the size of the left side from the collection of fluid was more than a mere measurement would imply.

*Remarks by Dr. JOHNSON.*—While the first and third cases afford good examples of the rapid absorption of an extensive pleuritic effusion, the second case illustrates the immediate relief afforded by paracentesis when the symptoms call for active interference. In the first and third cases, although at the time of admission there was copious effusion in the left pleura with displacement of the heart, there was no distress of any kind, and after a few days it was evident that the effusion was being rapidly absorbed. The friction found to the extreme left of the cardiac region, and synchronous with the heart's systole in the first case, was evidently caused by the impulse of the heart against a pleura roughened by lymph. There was no evidence of a pericardial friction. In the second case there was considerable dyspnoea and distress at the time of admission, and as the man had been three weeks ill, it was probable that there might be a considerable thickness of lymph over the surface of the pleura, which would retard if it did not entirely prevent the absorption of the fluid; the immediate performance of paracentesis was therefore decided upon with a very satisfactory result.

**FEMALE MEDICAL EDUCATION IN AUSTRALIA.**—The Sydney correspondent of the *Times* writes that the annual commemoration of the Sydney University, held on May 2nd, was remarkable as being the first occasion on which ladies had been admitted to the degree of B.A. The number of female students in the University classes has steadily increased, and all the novelty will soon wear off. "Even in our small medical school, which is just making a beginning, we have one lady student who is said to be preparing herself for work connected with the Zenana Mission. Mrs. Garrett-Anderson, who is at present on a visit to Sydney, has expressed herself as surprised and pleased at the opportunities which exist here for female medical education, and she has recommended some who have applied to her for advice by all means to prosecute their studies in Sydney, as they will get there as good a medical education as elsewhere, with freer opportunities of walking the hospitals."

## APPOINTMENTS FOR THE WEEK.

Wednesday, July 22.

MEDICAL OFFICERS OF SCHOOLS' ASSOCIATION, at the rooms of the Medical Society, 3 p.m.—Mr. Noble Smith on "Postures in Schools and their Influence upon the Figure."

## Medical Times and Gazette.

SATURDAY, JULY 18, 1885.

It is a well-known historical fact, that many of our most eminent statesmen, from Pitt and Burke to Palmerston and Lowe, have owed their introduction into, if not also their continuance in Parliament, to the existence of so-called pocket boroughs, the owners of which had the good sense to discover and appreciate talents unrecognised by the mass of electors. These have gone their way unwept, but thanks to Lord Salisbury's determined advocacy of the rights of minorities, we have now one-member districts, often corresponding to the wards of our large towns, where a man has a chance of knowing and being known by a large proportion of the constituency, and where the expenses of a canvass cannot be large. "Big" men will doubtless be returned as before, with or without regard to local considerations; but two other tendencies are already manifesting themselves, one for evil and the other for good: first, the selection of local nobodies or busybodies, noisy vestrymen unknown beyond the wards in which they reside; and secondly, the choice of comparatively poor but able men, men to whom the cost of elections has hitherto been prohibitive, and whose claims on a large constituency have been eclipsed by those of wealth and power, though, if elected, they would bring into Parliament new knowledge and new ideas. We would urge before it is too late that efforts be made, especially in the metropolitan boroughs whose representatives will constitute no small proportion of the House, to bring forward several members of the medical profession from both political parties, men who can speak and who have devoted attention to social and sanitary questions.

IN no European Parliament is our profession at present so feebly represented as in our own; the few medical members being such in little more than name, and having for the most part renounced practice for pursuits in which they presumably took more real interest. But already we see not only Mr. Erichsen invited by all the Scottish Universities at once; but Sir W. Guyer Hunter a candidate for central Hackney, and Dr. Tindal Robertson for Nottingham. Surely, with a little self-denial, others could be induced to come forward. Sir H. Thompson is so well known in all classes of society that he would not have the least difficulty in finding a seat, and as a debater would be an undoubted addition to the House; Dr. B.



W. Richardson would be all that a radical teetotal &c., &c. party could desire; Sir Joseph Fayrer has leisure and knowledge of the world, to say nothing of his special acquaintance with India. If vestry clerks are coming forward, why should not some of our metropolitan medical officers of health, as Dr. Seaton and Dr. Thos. Stevenson. Kensington might find an able representative in Dr. Dudfield; and in a year or two, when he is no longer a paid officer of the State, an educated Conservative constituency would do honour to itself by electing Dr. Crichton Browne, who, we believe, would be not averse to enter on a Parliamentary career, and who as an orator would soon make his mark in the House. If Virchow can find the time, who can not?

THE announcement that Mr. Erichsen has agreed to stand for the representation of Edinburgh and St. Andrew's Universities has, according to our Edinburgh Correspondent, given great satisfaction in Liberal circles. The sincere regret felt at the loss of the present representative could scarcely have been better tempered than by the choice of such a man. In him the Universities have secured a candidate who belongs to a profession the most widely represented in the General Councils, who has achieved an unrivalled position as a teacher and leader in his own department, who has filled one of the most honoured and one of the most important administrative posts connected with the profession, and who is in every way qualified to add weight to the discussion on the great questions of sanitary legislation which will no doubt occupy much of the time of the next Parliament. In Mr. Erichsen the Universities have secured a candidate for their suffrages who is neither an office-hunter nor a party stop-gap, but one who comes forward eminently qualified to deal in a special manner with questions of the highest and most pressing social importance, with which the ordinary Parliamentary intelligence can only deal at second-hand. His qualifications for the position he seeks are primarily academic and scientific. On the other side, we have Mr. Macdonald, who is first an ardent Tory partisan, afterwards an amateur soldier, an amateur physicist, and a lawyer of a somewhat parochial reputation (a type with which Parliament seems always abundantly supplied)—a man, in short, who has about as much claim to the representation of the Universities of Edinburgh and St. Andrew's, as he has to the Moderatorship of the General Assembly. Had Mr. Erichsen's name been brought forward earlier it can scarcely be doubted that many who have already pledged themselves to vote for the Lord Advocate would have supported his rival. Not a few Conservatives who have no great desire to see so ardent a Tory as Mr. Macdonald in a University seat, pledged themselves to vote for him as a result of sheer importunity on the part of his committee. Had these been free to vote now, there is no doubt where their vote would have gone.

THE Medical Relief Disqualification Bill of the Government was introduced in the House of Commons,

on Monday, by Mr. A. Balfour, and was read a first time. It goes farther than did Mr. J. Collings' Bill. The Government consider that if disqualification in the matter of Parliamentary elections on account of medical relief is to be abolished, it will be impossible not at the same time to abolish disqualification in other elections also. Disqualification will, therefore, be also abolished in Municipal elections, School Board elections, and the like. One exception is made, however, to the general principle; no man who receives relief from the funds managed by the parochial guardians is to be allowed to vote in poor law matters. The Bill is also to have a retrospective action; i.e., no man is to be disqualified on account of medical relief received since July last year. The history of this so-called medical relief question has not so far been a creditable one. Each of the two great parties in politics has tried to make political capital out of it, and the new Medical Relief Disqualification Bill is at present the biggest bid made in this direction. But for the time little is heard about the paramount importance of teaching the working man to be thrifty, and provident, and independent. We have been loudly and largely told how wicked it is to entice working men to rely for medical relief on the outpatient departments of our hospitals; how we pauperise and generally demoralise them by such facilities; and how we ought to insist on their learning thrift, and subscribing to provident dispensaries. But, alas, in the clash of politics, the voices of these wise teachers are silent. The Government Bill will not meet with universal approval; it certainly contains contentious matter; it has already been blocked by Mr. Courtney; and it is said that it will be severely handled on both sides of the House. The debate on the second reading was to take place yesterday (Thursday), but too late to enable us to record the result—if any.

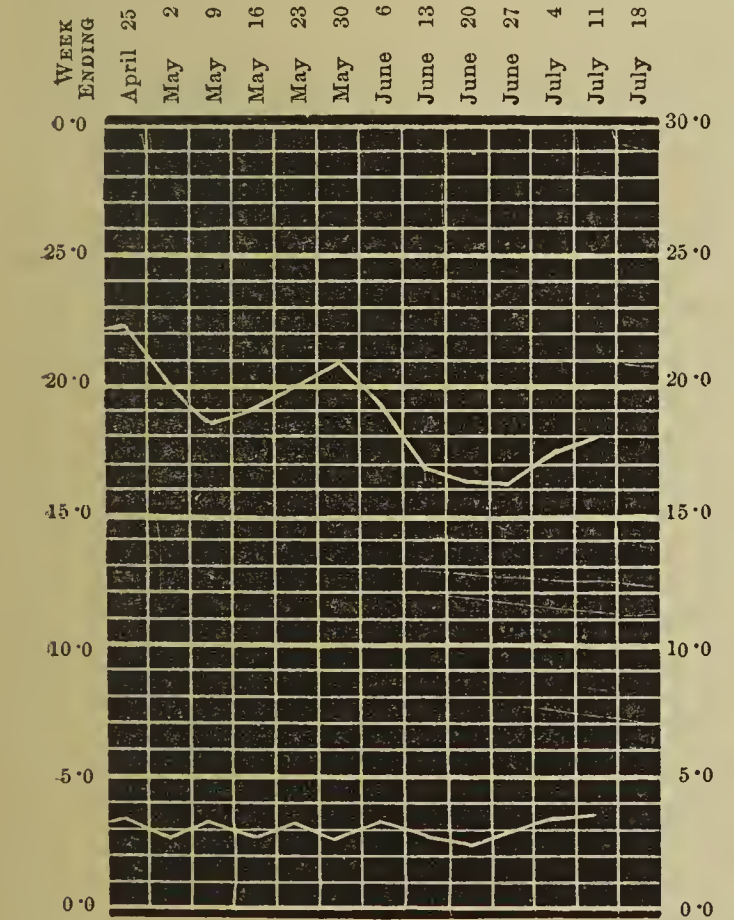
THE new Government must expect, we suppose, to be asked questions upon subjects that had been pretty well worn out during the reign of the present opposition. On Thursday week in the House of Commons, Mr. Duckham brought up the old subject of Oleomargarine, and asked the President of the Local Government Board whether he was aware that the refuse fat of animals, formerly sent to the tallow-chandler, was now actually used in the manufacture of oleomargarine; that the fat thus used was often in a very putrid state, and that chemicals of a very deleterious nature were used to deodorise it. Mr. A. Balfour replied, with, we doubt not, a properly grave and official countenance, that the Board had no knowledge of the existence in England of any such manufacture as had been described; and he added, of course, that if the hon. gentleman could inform him where any such manufacture was carried on in this country the Local Government Board would be prepared—to bring the matter under the attention of the local authority!

MR. BALFOUR, in reply to a question put by Mr. Brinton, told the House on the same day, that the Local Government Board has communi-



cated with the guardians of several unions with regard to cases of pauper lunatics at present in county lunatic asylums, but who, the Commissioners in Lunacy had stated, might, in the opinion of the medical superintendents of asylums, be adequately and more economically provided for in the workhouse. The guardians in 84 unions replied that they were willing to receive the patients referred to if they were returned to the workhouse. But from 258 unions replies were received to the effect that, for various reasons, the guardians were not prepared to receive such patients. In 37 other unions the guardians were inclined to receive some of the proposed patients, but not others. In some cases the reason assigned for objecting to receive patients was that they had been returned as dangerous since the report by the medical superintendent was made; and in others that there was no proper accommodation for them.

LAST week 1,412 deaths were registered in London, causing the death-rate to rise to 18·0. The zymotic death-rate rose as will be seen from our chart to 3·6; this rise was due wholly to the increased number of deaths from diarrhœa, 110 having been recorded as against 51 last week; 83 occurred in children under one year old. The deaths from small-pox further declined to 23, and the total number of cases under treatment at the end of the week was 780. There



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past twelve weeks.

were 73 deaths from measles, all but 2 occurring in children under 5 years, and 51 deaths from whooping-cough. Diphtheria and scarlet fever caused 15 and 12 deaths respectively, and 10 were due to enteric fever. In the provincial towns measles was very fatal in Liverpool, Manchester, and Salford, causing 21, 14,

and 13 deaths respectively. Except in Leicester, where there were 10 deaths from it, diarrhœa did not prove very fatal. Manchester is credited with the highest death-rate, viz. 25·8.

IN the early part of the present week, the cholera epidemic in Spain seemed to show some sign of abatement, but the last returns are as bad as ever, as will be seen from the following official returns:—

	Cases.	Deaths.
July 8th .....	1,453	717
„ 9th .....	1,497	700
„ 10th .....	1,395	720
„ 11th .....	1,533	648
„ 12th .....	1,197	588
„ 13th .....	1,092	473
„ 14th .....	1,668	653
Totals....	9,835	4,499

Altogether, the number of cases officially declared during the second week of the present month was only 246 less than the numbers of the first week. The second week's deaths, however, were fewer by 435 than the first week's, thus pointing to a certain mitigation in the severity of the epidemic. It still continues to spread, and the last news is that suspicious cases have occurred in Segovia, a mountainous province north-west of Madrid, and undoubted cases in the province of Badajoz, to the south-west of the capital, and close to the confines of Portugal. The daily number of cases appears to be declining in Valencia, Murcia, and Castellon, the three maritime provinces first attacked, as well as at Aranjuez; but to be increasing in the provinces of Alicante, Tarragona, Saragossa, and Toledo. It has been officially stated that the total number of cases of cholera in ten provinces in the seven weeks from May 20th to July 9th was 28,042, of which 12,347 ended fatally. The deaths were in the provinces:—Valencia, 6,801; Murcia, 2,319; Castellon, 1,277; Alicante, 646; Saragossa, 280; Toledo, 206; Cuenca, 40; Tarragona, 19; Teruel, 5; Madrid (including Aranjuez), 753. But in the City of Madrid itself, from May 20th to July 9th, only 191 cases occurred, and 113 deaths, of which 80 per cent. were fugitives and sporadic cases. The mortality ranged from 61·29 per cent. in Tarragona to 38·64 in Murcia; whilst in Madrid it was 59·16 per cent. of the persons attacked.

WHATEVER may have been the attitude, whether of hope, of incredulity, or of suspension of judgment, which scientific men at first assumed with regard to Dr. Ferrán's alleged discoveries of the complete life cycle of Koch's bacillus, and of the immunity conferred by inoculation with it, he has, by his conduct towards the French Commissioners, headed by no less eminent a physician and sanitarian than Dr. Brouardel, completely put himself out of court, and thrown away all claim to the sympathy and support of the profession. If Koch, dazzled by the brilliancy of his previous discovery of the tubercle bacillus, the theoretical and practical importance of which is already recognised by the whole medical world, was somewhat hasty and over-sanguine in the matter of the comma-



bacillus of cholera (the essential connection of which with the disease in relations other than those of direct causation has not, however, been disproved), he seeks and indeed challenges the fullest criticism, and has distributed what he believes to be the cholera germ to every laboratory in Europe; whereas Ferrán actually refused to part with a single tube, or even to allow his visitors to examine his cultivations.

THE disease that Ferrán induces in his subjects appears to be identical with, though happily for them milder than, that which Thiersch in his well-known experiments produced in mice, and which is now very properly held to have been a form of septicæmia, and not cholera at all; but that was in the dark ages of microzoic pathology. But even supposing it were possible, as it may yet be found, to induce cholera by the injection of bacilli or their products, there is no ground whatever for imagining that it would confer immunity. It is true that those specific diseases, small-pox, measles, &c., one attack of which as a rule protects against a subsequent infection, and in which, therefore, artificial infection holds out a greater or less probability of a like immunity, do occasionally recur; but we have, considering the high mortality, the irregular distribution and the long intervals elapsing between epidemics of cholera in Europe, a number of instances of persons being again attacked quite sufficient to justify the belief that one attack does not in any way protect against the disease in future, and that *a fortiori*, its inoculation, if practicable, would be utterly inoperative. Without repeating Jenner's experimental inoculations of small-pox after vaccination, persons are continually of necessity and in the path of duty exposed to risks and circumstances under which they must certainly have in many cases contracted the disease had not vaccination conferred protection. But in the case of a disease not contagious in the ordinary sense, as enteric fever or cholera, such conditions do not occur, and direct crucial experiment, as drinking the stools, being obviously inadmissible, it is difficult, if not impossible, to say that even some out of numbers of persons operated on must otherwise have been attacked. Protection, even as Ferrán asserts, for a few weeks is a pure assumption; indeed, the idea of temporary immunity requiring a repetition of the operation is entirely without analogy, and seems a mere device to obtain repeated fees.

THE controversy concerning the preservative inoculation of cholera still rages with great intensity. According to our correspondent in the French capital, Dr. Ferrán has sent telegrams to all the Paris journals contradicting Prof. Brouardel's statements, besides which he has communicated a tolerably long note to the Academy of Sciences, describing in a certain measure his *modus operandi*, and claiming the Bréant prize of 4,000*l.*, which was founded in 1850 by M. Bréant, for the discovery of the "*insect*" which produces cholera, or the means of curing that disease. M. Bréant was, in his day, a fervent admirer of Raspail, who pretended that all diseases were produced by *insects*. (a crude and premature form of the microbial

theory), and professed to cure them by his celebrated elixir (near akin to camphorated alcohol). By the sale of this panacea, he realized a fortune of 160,000*l.*, a very *substantial* result, as Dr. Ferrán would say. But if there is any truth in Dr. Ferrán's statements, the prize ought to be divided with Koch, since *he* discovered the "*insect*," which the later observer only cultivated. In the meantime, M. Guignard, professor of botany at the Faculty of Sciences of Lyons, criticises Dr. Ferrán's attempts at morphological description, stating that some of the forms indicated by him belong to the family of the "*Schizomycetæ*," while others belong to the "*Peronosporæ*," and that the description given is the work of an insufficiently prepared observer, studying with imperfect instruments, and examining imperfectly prepared liquids, which contain not one, but several varieties of germs. Several of the Paris papers have taken up the cudgels in favour of Dr. Ferrán, whom they consider as a victim of official misrepresentation and "*red tape*." It could not be expected that the Spanish *naturalist* would allow his boat to sink without a struggle, but the problem, as far as *he* is concerned, seems to be settled in the eyes of most scientific men.

Our Edinburgh Correspondent writes:—The Final Examinations at the University came to a conclusion on Saturday, when the last list of successful candidates was posted. The number of failures does not exceed that of last year, and it would seem that the general average of attainment has not fallen. No doubt the report of the Visitors from the General Medical Council will be looked for by the Faculty with some interest. The hope which I ventured to express some weeks ago that their visit would put a stop to the absurd system of "*second trials*" in the case of some of the rejected candidates has, I regret to say, not been realized. A select number of tender but backward plants are to be subjected to the process of "*forcing*" at an early date, with the view of coaxing their stunted blossoms into sufficient, though tardy expansion. The process by which a man who fails, say, in surgery, at the regular examination is enabled to pass an irregular one a week or fortnight later, must be a somewhat intricate one, and is apparently a product of the professorial intelligence. The exact method has not been officially divulged, so far as I am aware, and seems to be one of the mysteries of the professorial craft which nothing short of an executive commission can reveal. There is nothing left for the outsider, then, but to take it for granted that it is all right; but if he is permitted to say nothing, he may be excused if he thinks a great deal.

By another year the months of June and July will be big with fate to many an Edinburgh student. By a new regulation, the October sittings of the First Professional Examination are to be transferred to July, so that all the three examinations for the degree will be held about the same time. The April sittings for the First and Second Professional will continue as formerly. This change of the "*First*" to July is a great boon to candidates. It enables them to appear for the examination fresh from the classes, and will



save them much expense by rendering it unnecessary for them to come up to town some weeks before the examination in October for the purpose of reading for it.

THE question of instituting a Physiological and Pathological Laboratory was considered at a special meeting of the Edinburgh College of Physicians last week, and was received with much favour. The further consideration of the scheme was deferred in the meantime, but there is every reason to believe that the scheme is in a fair way towards accomplishment.

At the Glasgow Royal Infirmary a contest is going forward for the posts of visiting physician and surgeon, vacant by the retirement of Drs. Scott Orr and Eben. Watson. The retirement is, in each case, rendered necessary by the operation of one of the rules of the Infirmary which limits the period of service to fifteen years. Quite a number of the younger men are candidates for the vacancies. For the post of physician Dr. Samson Gemmell, Dr. C. McVail and Dr. J. W. Anderson are applying, and for the post of surgeon Drs. W. J. Fleming, D. Newman, J. C. Renton, J. Barlow, J. A. Adams, Muir and Shaw. The majority of these are already on the Dispensary Staff of the Royal Infirmary, and others are on the Dispensary Staff of the Western Infirmary. The election takes place on the 3rd of August.

WE learn from our Belfast Correspondent that the Ulster Medical Society and the North of Ireland Branch of the British Medical Association have just held their annual meetings at the close of very successful and interesting sessions. These two organisations number between them some 300 members, and have every reason to congratulate themselves upon the result of the work done during the winter months. Mr. John Fagan, F.R.C.S., was unanimously re-elected President of the Ulster Medical Society, and Dr. Kidd was with equal unanimity elected President of the North of Ireland Branch, in the room of Professor Cuming, who retired, and who is further President of the British Medical Association. It is pleasant to learn that our professional brethren across the Channel are reaping all the benefits of organisations, the objects of which are to advance the science of medicine and surgery, and to promote good feeling and brotherly fellowship amongst the members of the healing art. The summer session at the Belfast Medical School has also come to a close, and, though an improvement upon the previous one, still shows that the school has suffered considerably from the recent unsatisfactory and eminently unsuccessful legislation in connection with the annihilation of the late Queen's University. It is, however, satisfactory to know that the teaching arrangements and clinical facilities afforded by Belfast are in a high state of efficiency and activity, and that further improvements and additions to the teaching powers of the College and Hospital are in contemplation in order to carry out and fully meet the suggestions contained in the recent report of the Royal Commission upon the working of the Royal University.

OUR Paris Correspondent writes:—The bad luck which has so pertinaciously attended the Tonkin expedition, seems to have followed the Reserve Division composed of troops brought home from Indo-China, and numbering between seven and eight thousand men. These forces were intended (nominally at least) to serve as reinforcements when needed, after recuperating health and strength in their native atmosphere. But the "Pas des Lanciers," near Marseilles, where they encamped, turned out to be an inconvenient and insalubrious position. The men complained of all sorts of troubles, and it was soon reported that an epidemic had broken out in their ranks. This epidemic turned out to be typhoid fever of a malignant type, and within a short space of time seven hundred and fifty men were lodged in the hospitals of Marseilles, while others sickened and died in the camp. The latest reports speak of a death-rate of 28 per diem. Several officers of high rank have been taken ill, and Colonel Barry, a very gifted and promising officer, who was on the point of being promoted to the rank of Brigadier-General, has just fallen a victim to the epidemic. This painful state of things has lasted for several weeks, but the usual indecision seems to prevail at head-quarters, and no measures have as yet been taken to remove the men from their obnoxious quarters. It would, of course, be imprudent to scatter the men throughout the various garrison towns of France, thereby sowing the seeds of disease through the Army; but the wisdom of creating a focus and hot-bed of fever at the very gates of a populous city, which was severely scourged only last year by an epidemic of cholera, is at least questionable. Besides, one cannot help pitying these unfortunate young men, who after volunteering to serve their country in the far East (the detachments successively sent to Tonkin were principally composed of volunteers drawn from regiments quartered at home), were condemned to undergo the fatigues of a harassing campaign, a distressing climate, and a long sea-voyage; and who, on reaching their native shores, find themselves sacrificed again to motives of public convenience.

A hot and angry controversy took place last Saturday at the Biological Society of Paris between the renowned M. Paul Bert and the equally well-known physiologist Dr. Laborde. The guillotine which, owing to the peculiar tendencies of President Grévy, had been kept at rest for a long space of time, has suddenly resumed its activity, and experimental science has taken possession of some heads, freshly severed from the body. An atrocious murderer, named Gagny, was executed a short time ago, and experiments were made immediately after the execution by Dr. Laborde, Professor Regnard and M. Loye. In describing the results observed, Dr. Laborde was led to make the remark that consciousness might possibly not be abolished immediately after decapitation; that, at all events, the functions of the retina were not abolished; since the pupil was seen to contract under the influence of light; and that when the brain was supplied, through the carotids, with arterial blood from the vessels of a dog, the excitability (as proved by muscular contractions) of the cerebral substance lasted



much longer (55 minutes) than when no blood is supplied (22 minutes); and that the heart continues to beat during 14 or 15 minutes. At this stage of the proceedings, M. Paul Bert, who presided, rose to express his opinion as to the *immorality* of these experiments, which he described as "an application of torture after death," stating that if he held power he would prohibit them. Dr. Laborde expressed his astonishment to see M. Paul Bert, the celebrated physiologist, appear for the first time in the light of an obstructionist; he expatiated upon the important scientific results which flow from these experiments, and remarked that if it were proved that sensibility and consciousness persist after death, *that* would be the best of all arguments against capital punishment. An angry reply from the President was followed by a retort from Dr. Laborde, and finally the debate was authoritatively closed by the President, who complained, in vehement terms, that a personal attack had been made upon him. It must be confessed, says our Paris Correspondent in commenting on the dispute, that the Biological Society is quite "incompetent," as we say in France, to discuss a point of this nature, being neither an association of philanthropists, nor a synod of theologians. Its province lies in the appreciation and discussion of certain scientific facts, and vivisection has been hitherto its chief mode of investigation. On the other hand, some of our scientific men are too prone to bring prominently before the public certain scientific facts which, however important and interesting in themselves, are calculated to alarm weak minds, and give a shock to weak nerves, and thereby to injure, in the public mind, the cause of experimental physiology.

THE statue of Pinel, which has been erected in front of the Salpêtrière, was unveiled last Monday, in presence of a large crowd. Speeches were delivered by the Prefect of the Seine, M. Poubelle; by the Vice-President of the Municipal Council; by M. Pichan, one of the Members of the Council General; by Drs. Dagonet, Legrand du Saulle and Ritti. A banquet offered by the Medico-Psychological Society closed the ceremony.

THE appointment of a successor to the late Professor von Frerichs in the Chair of Clinical Medicine in Berlin, has of late given rise to much discussion not only in that city, but in most of the medical schools of Germany. A satisfactory settlement has been arrived at by the establishment of two equal Chairs, occupied respectively by Professors Leyden and Gerhardt. The migration of the latter to Berlin is, or ought to be, a source of extreme satisfaction to the leaders of the faculty in that University. The record of work in the past with which Professor Gerhardt has associated his name, compares favourably with that of the greatest workers in medical science. More especially in connection with diseases of children, and as an exponent of the methods of physical examination, are his labours well known in England, whilst as a fellow-worker and pupil of such men as Bamberger, Griesinger, Laschka, and Czermak, he brings to his new work a vast and varied experience of clinical practice, of which the students in

Berlin, whether native or foreign, will not be slow to avail themselves.

OWING to the numbers who take an interest, pecuniary or Platonic, in the subject of the pre-curricular education of the medical students, discussion on the subject is always ready to break out. It is practically endemic amongst us, and there is such a general susceptibility to the infection, that a week seldom passes without its being heard of in one quarter or another. Recently it has appeared in an acute form both in our pages and those of our contemporaries. The discussion is of by no means such recent origin as some are wont to imagine, and a correspondent has called our attention to some passages in Dr. Latham's well-known lecture on 'Subjects connected with Clinical Medicine' (New Sydenham Society's Edition, Vol. II.), which, though written over fifty years ago, are so much to the purpose that we do not hesitate to reproduce them. Dr. Latham says:—

"Let us take care what we are about, and beware how we change the character of the English practitioner of physie. He is sound and unpretending, and full of good sense; what he wants is a little more careful and somewhat larger instruction in *what bears directly upon the practical part* of his profession. Give it him, and he will become more trustworthy and more respected every day. But for all that is beyond this, we may recommend it, but we must not insist upon it; we must leave it for each man to pursue according to his leisure, his opportunities, and his capacity, and not exaggerate it into a matter of necessity for all. Where too much is exacted too little will be learned; excess on the one hand naturally leads to defect on the other. . . . Yet I recommend you to get the best scientific education you can. Let each man according to his time and opportunities pursue that department, or those several departments, to which his mind inclines; but let him take care to feel his ground firmly established beneath his feet as he goes along. For here all *half* knowledge is no knowledge at all. Even homely common sense arrives at much safer conclusions in the things which belong to medicine than any scientific principles half understood and misapplied."

We are ashamed that we had forgotten that passage in submitting our "Plea for Variety" last week. No one has urged it better than Dr. Latham. It is also of interest to recall that the same sound and philosophical writer, in the *British Medical Journal*, February 1860, advocated much the same process for interweaving the student's scientific and practical studies, that Dr. Gairdner recently proposed at Dundee.

THE next general meeting of the Medical Officers of Schools' Association will be held at the rooms of the Medical Society, Chandos Street, on Wednesday next, July 22nd, at 3 p.m. A paper, based upon an enquiry made for the School Board of London, on the subject of "Postures in Schools and their Influence upon the Figure" will be read by Mr. Noble Smith. Each member will, as usual, be allowed to introduce two visitors; and the Council have decided, in view of the general importance of the subject to be brought under discussion, that ladies may be admitted as visitors on this occasion.



DR. W. H. BRADFORD, of Boston, U.S.A., states that the dilatation of the pupil and the paralysis of accommodation, which form the chief drawbacks to the employment of cocaine in ocular surgery, may be entirely obviated by combining it with pilocarpin. He claims to have demonstrated that a mixture containing ten minims of a four per cent. solution of hydrochlorate of pilocarpin in a drachm of a four per cent. cocaine solution is efficient in securing the anæsthetic effect of the cocaine, while leaving the pupil and accommodation absolutely unaffected.

IN the *Journal of Mental Science* for this month is a very interesting examination by Dr. Grey of the story which, under the title of "Mr. H.'s own Narrative," aroused so much excitement five-and-twenty years ago. Dr. Grey considers, and his argument is very persuasive, that Mr. H.'s experiences are a tissue of hallucinations and delusions. We commend his explanation to the consideration of Messrs. Gurney and Myers.

IN view of the possible outbreak of cholera, and on account of his repeated failure to obtain any improvement, Dr. Johnson Martin, Medical Officer of Health for the Bolton Rural Sanitary Authority, has asked the Local Government Board to institute an enquiry into the sanitary condition of his district. His chief grounds of complaint are that the Sanitary Authority refused to make a house-to-house visitation when he requested them to do so, and that when he advised that the state of the streets should be seen to, his recommendations were ignored. Some parts of his district are, he declares, in a most insanitary condition. It is evident that Dr. Martin does not receive from the Sanitary Authority that cordial support which every medical officer of health is entitled to expect.

THE annual meeting of the Cambridge Medical Graduates Club was held on Wednesday evening at the Holborn Restaurant, when Sir Henry Pitman was elected a vice-president in place of the late Dr. Herbert Davies. It was settled that the next annual meeting and dinner should be held at Cambridge, and that if possible the club should hold a *conversazione* or smoking concert every year. Dr. Dickinson presided at the dinner as well as at the meeting, and proved an admirable chairman. In proposing the toast of the evening, viz., success to the club, he took occasion to express a hope that some means would be found to extend the functions of the club from those of mere good fellowship in the direction of expressing an opinion on matters concerning the profession at large, and he instanced the action of the Colleges of Physicians and Surgeons in reference to granting degrees as a matter upon which the Club might very well formulate and give vent to an opinion.

THE *Boston Medical Journal* states that a homœopathic physician recently read before a Worcester County medical society a paper on "Nervous Exhaustion consequent upon Concussion of the Spine," which was published *in extenso* in the medical journal of that persuasion. It was subsequently discovered to have

been copied almost verbatim and without credit from Erichsen's monograph on "Concussion of the Spine." An explanation seemed to be in order, which is thus made by the writer: "The *idea* of nervous exhaustion being dependent upon a shock to the spinal chord was wholly original with me." And he naïvely adds: "Had Erichsen not written on the subject, I should have done so," an explanation which he trusts will be satisfactory. This is like the playwright who maintained that the same idea had occurred to both himself and Shakespeare, but that the latter chanced to have the first opportunity of making use of it.

## THE WASHINGTON CONGRESS IN DANGER.

THOSE who have looked forward to taking part in the next International Medical Congress, and have counted perhaps on making personal experience of that friendliness and hospitality of which every English doctor who has yet crossed the Atlantic has brought back such golden report—yes, and not only those, but every practitioner to whom the reputation of his profession is dear—will have read with intense surprise, if not distress, the intelligence we published last week, that the Washington Congress is in imminent danger of falling through. We are sorry to announce that our worst anticipations are in process of realisation. The leading practitioners of Philadelphia, many of whom were to hold high office in the Congress according to the list distributed by Dr. Billings some months ago, met together on the 29th ultimo, and decided that, as the changes recently effected in the preliminary organisation and rules for the International Medical Congress of 1887 "are inconsistent with the original plan and detrimental to the interests of the medical profession in America, and of the International Medical Congress," they would decline "to hold any office whatsoever in connection with the said Congress as now proposed to be organised." This resolution was signed by thirty of the most distinguished practitioners in Philadelphia, including men like Weir Mitchell, Horatio Wood, Roberts Bartholow, Da Costa, Duhring, Goodell, Minis Hays, Leidy, Pepper, W. Osler, Stillé, Tyson and Yandell. We hear that a similar movement is on foot in Boston, and that it is quite likely that the most distinguished practitioners in that hub of the universe will follow the lead of their Philadelphian *confrères*. And as some of the leading New York men, including Dr. Jacobi and Dr. Lefferts, who were to have presided over sections, have already been deposed from their places, as adherents of the New Code, while Dr. Bowditch, the most respected physician of Massachusetts, has been struck off the list of vice-presidents for his sympathy with that party, it must be admitted that the *New York Medical Journal* is probably right in describing the outlook for the Congress as "gloomy." We can only hope that the sound sense for which our American cousins are so distinguished will prevail, and that the decisive action of the Philadelphia practitioners will rouse the mass of the profession in America to step in and to decide by overwhelming numbers before it is too late that old controversies



shall be sunk, that old ill-feeling shall be buried, and that no one shall be allowed to turn partisan spirit into a ladder for his own elevation at the expense of the reputation and good-fellowship of the profession to which he belongs.

We do not wish, and we hope no one on this side the Atlantic will attempt, to revive the memories of the celebrated dispute on the Codes. We believe that the late Dr. Panum, the lamented President of the Copenhagen Congress, distinctly insisted, when the invitation to America was accepted, that the code question should not be raised; and we feel sure that a very large majority of English and Continental practitioners will refuse to cross the water if this understanding is not rigidly kept to. They will feel, too, that if they go to Washington they can only go as the guests of an undivided profession. A Congress from which the most distinguished representatives of American medicine were excluded or had withdrawn would not be worth going to as a scientific meeting, while the remembrance of the bitterness and heart-burnings which had attended its organisation would rob its social distractions of all their charm. It would be like feasting with a man, while his wife, unjustly divorced, stood in the street watching. We can assure our American readers that in the present case the best English sympathies will be with the wife. The men whom English visitors, if they go, will go to see and hear are the very men who have been elbowed out of the Congress. The scientific success of a Congress does not depend on numbers, but on quality. The profession in America is no doubt rich in numbers, as well as in scientific activity, but it is not so rich that it can afford to play all Europe with only pawns on its side of the board.

We must add a few lines to explain to English readers how the matter lies. The American Medical Association, a body which includes some 3,000 of the 40,000 practitioners in the States, appointed a Committee of seven to go to Copenhagen in order to express the desire of the Association that the Congress of 1887 should be held at Washington. The invitation was given in the name of the whole American profession, the Association acting to this extent as its spokesman. It was accepted, and the Committee were entrusted with full powers to organise and appoint officers of the Congress. They thereupon added to their original numbers some score of the leading practitioners of the States, and issued the programme which has been distributed far and wide. At a recent meeting of the American Medical Association at New Orleans, Dr. Billings reported on behalf of the Committee, but a certain section refused to accept the work done, and claimed that the Association had power to revise it, inasmuch as the Committee derived its commission from that body. They succeeded in getting a majority to endorse this claim, and induced the Association to strike off the names that had been added to the Committee and to replace them by 38 new men, elected with regard rather to their local distribution than to their scientific attainments. The new Committee accordingly, with the exception of the original seven, contains scarcely a name that is familiar to English ears. The question of the competency of the Association to act as it had done was submitted to counsel, with the result

that it was declared to have acted quite within its powers. The members of the original Committee therefore decided to attend the meeting of the enlarged Committee held on June 24th and 25th at Chicago, the reports of which have just reached us.

At this meeting Dr. Beverley Cole, of San Francisco, was elected permanent chairman of the Organising Committee, and Dr. Shoemaker, whose name is familiar to us as the active advocate of the use of the oleates known by his name, its permanent secretary. A Sub-committee was appointed to revise the rules and preliminary organisation of the Congress, published at Washington in 1884, and their report and list of officers was subsequently adopted by the Committee. The rules, however, have not yet been published, and we can only say that the first rule was so amended by the Committee as to guard against the participation of irregular practitioners in the meetings of the Congress. Besides this, the Committee removed from their positions in the Congress some twenty-five men, including Jacobi, Loomis and Lefferts, who have given up the code of the American Medical Association and retired from that body, but who are still met in consultation by the "old-coders," and are members of the New York Academy of Medicine. The Committee also entirely changed the executive *personnel*, substituting for men whose names are household words with us others whose reputation has certainly not yet crossed the Atlantic, whatever it may do in the future. It also removed the chairmen of sections from membership in the Executive Committee, and restricted the Membership of the Congress, so far as regards America, to members of the Association, or of State and County Societies in affiliation with it, and to others nominated by the executive. After these achievements the Committee adjourned to meet in St. Louis just before the next meeting of the Association. The above is a very brief abstract of intelligence derived from the American journals and from our correspondents in the States, and no doubt from its very brevity it will appear somewhat confusing to the English reader. The whole affair will look to him, perhaps, very much like a storm in a teapot. He will perhaps, however, be able to realise the dispute a little more clearly if he can imagine the Committee of Council of the British Medical Association having taken the London Congress of 1881 under its entire control, removed all but a few of the leading London men from any share in organising the meeting, and allowed no one to participate in the Congress but members of Association. But even that comparison would be misleading, for the English Association represents at least 50 per cent. of the English profession, while the American Association only contains some 7 per cent. of American practitioners.

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#### THE LAY ELEMENT IN UNIVERSITY GOVERNMENT.

PROFESSOR RAY LANKESTER, in the letter to a contemporary on which we commented last week, sighs for the "Lehrfreiheit" and "Lernfreiheit"—the free trade in teaching—of Germany. Here is a curious commentary on his aspirations, taken from an excep-



tionally well-informed article in the current number of the *Athenæum* :—

“There is deep truth in the constant warning of Mr. Thring, that the teacher (and the pupil) must have freedom. But in Germany there is hardly any left, and if, with the vulgar imitation of all things German now prevailing, this bureaucracy is further extended, the education of England, bad as it has been in some respects, may be replaced by something infinitely poorer and worse.”

We could hardly have hoped so soon to meet with an authoritative sanction of the “Plea for Variety” which we put forward in our last issue. We are quite prepared to admit with Professor Lankester, indeed we have all along vigorously contended, that there is too little free trade in medical teaching in London. School competes against school, and that which succeeds in obtaining the best staff as a whole no doubt in the long run obtains an advantage over its less efficient rivals, however weak its teaching may be in individual subjects. But the system of composition-fees effectually prevents any competition between individual teachers, and the student may have perforce to attend the lectures and clinical teaching of comparatively incompetent men, while excellent teachers are lecturing on the same subject to almost empty benches at a neighbouring school. To reform this system, to introduce free competition amongst the teachers, and especially the clinical teachers, of the London medical schools, we need the pressure of some powerful central body, such as the London University or the combined Royal Colleges might become. But there is an evident risk that such a body, while securing individual freedom to the teachers, might reduce all medical education in London to one rigid pattern, demanding of all students the same identical curriculum, crushing all minds into one mould, and allowing no freedom for the growth in one or other direction of exceptional talent.

We cannot sufficiently bear in mind that education has not yet been reduced to a science. In another century perhaps it may be, but as yet it can hardly be said to have passed out of the rule-of-thumb stage. At present, then, those who have the opportunity of testing it by its results are likely to be better judges of its efficiency, and of its suitability to its purpose, than those who merely argue about it on *a priori* grounds, or with a very natural distrust of their own abilities, borrow their conceptions of it from other countries. Thus in medical education a teacher takes his pupils through a rigidly conventional course, and if they succeed in passing an equally conventional examination he is satisfied that he has done all that can be required of him. He estimates himself and is estimated by his rivals according to the percentage of pupils whom he succeeds in drilling up to examination standard, but neither he nor his rivals are able to follow those pupils into their after-life, and to determine their fitness or unfitness for the duties they may be called upon to perform. Many a London teacher is no doubt in the constant habit of meeting his old pupils in consultation, though that only gives him an opportunity of judging of their competence in practice, when placed upon their mettle and exposed to criticism. But many teachers, and

especially those who have to do with the groundwork of medical education, enjoy no such opportunities, and their pupils when they have got through their examinations pass out of their purview for the rest of their natural life. We should like to ask Professor Lankester, for instance, how many of his old pupils in the medical department he is in the habit of encountering in their post-graduate career, and what opportunities he has of discovering how far the science he has taught them has increased their practical efficiency. We even notice that in his letter, before mentioned, he does not rely for the justification of his views on the experience of the teachers of the advanced medical subjects, but only makes his appeal to the teachers of physiology, though of course the vital question is, whether the student gets a better grasp of medicine, surgery and pathology from his knowledge of zoology. But apart from individual instances, we may assume that not one London teacher in ten has any opportunity worth taking into account, of judging of the fruits of his labour as seen in the thought and practice of his pupils when they have once become practitioners.

Yet—and here we come to the main thesis of our article—the latest scheme for reorganising the education of the metropolis—that of the London Convocation Committee—rests upon the principle, that the teachers should have practically an exclusive voice in deciding upon the requirements demanded of the student. Hitherto the London University has had both upon its governing and its consultative chamber a considerable proportion of laymen as distinguished from educational experts. Some of the most influential members of the Senate have been men of high rank and culture, who, however, have never been personally engaged in teaching, and have therefore enjoyed the advantage of looking upon the educational mill from the outside. The same is true of Convocation, with the result that though the minor proceedings of that body, when left mainly to a score or so of convocation-trotters, may have been little worthy of admiration, it has nevertheless always risen to the event, and mostly delivered a really sound and liberal judgment when any vital question of principle has been submitted to it. For on such occasions the general body of graduates has been so largely represented as to entirely swamp the small clique of talkative educationalists and crotcheteers who usually represent or misrepresent the lower house of the London University. Whatever of wisdom or of liberal feeling has attached to the resolutions of a full Convocation has been due, we believe, not to the comparatively small body of teachers, but to the large infusion of the lay element. Now, as we pointed out last week, the scheme of Lord Justice Fry deliberately excludes the lay element from any power in the University worth the having. If the scheme is accepted and carried into practice, Convocation will practically cease, because it will have no reason, to exist, for its work will be absorbed by the Faculties. The Senate, on the other hand, will equally find its occupation gone, for the scheme converts it into a mere ornamental figure-head for registering the decisions of the Boards of Studies. But, such as it would be, the lay element upon it



would be reduced to practical impotence. Of its thirty non-official members, eighteen would be elected directly by the teachers, while of the remaining twelve a considerable proportion of the Convocation representatives would probably be teachers as at present, and some at least of the Crown representatives would no doubt be taken from the same class. As to the Boards of Studies, which are to form the working element in the University, they would be composed almost exclusively of teachers, only one representative of Convocation sitting on each Board.

We may assume of course that it has been the deliberate intention of the authors of the scheme to place the control of the University thus exclusively in the hands of teachers, and to banish the lay element from its management. Our objections to the scheme on this ground are vital. We condemn it on a broad principle, and much as we wish to see the London University reconstituted, we hope that the present scheme will be thrown out by Convocation unless materially modified in the sense we have indicated. We do not think that any reasonable man can deny the truth of our contention, that the governing powers of a national body like the University of London ought to contain a certain element representing the experience of practical life. For instance, a very considerable proportion of the medical graduates of the University are general practitioners in different parts of London and the Provinces, who have nothing to do with teaching. Is it not obvious that these graduates are in as good a position for forming an opinion as to the defects of the University course, regarded as a training for practical life, as teachers cooped up most of their days in laboratories and dissecting rooms? And yet this outside opinion is entirely ignored and excluded by the new scheme. The principle that the man who knows what *is* wanted has quite as good a right to a voice in affairs as the expert who has only considered what *ought* to be wanted, in one so thoroughly admitted in English politics that we are astonished to find it disregarded by the framers of the scheme. The sole excuse, for instance, for admitting two million uneducated voters to the franchise is that they have learnt by hard experience where the shoe pinches them, and are as fully entitled to express an opinion on the subject as the bootmaker or any casual observer. This principle is equally applicable, and has hitherto in the case of the London University been recognised as applicable to University Government, and on this ground we consider the scheme now before Convocation as distinctly retrograde, and therefore unworthy of adoption unless modified in the direction we have indicated.

### THE MYSTERIES OF MODERN BABYLON.

TILL the *British Medical Journal* spoke up with such surprising naïvete on behalf of the *bona fides* and accuracy of the recent repulsive utterances of a now notorious evening paper, that conspiracy of silence on the part of all the leading journals which seems to have entered like iron into the soul of the editor of the paper in question was too admirable to be broken. But now

that one organ of medical opinion has had its say and has thrown its friendly ægis over the authors of the newest and most uncleanly "Romance of the Nineteenth Century," we feel bound to write a few words on the subject. To discuss the probability of truth in most of the statements made by the *Pall Mall Gazette* would be almost to take part in the outrage against decency which that journal has committed. But, granting for the sake of argument, that the writer of these articles believed implicitly, and with good reason, in the accuracy of his statements, the most superficial glance at the headings and style of the paragraphs would lead the vast majority of those who have read them to suppose that the redress of a real social grievance was not the sole object of their publication. We do not hesitate to say that even if a small proportion only of the horrors detailed could be shown to be true, a single article, soberly and strongly worded, would have aroused more true indignation, and constituted a far more practical and successful effort at reform, than this deplorable series of novelettes so adapted to appeal to the salacity of the streets.

We do not think that there could be any justification whatever for the appearance in such a form of literature on this subject, not even if the writer asked for no pledge of secrecy, but courted enquiry into his facts in the full light of day, and prayed for the prosecution of the miscreants whose anonymity he has now pledged himself to preserve. The possibility of the two or three eminent personages who have offered to come forward at the call of the *Pall Mall Gazette* being convinced of the truth of the alleged facts is no excuse whatever for their publication. Nor will the public forgive or forget the indubitable offence and harm that must have been already wrought by the almost forced entry of these detailed obscenities into their houses, and into the hands of thousands of our younger population, both male and female. Much more evidence is wanting to the public of the truth of even a small proportion of the incidents adduced than is offered by such an enquiry as the *Pall Mall Gazette* proposes. If the sagacity of the secret commissioners were by any chance at fault, and their informants were possibly "taking them in," or were, at least, not quite trustworthy—a far from absurd supposition, considering their calling and antecedents—it is not inconceivable that other investigators might be deceived as well, even if taken, to use our medical contemporary's words, "from unsullied witnesses to the purity of domestic life—bishops, prelates, clergymen of all denominations, and members of both Houses of Parliament."

Nothing, in our opinion, short of full proof of all the statements, and conviction of the chief offenders, would even partially atone for the moral harm already done by the publication of these papers; but the first of these requirements is unlikely to be satisfied, and the second is out of the question because of the secrecy of the secret commission. All medical men, we are convinced, will resent the imputation cast on the profession by the suggestion that quite a large number of them are ready to sign certificates for the vilest of purposes. The *Association Journal*, while casting no doubt on the facts of the examinations made and certificates given by medical men, innocently "trusts"



that their participation was entirely in ignorance of the aim of the other parties concerned. This is a strange and mysterious position for a journal to take up which has generally proved itself so ready an advocate for the profession whenever it has been said to sin. We think far more highly of the intelligence of our brethren, and not one whit more lowly of their morality, than our contemporary does; and therefore we entirely refuse to believe on the *ipse dixit* of any number of people that these certificates were signed by regular members of the profession; and all the more so because the letters "M.D." are appended in every instance to the blank signatures of these alleged malefactors! It is a poor defence of doctors to call them fools when they are accused of being knaves. The *Pall Mall Gazette* implies that they are both. Till further evidence is forthcoming it is but right to believe that of these particular kinds at least there are absolutely none.

## REVIEWS AND NOTICES OF BOOKS.

*Spinal Deformity in relation to Obstetrics*; by A. H. FREELAND BARBOUR, M.A., B.Sc., M.D., F.R.C.P. Ed., Assistant to the Professor of Midwifery in the University of Edinburgh, &c., &c. Edinburgh and London: W. & A. K. Johnston, pp. 35, with 38 plates.—This handsome volume reflects great credit both upon the author and the publishers. It is well printed, and the plates are well executed. The subject is one of a purely scientific kind, and it is treated in a scientific way. The letter-press is made up of careful and accurate observations; there is little speculation, and no padding. The book consists of three parts. First, on the changes in the form of the female pelvis present in spinal deformity. This part is based on exact measurement of 13 pelves associated with curvature of the vertebral column. Drawings of the pelves are put before us. The absolute measurements of each pelvis are given in a tabular form, and the same measurements calculated in their proportion to a standard line are arranged in another table so that they can be readily compared. The different pelves are, moreover, represented by diagrams, in the manner adopted by Breisky and Leopold, so that their peculiarities stand out at once to the eye. So far as we are aware, this is the first work in English in which this most instructive method has been followed, and certainly diagrams of pelvic deformity of such number, size, and clearness, have not yet adorned English literature. The second part is on the displacement of the viscera, and the relations of the pelvic organs post partum in a case of kyphosis. It is a description of frozen sections which the author has made of the body of a woman who died with the condition named. It is illustrated with 12 plates of great beauty and excellence. The third part is on the obstetrics of the kyphotic pelvis. Here the author shows a rare and wise reticence. He collects facts, and does not theorize. He has brought together a larger number of cases of labour with kyphotic pelvis than any previous writer; he summarizes the information they give, and lays down brief and clear rules for practice. In an appendix Dr. Barbour gives descriptions, illustrated with 3 plates, of frozen sections from a case of spinal caries without much kyphosis. We regard the work as one of the greatest value. It is one built upon observation, not upon speculation; and this is the only sure foundation of medical science; for it is not too much to say that the progress of medicine consists chiefly in increasing exactness of observation. The book has lessons to teach as to the formation of the pelvis, in topographical anatomy, and concerning practical obstetrics. The field from which these lessons are drawn is a small one,

because the opportunities for such observations are few; and therefore it is possible, and indeed to be hoped, that they may be supplemented and perhaps modified in the future. But the author's care and precision are such that his work is solid and real, and can never lose its value. The book is a credit both to the author and the great school in which he has been trained.

*Transactions of the New York State Medical Association for the year 1884, Vol. I.*; edited by AUSTIN FLINT, Junior, M.D. New York: D. Appleton & Co., 1885. This society, which was formed in the early part of last year, is the outcome of a prolonged struggle against the introduction of the New Code. The National Code of Ethics, as it is called, does not allow any of its members to consult with irregular practitioners; the New Code does away with this, which its upholders look upon as the most vital of its clauses. In the course of 1882, owing to the action of a powerful minority, the New York Society abolished the Old Code and adopted the New. Failing in all their attempts to obtain a restitution of the National Code by gentle means, the disheartened majority resolved to secede and found a new society, which should abide faithfully by the National Code. This they have accordingly done, with a result that, in the first year of its existence, the new society has enrolled 522 Fellows on its list. The present volume therefore contains the report of their first year's work. The papers are many of them of great interest, and deal with a great variety of medical topics; it would be invidious to particularize, and our space does not permit of a notice even of a majority of them. The printing and binding of the volume leave nothing to be desired.

*Bericht der K. K. Krankenanstalt Rudolph-Stiftung in Wien* (Report of the Imperial Royal Rudolph Foundation Hospital in Vienna), 1883, pp. 414.—This is indeed a model report. It were to be wished that all endowed charities were either compelled to publish such a detailed account of their work, or that they did it voluntarily. Prefaced by the simple statement that the report is published for the Ministry of the Interior, by the Directorate of the Hospital, we come upon the names of those who form the directorate, and are pleased to find first and foremost as director a medical man, and that all the medical officers rank before the non-professional staff. Then follow a number of tables giving the usual information as to admissions, discharges, deaths, occupations, districts from which the patients were admitted, and a variety of other information more or less interesting, but very useful, should it be wished at any time to compare figures for any special reasons. There are tables of percentages for the current year, as well as summarised tables of many previous years, from which may be seen at a glance how any particular cause of mortality, or cause of disease, or expenditure, or cost of patient stands at the present time as compared with former years. These tables moreover are worked out in great detail; they are not merely lumped figures which give no sort of information beyond totals, but are, what they should be, an actual report of the subject matter, whatever that happens to be. In the part of the report which deals with expenditure, that of the medical officers stands first, showing the paramount position they hold even in a country like Austria. In the more strictly medical part of the report, we again find the same detail of statement, and amplitude of tables, percentages and averages. The diseases are arranged in systems, and a complete review of all the cases treated is given. Then, in greater detail, follows the complete record of the more interesting and unusual cases and of surgical operations. The pathologist's report is carried out in a similar manner.

*Die Wanderleber und der Hängebauch der Frauen*; von Dr. LEOPOLD LANDAU. Hirschwald: Berlin, 1885, pp. 170 (Floating liver and pendulous belly in women).—In his preface to this work the writer complains that too much attention is paid now-a-days to the microscopic evidences of



disease, and too little to the coarse physical signs which come into notice every day, a complaint which we can cordially endorse. As the result of the attention which he has devoted to the subject of which he writes, Dr. Landau is convinced that the wandering or moveable liver is of sufficiently common occurrence to warrant its removal from the category of pathological curiosities to which it has been hitherto relegated. It must be allowed that he has done ample justice to a subject which would not at first sight appear to contain much that lends itself to profitable study. Every conceivable cause for displacement of the liver is in turn considered and discussed, and numerous illustrative cases and drawings are appended which serve to give a practical aspect to a discussion which of necessity depends to a great extent upon conjecture. That cases of pendulous belly are not unfrequently associated, especially in women, with an abnormally moveable liver is clearly shown by the evidence which the author adduces, but he proves at the same time that a vast number of other conditions are capable of producing this uncomfortable malady, and he gives the most precise instructions for their differential diagnosis. With respect to treatment it cannot be said that he is able to offer any strikingly new methods, but as a complete and thorough treatise on a rather neglected subject the work deserves cordial recognition.

*Traité de Thermométrie Médicale*; par P. REDARD. Paris: J. B. Baillière et Fils, 1885.—When we took up this book it was with a full expectation that it would turn out to be little more than a recapitulation of what Wunderlich had already written. We were, however, agreeably disappointed. The author has treated his subject from an entirely new stand-point. The first part of the book is devoted to central alidity, or lowering of the temperature, and in the 279 pages devoted to the exposition of this part of his subject, the author may fairly claim to have exhausted all that there was to be said about it. The most interesting chapters in this portion are those on the lowering of the temperature in lesions of the nervous system, both central and peripheral. The second portion of the book is devoted to local thermometry, and opens with a full description of all the apparatus which have at one time or another been devised for registering the temperature. Then follows a chapter on local temperature in cerebral affections, and then one on lesions of the peripheral nervous system, in which is included the very important subject of lesions of the sympathetic nervous system. Amongst the other chapters, those on the local temperature in chest affections, and especially as a means of diagnosis in phthisis, and on the local temperature in lesions of the vascular system, will probably be found of most interest. The author shows himself to be well abreast of modern work, both in physiology and pathology, and the work will prove of great value to the teacher of medicine. In conclusion we may note that the author regards 37.5° (99.5° F.) as the normal temperature of the human body in the axilla.

*Vorlesungen über Pharmakologie, für Aerzte und Studierende*; von D. C. BINZ (Bonu). Berlin: Hirschwald, 1885.—This is the second part of Professor Binz's Lectures on Pharmacology. In our notice of the first part, which appeared in 1884, we indicated the thoroughly readable character of the book—how it discusses in a light, conversational, demonstrative manner, the somewhat dry facts connected with the pharmacopœia. The present volume is as good as its predecessor. Many of our most important drugs are discussed here, such as digitalis, ergot, physostigma, jaborandi, strychnia, tobacco, and the æthereal oils; also iron, alkalies, bitters and tannin. We would particularly refer to Professor Binz's account of remedies, which he has himself especially investigated, including alcohol, and the phosphorus, arsenic, and antimony groups. We heartily recommend the volume to lecturers, and advanced students of therapeutics. Abundant references are given to the latest papers on pharmacology in all languages.

*Leçons Cliniques sur les Maladies des Voies Urinaires*, par le Professeur GUYON. Paris: J. B. Baillière et Fils, 1885, pp. 1,084. Deuxième Edition.—None but a French author, we opine, could have filled a thousand closely printed pages with what we English should call the surgical diseases of the urinary organs. The work is very thoroughly done, and written in that easy style which becomes habitual to French clinicians, who, as part of their routine duty, are expected to give set clinical lectures almost every day of the session. Regarded from this standpoint, it must be admitted that the work is a very excellent one indeed; the subject-matter of the different chapters appears to have been illustrated by the actual presence of cases in the lecture room. The author has divided his work into 31 "leçons," and each takes up and discusses some special point. The pathological changes which occur in urine, are carefully dealt with, the author showing himself to be a chemist as well as a surgeon. "Urinary poisoning" also comes in for very considerable attention. These lessons deserve very close study. The lectures on Litholapaxy, or, to speak more simply, the aspiration of calculous fragments, and the duration of operations are among those which have had to be entirely remodelled since the first edition was published. Those who desire to contrast French and English views will find in Dr. Guyon's work a very able summary of the subjects from the French standpoint, and to such we heartily commend the work.

## ABSTRACTS AND EXTRACTS.

### THE CORPUS CALLOSUM.

MOST, if not all of us, have hitherto been contented with the belief that the corpus callosum consisted of fibres passing across from one hemisphere to the other, and have never troubled ourselves as to where those fibres came from or went to, regarding the corpus callosum in fact as having little else to do than to prevent the two halves of the brain from falling apart. It is not our fault that we have such vague ideas on the subject, for our best text-books make no attempt to enlighten us. Professor Hamilton, of Aberdeen (*Journal of Anatomy and Physiology*, July), however, has come to our rescue, and in a paper which all must admit to be most instructive, whether they accept his results or not, has endeavoured to throw a little light on this hitherto neglected subject.

The objections to the view that the corpus callosum is a mere commissure he puts as follows:—1. A destructive lesion of the one hemisphere never spreads to the other as might be expected. 2. Destruction of one side of the brain does not interfere materially with the functions of the opposite side, unless, as in the case of the optic nerves, a partial decussation takes place in their peripheral fibres. 3. Animals which do not possess a corpus callosum, or in which it is rudimentary, are capable of combined action just as much as those which do possess it.

Willis, Foville, and Gratiolet did not regard the corpus callosum as a commissure, but held that it contained fibres passing from one corona radiata to the opposite hemisphere, and also of fibres passing between the two hemispheres.

One chief difficulty in determining anything about the corpus callosum has been the impossibility of tracing a fibre for a distance of more than a few lines in any one plane. This difficulty had to be circumvented by following up the course of a bundle of fibres, and this Professor Hamilton has succeeded in doing by what he calls his mezzoscopic method, viz.: the examination of thin sections of the brain with a lens after they have enlarged by means



of submersion in a mixture of potash and gelatine. Premising that that portion of the corpus callosum which lies over the lateral ventricles he calls the tectorial part, we may very briefly see what are the results derived from this method of examination. In the front part of a transverse section through the level of the corpus callosum, a broad band of fibres can be seen passing from this upwards, outwards, and downwards into the white substance, finally terminating in the internal and external capsules. As they enter the internal capsules, the fibres become closely aggregated and much curved. These fibres, he believes, spring from the opposite corpus callosum, and he proposes to call this the crossed callosal tract. The internal capsule also, however, receives another band of direct fibres from the cortex of the same side, chiefly from the region of the paracentral lobule, a few of which enter the corpus callosum, but the majority mingle with the fibres of the crossed callosal tract, and enter the internal capsule. The question at once arises, whence come these callosal fibres? They are supplied, according to Professor Hamilton, from an area extending mesially from the upper edge of the gyrus fornicatus round nearly to the free border of the operculum, and its continuation backwards in the upper lip of the Sylvian fissure. The fibres coming from above curve inwards, whilst those from the outer convex surface run in an almost straight line to their point of entrance into the tectorial part. As above mentioned, some fibres coming direct from the motor area of the cortex enter the corpus callosum, and opposite the central convolution other fibres, evidently motor, join it. It is from the extreme vertex that the greatest leash of callosal fibres is derived; they curve downwards and inwards intermingling with those fibres which have already crossed, and are then lost in the tectorial part. To their inner side is an immense mass of association fibres apparently uniting the margin of the longitudinal fissure with the gyrus fornicatus, the fibres of which by the way he regards as mainly association fibres. The bundles of callosal fibres on entering the tectorial part are at first parallel, and they then decussate, taking an oblique course towards the centre of the brain on the other side. Just over the lenticular nucleus they divide into two sets, the larger entering the internal capsule, the smaller the external capsule.

With regard to the fibres coming from the extreme frontal region, Professor Hamilton describes them as being concentrated into a somewhat oval-shaped area, which terminates in a tail-like leash of fibres, which he proposes to call the common frontal tract, and this tract he further subdivides into three, an internal, middle, and external tract. The internal tract, however, contains fibres coming from the opposite frontal region, as well as from the common frontal tract of the same side. The external tract, too, contains in addition to the fibres from its own common frontal tract, fibres from the opposite frontal region, and a third set from the gyrus rectus. This external tract, he notes, passes exactly beneath the centre for aphasia, and this leads to some interesting reflections as to the light thrown on some of the phenomena associated with aphasia by the fact that a lesion which extends at all deeply in this region is in reality affecting fibres which come from the opposite hemisphere. Ultimately this external tract splits into two, to form the internal and external capsules. The middle tract consists of fibres which pass outwards, backwards, and inwards to sweep round the anterior horn of the lateral ventricle, and terminate by joining the external tract.

Having thus traced the fibres of the crossed callosal tract

into the internal capsule, it remains to be seen what becomes of them after that. The whole of the anterior portion, as well as the fibres which go to make up the bend, terminate in the optic thalamus, very few of the fibres enter the caudate nucleus, and Professor Hamilton suggests that the striæ in the lenticular nucleus are derived from the fibres in the crossed callosal tracts; the posterior part of the internal capsule becomes the cerebral peduncle, and the data derived from pathology are thus confirmed in a most striking manner, for this portion of the internal capsule is formed by the direct fibres from the motor area, and not by the crossed callosal tract. Indeed, had he arrived at any other result, there would have been strong *primâ facie* evidence against him, as it would have been opposed to the almost universally accepted view that one side of the brain corresponds to the opposite side of the body. Thus the internal capsule is made up of fibres coming from both frontal regions and from the motor area of its own side. The centrum ovale consists, therefore, of direct fibres, of crossed callosal fibres and of association fibres passing from one convolution to another. In fine, Professor Hamilton is very doubtful if the corpus callosum contains any association fibres at all.

#### THE BASAL PATHOLOGY OF CHOREA.

PROF. HORATIO WOOD addressed a communication upon this subject to the Philadelphia College of Physicians, which has been since published in the *Boston Medical Journal*, for May 28th. "The first point which I wish to make," he says, "is that the term chorea is simply one which is analogous to the term paralysis, and that the choreic movement is no more the same thing, necessarily, in its basal pathology, than is palsy the same thing in its basal pathology. When we come to study the various forms of disease closely connected with choreic movements, we find in the first place the so-called cerebral or post-hemiplegic chorea, in which after cerebral palsy, there appear violent convulsions with choreic movements. The seat of this lesion has been assigned by Prof. Charcot to the corona radiata, near the lenticular nucleus, and there have been a number of *post-mortems* made which verify this view of its location. There can be no doubt that in many cases the lesion is situated in this position; but, on the other hand, it is equally certain that there have been cases of so-called hemiplegic chorea in which the lesion has been in the external capsule and in the cortex. We may, therefore, say that this form of chorea is associated with various lesions in the brain, as far as its seat is concerned. . . . We are also forced to the conclusion that we may have post-hemiplegic chorea, which is without lesion, and hysterical in its nature. When we come to study the chorea of childhood, we find that the pathology is perfectly parallel to that of the other forms of chorea. We have a large number of reported cases in which the lesion evidently was capillary embolisms of various portions of the brain, especially of the corpora striata and optic thalami, but also in other portions. We have other cases in which no lesions are to be found. Then we have recent cases, especially reported by Dickinson and Ross, in which serious lesion was found in the spinal cord. The clinical history of chorea in childhood also shows conclusively, to my mind, that it may exist without any organic lesion which can be detected. We have it developing in a moment from emotion, passing off in a few weeks, and affected immensely by a few doses of arsenic, or other agencies which would be powerless to affect any severe organic lesion. So far as the study of the disease in the human subject is concerned, I think that these remarks sum up all that we can reach to, namely, that we may have chorea with various lesions and without lesions."

Dr. Wood has of late been much engaged in careful study of chorea in the dog. "It has been affirmed," he says, "that



chorea in the dog is different from chorea in the child. The great reason for believing the disease is distinct is that in the dog the movements are chiefly rhythmical, which they usually are not in the child; but I have seen dogs with absolutely arrhythmical chorea and with all the awkwardness of chorea in children, while occasionally we have more or less of the rhythmical type in children. When we come to look at the points of resemblance in the two diseases, we find first, in each case, it especially affects the young animal; second, in each the disease is associated with a constitutional disorder—distemper in the dog, rheumatism in the child; third, the symptoms are exactly analogous, except that there is more tendency to rhythm in the one than in the other; fourth, the clinical experience of veterinarians and of physicians has led to the same result, namely, that arsenic is the best remedy known in both cases. When I came to study chorea in the dog, the first point to settle was the seat of the lesion; I therefore cut the spinal cord so low as not to interfere with breathing. I found that, invariably, the choreic movement continued after section. Before the section the motions of the front and hind leg were synchronous—that is, a wave of motion starting in the front paw would pass down the hind foot. But after the section this synchronous movement was wanting. The hind legs were completely isolated from the upper portion of the nervous system, and yet continued to exhibit the choreic movements—a proof that the movements originated in the spinal cord. I therefore had my search for the seat of lesion narrowed down to a small fragment of nerve tissue. I found that not only did the movements originate in the spinal cord, but that they originated in all probability in the motor cells, because when I galvanized the bared sciatic nerve, although the animal exhibited no signs of pain, the movements in the hind leg were at once inhibited. The galvanism of the sciatic nerve could only affect the motor cells. Therefore, I came to the conclusion, physiologically, that we had to do here with movements which originated in the motor cells of the spinal cord. The next step was to examine the cord. Gowers and Sankey found in the cord a peculiar infiltration with leucocytes, and they came to the conclusion that leucocytal infiltration was the basal pathology of this disorder." Dr. Wood states that he has found the leucocytes in the cords of healthy dogs, and goes on to show, as the result of his numerous dissections of dogs suffering from the disease, that a change in the ganglionic cells is the basal lesion in chorea. "As I killed dog after dog, in different stages, I found the motor cells were to be noted in all stages of degeneration. First, the perfect cell, then the cell stained badly, then one with nuclei disappearing, the margin becoming obscured, the processes dropping off and opacity occurring; and finally the irregular protoplasmic balls. In a few cases I noticed a peculiar degeneration, the formation of vacuoles in these cells. Some years ago, Dr. Putnam, of Boston, studied chorea in the cat, and in one case found the lesion which I have described, the important point being that he found that the lesion not only pervaded the spinal cord but the whole nervous system. We all know that the choreic movement is only a part of the symptoms of the disease, and that the moral and intellectual part of the child also suffers. I believe that in children we have an altered condition of the ganglionic cells. The reason that no lesion is found early, is that the disease is at first functional. It is not necessary that I should call attention to the fact that there is no such thing as functional and organic disease. The line which we draw is a purely arbitrary one; for the moment there is altered function, there is altered protoplasmic change, and when there is altered protoplasmic change, there is altered nutrition, and then organic disease. Our microscopic eye is so blind and gross that it cannot see these fine changes until they become so distinct that we can detect them—and then we say that organic disease exists. The history of chorea I conceive to be this. Owing to emotional disturbance, some stopping up of various vessels of the brain, or sometimes owing to the presence of organic disease—now this cause and now that—there is an altered condition of the ganglionic cells throughout the nerve-centres. If the cause is removed, and the altered condition of the nerve-cells goes only so far, it remains what we call a functional disease. If it goes

so far that the cells show alterations, we have an organic disease of the nervous system. The capillary emboli, the clots, the tumours, and the various gross lesions which have been found in chorea, are not, in my opinion, the basal lesion; but the cause which produces these changes in the cells which are at the bottom of the choreic movements."

## REPORTS OF SOCIETIES.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 1ST, 1885.

J. B. POTTER, M.D., F.R.C.P., President, in the Chair.

#### *Specimens.*

THE following specimens were shown:—

Dr. HARVEY (Calcutta)—Rupture of the Fundus Uteri during Pregnancy.

Mr. THORNTON—Malignant Dermoid Ovarian Cyst.

Dr. HERMANN—Atrophy of the Chorion.

*Notes of a Visit to some of the Lying-in Hospitals in the North of Europe, and particularly on the Advantages of the Antiseptic System in Obstetric Practice.*

Dr. PRIESTLEY read a paper with this title. The hospitals visited were those at Copenhagen, Helsingfors and St. Petersburg. At Copenhagen the new régime began in 1870. In the Maternity Hospital, in the 15 years from 1850 to 1864, the mortality was 1 in 24; between 1822 and 1843, it had been 1 in 19, i.e., only slightly lower than the mortality in the Nightingale Charity of King's College Hospital, which compelled the author to close the ward. From 1865 to 1874, the mortality from puerperal fever was 1 in 51; from 1870 to 1874, it was 1 in 87, the improvement coinciding with increasing strictness in antiseptic precautions. The hospital is constructed in the most elaborate and expensive way, to secure hygienic perfection, including ventilation, isolation of each part of the building if desirable, and even a separate room for each patient. Moreover, the rooms are only used alternately, which is equivalent to halving the number of beds. The attendants are under strict rules of periodical purification, and are not allowed to pass directly from the convalescent to the lying-in wards. If a patient has been ill, the nurse is fumigated with sulphurous acid gas by an elaborate process. The same is used for disinfection of the rooms. The personal precautions include careful antiseptic hand-washing, soaking of catheters, &c., no sponges are used; the vagina is injected twice a day with carbolic acid lotion. The beds are of canvas, filled with chopped straw, which is destroyed after use. Each bed has its own basins, syringes, catheters, &c. The placenta and dressings are burnt. On suspicion of infection, the patient is isolated, and admissions suspended to that part of the hospital. The medical officers are not allowed to attend autopsies. The director lives in the hospital, of which he is absolute master. As in other hospitals there is an undue proportion of difficult cases in primiparae, and the primiparae have a large share in the mortality. The midwives of Denmark are compelled to use antiseptic precautions, and this has sensibly reduced the mortality. At Helsingfors the hospital is arranged on the pavilion system, one block being devoted to diseases of women, including wards for operations and rooms for out-patients. The wards for lying-in cases contained about 42 beds; the beds were in the middle of the rooms. The mattresses were sacks of fresh rye straw for the non-paying patients, and with horsehair or bark of the lime tree for paying patients, all being cleaned, baked, and remade for each new patient. Some patients lay on the bare boards of the bottom of the bed as is usual in Finland. Antiseptics were not as minutely carried out here. Midwives and nurses were made to wash their hands and arms with soap, and afterwards to rub them with dry hypochlorite of lime before



examinations. Abnormal cases were isolated. The medical officers were forbidden to attend autopsies or to touch infectious wounds without taking antiseptic precautions afterwards. Catheters were carbolicised, and the wards periodically closed and cleaned. After labour, a single injection of carbolic acid was given, and often when specially indicated. The linen was simply washed, the blankets were fumigated by burning sulphur. Professor Pippinskold trusts largely to the excellent hygiene of the hospital (built on a rock high above the town), and to the clean habits of the people, but the external genitals are always washed before delivery; otherwise the object is to guard against external morbid influences, more minute care being thought unnecessary under the circumstances. Before the new maternity was opened in 1879, the total mortality averaged 1.83 per cent. From 1879 to 1884, the total mortality was 1 per cent. At St. Petersburg (the Grand Duchess Catharine Maternity Hospital), there were arrangements for isolating the various parts. Scrupulous cleanliness, the disinfection of rooms, concrete floors draining into a central gully, the careful use of antiseptics were included in the system. In the last three years there had only been one death from puerperal fever, though six from other causes.

Dr. MATTHEWS DUNCAN said that the subject of antiseptics in midwifery was the greatest subject in the whole obstetric department, but it got very little attention. The subject was greater than the prevention of epidemics which came occasionally, while puerperal deaths were constantly occurring in the most valuable members of the community. The value of antiseptics in midwifery had only lately been estimated, because it was only lately that the profession had agreed as to the mortality of childbed. Some men had their thousands of cases without a death, and while he did not doubt their veracity, he did not accept their statements. No man could claim immunity from deformed pelves, placenta prævia, puerperal convulsion, phlegmasia dolens, puerperal inflammations, puerperal scarlatina, puerperal septicæmia, or puerperal insanity. Farre began by ridiculing the demonstrated puerperal mortality, but he eventually nearly accepted the received view—that about 1 in 120 die in childbed or within a few weeks after delivery. In the history of the subject all measures had failed to reduce mortality till antiseptics were introduced. Abroad, the great mass of women were attended by midwives who were compelled by law to use antiseptics; in Great Britain most were attended by doctors, very few of whom used antiseptics. He hoped they would be universally adopted.

Dr. JOHN WILLIAMS said that they should keep clearly in their minds that they could not abolish by antiseptics the effects of pregnancy and labour, but they might hope to abolish deaths from puerperal fever. The mortality of the St. Petersburg Hospital (1 death from puerperal fever in 3 years) was a near approach to this. The results at Copenhagen and Helsingfors were little better than those in the Rotunda of Dublin before antiseptics were used. In seven years of office Collins admitted about 16,000 women, had 2 epidemics of puerperal fever, in which about 80 died, and the total mortality was 1 per cent. Dr. Macan, the present master, admitted during his first year of office 1,090, and of these 6 died, 2 at least from other causes than septicæmia. This excellent result had been obtained by careful antiseptic precautions. Dr. McClintock calculated that one-fourth of the deaths in childbed were not due to childbed. Taking the deaths in childbed at 1 per cent., the lowest mortality in childbed after the destruction of puerperal fever would be a quarter per cent., or 2.2 per thousand, and their object should be to reduce our mortality to this level. This he believed might be attained by antiseptics. This was the object of Dr. Champneys and himself at the General Lying-in Hospital, but the object had not been attained. During the first four years there were 7 deaths in 1,174, or a little more than a half per cent. During the first 12 or 18 months carbolic acid was used; during a second similar period permanganate of potash, and since May, 1884, corrosive sublimate. During the first two periods there was a good deal of illness, though the mortality was low. Since the use of corrosive sublimate was begun there had been no deaths from puerperal fever, and almost an entire absence of morbidity. The mortality

mentioned was the *total* mortality, for all cases which were not well at the time of their discharge from the hospital were admitted into St. George's Hospital under Dr. Champneys or into University College Hospital under himself, and the result was incorporated with the statistics of the General Lying-in Hospital.

Dr. CHAMPNEYS said that the total mortality from all causes in the General Lying-in Hospital in the last four-and-a-half years, since Dr. Williams and he had had charge of it, was 9 in 1,360, equivalent to 1 in 151 or 0.66 per cent. The last two deaths were from phthisis, with which the patients were practically moribund on admission. These results were decidedly good at the present time, though it was hoped to improve them in the future. The greatest care was taken to follow up the cases; on discharge each patient was furnished with a postcard directed to the hospital, on which she was requested to write her state and that of the infant about a month after her discharge, or six weeks from her confinement. No statistics of lying-in hospitals were trustworthy which did not give the total mortality from all causes, and which did not state that no patient was transferred to another hospital, or that, if transferred, her progress was ascertained. The statement that no deaths occurred from puerperal fever was worthless in the absence of the whole mortality, and indeed all cases dying after child-birth were presumably, or in the absence of distinct proof to the contrary, cases of puerperal fever, and such cases often gave unmistakeable though unexpected evidence of septic processes after death. Thus, the statement that in the St. Petersburg Hospital there had only been one death from puerperal fever in three years, while there had been six deaths from other causes, did not carry conviction. This was certainly a most unusual proportion. What were the causes of the other six deaths? The triumphs of antiseptics had been greatest in the most filthy localities; where cleanliness and general hygiene had been attended to, the benefit, though undoubted, was less striking. Antiseptic teaching should be as clear and as definite as possible; if details were unnecessarily multiplied, nurses, and even practitioners, were liable to confuse the essentials with non-essentials, and even to throw the whole thing overboard. He found no difficulty in carrying out the same details in private as in hospital. The all-important thing was scrupulous antiseptic cleanliness of the hands. On this he insisted on the part of nurses, as well as on his own, and inspection of the nails and skin of the hands of nurses was important on this account.

Dr. WEST thought that the teachers of midwifery, or, better still, the Obstetrical Society, should pronounce definitely as to what was essential in antiseptic treatment. In Vienna frequent vaginal washing and the introduction of iodoform into the uterine cavity formed part of the system. Women would, he thought, be apt to dislike this interference, and it would also suggest to them the great danger which there must be to necessitate it.

Dr. PLAYFAIR was sure that in private not one man in a hundred used antiseptics in any thorough way. There were not half the difficulties which Dr. West had imagined, and in his own practice antiseptics were as rigidly enforced as it was possible. Absolute surgical asepticism was, of course, impossible. He now supplied his nurses with antiseptic rules printed on a card, the chief rule being that the nurse should never touch the neighbourhood of the genitals without careful antiseptic washing of the hands. The same precaution was taken with regard to all sponges, catheters, &c.; corrosive sublimate was preferred to carbolic acid. These rules were even more important for nurses and midwives, who often touched the genitals, than for medical men, who, as a rule, only did so during labour. Nurses were apt to be careless of details and of cleanliness, and the result was visited on the medical man. He hoped that antiseptics would soon be the routine practice, and he was sure the result would be most satisfactory.

Dr. GIBBONS remarked on the common practice of pouring a few drops of antiseptic solution into an unmeasured quantity of water, which was useless. He asked Sir Joseph Lister what strength of carbolicised vaseline should be used.

Dr. MURPHY (Sunderland) regretted that the discussion had not included the details of the antiseptic treatment



recommended. He asked the opinion of the Society as to the justifiability of attending a case of labour shortly after having examined a case of puerperal fever in consultation. The text-books said that practice must be given up for several months. Personally, he thought that a change of clothes and a warm carbolic bath 1 in 100 for half-an-hour gave sufficient security.

Dr. BRAXTON HICKS agreed with Dr. Matthews Duncan as to the value of antiseptics in midwifery, but not as to his estimate of puerperal mortality. He had in ten years of early practice some 800 to 1,000 cases, and only one death, which was from puerperal fever. Morbidity was as important as mortality. He referred to the injurious effects of human lochia inoculated into rabbits as showing their poisonous character. The antiseptic vaseline or oil was of little importance compared with antiseptic cleanliness of the hands.

Dr. HARVEY said that in Calcutta for many years carbolised oil had been used for vaginal examinations, and that vaginal injections of carbolic acid or corrosive sublimate were used if any foetus was noticed in the discharges. When there was pyrexia besides, the uterus was washed out. Good had resulted; but the mortality in Calcutta would always be high, as patients were often admitted after many hours of labour, and after the establishment of septicæmia.

Dr. PRIESTLEY, in reply, congratulated Dr. Williams and Dr. Champneys on the results obtained by them, and said that he was informed by Dr. Grigg that of 1,100 deliveries in Queen Charlotte's Hospital between February 14th, 1884, and July 1st, 1885, there had only been one death, and that was from puerperal convulsions. He agreed with Dr. West as to the desirability of defining what amount of antiseptics were necessary, and he doubted if autogenetic infection existed. Antiseptic cleanliness in all things touching the genitals was all-important, but vaginal injection had better be retained meanwhile.

## SANITARY INSTITUTE OF GREAT BRITAIN.

ANNIVERSARY MEETING, JULY 9TH, 1885.

Sir JOHN LUBBOCK, Bart., M.P., in the Chair.

### *The Water Supply of Ancient Roman Cities.*

AFTER the medals and certificates had been presented to the successful competitors at the Exhibition held last year in Dublin, Professor W. H. CORFIELD read a paper on the above subject. He said that, as the supply of water to large populations was one of the most important subjects in connection with sanitary matters, and one upon which the health of the populations to a very large extent depended, he had thought that it would not be uninteresting to the members of this Institute were he to give them a short account of some of the more important works carried out for this purpose by the Ancient Romans—the great sanitary engineers of antiquity—more especially as he had had exceptional opportunities of examining many of those great works. Many of them were well known, but others, in many respects by far the most important, had not received the consideration that they deserved. Of the aqueducts constructed for the supply of Rome itself we had an excellent detailed account in the work of Frontinus, the controller of the aqueducts under the Emperor Nerva. He wrote his admirable work on them about A.D. 97, and not only described the aqueducts as they were in his time, but also gave a very interesting history of them. Before 312 B.C. there was no systematic supply of water to the city; the water was got direct from the Tiber, from shallow wells, and from natural springs; but these sources being found no longer sufficient, the construction of the first or Appian aqueduct was undertaken. It was not a very long one, being little more than 11 miles. It was carried underground throughout its whole length, winding round the heads of the valleys in its course, and was thus invisible until it got inside the city itself—a very important matter, con-

sidering how liable Rome was, in these early times, to hostile attacks. It was soon found that a larger supply was required, and it was determined to bring water from a greater height and from a greater distance; the River Anio, above the falls at Tivoli, was selected for this purpose, and the aqueduct, the Anio Vetus, was no less than 42 miles in length, and was also entirely underground, except at its entrance into Rome. Its exact course was not known, but during the lecturer's examination of the remains of the subsequent aqueducts at a place called the Porta Furba, near Rome, he had been fortunate enough to discover the exact position of the veritable Anio Vetus at that spot. These two aqueducts sufficed for the supply of Rome with water for 120 years; but in the 608th year A.U.C., the increase of the city necessitated a more ample supply, and it was determined to bring it from a still greater distance. Water was now brought from some pools in one of the valleys on the eastern side of the Anio, and the new aqueduct, called the Marcian, was 54 miles in length. Frontinus also gave the history of six other aqueducts in existence in his time, viz., the Tepulan, the Julian, the Virgo, the Alsietine or Augustan, the Claudian, and the Anio Novus; the last two being commenced by the Emperor Caligula, and finished by Claudius, because "seven aqueducts seemed scarcely sufficient for public purposes and private amusements." In order to allow of the deposit of suspended matters, piscinæ, or settling reservoirs, were constructed in a very ingenious manner. Each had four compartments, two upper and two lower; the water was conducted into one of the upper compartments, and from this passed probably by what we should call a standing waste or overflow pipe into the one below; from this it passed (probably through a grating) into the third compartment on the same level, and thence rose through a hole in the roof of this compartment into the fourth, which was above it, and in which the water of course attained the same level as in the first compartment, thence passing on along the aqueduct, having deposited a good deal of its suspended matter in the two lower compartments of the piscinæ. Arrangements were made by which these two lower compartments could be cleaned out from time to time. The specus or channel itself was of course constructed of masonry, generally of blocks of stone cemented together, and was frequently, though not always, lined with cement inside. It was roofed over, and ventilating shafts were constructed at intervals; in order to encourage the aëration of the water irregularities were occasionally introduced in the bed of the channel. The water supplied by the different aqueducts was of various qualities; that of the Marcian being very clear and good was used for domestic purposes. Frontinus gave the most accurate details as to the amount of water supplied by the various aqueducts, which it had been estimated was equivalent to about 332 million gallons a day, or 332 gallons per head per day, assuming the population of the city to be a million. When we considered that we in London had only 30 gallons a head daily, and that many other towns had less, we got some idea of the profusion with which water was supplied to ancient Rome. But the remains of Roman aqueducts were not only to be found near Rome. Almost every Roman city, whether in Italy or in the south of France, or along the north coast of Africa, could show the remains of its aqueduct. There was, however, one city which, from the fact that a great part of it was situated upon a hill, was more difficult to supply with water than any of the rest, viz., Lugdunum (now Lyons), the capital of Southern Gaul, built by Lucius Munatius Plaucus, by order of the Senate, A.U.C. 711. A somewhat prolonged residence in this city had given the lecturer the opportunity of examining on the spot the remains of the aqueducts constructed there by the ancient Romans, and as they were but little known, although by far the most remarkable of the Roman waterworks, he would give a somewhat detailed account of them. Water was at first brought from the hills of Mont d'Or, near Lyons, where a plentiful supply was found at a sufficient height, viz., nearly 2,000 feet above the sea, and it was necessary to cross the broad and deep valley now called La Grange Blanche, and the Roman engineers making the aqueduct end in a reservoir on one side of the valley, carried the water down into the valley, probably by



means of lead pipes, across the stream at the bottom of the valley by means of an aqueduct bridge 650 feet long, 75 feet high, and 28½ feet broad, and up the other side into another reservoir, from which the aqueduct was continued, along the top of a long series of arches to the reservoir in the city, after a course of about ten miles. In the time of Augustus it was found necessary to construct a second aqueduct, and the springs at the head of a small river, called now the Brevenne, were tapped, and conveyed by means of an underground aqueduct of about 30 miles in length. The lecturer exhibited a diagram showing a section of this aqueduct. The specus or channel was nearly 2 feet wide, and a little over 5 feet high, and was lined with a layer of 1¼ inches of cement. It was constructed of quadrangular blocks of stone cemented together, and had an arched stone roof. This aqueduct also crossed a small valley by means of inverted siphons. But neither of these aqueducts came from a source sufficiently high to supply the imperial palace on the top of Fourvières, and the Emperor Claudius determined to construct a third aqueduct. The sources of the stream now called the Gier, at the foot of Mont Pila, were chosen for this purpose, and from this point to the summit of Fourvières was constructed by far the most remarkable aqueduct of ancient times, an engineering work which reflected the greatest possible credit on the Roman engineers, and showed that they were not, as had been frequently supposed by those who had only examined aqueducts at Rome, by any means ignorant of the elementary principles of hydraulics. To tap the sources of a river 50 miles from the city, and to bring the water across ten or twelve valleys, one over 300 feet deep, and about two-thirds of a mile in width, was no easy task. At its source a dam appeared to have been constructed across the bed of the river, forming a lake from which the water entered the channel of the aqueduct, which passed along underground, except where it crossed certain small streams by means of bridges. In one or two places channels were cut for it through the solid rock, after which it reappeared on the surface at a point where now stood the village of Terre-Noire, and where it was necessary that it should cross a broad and deep valley. It ended in a stone reservoir, from which eight lead pipes descending into the valley were carried across the stream at the bottom on a bridge about 25 feet wide, and supported by twelve or thirteen arches, and then mounted the other side of the valley into another reservoir. Hence it again passed underground, except where it crossed valleys and streams, until it reached Soucieu, on the edge of the valley of the Garon, where there were still seen the remains of a splendid bridge, the thirteenth on its course, nearly 1,600 feet long, and attaining a height of 56 feet at its highest point above the ground. The object of this bridge was to convey the channel of the aqueduct at a sufficient height into a reservoir on the edge of the valley. Four holes were still to be seen in that part of the front of the reservoir which was left, being the holes from which the lead pipes descended into the valley. It would appear from the remains of the reservoir that there must have been nine of these pipes in all. These holes were elliptical in shape, being 12 inches high by 9½ inches wide, and the interior of the reservoir was still seen to be covered with cement. The walls of the reservoir were about 2 feet 7 inches thick, and were strengthened by ties of iron; it had an arched stone roof in which there was an opening for access. From this the nine lead pipes descended the side of the valley, supported on a construction of masonry, crossed the river by an aqueduct bridge and ascended into another reservoir on the other side, entering the reservoir at its upper part just below the spring of the arches of the roof. From this reservoir the aqueduct passed to the next on the edge of the large and deep valley of Bonnan, being underground twice and having three bridges on its course. The bridge across this valley had thirty arches, and was about 880 feet long by 24 feet wide. After crossing the bridge the pipes were carried up the other side of the valley into a reservoir, of which little remained, and then the aqueduct was continued to the next valley, passing over three bridges in its course. This valley, that of St. Irenée, was much smaller than either of the others, but nevertheless it was deep enough to necessi-

tate the construction of inverted siphons, of which there were eight. The aqueduct was then carried on a long bridge (the twentieth on its course), which crossed the plateau on the top of Fourvières and opened into a large reservoir, the remains of which were still to be seen. From this reservoir, 77 feet long and 51 feet wide, pipes of lead conveyed the water to the imperial palace and to the other buildings near the top of the hill. Some of these lead pipes were found in a vineyard near the top of Fourvières at the beginning of the eighteenth century. They were made of thick sheet lead, rolled round so as to form a tube, with the edges of the sheet turned upwards, and applied to one another in such a way as to leave a small space, which was probably filled with some kind of cement. These pipes, of which it is said that 20 or 30, each from 15 to 20 feet long, were found, were marked with the initial letters TI. CL. CAES. (Tiberus Claudius Cæsar), and afforded positive evidence that the work was carried out under the Emperor Claudius. It would be seen at once that the great difference between this aqueduct and those near Rome arose from the fact that instead of being carried across a nearly flat country, it was carried across one intersected with deep ravines, and that it was therefore necessary to have recourse to the system of inverted siphons. The Romans had been blamed for not using inverted siphons in the aqueducts at Rome, and it had been said that this was a sufficient proof that they did not understand the simplest principles of hydraulics, but the remains of the aqueducts at Lyons negatived this assumption altogether. The Romans were not so foolish as to construct underground siphons many miles long for the supply of Rome, but where it was necessary to construct them for the purpose of crossing deep valleys they did so. It is thus seen that the ancient Romans spared no pains to obtain a supply of pure water for their cities, and Dr. Corfield thought it was high time that we followed their example, and went to the trouble and expense of obtaining drinking water from unimpeachable sources, instead of, as was too often the case, taking water which we knew perfectly well had been polluted, and then attempting to purify it for domestic purposes.

Among those present were Capt. Douglas Galton, R.E., C.B., F.R.S.; Prof. de Chaumont, F.R.S.; Mr. G. J. Symons, F.R.S.; Dr. Prosper de Pietra Santa, President of the Société Française d'Hygiène; Mr. Baldwin Latham, C.E.; Mrs. Priestley. A vote of thanks to Dr. Corfield for his address was proposed by Mr. Symons and seconded by Prof. de Chaumont.

## SPECIAL CORRESPONDENCE.

### INDIA.

(From Our Bombay Correspondent.)

*The "Birthday Gazette" and Honours to Medical Men—  
An Inefficient Municipal Council—Cholera.*

June 20th.

On the anniversary of the birthday of Her Most Gracious Majesty the Queen, it has been customary for the Government of India to issue what has been designated the *Birthday Gazette*, containing a list of names (by no means invariably well-chosen) of persons who are to be the recipients of honours. In this honours list I notice with regret the fact that, with the exception of one of two high officials, names of members of our cloth are conspicuous by their absence. At home, too, baronetcies and knight-hoods are conferred on the profession of medicine with a grudging hand, and it is doubtless, as observed over and over again by your contemporary, the *Lancet*, a huge and ugly blot on the administration, whether Liberal or Conservative, that there should be no medical peer of the realm, though other professions, even those of the soldier and the sailor, are so honoured. My concern here is to note that there exists in India the same unwillingness, and at any rate neglect, to honour those of our profession,



who have laboured to advance the science of medicine. I hope that the next Parliament will contain a considerably increased proportion of medical men, who will be able to take up the matter, and urge on the Government, for instance, the claims of such men as Dr. Vandyke Carter, Mr. D. D. Cunningham and others, to a full measure of State recognition. I am glad, however, to observe that Mr. Cunningham has just been gazetted to be honorary surgeon to His Excellency the Viceroy.

Dr. Khory, a medical practitioner in Bombay, taking up a suggestion that a new medical school should be established there, offered in your contemporary, the *Lancet*, urges (*Bombay Gazette*, June 17th) under cover of this and financial grounds, the transfer of the management of the Goeldas Tejpal Hospital from the Government to the Municipality, which would *de facto* mean that a body already ill-able to cope with what medical and sanitary matters it has in its hands, as exemplified by the very unsatisfactory sanitary condition of the city of Bombay, with its high death-rate and perennial existence of cholera, should be entrusted with an additional public duty. I have in these columns (May 23rd) urged on the Government to retain its hold on the hospital, and to continue to appoint to its staff gentlemen of the time-honoured Indian Medical Service about whose qualifications there would be less cavil than about those who, whilst aspiring to the higher walks of professional career, keep open surgeries, dispense medicine, and, in fact, keep drug-shops.

Judging by the latest reports in the newspapers, the cholera is extending its ravages not only along the Bolan route to Quetta, but also along the Hurnai route and in Quetta itself, and it is said to have been so bad that the works for the construction of the railway have had to be stopped and the labourers dispersed. As many as from 45 to 50 deaths are reported to have occurred in some of the places in those regions. I understand that typhoid fever is also bad at Quetta, which certainly cannot be ranked as a *Salutland*.

Dr. Beaumont, the residency-surgeon at Hyderabad in the Deccan, goes home on furlough, and Mr. Lawrie, M.B., Professor of Surgery at Lahore, is appointed to act for him. Mr. Keelan, civil surgeon of Hyderabad, in Sind, and superintendent of the medical school there, also goes home on furlough, and Dr. de Tatham acts for him.

## GENERAL CORRESPONDENCE.

### MALE NURSES FOR MEN.

[To the Editor of the Medical Times.]

SIR,—My attention has been called to a paragraph in your Journal of July 4th, stating that a plan has been set on foot by a Miss Hamilton for training men as nurses. The enclosed letter published in the *St. James's Gazette* of the 28th March last shows, I think, that this scheme was originated by and first brought under the notice of the public by

Your obedient Servant,  
JOHN H. LEWIS.

123, Edgware Road, 16th July.

To the Editor of the ST. JAMES'S GAZETTE.

SIR,—The Hospitals Association would, I think, do well to note that though every facility is afforded to women to acquire the knowledge requisite for a nurse, scarcely any opportunity is given to men to do so. I suggest that to men should be afforded at hospitals a systematic training in the art of nursing—for truly it is an art—such as now is only within the reach of women. For male doctors for women there is the forcible reason that the nerve of a man is often required in the performance of operations; nevertheless, female doctors for women is a very popular cry. For male nurses for men, I believe more cogent reasons can be produced than for female doctors for women. Female nurses are usually from 23 to 35 years of age. This is not an age at which a woman unrelated to a man by the closest ties of blood should be in constant attendance upon him, and have to perform duties scarcely within the province of either his mother or his wife. It is urged, I know, in defence of female nurses for men, that the nurse by her training becomes mentally as well as bodily qualified for her work. That some are so probably is the case; others, there can be no doubt, are

the reverse. I assert that female nurses for men are, both for patient and for nurse, morally unsuitable in many cases; in some, perhaps medically, their attendance is positively injurious. For obvious reasons I cannot enumerate these cases here; I may, however, remark that a man can with far greater ease than a woman carry a man, and a male nurse can endure more hours of consecutive labour than a woman. Though in hospitals relays of nurses are always procurable, in a private house a substitute can often not be found for the nurse when unusual illness of the patient necessitates extra care for some time. An efficient male attendant for an invalid is now difficult to obtain, not because many men capable of acquiring the knowledge requisite do not exist, but because few have any chance of learning the duties of a nurse, and they only in an imperfect manner. Moreover, these belong to classes of society not likely to supply good nurses. Many nurses usually have picked up their knowledge either in private lunatic asylums or military hospitals. Some few have been servants to medical men who had invalids resident in their houses, and thus have gained some knowledge of nursing. Under present circumstances it is strange rather that there should be any good male nurses than that there should be so few. In many cases a good male nurse would be a great comfort to an invalid gentleman. For steady, quiet, intelligent men, who do not mind work, who can find recreation in reading, and do not object to the solitude of an invalid's room, nursing appears to be suitable and remunerative occupation.

I am, Sir, your obedient Servant.

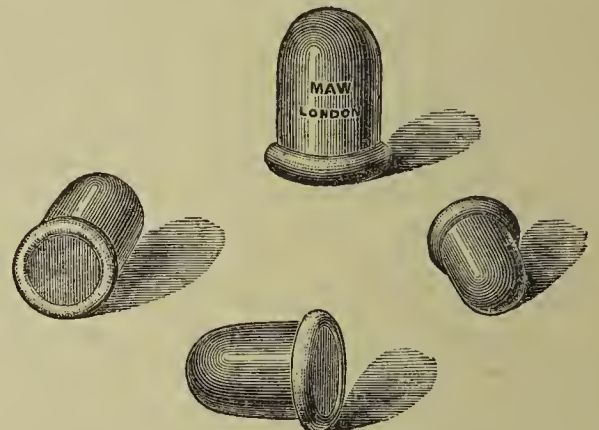
J. H. L.

March 25th.

## INVENTIONS AND IMPROVEMENTS.

### DR. WARD COUSIN'S NEW SOUND DEADENER.

THE accompanying illustration was by an accident omitted in our impression of last week. We must refer our



readers to that number for a description of it, but we may add that it is made in several sizes and of various degrees of softness. A prize was awarded to it last year in the Otological Section of the British Medical Association.

LIQ. EUONYMIN ET PEPsINE Co. — This preparation (introduced by Messrs. Oppenheimer Bros. & Co.) appears to contain both of its constituents in a thoroughly soluble and active form. There is no doubt that in order to get satisfactory results with euonymin, it is as a rule necessary to give it in repeated doses for a certain length of time, and not merely for two or three nights in succession, which, owing to a mistaken idea as to its resemblance to blue pill, was for long the favourite mode of administration. The present preparation, when taken after every meal, for a week, has been credited by us with good results in relieving the symptoms usually attributed to functional derangement of the liver.

VICTORIA NATURAL MINERAL WATER.—This excellent natural table water, which has achieved considerable popularity on the Continent, has recently been introduced to our notice by Messrs. Romenhüller (43, Finsbury Circus), and we do not hesitate to say that it deserves a fair trial at the hands of those who prefer a natural to an artificially aerated water. It is derived from a spring near Oberlahnstein at the entrance to the Rheingau, and contains about one part of sodium carbonate and two parts of sodium chloride in 1,000 of water, with three parts of carbonic acid. There is not a trace of iron, a characteristic which is



quite exceptional, and which renders it very appropriate for mixing with red wines with their varying amount of tannin. The water is very pleasant to taste, and is no doubt a valuable addition to those already in use.

**HAY'S AERATED DRINKS.**—We favourably noticed last summer some of the effervescent beverages introduced by Mr. Hay, of Hull (Agents: Ingram & Royle, 52, Farringdon Street, E.C.), which are as pure and palatable as any we have met with. The orange, lemon, and ginger champagnes have been improved in the last year, and the genuineness of the flavouring element is very obvious. The orange quinine tonic and the tonic ale are sweet effervescent drinks, containing bitter principles, the one quinine, the other quassia; they are likely to thoroughly commend themselves to jaded palates.

**COOK & TOWNSHEND'S "MODEL" BOOT.**—There are several bootmakers nowadays who understand how to make a rational boot, but the majority still keep in the old ruts, and it is almost useless to try to get them to cut the sole in any but the conventional method; and yet cases are constantly arising in practice in which a boot built on anatomical principles is an essential part of the cure. Messrs. Cook & Townshend's boots (Byrom Street, Liverpool) show that they have thoroughly mastered the science of making boots that will allow full and natural play to the foot. For old cases of ingrowing toe-nail they are especially adapted.

## LETTERS TO UNDISTINGUISHED PERSONS.

### V.—TO A YOUNG GENERAL PRACTITIONER.

MY DEAR R——.—I am glad you have reminded me of my undertaking to give you some advice as to your relations with consultants, not because I mean to make it good just now, but that, being desirous of delivering my soul of a matter of which it is over-full, I know of no such speedy and satisfactory means of relief as writing freely and unconstrainedly to a sympathetic reader like you. I have to-day been surprised, and I may even say shocked, to find a medical journal enunciating the strange doctrine that "absolutely none other than professional relations should subsist between those who attend the sick medically and the sick or their families;" "that medical practitioners should render only *medical services*," and again, "that the impulse to be kind to persons in difficulties is certainly not one which the practitioner of medicine ought to allow to get the better of his judgment." Now, the spirit of the man who believes that is the spirit of the tradesman, of one who is determined in any and every case to do no more than exactly what he is paid for doing. I can even imagine him giving discount for ready money to members of the "Stores." It is a pettifogging, pusillanimous spirit. Why, the reproach I have to make against myself at the end of a busy life is, that I have not been more of a friend to my patients, that I have too often forced back the impulse to be kind to persons in difficulty. If I had my years over again I would set myself to make more friends and less money. I would let slip no opportunity of helping my fellows, even at the risk of trouble and inconvenience and all the scandal that the writer of the article threatens one with. The man who weighs every service he renders, and balances every benevolent impulse against his personal comfort and safety, has not, in my opinion, mastered the prime elements of humanity. By one consent we call him

"hero" who thinks of himself as nothing beside the cause he champions, or the weal of those he loves, or even only pities. Well, we can few of us rise to the full stature of heroes, but we can all do something that way, and we all have impulses, however weak and occasional, to do that something. We have a piece of cake in hand, like Alice in Wonderland, which will help us to grow bigger, hero-wards, if we will only make the best of it, instead of shrinking into our shoes, like this poor leader writer, in mortal terror of being big enough to be found out. Reading one of Matthew Arnold's discourses the other day, I was reminded of what the Greek prophetess Diotima said to Socrates, how that love and impulse and bent of all kinds are but particular forms of the fundamental desire in men to have good for ever present with them. And yet our leader writer tells us we are weak if we yield to such desire! I should like to raise a statue to that sort of weakness.

I will relate, at the risk of wearying you, a slight episode in my life. Many years ago, when I was in practice in the west country, it happened that a young lady from my native town, whom I had known from childhood, married and settled down within a short distance of me. Some months later I was rung up early one morning by her maid, who, knowing of our intimacy, told me she feared her mistress was leaving her home, her husband being then away in London, and begged me to overtake her at the station and argue her back. I arrived in time to find her getting into the train. By an impulse which "got the better of my judgment," I hurriedly took a ticket and jumped into the same carriage with her. We had a long talk, and at last she promised me to return to her home by the next train. She was an innocent excitable creature, and had been thrown off her mental balance by certain discoveries she had made as to her husband's pre-nuptial relations. At the London station we were confronted by the husband, glowering at us. The maid, assuming my failure, had sent him a telegram. I had a difficult piece of diplomacy before me, but I got a quiet talk with him, and in the end we all journeyed back home together. They are now amongst my dearest and happiest friends. By our leader-writer's standard I fear I was abominably rash. Think what might have come of it: scandal, ruin to one's practice, dishonour to one's profession; but what would you or any true-hearted man have thought of me if I had turned back the weeping maid with a "No, no, I only render *medical services*;" like the village chemist who, when called upon to help in putting out a fire, is said to have replied, "What's the use of coming here? You know I only keep aerated waters."

The case I have related is no doubt an extreme one. Few of us have the good fortune to find two fellow-creatures' happiness thus put in the hollow of our hand. But many cases are likely to occur in a practice such as yours, wherein your own impulse rather than the patient's outspoken demand will prompt you to non-medical services, which if less sensational are also less hazardous. Why, our self-constituted adviser, if he carried his counsel to its logical conclusion, would forbid us to advise a parent to what schools or into what profession to send his sons, points on which a doctor's knowledge is often the best available; would frown at us for relieving some widowed mother of the sorry duty of lecturing a headstrong son; would censure our listening to secrets, the telling of which might give calm to a distracted mind. On such terms, I for one would never have practised medicine. Once I went out of my way to save a man from suicide. Was that a medical service? On another occasion a lady, not a



patient, told me casually that her husband was about to insure his life with a bogus company. I dissuaded him from it. Our vicar wanted to refuse to read the burial service over a dissenter, a good man to the core, who had been my patient. I took it on myself to confront the cloth, and a scandal was averted. You will think me a garrulous old man; our leader writer would probably call me something worse, a dangerous busy-body perhaps. But I know this, that looking back on my life I remember with greater thankfulness the few instances in which impulse has carried me beyond the strict limits of professional duty, than all the successes I have scored by attending conscientiously to my duty, and doing simply what I was paid to do. Enough! I apologise for having occupied so much of your time and spoilt so much good paper in combating a doctrine which I don't suppose is held by more than one member of the profession. Rate me as you please, but remember me to be,

Your sincere Friend,

SILAS PHANTOM.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen passed their primary examinations in Physiology at a meeting of the Board of Examiners, on the 9th instant, and when eligible will be admitted to the pass examination, viz.:—

J. H. Gordon and W. Rennie, Birmingham; A. M. Barford, T. H. Valintine, A. W. Hogg and H. Nichol, St. Bartholomew's Hospital; G. H. Trenfield and A. D. Owen, Bristol Medical School; G. W. Pettinger and H. Birkenhead, Manchester; H. L. Hudson, Sheffield School of Medicine; J. A. Eyton Jones, Liverpool; W. H. Hillyer and L. Franklin, St. George's Hospital; W. H. F. Goodwin, Westminster Hospital; W. Mortimer and F. J. Oxley, London Hospital; A. S. Taylor, Newcastle-on-Tyne.

Eleven candidates were referred for 3 months and six for 6 months.

**Passed in Anatomy and Physiology on the 10th inst.:**—E. Evans, St. Bartholomew's Hospital; W. Vost and D. T. MacLeod, Glasgow; E. A. Clarke, C. Pearce, and G. B. Howe, Manchester; G. I. Lough, E. S. Lewer, H. P. Sloggett, and J. Murray, Dublin; T. S. Dennison and C. W. Smeeton, Leeds; F. J. Fletcher, Birmingham; J. Mitchell, Liverpool; E. Ward, Bristol School of Medicine.

**Passed in Anatomy only:**—

A. E. Vaughan, Manchester; C. H. Stevens, University College; M. H. Hannigan, Dublin; R. S. M. Groves, Birmingham; G. B. Procter, Liverpool.

**Passed in Physiology only:**—

A. G. N. Goldney, Charing Cross Hospital; I. C. McLearn and H. Woods, Dublin.

Ten candidates were referred for 3 months and eight for 6 months.

**Passed in Anatomy and Physiology on the 13th inst.:**—

A. R. P. Sanderson, Newcastle-on-Tyne; T. Wilson-Smith, W. S. Cameron, and H. P. Ainsworth, Guy's Hospital; A. P. Lange, King's College; W. E. Stevens and H. J. Thomas, Bristol School of Medicine; E. P. Daniell, University College; R. S. Charsley, Westminster Hospital; T. G. Carr, Manchester; N. C. Selater, Liverpool; D. McD. L. Campbell and H. De Vere Stackpoole, St. Mary's Hospital; A. B. Blaikie, Cambridge; T. W. Bevan, St. Bartholomew's Hospital; W. B. Nelson, Middlesex Hospital; F. W. Style, London Hospital; G. B. French, Edinburgh.

**Passed in Anatomy only:**—

N. Nelson, Dublin; G. Alexandre, Basle; W. D. Wells, King's College; F. B. H. Caudwell, Charing Cross Hospital; A. C. A. Lovegrove, Westminster Hospital; C. R. Adams, St. Thomas's Hospital; W. G. Thorpe, Guy's Hospital; G. H. Thompson, St. Bartholomew's Hospital.

**Passed in Physiology only:**—

D. J. P. McNabb, Newcastle-on-Tyne; T. J. Bokenham, St. Bartholomew's Hospital; T. A. F. Quirk, Melbourne.

Eleven candidates were referred for 3 months, and ten for 6 months.

**Passed in Anatomy and Physiology on the 14th inst.:**—

R. F. Bate, Charing Cross Hospital; E. S. Robinson and H. H. A. Jones, London Hospital; H. B. Marriott and R. G. P. Lansdowne, Guy's Hospital; A. W. Boning, C. A. Locke, and P. R. Ponsford, University College; H. Layng, Westminster Hospital; J. Griffiths, King's College; S. B. C. De Butts, St. Mary's Hospital.

**Passed in Anatomy only:**—

G. E. Price and E. Carter, London Hospital; J. More, St. Bartholomew's Hospital; M. H. Vinrace, Birmingham; J. Harrison, St. Mary's Hospital.

**Passed in Physiology only:**—

H. B. Shillingford and A. R. Jessop, Guy's Hospital; Frank Brightman, University College; H. L. Ebdon and G. E. G. Metcalfe, St. Bartholomew's Hospital; R. Roberts, Middlesex Hospital; S. C. Skipton and R. W. Logan, St. Thomas's Hospital; F. A. Nicholas, Westminster Hospital; C. W. Hopwell, King's College.

Fourteen candidates were referred for 3 months, and ten for 6 months.

**Passed in Anatomy and Physiology on the 15th instant:**—

J. C. Gilmour, W. F. A. Clowes, and R. T. Temple, Guy's Hospital; E. W. Williams, London Hospital; G. D. Keer, St. Thomas's Hospital; H. W. Newton, St. Bartholomew's Hospital; John Rees and Robert Hill, Middlesex Hospital; H. W. G. Green, Westminster Hospital; H. W. Elphick, Charles Wade and S. S. Swift, University College; C. H. Duncan, Charing Cross Hospital.

**Passed in Anatomy only:**—

P. K. O'Brien, University College; R. F. Gordon, St. George's Hospital; G. Barton and J. Ash, Charing Cross Hospital; F. J. Troughton, Guy's Hospital; C. S. Fisher, St. Bartholomew's Hospital; O. W. Andrews, St. George's Hospital; W. J. Midelton and F. S. Jermaine-Lulham, St. Bartholomew's Hospital.

**Passed in Physiology only:**—

A. C. Elliman, Guy's Hospital; E. H. T. Harden, University College; E. J. Cross, St. Thomas's Hospital.

**Examining Board in England by the Royal Colleges of Physicians and Surgeons.** The following gentlemen passed the Second Examination in Anatomy and Physiology on the 15th instant:—

T. Nesbitt Wright, Guy's Hospital.

**Passed in Physiology only:**—

W. Pechey Smart, Guy's Hospital; W. Louis Abbott, Pennsylvania.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, July 9th, 1885:—

Otto Jacobson Kauffman, M.R.C.S., Victoria Park, Manchester; Levi Stephenson Luckham, M.R.C.S., Studland, Dorset; William Algernon Winship, M.R.C.S., 10, Osborne Terrace, Newcastle-on-Tyne.

**On the same day**

Robert Hasby Barrett, Elms Road, Dulwich, passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise.

**THE death is announced from Greifswald of Professor P. Vogt, the director of the surgical clinic in that University.**

**PROFESSOR MERKEL, of Königsberg, has been appointed to succeed the late Professor Henle in the University College of Göttingen.**

**THE Société d'Hygiène in Paris have elected the director of the Imperial Board of Health in Germany and Dr. Paul Börner as Foreign Members of the Society.**

**THE Good Service Pension of 100*l.* a year, vacant by the death of Sir W. Muir, has been bestowed upon Surgeon-General W. A. Mackinnon of the Army Medical Staff.**

**APPOINTMENTS TO THE VICE-REGAL HOUSEHOLD.**—His Excellency the Earl of Carnarvon, Lord Lieutenant of Ireland, has made the following additional appointments to the Vice-Regal Household:—*Physicians-in-Ordinary*—Philip Crampton Smyly, M.D. Univ. Dubl. and George W. Hatchell, M.D. Glasg. *Surgeon-Dentist-in-Ordinary*—Robert Henry Moore, F.R.C.S.I.

**ANOTHER MEDICAL CANDIDATE FOR PARLIAMENT.**—Dr. Gordon Hogg of Gunnersbury, chairman of the Chiswick Local Board, has been finally selected as Liberal candidate



for the Ealing Division of Middlesex, in opposition to Lord George Hamilton. Dr. Hogg is an old Edinburgh student, he took his M.D. degree in 1873, having previously served as house surgeon to the Royal Infirmary.

**VICE IN LONDON.**—It is stated that the Government is likely to be urged to appoint a Royal Commission to enquire into the allegations with respect to vicious sexual practices in London. It is proposed that men of legal and medical eminence shall form part of the Commission, and that it shall have the power of compelling the attendance of witnesses and examining them upon oath.

**ST. BARTHOLOMEW'S HOSPITAL.**—On Monday last the Prince of Wales opened the new convalescent home at Swanley for the use of the patients at St. Bartholomew's Hospital. The building has been erected at the expense of Mr. C. T. Kettlewell in memory of his brother, and contains accommodation for 70 patients. It stands in about fifteen acres, which were purchased for the purpose by a governor of the hospital whose name did not transpire.

**EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.**—Dr. Keiller, who has been physician on duty since 1st May, will be succeeded on 1st August by Dr. Croom. Dr. Underhill, the assistant physician on duty, will be succeeded by Dr. Hart. The present house surgeons, Dr. William G. Anglin and Mr. Wm. Cotton, M.B., C.M., will be succeeded on 1st August by Mr. J. Haig Ferguson, M.B., C.M., and Mr. S. H. Puckle, B.A.

**PORTABLE HOSPITALS.**—A prize of 200*l.* has been offered by the Empress of Germany for the best portable hospital or sick-room tent for use in war and during epidemics, and will be awarded in connection with the Antwerp Exhibition, where the competing specimens are now being received, and will remain on show during the rest of the summer.

**POISONOUS PATENT MEDICINES.**—In the House of Commons on Monday, in reply to Mr. Warton, Sir H. Holland stated that the Government did not intend to proceed with the Bill introduced by their predecessors. The stamp would, however, in future contain the words "This stamp implies no Government guarantee." It is expected that the new plates for printing the stamps would be completed and the present stock of old stamps exhausted in two months.

**RIVER POLLUTION, SCOTLAND.**—As the result of the enquiry lately held at Dumfries, on the pollution of the river Nith, Dr. Littlejohn and Mr. M'Neil report to the Board of Supervision that the very large quantity of town sewage, and discharges from mills into the river, endanger the health of the town, and they suggest a large intercepting sewer as a remedy for the evil, the cost of which they estimate at about 3,000*l.*

**A FATAL BEE STING.**—While walking in his garden about a fortnight ago, a bee stung Mr. W. H. Blanchard ironmonger, of Poole, in the neck. Swelling shortly afterwards supervened, and notwithstanding medical treatment, and the calling in to the case several doctors, subsequently he grew worse, and died in great suffering, on the 9th instant, from the effects of the sting.

**ANCHYLOSTOMATA.**—Prof. Masins stated at a recent session of the Brussels Academy of Medicine, that since the end of January out of 37 miners attending the Clinic at Liège seven had voided Anchylostomata in their fæces. Five of the seven were distinctly anæmic. From this he concludes that this entozoon is not uncommon in the neighbourhood of Liège.

**A LARGE RHINOLITH.**—A large rhinolith has been extracted by Schmiegelow, of Copenhagen, from the left nostril of a man of 53; a powerful ecraseur was used, and two sittings were requisite. The stone was as large as a walnut, and somewhat forked as it embraced the inferior turbinated bone. The composition was chiefly phosphate of lime and magnesia, with some carbonate and traces of chlorides. There was very little organic matter, and no oxalate of lime.

**CHARITABLE BEQUESTS.**—Mr. Thomas Emsley, late of Burley, near Leeds, has bequeathed 1,000*l.* each to the

Leeds Infirmary, the Bradford Infirmary, the Ilkley Convalescent Home, and Harrogate Bath Hospital. Mrs. Elizabeth Douglas (formerly Wolterbeck), late of Elm Bankhouse, Castlenau, Barnes, leaves by her will 200*l.* each to the Central London Ophthalmic Hospital, the Royal Sea Bathing Infirmary, Margate; the West London Hospital, and the Consumption Hospital, Brompton; and 100*l.* to the Royal London Orthopædic Hospital. Mr. Mackie, the late member for the Borough, has left a legacy of 1,000*l.* to the Clayton Hospital, at Wakefield.

**PROVISION FOR FEVER AT GLASGOW.**—The Glasgow Town Council is considering the advisability of rebuilding a portion of the Fever Hospital at Belvidere at an expense of 2,600*l.* The existing building was formerly a mansion house, and it exhibits signs of advanced decay in certain places. When the matter was before the Council, Lord Dean of Guild MacEwen, lately Chairman of the Royal Infirmary, took occasion to declare that the hospitals connected with the city had been constructed at an extravagant expense. In the end, the question was remitted back to the committee.

**VITAL STATISTICS OF GLASGOW.**—Dr. Russell's report for the fortnight ending 4th July, shows 454 registered deaths, as compared with 467 in the preceding fortnight, representing a death-rate of 22.7 per 1,000 per annum, instead of 23.4. Diseases of the lungs were the cause of 142 deaths out of the 454. Two additional cases of small-pox were registered. One was the case of the wife of the undertaker who assisted at the interment of the body of the sailor who died in hospital on the 13th ult. The other case was that of a child, three years of age, one of a family of Poles, emigrating to America. They had reached Glasgow from Leith. The case was detected at the Tail of the Bank, and the child was promptly sent back to Glasgow, and conveyed to Belvidere Hospital. Dr. Russell also reported that the cases at present at Belvidere were, of scarlet fever 93, of enteric fever 40, of whooping-cough 25, of measles 22, of typhus 11, of small-pox 3. Last week, the death-rate was 21 per thousand, and for the three preceding weeks 24, 23, and 24 respectively. For the corresponding week last year, the rate was 21 per thousand, and for 1884, 1883, and 1882, 23, 24, and 22 per thousand respectively.

**SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.**—A Quarterly Court of the directors was held on Wednesday, July 8th, at 8 p.m., the President, Sir James Paget, in the chair. A sum of 1,437*l.* was voted for distribution among 66 widows, 10 orphans and 3 orphans on the Copeland Fund. The expenses of the quarter were 39*l.* 4*s.* The treasurer informed the meeting that the grants already made this year exceeded by 308*l.* those for 1884. Fresh applications for relief were received from two widows, and grants were made to them. No new members were elected, the deaths of three were reported, the resignation of one was accepted, and four ceased to be members. The directors fear that owing to the increased demands on the funds it may not be possible this year to give the usual present at Christmas, unless by gifts or accession of new members the sum necessary, between 300*l.* and 400*l.*, be made up.

**THE SANITARY INSTITUTE OF GREAT BRITAIN.**—The anniversary dinner was held at the Holborn Restaurant on the 9th inst., Captain Douglas Galton occupying the chair, supported by a large and influential assembly. Among the toasts, "Success to the Société Française d'Hygiène," coupled with the name of the President, Dr. Prosper de Pietra Santa, was proposed, and responded to by that gentleman. The toast of the evening, "Success to the Sanitary Institute," was proposed by Mr. Selater-Booth, who referred to the influence for good which had resulted from the Public Health Act of 1875 (an Act he had helped to pass), and to the great advances which had been made in recent years in sanitary science, assisted as it had been by the action of the Legislature. The Chairman, in responding, expressed the hope that the Parkes' Museum of Hygiene would be united with the Sanitary Institute, as they were complements one of the other, and also that the work of sanitary education would be proceeded with by the latter.



**DR. FERRÁN AND THE FRENCH COMMISSION.**—An explanation is offered by a friend and admirer of Ferrán of the reason why the French Commission, who had been sent to enquire into his inoculation proceedings, left without making any observations. It seems that when they asked for information about how the "vaccine" was prepared from the microbe of cholera, Ferrán said to them, "Bring me a comma culture, and I will transform it into vaccine." They, however, thought he meant to keep the process a secret, and therefore left in "a huff," quite unaware that, so far from wishing to keep the process a secret, Ferrán had long ago written a full account of it to the French Academy, and they, as his name was at that time unknown, paid so little attention to it that it was put away to be relegated to their *comptes rendus*. All they had to do, therefore, was to go back and look for Ferrán's communication amongst their own archives.—*Independencia Médica*.

**THE CHOLERA IN VALENCIA AND DR. FERRÁN.**—Dr. Sereñana writes from Valencia that the epidemic is still increasing; no less than 200 deaths had occurred in the 24 hours preceding the date of his letter (July 3), and 139 bodies had been buried that day up to 3 o'clock. The panic was considerable, and the streets of the city deserted. Almost all the medical men had themselves been inoculated. One, however, a Dr. Peset, was not willing to try the remedy himself, though he was not opposed to it in general, and he died from cholera a few days ago. Dr. Ferrán has an inoculation-surgery in Valencia, where three medical men at a time are kept pretty hard at work from morning till night, scarcely laying down their syringes. The neighbouring towns are incessant in their clamour for inoculation. In one of these, where Dr. Sereñana himself and Dr. Garin were deputed by Ferrán to inoculate, the school was placed at their disposal by the authorities, and the scene was most extraordinary. Four hundred people inside and about the same number outside, the men with bare arms the women with holes cut in their jacket-sleeves, all clamouring to be inoculated. So great was the confusion that the aid of the police had to be called in. For nearly four hours the two doctors were incessantly occupied, and during that time inoculated 674 people.—*Independencia Médica*.

**SANITATION IN CALCUTTA.**—This subject, says the Calcutta correspondent of the *Times*, which last year gave rise to a somewhat acrimonious controversy, is likely to come to the front again. Two of the three commissioners deputed by the Government to hold an enquiry presented a most damning indictment against the Corporation for neglect of proper precautions. The Lieutenant-Governor has now suggested placing the city and suburbs under one municipal body as an important step towards reform, and a commission has been appointed to consider the proposal. The majority of the corporation is, however, likely to prove as intractable as last year, and equally unwilling to accept any reform which is not forced upon it.

**LONDON UNIVERSITY MATRICULATION.**—At the June examination, the results of which are just published, the lady students have achieved a signal success. More than 1,100 candidates, male and female, entered for the examination. Of these 615 have been successful, and for the first time a lady, Miss Wishart, heads the honours list, without being disqualified by age from receiving the exhibition of thirty pounds for two years. Two other ladies are among the prize-receivers, obtaining prizes of 10*l.*, and 5*l.* respectively. In all, thirty-five candidates have obtained either prizes or the number of marks qualifying for prizes, and eight of these are ladies. Of the 615 successful candidates, 100 are ladies out of about 150 who entered for the examination. Last year a total number of 972 candidates presented themselves for this examination, and 536 passed. But the great progress which the examination is making in popularity is seen by a comparison with the numbers recorded ten years ago. In 1875, at the June matriculation, there were but 499 candidates, of whom 290 passed.

**INSANITY IN THE UNITED STATES.**—Statistics recently issued show that in 1865 the number of insane persons in the United States was only 24,042. Five years later it had

reached 37,432, and by 1880 treatment was required for 91,959 lunatics. The increase in insanity during the ten years from 1870 to 1880 was nearly 150 per cent, while that of the total population was only about 26 per cent. But these figures do not represent the actual increase, as during the above period a large number of insane persons previously concealed were brought into public notice by more thorough investigation. Apart from several large county asylums in the United States, there are 80 State and 40 private institutions for the care of the insane, with a proper capacity for about 40,000, but containing 53,192, thus leaving some 45,000 lunatics to be cared for elsewhere. The proportion of insane is greatest in New England, but the increase has been most rapid in the Western States. In the State of New York there are 35 institutions for the care of these unfortunate people, accommodating 11,343 patients, while it is said that there are 4,000 provided for at home.

**MR. ERICHSEN'S CANDIDATURE.**—At an influential meeting of graduates, held in London on Saturday, to promote the candidature of Mr. Erichsen, it was moved by Dr. Robert Farquharson, M.P., and seconded by Dr. William S. Playfair, that "A London committee be formed, and that Sir James Risdon Bennett, M.D., be chairman thereof." It was moved by Dr. James G. Glover, and seconded by Dr. George Harley, "That the committee consist of those now present, with power to add to their number." It was moved by Dr. T. Lauder Brunton, "That the following gentlemen be a sub or acting committee, viz., Sir James Risdon Bennett, Dr. George Harley, Dr. Farquharson, M.P., Dr. T. Lauder Brunton, and Mr. Meredith, surgeon; that the honorary secretaries be Dr. George Ogilvie, B.Sc., 27, Welbeck Street, Cavendish Square, London, and Mr. Thomas Raleigh, barrister, 5, New Square, Lincoln's Inn, London." It was thereafter agreed to form committees in Manchester, Leeds, Liverpool, Newcastle, Bristol and Birmingham. Mr. Erichsen was to address the Members of Council of the Universities of Edinburgh and St. Andrew's yesterday (Thursday). In his written address, which has been published, he states that if elected, he would support all well-considered Liberal measures. "But I feel very strongly that the representative of a University seat has far higher duties to perform than those which attach to mere party politics. There would, indeed, be no justification for University representation, unless the Member devoted his chief attention to the interests of learning and of those professions which are based upon it. Edinburgh has always been distinguished for its great School of Medicine, whilst at St. Andrew's a very large proportion of the Members of Council are of the medical profession. . . . As more than one-half of your electoral body is composed of medical men, I cannot but hope that in the many subjects connected with medical science, education, and reform, they should like to be represented by a number of their own profession conversant with those subjects." After stating his views on University and School education Mr. Erichsen concludes: "All subjects depending upon the relations of science to social welfare, such as those relating to public health in its widest sense, to technical education, and to general culture, ought to receive the constant attention of the representative of a University. Your present member, Sir Lyon Playfair, has interpreted his duties to the Universities in this way, and my conviction is that such a course is the only justification for academic representation."

**ASSOCIATION OF MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.**—The following petition, representing the views of this body, is in course of signature:—"To the Queen's Most Excellent Majesty in Council. The humble petition of the members of the Royal College of Surgeons of England sheweth,—That whereas a petition has been prepared for presentation by the President and Council of the Royal College of Surgeons of England, praying for a supplemental charter, or alterations in the existing charters previously granted to the said Royal College, your humble petitioners approach your Most Gracious Majesty respectfully to point out that in the present charters the members of the said College (in proportion to the Fellows of 14 to 1) have no status of any kind in connection with the governing



body. Your petitioners most humbly submit that it would be both equitable and politic that the whole body of members should have a voice in the conduct of a corporation of which they are, and always have been, numerically and financially, the mainstay. At present the Council—elected by only 1,200 Fellows—deals absolutely with the interest, property, and moneys of the College, whilst 16,000 members are wholly unrepresented. The Fellows are of two classes, numerically nearly equal, viz.: (1) Members of the College before 1843, who have been elected on the nomination of 6 Fellows; and (2) Members who attain their Fellowship by examination—the fees payable and the advantages of each class being equal. The Council consists of 25, who are elected for eight years by the Fellows out of their own number, but of these none are eligible for election except the few who practise pure surgery. The Council accordingly monopolizes the power and privileges, and disposes of the funds, in entire independence of the remaining Fellows and Members, from whom the income is mainly derived. Your petitioners do therefore most earnestly pray that before granting any charter or supplemental charter to the said Royal College, their present position may receive Your Majesty's greatest consideration for measures of relief, which will create and secure for the Members (who so largely contribute to the prestige and welfare of the said College) the right of representation and other privileges of examiners, the conduct of examinations, and the expenditure of the College Funds, matters into which your petitioners believe thorough investigation is necessary, as well for the interests of the College as for its Members. Finally, your petitioners very humbly pray that in the event of no petition for a supplementary charter or otherwise being presented by the Council of your Royal College, your Majesty will be graciously pleased, in your wisdom, equity, and discretion, to sanction and provide for certain alterations being made in the present existing charter so that it may contain such provisions as are herein undermentioned:—1. That all Members having been registered may, conjointly with Fellows, exercise the privilege of electing the Council. 2. That a moiety of the Council may consist of Members of not less than ten years' standing. 3. That eight Censors may be appointed, half of whom shall be Members—two to be elected by the Crown, two by the Council, two by the Fellows, and two by the Members. 4. That Members of Council and Censors may be elected for three years, and may be re-elected for a similar period, but shall not be eligible for a third term until out of office for one year or more. 5. That Members and Fellows may be permitted to vote by voting papers. 6. That Members may be eligible for election as examiners. 7. That the Council formed as above shall elect the examiners annually, but that only one-third of the Council shall be permitted to act in that capacity. 8. That Members as well as Fellows may be present at *visd voce* examinations. 9. That no fees of any kind be paid to College Funds by Fellows or Members on election to office. 10. That the Council shall prepare a yearly report, together with an account of income and expenditure of the College Funds duly audited by the Censors and a Public Accountant, and after submission for approval to the Fellows and Members (annually summoned for this purpose by the President of the College) shall, on adoption, cause the same to be published in the medical journals. 11. That extra power may be given to the Council to suspend or revoke the license of any Fellow or Member on proof of infamous conduct, professional or otherwise."

**MEDICINE IN MADAGASCAR.**—A native of Madagascar who studied medicine in Edinburgh, has now a class of seventy young men studying under him, also another equally large class of young women whom he is training as nurses and midwives. He operates largely, having in a year performed 140 major operations, amputation, lithotomy, &c. Several prizes have been offered to the students by the Queen and others, and he says it is wonderful to see how well they answer the same questions as used to be given in America. He is apparently in favour at court, for he not only attends at the palace daily, but is about to marry the Prime Minister's daughter.

**SMALL POX AND VACCINATION IN LIMA.**—The good

people of Leicester and other centres of anti-vaccination might perhaps find a convenient resting place from the harshness of the British laws in Peru. The capital, Lima contains about 120,000 inhabitants, and vaccination is not only not compulsory, but its practice is legally limited to four official vaccinators. The result of this state of things is that notwithstanding a recent official assertion that most of the children were vaccinated, it has been found by inspecting the arms of all the patients admitted into the General Hospital of St. Anne that a considerable majority of both adults and children are unvaccinated. There has been a good deal of small-pox during the last few months, and the number of deaths from this cause has become so great as to cause serious alarm amongst the inhabitants. In the month of March statistics give the deaths from variola as 20.

**"GREEN CANCER."**—A case of "Green Cancer" or "Chloroma" has occurred at Christiana in a child of five. A tumour appeared on the cheek, followed by odontalgia and discharge from the ear, with deafness and exophthalmos. The green sarcomato-fibrous growth was found in nearly every part of the body, especially on the periosteum, but also in the viscera and the marrow of the long bones. Dr. Gade, who describes the case, agrees with Otto that the green colouring matter is not derived from bile or hæmatin, but from fat granules.—*Nordiskt Med. Arkiv.*

**THE LEAVESDEN ASYLUM FOR IMBECILES.**—The annual inspection by the managers of the Metropolitan Asylums Board took place on Saturday last. There are about 2,000 patients in the Asylum. The report presented showed that 38 acres of the 85 which the building and estate comprised were under cultivation. There were respectively 900 male and 1,100 female inmates, and for maintenance and clothing the cost per head per day was 1s. 8½d. It was stated that the managers had under their care nearly 6,000 patients in their various asylums.

**THE Library and Museum of the Royal College of Surgeons of England will be closed on Tuesday, the 21st July, for the purposes of the Final Examination for the Membership.**

## VACANCIES.

**BELGRAVE HOSPITAL FOR CHILDREN, 79, GLOUCESTER STREET, WARWICK SQUARE, S.W.**—House Surgeon. Board and lodging. Candidates must be qualified. Applications and testimonials to senior Physician at the Hospital, on or before July 20th.

**BRISTOL DISPENSARY.**—Two vacancies in the Medical Staff. Candidates must possess a diploma in Surgery from the Royal College of Surgeons of England, Scotland, or Ireland, or from the Faculty of Physicians and Surgeons of Glasgow, and must also possess a legal qualification to practice medicine in Great Britain and Ireland, and be duly registered. For salary and other particulars, apply to Mr. Stock, 57, Queen Square, Bristol, to whom testimonials must be sent on or before August 6th.

**COUNTY ASYLUM, WHITTINGHAM, PRESTON.**—Assistant Medical Officer. Applications and testimonials to be sent to the Medical Superintendent, on or before July 20th.

**EDMONTON UNION.**—Medical Officer for the Cheshunt District, in succession to Dr. E. W. B. Garlike, resigned. Area, 8,430 acres. Population, 7,736. Salary, £37 10s. per annum.

**MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT.**—Medical Officer. Salary, £40 per annum, with board, apartments, and washing. Candidates must be qualified and registered. Applications, with copies of testimonials, to be sent on or before July 31st.

**ROYAL INFIRMARY, RYDE, ISLE OF WIGHT.**—House Surgeon and Secretary. Salary £50, with board, lodging and washing. Candidates must possess a surgical qualification, and be registered. Applications, stating age &c.; with testimonials to be sent to the Secretary, from whom further particulars may be obtained, not later than July 28th.

**WESTERN GENERAL DISPENSARY.**—Assistant House Surgeon. (For particulars see Advertisement.)

**YORK COUNTY HOSPITAL.**—Resident House Surgeon. Salary £100 with board and lodging. Candidates must be unmarried. Applications to the Secretary, 5, New Street, York, on or before July 25th.

## DEATHS.

**COOPER, R. G., M.R.C.S., Surgeon 2nd Regiment Scinde Horse, at Jacobabad, Scinde, India, on June 1st, aged 27.**

**SMYTH, J. E., M. D., F.R.C.S., at 7, Sugden Road, Lavender Hill, Clapham, S.W., on July 10th, aged 67.**

**WILKIN, T. H., late Surgeon-Major 4th Battalion Durham Light Infantry, at Leinster-road, county Dublin, on July 2nd, in his 81th year.**



## NOTES, QUERIES, AND REPLIES.

## "HOW IS IT WITH THE PROFESSION?"

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—You ask for the opinions of provincial men as to the professional welfare in your issue of July 4th, "How is it with the Profession?" Alas! I suppose the answer of most of them is, "It is not well." There seem to be so many different interests, and so few common ones, that we are unable to raise an effective voice in any matters political, using the word in its broadest sense. There is no *esprit de corps*, no union. How much better it would be if there were some body that we could all recognise as a professional head that would speak for us! Who, for instance, in Parliament has spoken up for the parish medical officers, who has considered their interests? They are passed over as so many dummies, who must quietly do any extra work that may be assigned them without a murmur. Why, even the medical papers have said nothing for them. You indeed, Sir, we see with regret, enter into party politics, and attribute falsely with Mr. Chamberlain the cause of the rejection of the Medical Relief clause to the supposed mistrust of the House of Lords for the new electorate, instead of to the late Government, who omitted to oppose it in their original Bill. We provincials, Sir, hold that as a body the Faculty should eschew politics, as the Church does. And we therefore regret to see that Mr. Erichsen in his candidature for Edinburgh University is fighting on party lines, whereas did he avoid them he might anticipate a triumphant return by the united body of medical graduates. But after all, it rests with us to decide most of our troubles. The Council and the heads of the profession in London can indeed do something by more stringently looking after men that are unqualified, and by endeavouring to remedy the abuse of medical charities. These same heads, however, do not directly represent us general practitioners, and being consultants, do not sympathise with our petty grievances. It is therefore the body of the profession that must find its own cure for most of its own ailments—such as under-selling, and the admission of people of all grades into so-called provident clubs. Sad misnomer! for neither party are they "provident." The medical man cannot afford to give their patients decent physic and fair time, and the doctor only benefits by, as he says, "keeping someone else out of it." The remedy lies in closer union; in brief, however odious the word, a trades-union is necessary. Where is the power and the courage to start it?

Yours very faithfully,

K.

Birmingham, July 15th, 1885.

## DR. JAEGER AND HIS PILL.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—With reference to the paragraph under this heading in your issue of 4th instant, we beg your permission to state that the remedy in question is of a homœopathic nature (although Dr. Jaeger has practised as an allopath), and its presence cannot be detected by analysis in the proportion of dilution, viz., a trillionth. Dr. Jaeger publishes that the body of the globule in question is formed of sugar of milk, and he supports his theory of the properties of the globule by arguments which at present meet, in some quarters, with as much derision and abuse, and with as little scientific reputation, as were at first bestowed on his Sanitary Woollen System.

We are, Sir, yours, &amp;c.,

DR. JAEGER'S SANITARY WOOLLEN  
SYSTEM CO., LD.

13th July, 1885.

A Surgeon.—The Secretary of the Society is Mr. C. J. Radley, 26, Wynne Road, Brixton, S.W.

## COMMUNICATIONS RECEIVED—

Dr. OCTAVIUS STURGES, London; Dr. WARD COUSINS, Portsmouth; Dr. CULLINGWORTH, Manchester; Dr. W. HITCHMAN, Liverpool; Dr. CHAMPNEYS, London; OUR DUBLIN CORRESPONDENT; Mr. J. WALKER, Edinburgh; Mr. A. C. FARRINGTON, Diss; Mr. J. F. COOK, London; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; Mr. C. C. MITCHINSON, Nunhead; Mr. J. F. JONES, London; Surgeon-General CRANE, Trinidad; Dr. ROBERT FOWLER, London; THE REGISTRAR-GENERAL FOR QUEENSLAND, Brisbane; THE REGISTRAR OF THE UNIVERSITY OF LONDON; THE DIRECTOR-GENERAL OF THE NAVY MEDICAL DEPARTMENT, London; THE REGISTRAR-GENERAL FOR ENGLAND, London; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; Dr. BARNARDO, London; Dr. J. MARTIN, Bolton; Mr. J. H. MORGAN, London; OUR BOMBAY CORRESPONDENT; OUR EDINBURGH CORRESPONDENT; OUR GLASGOW CORRESPONDENT; Dr. WILLOUGHBY, London; Dr. SHELLY, Hertford; Dr. DONKIN, London; Dr. J. W. BARRETT, London; Mr. E. D. KIRBY, Birmingham; Mr. SCRAGGS, London.

## BOOKS RECEIVED—

A Guide to the Examination of the Urine, by J. Wickham Legg—Over-pressure in High Schools in Denmark, by Dr. Hertel—De la Coqueluche, par Le Docteur Moncorvo—Notes of Visits to Contrexéville and Royal-Bains, by F. R. Cruise, M.D.—Health-Resorts, by M. Charteris, M.D.—Middlesex Hospital Reports for 1883—Malvern as a Health Resort, by Walter Johnson, M.B.—Modern Pessimism, by Chas. Williams—Die Gasanalyse und ihre Physiologische Anwendung, &c., von Dr. J. Geppert—Tracheotomy in Laryngeal Diphtheria, by R. W. Parker—Weitere Untersuchungen über Ptomaine, von Prof. Dr. L. Brieger—Ueber Acetonurie und Diaceturie, von Dr. Rudolf von Jaksch—Cremation, by J. G. Davey, M.D.—Lectures on the Compressed Air Bath and its uses in the Treatment of Disease, by C. T. Williams, M.A., M.D., F.R.C.P.

## PERIODICALS AND NEWSPAPERS RECEIVED—

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# MEDICAL TIMES

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## CLINICAL LECTURES

ON

### DISEASES OF THE URINARY TRACT IN THE YOUNG.

DELIVERED AT THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET.

By JOHN H. MORGAN, M.A. Oxon., F.R.C.S.,  
Assistant Surgeon to the Hospital.

#### LECTURE II.

INCREASED functional activity of the bladder is more frequently due to an abnormal condition of the organ itself than to any departure from a healthy state of the urine. This latter cause, however, will often prove to be the exciting one for that frequent desire to pass water accompanied by pain, sometimes acute, in the neck of the bladder and in the urethra. It is, then, to be attributed to the irritating presence of crystals of uric acid or of oxalate of lime in minute quantities which have been discharged from the kidneys, and this may occur at a very early age. "In the pale urine of infants at the breast deposits of uric acid are common. These often appear as a yellow crystalline

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sand, whilst the supernatant urine is frequently of low specific gravity, often 1,006, as pale as water and containing very little urea. This circumstance admits of explanation from the small proportion in which the alkaline phosphates, the presumed solvent for uric acid, exists in the urine of infants."—*Golding Bird*. "In children," says Sir B. Brodie, "the deposition of lithic acid sand by the urine will not infrequently produce not only pains in the glans, but bloody urine and all the other symptoms of stone in the bladder." Of this condition one meets with many instances in public and in private practice, and the symptoms will occasionally persist with great obstinacy, but when once the absence of calculus in any part of the tract has been established and this condition of the urine recognised, I have not seen a case which has not yielded to treatment by alteratives, &c., with specially careful attention to the nature and quantity of the food. The youngest child which has come under my care was brought to my house when less than eighteen months old. For two months he had been passing occasionally small quantities of blood with the urine; micturition was frequent and painful. On one occasion the testicles had become swollen, after which a great quantity of water was passed, but throughout, although every napkin was carefully examined, no formed calculus was seen, and nothing but the red sandy deposit with occasional blood. His diet had been far too liberal, and had consisted of a large proportion of nitrogenous food. He had been treated with bella-



donna, &c., in the country. By enforcing a strict and limited dietary he soon lost all symptoms. In the case of another and older boy, whose father had died of gout, and who had suffered from symptoms much the same, though more exaggerated than in the last case, I found the tendency to lithiasis so confirmed that, besides the usual regulations and treatment, he was obliged to pass a winter in a warm climate; but he is now a healthy well-grown lad, and has apparently shaken off for the present his hereditary tendency. We shall have occasion to speak of this tendency when dealing with the subject of stone, but I dwell on the fact that all the symptoms of calculus may be caused by this condition, because it is so little recognised, and also because it is so easily remedied. In Dr. Dickinson's recent edition of his work on Renal and Urinary Affections, several instances are given of this condition occurring at about the time of teething, and giving rise to hæmaturia, which he says cannot be described as otherwise than scorbutic, in all of which the diet had been conspicuously wanting in fresh milk. In one instance under Dr. Abercrombie hæmaturia together with spongy gums came on under a diet limited to Nestle's food, Robb's biscuits and water, and ceased under a regimen of milk and water. In this case blood-casts were found, showing that the blood was at least in part of renal origin. I have notes of many such cases, although the age has generally been past that of Dr. Dickinson's cases.

Passing, then, to the subject of calculus, the practice of this hospital affords much of interest. It is a notorious fact that in the better fed, or perhaps it should be said the better watched children of the well-to-do classes, calculus is rarely met with; indeed, I know of one case only in private practice where a stone was required to be removed by operation from a child. I have already alluded to the tendency to the lithic acid diathesis which is hereditary, and which is at least as prevalent among the rich as amongst the poor, and it cannot therefore be greatly due to their inheritance of this tendency that the prevalence of stone among hospital patients occurs, and we are left to conclude that it is to the errors of diet and to the neglect of early symptoms that the greater amount of deposit which is necessary for the formation of calculus must be ascribed. The prevalence of this want of care is amply seen by the vast proportion of rickety children which are brought to our hospitals, and since it is fully proved that this disease is mainly accentuated, if not developed by erroneous diet, we need hardly be surprised that in some children the vice shows not in the bones, but in the products of the excretory organs. It is stated by Dr. Ralfe that strumous and tubercular subjects are very liable, not only to deposit uric acid and urates from their urine, but also to excrete it in excess, and this is especially seen in young children, and is sometimes due to temporary disturbance of digestion, sometimes precedes some serious constitutional malady. Accordingly the greater majority of calculi in children are found to consist of uric acid and its compounds. That their origin is in the tubules of the kidney, where they have been observed as minute crystalline deposits, even in the kidney of the foetus, and have been found shed abundantly by the urine of some infants, there can be no doubt; whilst during their residence in the kidney or bladder they may accumulate additions of their original material, or may add to their bulk whilst in the bladder by the phosphatic deposits which their presence excites, by irritation of the mucous membrane. But notwithstanding the above observations, it is not in the tuberculous or in the very young that stone in the bladder is found to occur, but in stout children, between the ages of two and six years, according to the tables of Sir Henry Thompson, it is met with more frequently than at any period

before fifty. That is to say, that the deposits from the tubules are most excessive soon after the first dentition, when the organism is most in need of appropriate nourishment, and most liable to reject those constituents which it does not assimilate. Calculi of oxalate of lime are the next most frequently found, and the main sources of their formation are stated by Dr. Ralfe to be—

(1) Directly from the food by the ingestion of substances containing oxalate of lime.

(2) Indirectly from food, by incomplete oxidation of the saccharine amylaceous and oleaginous principles, a source probably the most fertile in the case of children.

(3) From increased tissue metabolism.

(4) From the mucus of the urinary passages.

The second and third of these are conditions which lead most readily to this result in the case of the young.

The stone here shown is of that very rare variety, the cystic oxide or cystine; its weight was 177 grains, and it was removed by lithotomy from a boy, aged 9.

As to the length of time which it may take for a calculus to form, the following history is of some interest. A boy, aged 8 years 9 months, was admitted under my care in May, 1884, with a calculus in the bladder; operation was delayed by reason of a slight attack of erysipelas which attacked the penis and scrotum, and soon after this subsided, an oval calculus was passed per urethrum. To make sure that there was not a second one present, I sounded the boy and found nothing in the bladder. This was at the end of May, 1884. In January 23rd, of the present year, the boy came back again with all the symptoms of stone, and this I removed by lateral lithotomy. The two stones I here show you, and you will see that the larger one, which was removed by operation, consists almost entirely of lithic acid, with a very thin coating of phosphates. As this was not in the bladder six months previous to its removal, we must suppose that it descended from the kidney soon after the passing of the first stone, and that as there was no evidence of its passage along the ureter, it was not of any size that would obstruct or give rise to pain. Its increase, therefore, must have been very rapid to attain even this size in so short a time. There was nothing in the state of the urine which showed an excessive tendency to the formation of acids, but the mother stated that the boy had a craving for sugar and sweet things, and would do anything to obtain them.

The calculus here exhibited, No. 51, is composed of carbonate of lime with phosphates, and some organic material, weighs 39 grains, and was removed by Mr. Smith from the bladder of a girl, aged 2 years 9 months, by an incision in the wall of the vagina, and through the vesico-vaginal septum. The aperture was closed with a cleft palate needle and sutures, which were removed at the end of three weeks. The child did not suffer from any incontinence, and the wound healed completely. Here is another larger calculus weighing 116 grains, No. 4, and consisting of uric acid with triple phosphates, which was also removed by a urethro-vaginal incision. Another very large stone which was removed in a similar way is here shown, No. 9. It weighs 215 grains, and consists of uric acid centre and a phosphatic covering. In this case, as might be anticipated from the size of the foreign body, the result was not so fortunate, and there was subsequent incontinence of urine. The other stones exhibited are peculiar either on account of their shape or of their size. These three (No. 30), of the same shape and size, were removed from a boy, aged 8, at the same time, and the symptoms had existed for a year. This one (19), weighing 243 grains,



and consisting of uric acid with a phosphate coating, is curious on account of its peculiar hour-glass shape.

Before passing to the question of operation, it is worth our while to consider the course of a stone which escapes from the kidney. I do not think it often happens that in children, calculi are long detained in the ureter, and still less that they become often impacted therein. If there is any delay in their passage to the bladder it occurs at the narrowed portion, where the ureter traverses the coats of that viscus. Neither in our own nor in any other London museum is there a specimen which illustrates any such impaction, although there are specimens of hydronephrosis in which contraction of the ureter is supposed to have resulted from the cicatrization which has followed the passage of a stone. In this specimen of hydronephrosis there were found after death four large phosphatic calculi in the bladder, one in the urethra, and others in the pelvis of the kidney. The following case is of unusual interest, and illustrates the symptoms which may be found when such impaction has in all probability taken place. A boy, aged 10, was sent to me by my colleague, Dr. Barlow, with the following history: Just a year previously, he had been struck in the lumbar region of the back with a pointer. That night, he suffered pain at the lower part of the abdomen accompanied with vomiting, and the urine was said to throw down deposit after standing. These symptoms recurred at different intervals. He was admitted into the hospital under Dr. Barlow, and was afterward sent to the Convalescent Hospital at Highgate, during which time no similar attacks were observed. In the following September, six months after the accident, he had a severe attack of pain in the right side of the abdomen, which lasted all one night, and was followed by passing of dark-coloured urine. When the urine was examined in October, it was found to contain one-sixth albumen, and blood corpuscles were detected. The attacks of pain occurred at intervals of a month or more, and were until March, 1884, followed by a dark appearance of the urine, when he was admitted under my care, after an attack of pain rather more severe than usual, the urine not becoming clear for two days. The boy was then pale, but not thin, though he was said to have lost flesh. Examination of the flanks, abdomen, and hypogastric region revealed neither tenderness nor abnormal fulness. A few days after admission, he had an attack of pain, which he described as slighter than usual, but during which he writhed and doubled himself up in the bed. The urine which followed was not smoky, and though still containing one-sixth albumen and deposits of triple phosphate, showed no pus or blood corpuscles. He was twice carefully examined, while, under an anæsthetic, and each time with negative result. After remaining under observation for some time, during which no further attacks took place, he was discharged and disappeared from observation; but a year after he sought admission at another hospital with the symptoms of stone in the bladder, and a small stone was found and crushed with a lithotrite. It is probable that an effusion of blood into the pelvis of the kidney followed the blow upon the back, and that some remaining portion of clot became the nucleus of a calculus which remained for some time in the ureter, but ultimately passed into the bladder.

The next place at which a stone is liable to be arrested in its passage outwards is the membranous portion of the urethra, and here, as you know, it is very frequently stopped in boys, and gives rise to retention and other symptoms. This may occur with a very small stone, as in the case from which I extracted this one from the bladder of a boy, aged 13, by the lateral operation. I was called to see him on

account of retention, which was relieved by the passage of a catheter, before which the stone was pushed back into the bladder. Had it not been for the irritation which had already been excited in the urethra, I might easily have got rid of so small a calculus by lithotrity, but thinking that the passage of any fragments would be sufficient to cause the symptoms of retention, I decided to open the bladder, and the stone was easily removed and the boy made a rapid recovery. On the other hand, this stone is much larger and of a similar shape which passed without pain from the urethra of the boy above mentioned who was only 8 years 9 months old.

These cases lead us to the subject of lithotrity as applied to children, and, notwithstanding the change which has of late years taken place in regard to this proceeding in the case of adults, the same objections continue to hold good with reference to its applicability in the young. The male urethra up to puberty is small and exceedingly tender, the mucous membrane delicate, and when not distended to allow the passage of urine is gathered into folds, as can be seen in sections under the microscope, in which any minute fragments are liable to be caught, and to excite considerable irritation. For the same reasons it is hardly possible to pass a tube by which fragments can be washed out and the bladder entirely emptied, which is so important an element in the successful lithotrity of adults. Thus it is only applicable to stones of the smallest size, and when performed these must be thoroughly reduced to very small fragments. Sir H. Thompson states that incontinence of urine after lithotrity in children is not a very uncommon result, although it generally disappears spontaneously in course of time. The instrument which he uses is one without a screw, the crushing power being obtained by simple pressure in the palm of the hand. The instrument must necessarily be small, and the blades, in consequence, short, and capable of grasping only very small stones.

In girls the conditions are different, the urethra is much shorter and is capable of considerable dilatation, so that not only can a larger lithotrite be used, but the fragments which it makes can be washed out and the whole of the calculus got rid of. This method, therefore, allows us to deal with larger stones in the case of girls than in boys, and in the child, aged 1 year 9 months, shown here at the last lecture, the stone, which was of a fair size, was crushed with an ordinary lithotrite, by Mr. Pitts, a considerable proportion being brought away between the blades. It was composed largely of phosphatic deposit, which rendered this mode of treatment all the more appropriate and facile.

But supposing that the stone is of such a size that it cannot be dealt with by this means, the choice lies between extracting through an incision in the vesico-vaginal septum or by the supra-pubic operation. You have seen the three large calculi which were removed by the former operation. An incision is first made from the posterior wall of the vagina backwards in the median line towards the anus, so as to give more room. The vesico-vaginal septum and the posterior wall of the urethra are then divided by a clean incision to the extent necessary, and the stone extracted with as little injury to the parts as can be managed. The latter incision is then closed with a cleft palate needle and silver sutures. In two of these cases the wounds healed firmly, and after extraction of the sutures no incontinence resulted, but in the third a fistulous communication remained, and was with difficulty closed. This is, of course, the great objection to such an operation, and I should therefore advocate recourse to it only in cases of moderate sized calculi of such shape or consistence as could not be easily crushed, and should prefer the high or supra-pubic operation in cases where the size of the stone is such as would



certainly cause laceration of the parts in the urethro-vesical opening. The operation is much easier of performance in children than in adults, as the bladder lies naturally much higher, and by pressure upwards of an assistant's finger in the rectum can be steadily maintained in apposition to the abdominal wall. The peritonæum, with proper care, should not run any risk of being wounded; but if this should happen, the use of antiseptics should greatly discount the danger. After removal of the stone, the bladder may or may not be sewn up. I should myself prefer to unite the edges of the wound, especially as the bladder can be so easily maintained in an empty and therefore a quiescent state by a catheter in the vagina; and in the case of a boy, where, however, the operation can hardly ever be necessary, the same result would be gained by means of a small median incision through the perinæum. I lately assisted in the extraction of a very large stone from the bladder of a little girl by this procedure. It was accomplished with very little difficulty and except for the first twenty-four hours, during which the urine did not pass freely through the catheter, the child made an excellent recovery.

The condition of incontinence of urine which goes by the name of Enuresis may sometimes depend upon an exceedingly acid state of the urine, but more usually it arises from an enfeebled state of system affecting the nervous centres. It is more frequent in boys than in girls, and is not often noticed at a very early age, occurring more commonly in children between 3 to 10 years. In boys the prepuce is generally found to be long and often adherent, and in either sex it may be aggravated by the presence of worms in the lower bowel. The incontinence may manifest itself during the day, but more often occurs at night or during the early hours of morning. The tendency of nurses to ascribe this habit as due to carelessness on the part of the child must be very carefully regarded, since the fear of punishment has not infrequently led the child to tie a string so tightly round the penis as to cut into the urethra. The treatment in the first place must be to remove all sources of irritation by the expulsion of ascarides or the circumcision of a long or adherent prepuce. Of medicines, belladonna in the form of extract is by far most efficacious, and it may be gradually increased to a large amount. Tr. Ferri Perchlor. Ergot, Strychnia, either alone or in combination, are often serviceable, but the cases are sometimes very obstinate, though they invariably get well sooner or later. More than once I have given permanent relief by the single passing of a sound or catheter, the child not being under any anæsthetic, but I should strongly advise against the application of any form of caustic to the urethra on account of the permanent damage which might ensue. A boy was exhibited at the last lecture who suffered from this condition in a very obstinate form, but it seems to be yielding at last to treatment by a combination of iron, belladonna, and strychnia. He is now aged 9, and seven years ago underwent lithotomy for the extraction of an oxalate of lime calculus, which had caused symptoms for five months before admission to St. Thomas's Hospital, where the operation was performed. He has since been circumcised, and has been sounded more than once with negative results. An interesting case of incontinence in a young lady is reported by Dr. More Madden in the *British Medical Journal*, which resulted from malformation and malposition of the right ureter.

Stammering of the Bladder, so ably described in Sir James Paget's lecture, is another affection due to nervous causes, and is greatly dependent upon the general condition of health. I have not met with a case in hospital practice, although in private practice the cases are not infrequent. The affection is, I believe,

never found to occur in girls, wherein is a greater analogy with the similar affection of speech, which is very unusual in females.

Beside these nervous affections, there are certain conditions of the mucous membrane of the bladder which may give rise to one or all the symptoms which have been mentioned. For example, there is that condition termed "rugous," from the rough and uneven surface that is felt by a sound, when passed into the bladder to ascertain the presence or otherwise of stone to which the symptoms may have pointed. No calculus is found, and if the opportunity occur of examining such a bladder *post-mortem*, nothing beyond, perhaps, a little hypervascularity of the mucous coat exists; and we are left to presume that the sensation arose from an irritability of the muscular coats which throws the mucous surface into folds.

Just as other mucous membranes are in some constitutional states very sensitive and irritable, so we find that, independent of any unhealthy state of the urine, the lining membrane of the bladder may be very intolerant in certain persons of delicate organisation. This is particularly the case in the scrofulous, and as an instance I may quote a family of four children who have all suffered from irritable bladder, as shown by frequent micturition, sometimes accompanied with pain, by incontinence at night, which in one of them has persisted from birth. The children's ages vary from  $2\frac{1}{2}$  to 9 years, and all have a markedly strumous type of countenance. One child of the same parents died in the hospital of tubercular meningitis when 7 years old. Their symptoms have improved under treatment with belladonna and cod-liver oil, but in all of them the condition varies with the state of the general health.

But over and above these symptoms, the bladder in children is sometimes the site of tuberculous deposits. This rarely occurs in very young children, although where tuberculosis is widely disseminated minute tubercles may sometimes be found in the mucous membrane of the bladder, and in the ureter, as has been shown by Mr. R. W. Parker, who has searched for this condition in children who have died of tuberculous disease of other organs. Primarily, I believe that the bladder is seldom the site of such deposit, but that it almost invariably follows similar disease occurring in the kidney. According to Dr. Wilks, tubercular disease of the bladder is secondary to more deep-seated disease in the abdomen, and the kidney has generally been long affected, the deposit in the course of years creeping down the ureter to the neck of the bladder, whilst later on it is exhibited in the prostate, the penis and the testis.

In a most instructive paper in the St. Bartholomew's Hospital Reports, Mr. T. Smith points out that the symptoms during life all tend to indicate such a progress of the disease, the earlier being always attributable to the kidney, and the later to disease of the bladder; and this is borne out by the pathological appearances shown in some of the specimens placed before you in which the kidneys are in a much more advanced state of disease than the ureters, and these than the bladder. The symptoms in the early stage resemble those oft caused by the presence of a calculus; the frequency of micturition is constant, and is more marked during the day than at night, and the pain may be such as to cause shrieking, and becomes more excessive as the disease progresses, which it does with only slight intermission of the symptoms. To relieve the pain the child will often pull the prepuce and pinch the glans until they become sore and œdematous. The urine is at first alkaline, and blood is seldom present, but later it becomes highly offensive, and is mixed with blood, pus and epithelium. There is often prolapsus ani. When examined *post-*



*mortem* the coats of the bladder are found to be thickened, and the mucous membrane is often extensively destroyed, but the ulceration, which is often extensive, undermines the mucous coat, and extends its thickened base for some distance beyond the destroyed surface of mucous membrane, which thus has a thin free edge overlapping. The ulceration is caused by the breaking down of minute tubercular deposits, which can be discerned in an early stage as small blue-grey elevations, raising the mucous surface, but which originate in the submucous tissue. These coalescing and breaking down cause destruction of the mucous membrane, and an ulcerated surface results which closely resembles that which forms in the intestine under similar circumstances. The diagnosis is not assured until the absence of calculus has been ascertained, and further information may sometimes be obtained by digital examination per rectum. In advanced cases the signs of tuberculosis in other organs, especially the lungs, are rarely absent. Little can be done to relieve these patients beyond palliating the symptoms by local and general remedies. Sometimes a median cystotomy may afford relief by draining, and thus giving rest to the bladder. A case in which this operation gave immediate relief was shown by Dr. Rawdon at the Liverpool Medical Institution; the boy was aged 7 years, but died some months subsequently from a lumbar abscess originating in the kidney. The boy whom you have seen me examine to-day seems to be suffering from the symptoms of this disease in an aggravated form. His desire to pass urine is sudden and constant, and the pain is excessive, the end of the penis being quite sore from the frequency with which it is pulled to afford some relief. The urine is alkaline, and contains thick masses of pus and epithelium. No stone can be detected, but the passing of a sound is followed by some discharge of pus and blood. In other respects the boy seems well.

NOTE.—The operation was subsequently performed, and a tube inserted into the bladder, giving some relief to the symptoms. The bladder was washed out daily with a solution of quinine, and subsequently also of cocaine.

## ON PICRIC ACID AS A TEST FOR MINUTE TRACES OF ALBUMEN IN THE URINE.

By GEORGE JOHNSON, M.D., F.R.S.,

Professor of Clinical Medicine, Senior Physician to King's College Hospital.

In a review of the fourth edition of Dr. Wm. Roberts' "Practical Treatise on Urinary and Renal Diseases" (*Medical Times*, July 4th, p. 23) there occurs the following statement:—"As regards the tests for albumen he, Dr. Roberts, declares for two only, viz., the old methods of boiling and nitric acid. All the new tests he had found untrustworthy, including his own brine test, and all for the same defect, viz., that they give a reaction with mucin and other substances which cannot be distinguished from that indicative of albumen."

As the subject is one of much practical importance, I beg permission to point out that this condemnation of "all the new tests" is not applicable to picric acid. A saturated solution of picric acid does *not* precipitate mucin, neither does it give any precipitate in normal urine except in the comparatively rare instances of a precipitate of urates, which the application of heat

completely removes, and so distinguishes from albumen. It is an indisputable fact that *albumen is the only material in urine which gives with picric acid a precipitate insoluble by heat.*

Dr. Wm. Roberts, in a paper published in the *Medical Chronicle*, No. 1, included picric acid with the other new tests for albumen in the list of those which are liable to the fallacy of giving a precipitate or an opalescence with mucin. When I read that paper, I wrote to Dr. Roberts and asked him whether he had not combined acetic or citric acid with picric acid in his method of testing, and he replied that in some instances he had done so. It is a well-known fact that acetic and citric acids precipitate mucin, as do also the mineral acids, including of course nitric acid, as Dr. Roberts himself admits in the paper referred to. On the other hand, picric acid alone, while it is a most delicate test for albumen, causes no precipitate or turbidity with urinary mucin.

The addition of a small quantity of acetic or citric acid to normal urine gradually renders it slightly but decidedly turbid by coagulating the mucin; and Dr. Roberts admits that when nitric acid is added to albuminous urine, "the albumen is thrown down just above the line of junction of the two liquids, while the mucin is brought into view toward the upper part of the column of urine, where it gradually forms a diffused haze, quite distinct from the opalescent haze at the line of junction."

To this it may be added that when nitric acid is placed at the bottom of a column of normal urine, a diffused haze of coagulated mucin gradually forms in the upper part of the column, so that even if it were the fact that picric acid as an albumen test is objectionable on account of a tendency to coagulate mucin, it would on this account be no more liable to fallacy than nitric acid; but the fact is, as I have stated and as I have abundantly proved, that picric acid, unmixed with any other acid, does *not* coagulate mucin, and therefore causes no precipitate in normal urine.

The merest tiro in urinary analysis can readily put this statement to the test. Let him add to about a drachm of normal urine in a test-tube an equal volume of a saturated solution of picric acid. The yellowish mixture will remain quite transparent, but the addition of a few drops of acetic or solution of citric acid will speedily render the mixture opalescent by coagulated mucin.

Picric acid being the only one of the comparatively new tests for albumen which does not require the addition of another acid, since a highly alkaline specimen of urine may be acidulated by an excess of picric acid, while no addition of citric or acetic acid is required to increase the delicacy of the test, is on that account the only one which is free from the fallacy which results from the precipitation of mucin. The potassium-mercuric iodide, for instance, which in the form of test paper has lately been much commended and used as an albumen precipitant, when uncombined with an acid, gives no precipitate in an albuminous urine, but with the addition of citric acid it renders every normal urine turbid from coagulated mucin, and is therefore entirely untrustworthy as a test for minute traces of albumen. After the abundant experience which I have had of picric acid I feel that I cannot too strongly recommend its use, alone, as a most delicate and trustworthy test for albumen, and combined with potash, as a most convenient and accurate qualitative and quantitative test for glucose.

Not the least amongst the advantages of this method is the fact that both the picric acid and the potash may be carried in a solid form in a pocket test case, the picric acid in the form of powder and the caustic potash in the form of grain lumps. The most convenient form of pocket test-case with which I am



acquainted is one made by Ernst Jahneke, Canonbury Works, Dorset Street, Essex Road, N.

Instead, however, of the small urinometer which the manufacturer supplies, I carry two test tubes, one within the other, a second test-tube being useful in case of the accidental breaking of one at the bedside, and in the inner tube is packed a small nipple pipette, which is very convenient for transferring some urine from the utensil to the test tube. The case contains besides three bottles and a spirit lamp. In one of the bottles I carry picric acid powder, in another grain lumps of caustic potash, and in the third a solution of homatropine for dilating the pupil preparatory to an ophthalmoscopic examination. The case with its contents is sold for the moderate price of 10s. 6d.

### PRACTICAL NOTES ON THE ORDINARY DISEASES OF INDIA.

By NORMAN CHEEVERS, C.I.E., M.D., F.R.C.S. Eng.,  
President of the Health Department, Social Science Association.

(Continued from page 849, Vol i. for 1885.)

In 1880, there was not any case of *Chorea* among the European soldiers' children in India. In the following year, there was only one; in 1882, there were three admissions. In the three years, I find the following: two European soldiers invalided for chorea; one European woman admitted; eight sepoys treated, with one death; one prisoner admitted.

A medical officer who was an eminent naturalist was the subject of moderate, but very marked persistent *Athetosis* (I then called it "*Chorea*"). He carried it off very lightly, and I never presumed to question him upon its history. Much of his time was spent in the field, and, otherwise, he appeared to be remarkably athletic and healthy, but he did not attain old age.

As I have mentioned, I never saw *chorea* in an English child in India. Acute rheumatism is rare in Lower Bengal. I had one choreal patient, a native girl. In the ward next to mine, Dr. Chuckerbutty had a native man of middle age, in whom universal choreal movements caused extraordinary rapid contortions of the features and limbs, giving him a most quaintly hideous appearance. He was suddenly attacked with spasm of the glottis. Tracheotomy was performed; he died from ichoræmia. As this was not my own case, I was unwilling to operate, but the tendency to death by laryngismus was so strong that the half hour during which I watched his sufferings, with the instruments at hand, was one of the unpleasantest in my life. The introduction of the tube at once relieved all distress in breathing.

*Hysteria* will be considered in the section on Diseases of Women. *Catalepsy* (hysterical) was markedly displayed in a case which I attended in England; I never saw or heard of the occurrence of this condition in India. For *Neuralgia*, vide the chapter on *Diseased Conditions consequent upon Malarial Cachexia*, vol. i, for 1884, p. 75.

I have seen *Spinal Apoplexy* twice—in a specimen brought by Dr. Clendinning to an early meeting of the Pathological Society, and in a native man who was picked up moribund on the road. In this case there were two large recent clots in the substance of the cord. A traumatic case which probably originated in this manner is represented by Prep. 801 in the Calcutta Medical College Museum. "Laceration and softening of the spinal cord near the *corda equina*, caused by a fall on the back from a height of ten or

twelve feet. The woman died paraplegic, with a fistulous opening leading from the bladder through the abdominal parietes, just below the navel, from a patient of Sir Joseph Fayrer."

*Spina Bifida* has been occasionally seen in natives. Recorded cases would probably be more numerous if these lives were not so extremely precarious.

Dr. C. Finch<sup>8</sup> treated the child of a Brahmin, aged three months, for lumbar spina bifida. The tumour was as large as an orange, the infant was emaciated and small. It was frequently noticed that, on the removal of fluid by puncture, the anterior fontanel became depressed. After an interval of two months, fluid began to exude through small ulcerations. There was increasing hydrocephalus. The removal of half an ounce of fluid by puncture, was followed by symptoms of fever under which the child sank. In a European child, attended by Dr. Finch, the covering of the protrusion, which was dorsal, sloughed and separated when the child was a month old. It became convulsed, and died almost immediately.

Preparation 1209 in the Medical Calcutta Museum Catalogue shows spina bifida, presumably from a native subject.

Assistant Apothecary G. W. Eate has reported the case of a native child, a month old, in whom he treated a lumbar spinal bifida by puncture and iodine injection with success. Assistant Apothecary Mitchell<sup>9</sup> has described the case of a man, aged 21,<sup>10</sup> caste Rajpoot, 5 feet 2 inches in height, pale and emaciated, who was born with a tumour as large as a pigeon's egg projecting from the upper part of the sacral region. He stated that it gradually increased from infancy, and that it suddenly broke, discharging an enormous quantity of pale fluid. When this occurred he was obliged to keep to his charpoy (bed), but subsequently he had walked well. In ten days, the tumour had resumed its original size; pain was not felt in two days during which the sac was discharging, but he used to be sick at stomach, and had giddiness while it was refilling. [How interesting it would have been to observe precisely the condition of an adult who had suddenly lost a large proportion of the cerebro-spinal fluid!] A tumour, of the size of two closed fists, was found depending from the lumbar and sacral regions. It was very tender and painful to touch, and its integument was "of dark hue." He had a strange feeling of cold running along the spine to the head, which he attributed to excessive weakness. He complained of giddiness, and answered at times incoherently. The pulse was soft and regular. He had walked from his village (22 miles) to seek aid. This had caused pain and exhaustion, and a feeling of great weight over the tumour. Mr. Mitchell immediately punctured the sac, drawing off some fluid to relieve tension. On the following day, another puncture was made and brought away twenty-seven ounces of fluid. A slight compress and bandage were applied. There were no bad symptoms with the exception of slight giddiness and a little heat of skin and excitement of pulse with excessive thirst. He did very well for two days, looked cheerful, and anticipated speedy recovery, but the sac filled again and became larger than it had ever been before, and the patient began suddenly to sink. [Here the account is not clear, but there appears to have been trismus.] "There was a difficulty in swallowing, and spasms of the face and throat, caused no doubt by the violent curvation backwards of the trachea and œsophagus." The tongue, lips, and teeth

<sup>8</sup> *Indian Journal of Medical and Physical Science*, N.S., Vol. v. p. 350.

<sup>9</sup> *Indian Medical Gazette*, Vol. ii., p. 122.

<sup>10</sup> Mr. Holmes says that, in a published case, the patient survived to the age of fifty, and he has heard of older cases in private. See Holmes's "*Surgical Diseases of Childhood*."



were covered with sordes, and an unhealthy redness (no doubt erysipelatous) was spread over the tumour. He expired six days after the first puncture. The friends would not allow an examination *post-mortem*.

I saw something of *General Paralysis* in India, both in natives and Europeans. One case, that of a member of the Civil Service, concerned me much, as I liked him, and saw and heard a good deal of him for seventeen years. When I knew him first, he was a very highly educated young man, and was regarded by the senior civilians as singularly well up in his work. His manners were those of a clever and very quiet person. Still, every one who knew him told stories of his eccentricity and oddity. He was absent-minded, and, on two occasions, when handling fire-arms in a slovenly manner, wounded servants. In about the sixth year of his residence in India, he was sent home insane. He recovered, and continued to serve, but was not entrusted with very important charges. In about the nineteenth year of his service, I found him still at work, but much altered in appearance and manner. His face bore very markedly the characteristic stolid flabbiness of commencing general paralysis, and his laugh, which had been pleasant, was abrupt and fatuous. Still, during an evening which I spent with him, I could discover no evidence of mental failure. Shortly after this, I received an official report from him to which he had affixed his signature upside down. I returned the document with an entreaty that he would be careful. For some years, he was prone to be cruel, as if in joke. Finding the children of the European residents standing at a fence listening to a military band, he burnt their noses with his cigar. His irrational persistence in torturing the pet dog of a high official led to enquiry and to his suspension. He became generally paralytic and imbecile. I am confident that he was not a drunkard when I first knew him, but I believe that he had recourse to alcohol when he felt depressed.

It has been remarked by Dr. Wise, Jun.,<sup>11</sup> that one of the most important points connected with insanity in India is the rarity of general paralysis. In the Patna Asylum Report for 1866, the deaths of two Patna women, aged respectively 26 and 35 years, are recorded. With this exception, no other cases are cited in the reports of the Dhullunda, Patna, and Moydapore Asylums between 1862 and 1867. In the Dacca Asylum, Dr. Wise was only able to discover three cases among 1,576 admissions and 925 deaths. This infrequency, he insisted, becomes more unaccountable when the records of European asylums are contrasted with those of Bengal. He cites the statement of Calmeil that there is one general paralytic in every 15 male (lunatic) patients, and 1 in 50 among women. Foville calculated 31 general paralytics to 334 insane, or 9·2 per cent. According to Bayle (1855), the proportion of paralytics in the asylums of Paris was 1 in 4; but Baillarger gave, for Bicêtre and Salpêtrière together, the proportion of 1 in 16. Dr. Wise thought that, if search were made in the case-books of the different asylums, cases would be found classed under the head of chronic meningitis which were really cases of general paralysis. He gives the histories of the only cases (natives), 4 in number, which had occurred in the large asylum at Dacca during the preceding 27 years.

In 1880, 1 European soldier died of general paralysis and 2 were invalided; 1 fatal case occurred in the native army, and 2 prisoners were under treatment.

In 1881, no case, in a European, was recorded; 2 sepoys were admitted, and 1 prisoner died.

In 1882, the disease does not appear in the European returns; a sepoy was treated, and 1 case (fatal) occurred among the jail population.

The ordinary diseases of the *Spinal Cord and its Membranes* are seen in natives and Europeans. Three interesting forms of *Spinal Paralysis*—Paraplegia, Locomotor Ataxy, and Lathyrism—occur.

*Paraplegia*.—At and near Chittagong, on the east sea-board of Bengal, a form of equine paraplegia, known as *Kumree*, is so prevalent that, as a general rule, horses are not kept there. Burmah ponies which, if let loose, might find their way home, do well in that climate. I saw the disease, at its very commencement, in a valuable horse, and, towards its close, in a favourite animal, which lived long and grazed comfortably in a field dragging the hinder half of its body after it with an appearance of extreme paralysis.

I believe that this disease does not originate in Calcutta or in the Upper Provinces, but it occurs in various Indian localities within the influence of the sea breeze. Thus, in the report on Travancore<sup>12</sup> we read: "Horses here, as well as all along the western coast, are very liable to become weak in the loins, particularly if exposed to the wind when much heated. Castration is often resorted to as a preventive, and it seems to be generally admitted that geldings suffer less frequently than entire horses; when attacked with this complaint, the animal is rendered completely useless."

In the report on Quilon, a marshy district,<sup>13</sup> we are told: "Horses in this climate are very liable to become weak in the loins; the nature of this disease is not correctly understood, but it appears to be an affection of the spinal marrow causing paralysis, or an approach to it, of the animal's hind quarters. A permanent cure has seldom if ever been effected. Castration, as mentioned in the report for Trevandrum, would appear to be the best preventive, mares and geldings being very rarely attacked by the disease. This disease is most frequent during the land winds in November, December, and January."

Those who may be desirous of going further into the literature of this disease will find many interesting particulars in papers by Messrs. Breton and Twining, at p. 337 of the first volume of the "Calcutta Medical and Physical Transactions," and in Dr. Shortt's remarks on the *kumree* of Orissa, No. ix., p. 187, of the "Indian Annals of Medical Science."

Bontius and his followers described *Barbiers*, from which that sage old Dutch physician himself suffered. He attributed it to "a thick, viscid, pituitous humour *seizing the nerves at night*." An article under this heading will be found in Copland's Dictionary of Medicine. All paralyzes of the lower extremities appear to have been thus designated. The word is no longer used, at least in India. A "*Stroke of the Wind*" is frequently spoken of. A well-known steamer captain, who had been in the habit of sleeping all night in the open air for years, was at length stricken in this manner on shore. I experienced the intense misery of a moderate attack. One of my windows having been blown open in the night, at a time when I was in low health, I found myself lying on my side in a chill damp breeze. Every voluntary muscle in my body seemed to be painfully cramped, and I was unable to move a single joint. After a minute or two of great suffering, I found that I had recovered the use of my right hand and forearm. By degrees, I chafed the other arm into action, and was then able to rub my body and lower limbs, and so regained command of their movements. In the morning, only some stiffness remained; but, from that time, I have been subject to muscular rheumatism. Had I been exposed during the whole night, the result would, I believe, have been *Barbiers* or paraplegia. Henry Marshall saw many cases of *Barbiers* among

<sup>12</sup> "The Medical Topography and Statistics of Madras," "Travancore," p. 89.

<sup>13</sup> *Ibid*, p. 113.

<sup>11</sup> *Indian Medical Gazette*, Vol. iv., p. 75.



the Caffres of the 4th Ceylon Regiment, in 1812. He did not notice it among the Cingalese. We met with it in Europeans in Ceylon, and observed an analagous affection in horses and dogs; from which, however, they never knew them recover. The cause was evidently chill, especially in sleep. At the onset, there is generally partial paraplegia with pins and needles in the affected limbs. In the severest cases, the rest of the body becomes paralysed and deprived of both motion and sensation. The limbs become contracted, nutrition fails, and the patient sinks.<sup>14</sup>

I have noticed the loss of power in the lower limbs, which is a complication of Beriberi, at page 517, vol. i. of 1884. Much of the paraplegia seen in Bengal is attributed to chill; cases also result from meningeal apoplexy, morbid growths, sclerosis, syphilitic disease and other ordinary causes. In 1880, one European soldier was invalided for paraplegia, 26 sepoys were treated, with 6 deaths, and there were 18 admissions with 4 deaths amongst the prisoners. In the following year, 1 European soldier was invalided; 23 native soldiers were admitted, of whom 6 died; 10 prisoners were admitted, with 5 deaths.

In 1882, 2 Europeans were invalided. There were 18 admissions with 4 deaths among the sepoys; 7 prisoners were admitted, of whom 3 died.

I saw four cases of officers who recovered from paraplegia. Two of these gentlemen have been healthy for many years. The other two were free-livers. I met one of them, walking actively, at Charing Cross, but he did not live long. The other was fatally attacked with dysentery a few months after his return to Europe.

I had a very well-marked case of *Locomotor Ataxy* in a native man and saw a few others. In 1880 the number of European soldiers invalided for locomotor ataxy was 4. The admissions of sepoys were 10; of prisoners 8, one fatal. In the following year, 5 European soldiers were invalided for this cause. Sepoys, 3 admissions, 1 death: prisoners, 2 admissions. In 1882, 6 Europeans were invalided; 11 native soldiers were admitted; no prisoners.<sup>15</sup>

*Lathyrism*.—Palsy of the lower limbs, caused by eating the *dāl* of a lentil, *Lathyrus Sativus*, prevails extensively in Upper and Central India, especially near Allahabad and in Upper Scinde.<sup>16</sup>

Recently, M. Proust has observed this disease in the Jurjura Mountains of Algeria.<sup>17</sup>

I saw, but had nothing more to do with, two cases of *Pseudo-Hypertrophic Paralysis*, in a native male child in Calcutta and in a young native man in Bombay.

*Progressive Muscular Atrophy*.—A native lad was brought to me in whom this malady was advancing so very characteristically that I showed it to my class as a typical case. A well-marked case, occurring in a native surgeon, is given in the *Indian Medical Gazette* for June 1874, by Dr. K. M. Downie.

In his valuable commentary on *Functional Paralysis in Children*, already cited at p. 113, vol. i., for this year, Dr. A. Garden observes: "If this change [wasting] in the muscular structure is a diagnostic point of myogenic paralysis, but few of the cases" [of infants here] "commented on can be classed as such, nor can this form of paralysis be considered as one of childhood alone, for there is a class of cases by no means unfrequently met with in adults, in which all the diagnostic points, such as limited locality and wasting of the muscles without apparent change in the nervous

system, exist; for instance, the common paralysis of the deltoid and supra- and infra-spinatus following injury, excessive use or rheumatism, and leading rapidly to atrophy and wasting of these muscles, of which I have seen nine or ten cases amongst natives within the last few years."

*Neuroma*.—Under the head of malarious cachexia, I have spoken of certain forms of the disease. Knots on the nerves leading to the anæsthetic parts are almost invariably characteristic of leprosy.

Sir Joseph Fayrer has given<sup>18</sup> a description of the structure of a neuroma of the ulnar nerve, fusiform, and about as large as a pigeon's egg, which he removed from a middle-aged, healthy-looking Hindoo. It was firm and very painful to the touch, causing numbness and shock up the arm and in the hand on the least pressure. It had been of very slow growth. It appeared to consist of dense white fibrous tissue in which the nerve fibrils were distributed, not equally throughout, but so much so as to render separation of the nerve trunk from the tumour impossible.

*Facial Paralysis* is always likely to attack those Europeans who are so imprudent as to sleep in open verandahs during hot, damp, and changeable weather. I only recollect to have seen two cases in Bengalis, probably because they sleep with their faces covered. In one of these, the poor fellow had been greatly exposed in a storm.

I am acquainted with one case of *Tic Convulsif* in a lady resident for many years in India. It was occasioned by mental shock, and has, I believe, been permanent.

I saw a well-marked case of *Scrivener's Palsy* in a surgeon, and another in an English portrait painter and drawing master, long resident in India, who was diabetic. The returns for 1882 give the case of a sepoy who was treated for this disease.

Cases of *Paralysis* from (1) *Lead* and (2) *Arsenical Poisoning* in India will be found at pages 293 and 126 of my *Medical Jurisprudence for India*.

*Sciatica*.—I do not find any allusion to this affection in the Sanitary Commissioner's returns for the three years ending 1882. In Lower Bengal, I saw a very few cases. In one or two, the attack was ascribed to sitting on a damp seat. I have alluded, in the chapter on Tetanus (p. 608), to the case of one of my patients, an East Indian woman, in whom an attack of tetanus was preceded and attended by idiopathic sciatica.

In a case of neuritis of the sciatic in a native gentleman setting in almost immediately after salivation for a venereal affection, Sir Joseph Fayrer, detecting deep-seated fulness and fluctuation at one point in the course of the sciatic, made a puncture with a long narrow knife down to the indurated part, and gave exit to more than half-an-ounce of clear serum. There was immediate and almost perfect relief; recovery was speedy.<sup>19</sup>

Dr. James Irving has recorded<sup>20</sup> the very obstinate case of a strong healthy gentleman in whom, after most other means had failed, cure was effected by applications of ice all over the affected hip and thigh.

Dr. Debove<sup>21</sup> has obtained a rapid cure in several cases of obstinate sciatica by applying chloride of methyl, in the form of pulverizations, along the course of the nerve. The chloride reduces the temperature to 23° below zero, Cent.

### Mania.

I have so fully discussed the various forms of *Insanity* as it occurs in India, in my work on *Medical Jurispru-*

<sup>14</sup> Sir Dr. W. J. Moore's observations on "Maladies Attributed to Lunar Influence, Rheumatism, Paralysis, Ocular, &c." *Indian Medical Gazette*, Vol. iv., p. 180.

<sup>15</sup> See a case of *Locomotor Ataxy* in a sepoy, with valuable remarks, by Mr. B. Evans. *Indian Medical Gazette*, Vol. iv., p. 189.

<sup>16</sup> Buchanan Hamilton, Sleeman, Kinloch Kirk, and James Irving compiled in my "Medical Jurisprudence" for India. Dr. Irving's, leading papers will be found in the "Indian Annals," No. 12, p. 124, and 23, p. 89.

<sup>17</sup> *Lancet*, July 21st, 1883.

<sup>18</sup> "Indian Annals of Medical Science," No. 16, p. 310.

<sup>19</sup> "Observations," p. 590.

<sup>20</sup> *Indian Medical Gazette*, Vol. iii., p. 277.

<sup>21</sup> *Gazette des Hôpitaux and Medical Times and Gazette*, Vol. i. for 1885, p. 292.



dence, (pp. 774—829), that I need only give a few additional notes in this place.

I have already mentioned that, in English regiments, when the men drink freely, there is a great deal of *Acute Mania*, which, like epilepsy, when it occurs under the same circumstances, is generally recovered from when the patients are sent to a cool climate and are kept sober.

Dangerous injuries to the skull and attacks of heat-stroke are frequent causes of mania in India. Important facts bearing upon this point will be found in the chapter on *Heat Stroke*.

I think that it must be added that drink-craving is not rare as a result of traumatic injury to the head and of heat-stroke.

A large proportion of the inmates of asylums for natives are found to be habitual gunjah-smokers and opium-eaters, and many of these are epileptic. Insanity from the use of intoxicating drugs is to be expected in a country where the Pindaree soldiers and their horses were drugged, whenever desperate attacks were to be made; where the women who underwent *sati* on their husbands' pyres were previously drugged, and where the assassin and he who resolves upon running amuck are always primed with *bhang* or opium. In his report on the Bengal Asylums for 1869, the Inspector-General of Hospitals observed that "among the recognised causes of insanity, the table shows that intoxicating drugs or liquors formed, as usual, the principal excitants of disease. In 1868, a percentage of 37.4 of the total treated was recorded under this head. During the present year, 35.2 is the proportion, gunjah and *bhang* alone forming 29.1 per cent. of the total in the preceding [year], 30.7 per cent. in 1869."

It appears<sup>22</sup> that, of 166 cases in which the predisposing cause of insanity was ascertained in patients admitted to the asylums of Bengal Proper, 107 were attributed to the excessive use of gunjah or *bhang*, 13 to undue indulgence in drink, and 2 to opium eating. Of 44 cases admitted or re-admitted to the Dullunda Asylum, 28 were attributed to the use of preparations of gunjah. In Patna, 41 out of 53; in Dacca, 16 out of 32; in Cuttack, 7 out of 8; in Berhampore, 7 out of 10; and in Hazareebaugh, 8 out of 9 belonged to this class. Of 410 lunatics from this cause treated in the asylums, 56 completely and 51 partially recovered. While it is most unsafe to venture to deprive the habitual opium eater suddenly of the whole of his noxious supply, my maximum daily allowance of the drug was never allowed to exceed nine grains of pure opium. I never observed any ill-consequence from my invariable practice of immediately withdrawing the supply of gunjah.

In his report for 1869 of the Dullunda European Asylum, Calcutta, Dr. Payne remarks: "It is observable that intemperance has been the imputed cause in an unusually small number of cases this year, in seven only of the total number (78). I have, in former years, recommended that statements with reference to this cause should be received with great caution, as intemperance, as an early manifestation of insanity, is so common that it is often mistaken for its precursor" [cause?], "and it will, I think, be generally found that the more carefully enquiry is made into the antecedents of insane persons, the less will be the proportion of cases whose origin is ascribed to intemperance."

There is another fact of which I have had ample experience, of which sufficient notice is not taken either in society or in military courts of enquiry. It

has been frequently observed, especially of artists and literary men who have lived by sustained mental toil, "Great as his talent was, he degenerated into a confirmed sot, and died mad or apoplectic." Here the true sequence and meaning of events is overlooked, sadly to the detriment of the unhappy man's moral reputation. The fact is that the unnaturally over-worked brain having been found for a time capable of rallying under the influence of alcoholic stimulants, these were habitually resorted to until the worn-out nervous system failed under the double strain of labour and intoxication. It is clear that, in enquiring into a plea founded upon this law, sensible men will not allow that it can be taken as an excuse for the mere animal excess of the idle low-minded sot.

In my work on Medical Jurisprudence (p. 829) I alluded to the practice among Indian criminals of making cat's-paws or tools of "softies"—persons of decidedly and notoriously weak intellect, but gifted with a degree of unscrupulousness and cunning which, as qualifying for the commission of criminal acts, almost compensates for the higher faculties in which they are deficient. In this day of conspiracies, the following note, from Granger, may deserve a glance. Richard Langhorne, who was executed for treason in 1679, engaged, a little before the Restoration, a half-witted person to manage elections for him in Kent, and was asked by one who was privy to the secret why he employed so weak a man in that business. He very frankly replied that it was a maxim with him to employ men of this character, because, if such agents should take it into their heads to turn informers, it would be easy to invalidate their evidence by representing them as madmen.

Of late, there appears to be a disposition in the English mind, if not in our courts of justice, to demand that the homicidal maniac shall only be spared on proof that he "did not know what he was about" when he perpetrated the act. This might be, but is not received as a plea for the homicidal inebriate; but its application to the subjects of several kinds of madness betrays absolute ignorance of the first laws of insanity. The subject of acute mania may strike in unreasoning frenzy, as Elia's Mary Lamb did. Here there is no criminal responsibility, and restraint is the only just award. But crime is committed, under delusion, by undoubted maniacs just as calmly and thoughtfully, perhaps with a greater amount of steady deliberation, than murder for revenge or plunder is by the ordinary criminal. Thus, the first evidence of insanity in an accomplished and amiable medical officer in India, was that, at his usual morning visit, he prescribed for every one of his numerous sick a large dose of Glauber salts. When asked his reason for this novel practice, he calmly explained that he gave sulphate of soda as an antidote to carbonate of lead with which the Devil had poisoned his men. When this courteous, gentle-mannered officer requested me, as Secretary to the Medical Board, to inform him why he had been removed from his pleasant appointment to be sent to England when in perfect health, I found it difficult to answer him. I feel very little doubt that, had it appeared clear to him that it was to his child's good to remove it from the trials of life, he would, composedly and with equal deliberation and pain, have acted upon that conclusion. Here, again, had this unfortunate practitioner imagined that belladonna had been the poison employed and thus had killed the whole party with antidotal doses of opium, a sentence of restraint would have met all the exigencies of the case. There is, however, a class of homicidal maniacs who are, as I believe, so unquestionably subject to the fear of the law that, in the interests of humanity, they ought not to be exempted from its punishments.

<sup>22</sup> Government Resolution on the Report on the Lunatic Asylums in Bengal for the year 1877. Supplement to the *Calcutta Gazette* for August 14, 1878.



Not long before I left India, I had under observation a middle-aged European who was in custody for firing at a public character in a coffee-room. Although he was undoubtedly the subject of maniacal delusions, he was very soft-spoken, and reasoned upon certain false premises with the calmest deliberation. He told me that the act of violence was quite accidental; there was ample evidence that it was not an accident. I asked him why he carried a pistol—he replied that, lately, he had been in so much risk of being run over in Tank Square that he had determined to shoot the horse should the like occur again. I replied that, under these circumstances, the horse would not be to blame, and that he would, at least, have to pay for killing it. He then said that, being an usher in a school, he considered that the sight of a pistol on his desk would enhance his authority over the boys! While with me, he remained quite free from all appearance of excitement. He died of dysentery soon afterwards in the jail.

A man of education, one of a party of recruits of whom I had medical charge on board the transport in which I first went to India, then appeared to be a quiet and well-behaved person, generally regarded by his comrades as a "softy." Twenty years afterwards, he was sent to me for observation. He had been taken into custody for having endeavoured to break into a relative's house armed with a deadly weapon, and then having completely wrecked his own dining room. On being questioned, he said, with an air of the greatest mildness and good temper, "I am sure that you will not blame me when you hear the facts! Returning home from office tired and hungry, I found the table laid, but my wife was out. I certainly felt vexed, and, believing that she was at her sister's, I ran out. Recollecting that the door was generally padlocked, I caught up my gun barrels, with which I endeavoured to break the fastening. Failing, I went back and, feeling provoked, I drew the corner of my table-cloth off and broke the crockery. I then broke the furniture with the barrels. They say that I was mad; I deny it, I was only provoked, and, I think you will allow, with reason." The professional man, with whom he had worked for years, said that he had an excellent knowledge of his business and received a large salary. He remained for a considerable time under my observation, being always quiet in manner and civil-spoken; but he, at length, displayed such unmistakable and troublesome signs of mania (satyriasis) that we were compelled to remove him.

Wolves kill in obedience to the dictates of their instinct and appetite, but are powerfully deterred by a sense of personal danger. As long as the shooting of these animals is considered advisable, I would hold such madmen as the wielder of the pistol and of the gun-barrels subject to the terror and penalties of the laws—hanging them without remorse when they dare to commit murder.

In such homicidal maniacs, the sense of self-preservation is fully alive, and their consciousness of the peril of wrong-doing is as strong as that of the cat or the pickpocket.

*Osteo Malacia of the Insane.*—Cases of rib-breaking in lunatic asylums have been reported in all the three Presidencies of India. I have cited the case of a native at p. 442 of my Medical Jurisprudence.

(To be continued.)

HOSPITAL FOR WOMEN, SOHO SQUARE.—Dr. Protheroe Smith, the Founder of the Hospital for Women, Soho Square, has, after 45 years of active work thereat, resigned the post of Senior Physician, and has been appointed Consulting Physician to the Hospital.

## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

### LONDON HOSPITAL.

#### HYPERTROPHY OF INFRA-VAGINAL CERVIX —PROLAPSE—ALEXANDER'S OPERATION —PERITONITIS—DEATH.

Under the care of DR. HERMAN.

(Reported by Mr. H. HOLYOAKE.)

E. B., aged 24, single, had been a general servant since the age of 14, but had never had to work very hard. Menstruated first at 16; since then regular, without pain, the flow scanty. No previous illness. In March, 1883, it was found that she suffered from tape-worm. Till then she had had no symptom of ill-health. She took some medicine for the tape-worm, and a day or two after a protrusion at the vulva was noticed. From this time "the womb" continued to come down every day, going back at night. In April, 1884, she began to have a yellow vaginal discharge, with irritability of the bladder and dragging pain in the back.

In October, 1884, she was admitted into the London Hospital. She was of short stature, slender build, and delicate appearance. There were no signs of disease elsewhere than in the pelvis, and no symptoms other than those mentioned. The cervix protruded from the vulva, and the upper part of the vagina was inverted. The hymen was entire. The vaginal portion of the cervix was about an inch and a half long. The body of the uterus was retroflexed. The sound entered three and a half inches. The elongated cervix was then amputated with the knife, the mucous membrane being brought together over the cut surface with sutures. After the cervix had healed, various pessaries were tried—a ring, and different varieties of the Hodge's pessary; but the lower part of the vagina was too large to retain any vaginal pessary. She was again admitted into the hospital, and on May 5th Alexander's operation was performed. As the prolapse was very great, the ligaments were pulled up as far as possible. On the left side, in freeing the ligament (which was found the more quickly of the two), a small opening in the process of peritonæum accompanying it was made. Listerian precautions were used, but with an omission which was not noticed in time to be prevented. The wounds were dressed antiseptically. The patient appeared to be doing well until May 9th, when in the evening she began to vomit. On May 10th she complained of abdominal pain, and the abdomen was slightly tender on pressure, but not swollen. May 11th the symptoms became those of collapse; faintness, cold extremities, feeble pulse, pinched features, constant retching. May 12th, she died. Throughout, from the time of the operation till the death, the temperature was taken twice daily, but it never exceeded 99. There was no carbouluria.

On *post-mortem* there was found acute general peritonitis, with much lymph, but little fluid effusion. The parts involved in the operation were carefully dissected by Mr. Jonathan Hutchinson, Jun., who has supplied the following account of them: "The wound in the right groin was well healed, no pus beneath it. The canal of Nuck came close to it, and it was doubtful whether it opened just beneath or not. The wound in the left groin was inflamed at the outer part, and with it the



peritonæal cavity communicated by a channel containing pus. There was also a good deal of pus in the sub-peritonæal tissue adjacent, and in the left broad ligament. The uterus was normal and well drawn up. There was a very prominent transverse fold of peritonæum on its anterior surface between it and the bladder." The intestinal mucous membrane was normal. Liver, spleen, kidneys, supra-renal capsules, lungs and heart healthy.

*Remarks by Dr. HERMAN.*—This case is published because, when a new mode of treatment is under the judgment of the profession, it is most important that bad results as well as good ones should be fully made known. In this case the death appears to have been due to the entrance of septic germs at the time of the operation through the wound in the peritonæum made in freeing the ligament. The lesson of the case seems to be, that in separating the ligament from the process of peritonæum which often accompanies it, it is well to use the knife as little as possible: and that it is necessary to use the greatest care in the use of antiseptic precautions; or in what is equivalent, the attainment of perfect surgical cleanliness. The case is also interesting as an example of acute general peritonitis, without any rise of temperature, and with absence of any marked symptoms during the first four days. Dr. Herman's experience of other cases operated on by him, so far as he has yet been able to watch them, leads him to think that the operation is a valuable addition to our resources, but it does not appear to him profitable to publish cases, or to confidently draw conclusions from them, until they have been watched for a considerable time.

## APPOINTMENTS FOR THE WEEK.

### Tuesday, July 23.

UNIVERSITY OF LONDON, 5 p.m.—Extraordinary meeting of Convocation, to receive the report of the Committee on the reconstitution of the University.

BRITISH MEDICAL ASSOCIATION, Town Hall, Cardiff, 3 p.m. General Meeting 8 p.m.—President's Address, by Dr. W. T. Edwards.

### Wednesday, July 29.

BRITISH MEDICAL ASSOCIATION, Town Hall, Cardiff, 11 a.m.—Address in Therapeutics, by Dr. W. Roberts, F.R.S.; 2 p.m., Sectional Meetings.

### Thursday, July 30.

BRITISH MEDICAL ASSOCIATION, Town Hall, Cardiff, 11 a.m.—Address in Surgery by Mr. John Marshall, F.R.S.; 2 p.m., Sectional Meetings; 6.30 p.m., Public Dinner in Park Hall.

### Friday, July 31.

BRITISH MEDICAL ASSOCIATION, Town Hall, Cardiff, 10 a.m.—Address in Public Medicine, by Mr. T. Jones Dyke; 11 a.m., Sectional Meetings.

# Medical Times and Gazette.

SATURDAY, JULY 25, 1885.

ONE or two of our readers, under the impression that the *Medical Times* is a staunch conservative journal, are apparently somewhat aggrieved at the support we have given to Mr. Erichsen's candidature. Well, apart from the consideration that consistency in the expression of political opinions appears to be rather at a discount amongst professional politicians, and that a journal once conservative might find some difficulty in retaining at once its consistency and its political colour—apart from these exculpatory considerations, behind which we would not for a moment deign to shield ourselves, we would simply observe that we wish well to Mr. Erichsen's candidature, for the same reason that we should wish well to the candidature of any honest and honourable medical candidate to whatever party he might chance to belong. In short, we support and shall support medical candidates, on medical and not on political considerations. It is to our thinking far more important, not only to the profession, but also, as Mr. Erichsen has pointed out, to the public at large, that Parliament should contain a just proportion of men with a special knowledge of medical and sanitary matters, than that one or other of our heteromorphous political parties should gain a few odd votes. It is at present perhaps too much to hope that constituencies should be so wise as to elect medical men for their special aptitudes apart from their political partisanship: but Mr. Erichsen has done as much as could be expected of any candidate to minimise his party proclivities, and the fact that he reckons many strong Conservatives amongst his most enthusiastic supporters should be sufficient to reconcile the most conservative of our readers to the line we are taking. Moreover, Mr. Erichsen is fighting, not only for our profession and for scientific culture in general, but also for the continuance of University representation, for it does not take a prophet to foretell that, if University seats are to be contested with hot partisanship, it will not be long before they are swept utterly away, a result which no medical practitioner can desire.

THE extracts from the American medical journals which we print elsewhere, will be sufficient to show that the prevalent opinion in the States is that the Washington Congress is not only in danger, but absolutely doomed to failure. The leaders of the profession both in Boston and Baltimore have followed the lead of the Philadelphians, and withdrawn from the Congress, and it is not unlikely that their example may spread to other cities, though indeed enough has already been done to turn the meeting of 1887 into what an American contemporary, drawing its illustration from our common history, appositely terms a "rump" Congress. The only hope is that the American Medical Association will be startled back to its senses by the strong and decisive action of the



profession in Philadelphia, Boston and Baltimore, and will make haste to retrace its steps. It may be taken for granted that not even the leaders of the malcontents, and certainly not the members of the Association at large, realised that the result of their action would be destruction to the Congress of 1887 and danger to its successors. Such an event was probably far from their calculations. They simply reckoned without their host, *i.e.*, their leaders, and if they are wise they will cast another reckoning, this time with due regard to the said host. They have plenty of time to consider the matter, as they do not meet again until next May. An American journal humorously says that the question recently under discussion was whether Nation should be spelt with a big N, and it was decided in the negative. When it is seen that the medical representatives of other Nations who still use capital letters will visit the American Nation by thousands, but will not go to the trouble and distress of crossing the Atlantic merely to theorize and feed with a crowd of nobodies, we may surely expect some orthographical afterthoughts, though, by the way, in spelling difficulties, second thoughts are often not the best. We do not quite understand, by the way again, why neither of our English contemporaries has thought it worth while to inform their readers of this American dispute, a matter surely of some importance.

THE Government met with but little difficulty in carrying the second reading of the Medical Relief Disqualification Removal Bill on Thursday, last week. On the motion for the second reading, Mr. Pell moved an amendment to the effect that, in the relief of destitute paupers out of any poor rate, no distinction should be made in favour of enfranchising those who obtain it in the form of medical treatment, and those who are compelled to accept it in the form of bread; and he enforced his contention in an able and vigorous speech. He pointed out the disastrous effects the proposed measure must have in making the working classes still more disinclined to recognise the duty of endeavouring to provide medical aid for themselves and families in case of sickness, and he raised a question which later on became one of the principal subjects of contention, *viz.*, whether "medical relief" means medical attendance and medicines only, or whether it also includes "medical comforts," as food, nurses if necessary, surgical appliances, and so on. Mr. A. Balfour brought forward statistics to prove that the measure would affect but a very small number of people, for not more than 2.5 per thousand of those who apply for poor law relief apply for medical relief only. This has nothing to do with the rightness or wrongness of the principle of the Bill; and should it become law it is certain that applicants for medical relief will very largely increase in number. As for the rest of the debate, it consisted in exchanges of political amenities between the two sides of the house. Mr. Courtney proposed the adjournment of the debate, but gave way when the Government pleaded urgency, and Mr. Pell's amendment having been negatived by 279 votes to 22, the Committee on the Bill was fixed for Tuesday.

WHEN the motion to go into Committee on the Bill came on, on Tuesday, Mr. Courtney moved as an amendment that the House could not approve of a measure which would remove an incentive to independence, and fundamentally change the principle of the Poor Law, under which pauperism had steadily diminished; and the debate which followed occupied the principal part of the sitting of the House, which was a very prolonged one. Mr. Courtney supported his amendment by an able and statesmanlike speech, and was well seconded by Mr. C. S. Read, who characterised the Bill as a first step towards the extension of pauperism, and a fatal blow to benefit and sick clubs. Mr. Bryce also spoke well and strongly against the principle of the measure; but as to the rest of the speeches, and they were many, they were for the most part simply partisan, and those of the leading politicians on both sides of the House consisted largely of recriminations. Many hours were wasted in this way, but at last Mr. Courtney's amendment was negatived by 226 votes to 22; and then, in the small hours of Wednesday morning, the House went into Committee. But for some considerable time it seemed very doubtful whether any further progress would be permitted. An amendment to exempt Scotland from the Bill was withdrawn on the understanding that the question shall be considered before the report on the measure. A motion to report progress was, after some expostulation, rejected without a division. An amendment in favour of including medical comforts in the phrase "medical relief," was supported by Sir W. Harcourt, and by Mr. Chamberlain, who declared the Bill "would not be worth a rap without it;" but the Government refused to have anything to do with such an amendment, and after some brisk, and by no means dignified altercation, they defeated it by the narrow majority of 71 against 68, the Parnellites walking out of the House without voting. The Bill then passed through Committee after 3 o'clock in the morning. The next stage was to be taken on Thursday at about the hour that we went to press.

WHEN revised by the light of recent proceedings in Parliament, the following excerpt from a Transatlantic contemporary is not altogether pleasant reading:—"In spite of all that has been said of the abuse of medical charity, both here and in Great Britain, little if anything has heretofore been done to overcome it. We are glad to see, however, that the first effective blow seems likely to be struck by our English brethren in the form of a legislative measure disfranchising the recipients of medical services at the public expense. The project is not overstrained, since those who, for the sake of the public safety, are sent to hospitals for infectious diseases, are exempt from the operation of the Act."

ON Monday last Sir L. Playfair asked the Secretary to the Treasury whether any answer had yet been given to the request from the Marine Biological Association for aid in establishing a station on Plymouth Sound, with the purpose of investigating the fauna and flora, especially in their relation to the food fishes. Sir L. Playfair stated that 8,000*l.* had already been



subscribed from private sources towards the proposed work. In reply, Sir H. Holland was able to say that the application referred to had been carefully considered by both the present Government and their predecessors, and the Treasury had undertaken in general terms to ask Parliament for an annual grant for a term of years in aid of the association, on condition that they carry on their work in full concert with the Scotch Fishery Board. The Government hold that these two bodies are to be considered as working together towards the common benefit of the fishermen and the fish-consumers of the three Kingdoms. We believe that an annual grant of 1,000*l.* for five years is contemplated.

It will be recollected that the case of Dr. Bradley was strongly pressed upon the attention of the late Home Secretary as peremptorily calling for his examination and interference. Sir W. Harcourt could not, however, satisfy himself that he would be justified in questioning the verdict of the jury, or in interfering with the sentence of the judge. The case has since been brought specially to the notice of the present Home Secretary, and on Tuesday Sir R. Cross, in answer to a question by Mr. Macfarlane, stated to the House of Commons that with the assistance of both the Law Officers of the Crown and the Lord Chancellor, he had carefully enquired into the case, and had arrived at the conclusion that there was so much doubt about it that he did not think the prisoner ought to be further detained. He did not say that he was satisfied the man was innocent, but only that there was the greatest doubt in the case. Dr. Bradley was accordingly released on Wednesday. It is to be observed that Sir Richard Cross did not state whether or no he had the assistance of any medical adviser in forming his opinion of the value of the evidence given at Dr. Bradley's trial.

On the same evening Mr. A. J. Balfour, the President of the Local Government Board, stated in reply to Lord A. Percy, that the Lunacy Act Amendment Bill which had been introduced in the House of Lords would not, he believed, be proceeded with in the present session; but that, as he strongly recognised the importance of express statutory authority for the temporary detention of lunatics in workhouses, he intended to ask for leave to bring in a Bill on the subject. The leave was granted and the Bill read a first time on Wednesday.

THERE was a fairly large attendance at the General Meeting of the Medical Officers of Schools' Association on Wednesday last, when the late President, Surgeon-Major Evatt, was present after his return from service in Egypt. After some routine business, including the election of new Members, and a decision to increase the number of Vice-Presidents and to have two Honorary Secretaries instead of one, a paper on the influence of postures in schools upon the figure was read by Mr. Noble Smith. The paper was based upon enquiries undertaken on behalf of the London School Board. It may be admitted that such involuntary kakisthenics are

not peculiar to the Board Schools of London or of any other town; they may, indeed, be observed almost anywhere when children are made to read and write at ordinary desks and on ordinary seats for any time together. The effects are naturally most noticeable in the case of girls and young women. Boys have less compunction in assuming ungainly postures, which must often be regarded as natural attempts to antagonise the harmful results of school positions; while the rougher and more actively postural character of their play—which, again, is still far more largely a matter of the open air than is the case with girls—gives them a further advantage over the opposite sex. The school-girls of the present day are certainly more fortunate in these respects than were those of a previous generation. The tennis-lawn, which is now considered an adjunct to any good class boarding-school for girls almost as necessary as is that of a cricket ground for boys, is in itself an innovation of immense hygienic value. There can be no doubt, however, that girls suffer more, as they are more prone to suffer, from the causes which Mr. Smith has once more emphasized. On this ground it is a matter for some regret that ladies practically interested in the education of their sex were not present in greater numbers on the occasion.

THE following is the official tale of cases and deaths from cholera in Spain during the third week of the present month:—

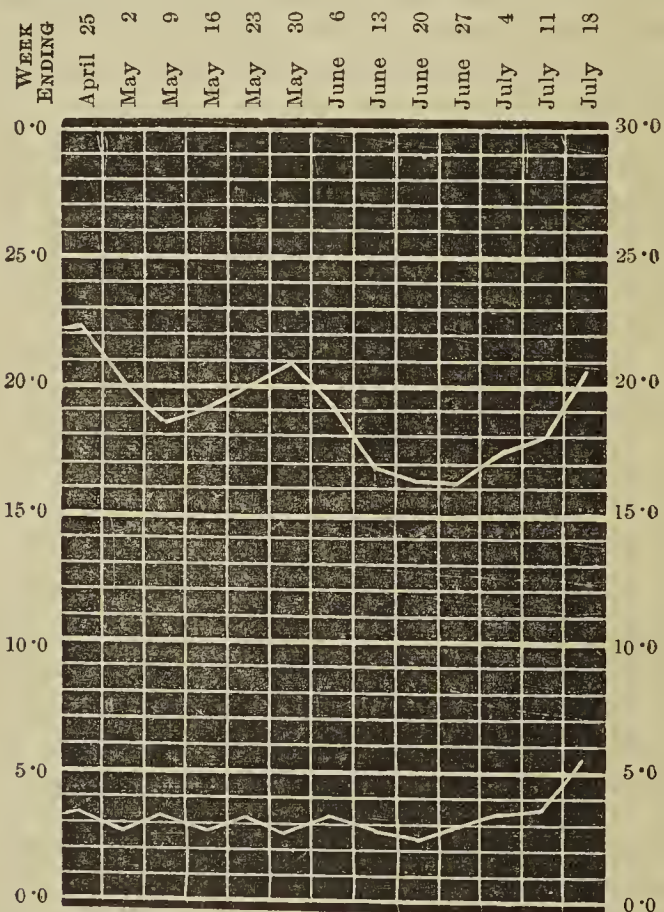
	Cases.	Deaths.
July 15th .....	1,496	664
„ 16th .....	1,629	672
„ 17th .....	1,328	621
„ 18th .....	1,886	718
„ 19th .....	1,850	761
„ 20th .....	2,243	876
„ 21th .....	1,752	685
Totals ....	12,184	4,997

During the first two weeks of the month, the cases numbered 20,278, and the deaths 9,752, so that there has been a marked increase in the incidence of the disease, if not in its mortality. It is probable, however, that even these terrible figures do not represent the whole truth, as it is believed that many cases and deaths are concealed in country districts through fear of the severe sanitary precautions, by which it is attempted, at present with lamentably poor success, to keep the outbreak in check. During the week it has spread northward up the Ebro, in the province of Saragossa and westward down the Tagus in the province of Toledo, and has invaded low and marshy ground in the provinces of Jaen and Albacete. It is carried up to the hill-country by fugitives, but has not there assumed an epidemic form. The worst accounts now come from Saragossa, in which province, including the capital, people are dying at the rate of 200 a day. The accounts from both the city and province of Valencia are improving, though the mortality is still very great, over 200 a day, and the same is true in a less degree of Murcia, these being the provinces first attacked. The provinces of Alicante and Segovia, on the other hand, are suffer-



ing more severely. The cases, too, in the neighbourhood of Madrid have increased; while, on the other hand, at Aranjuez which was so severely visited in the first days of the month, the epidemic has practically ceased. The sufferings of the people must be fearful, and they are not mitigated by the well-meant but useless attempts of the local authorities to stamp out the disease. The new Minister of the Interior is, however, getting his subordinates in hand, and attempting to curb their arbitrary and panic-striven activity.

THE deaths recorded in London last week were 1,616, showing an increase of 200 over the previous week, and causing the death-rate to rise to 20.6, but they were nevertheless 60 below the corrected average for the week. The zymotic death-rate went up to 5.5 owing to the sudden increase in the number of fatal cases of diarrhoea, which experience teaches us to regard as normal at this time of year. There were 210 deaths from this cause, 173 being in infants under 12 months of age. Measles, whooping-cough and



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past thirteen weeks.

enteric fever all claimed more victims than in the previous week, 82, 77 and 17 deaths being respectively registered under these heads. There were only 15 deaths from small-pox, but the number of fresh cases showed a slight increase. Diphtheria numbered 16 and scarlet fever 13 victims. The death of a boy aged 11 years was referred to sunstroke. The diarrhoea season has set in at Leicester as well as in London, and the 25 deaths recorded caused the zymotic death-rate in that town to run up to 10.7. Measles still continues its fatal ravages at Liverpool,

where there were 17 deaths from it, and recrudescences of it took place in Sheffield and Newcastle, 10 deaths being attributed to it at each of these places.

THE long-expected report of the Special Committee appointed by the London School Board, to enquire into the existence of over-pressure in the schools of the Board, has at length been published, and a *résumé* of it will be found in another column. It is evident that the Committee have done their work conscientiously and thoroughly, according to their lights, and they find themselves obliged to imply that there was a considerable amount of truth in Dr. Crichton Browne's assertions, and abundant excuse for the agitation of which he was the main-spring. But as a scientific enquiry into the question of over-pressure, the report of the Special Committee is worthless. They had no medical help, being unable to obtain the co-operation of medical men of "sufficient authority," and in a delicate and difficult question like that which they had to deal with, it is quite possible for the evidences of over-pressure to have been crowded under their noses without their being at all aware of it. Thus in spite of all that the comfortable people who resent alarmism as a personal injury—there were, no doubt, some Romans in the Capitol who cursed the geese for disturbing their slumbers—may have pleased to say of Dr. Crichton Browne, there can hardly be a doubt that the substantial victory remains with him; or else why all this elaborate series of recommendations. We can bear personal testimony to the fact that the cases with symptoms plausibly attributable to over-pressure have markedly diminished in hospital out-patient practice since Dr. Crichton Browne raised his alarm, that much less is heard of "keeping-in" and home lessons, and that the parents generally are in much better temper with the School Board authorities. The main thing now is to keep an open eye, and to take care that matters are not allowed to slip back into the old groove. "Over-pressure" may be for the present scotched, though some even doubt that; but it is not killed, and for that matter never will be. For is it not one of those rough and cruel processes of natural selection—like famine in India—which are as tenacious of life as the human race itself, but which the evolution of a higher and humaner intelligence warns us must be kept in check, if the moral and intellectual progress of man is to continue?

OUR Edinburgh correspondent writes:—On Thursday last week Mr. Erichsen delivered an address to the electors of the Universities of Edinburgh and St. Andrew's, in the Freemasons' Hall, Edinburgh. The chair was occupied by Professor Maclagan, and the hall was filled in all parts. Mr. Erichsen on rising to speak was received with cordial applause, and it was evident from the first that he had secured the sympathies of the audience, and these he carried with him to the end of his address. On all hands it was admitted that both in manner and substance his address was just what such an address should be, and was in marked



contrast to any which have as yet come from his opponent. After referring in graceful terms to his having taken part in the rejoicings during the Tercentenary Festival, and his having been honoured with the degree of LL.D. on that occasion, he proceeded to announce his political creed in these terms:—"Let me say that in politics I am a Liberal, that I have ever been so, that I am so, and probably shall always continue to be so; that I am so to the fullest extent of the word, but not to its extremest extent; that I am so in all matters of politics, in all matters of social organisation, in all matters of religious toleration. But I am no party-man; I am no partisan in the ordinary acceptation of the term; I seek no office; I hold no place, I desire none. Were I a party-man, I should not be here, seeking to be the representative of an academic constituency. I look upon the representative of an academic constituency as having far higher, far nobler, and far wider duties than those which attach merely to party politics."

AFTER deprecating the violence and virulence of the language which has developed in the recent heat of party politics, Mr. Erichsen went on to explain his position as a medical man seeking the suffrages of the constituency. He pointed out how inadequately the profession was represented in Parliament at present, and how many and important were the matters of social interest which failed to meet with proper consideration by reason of the smallness of the medical voice in the House. He showed further how injurious their paucity of numbers in the House was to the well-being of the profession itself, in so far as it hindered the progress of medical legislation from the want of a sufficiently authoritative expression of the opinion of the profession as a whole on matters which come before the House. He called attention to some abuses which might readily have been rectified had some one with sufficient influence drawn the attention of the Legislature to them. Among others he instanced the Medical Council, whose constitution he showed was most unfairly arranged. He further pointed out how important a part a sufficiently numerous body of medical representatives would play in connection with hygienic measures, with questions relating to vaccination, vivisection, the stamping out of epidemics, the question of over-pressure in schools, &c. He concluded his address by defining his attitude to the question of Church disestablishment, at present the most burning question in Scottish politics. While not opposed to the existence of an establishment as matter of principle, he declared himself as willing to consider favourably any well-considered scheme of disestablishment, brought forward by a Liberal Government, and evidently in harmony with the views and wishes of the majority of the Scottish people. The speech as a whole was a masterly exposition of the functions of a University representative, and was received with expressions of lively satisfaction by the majority of the audience. It was felt, much as Sir Lyon Playfair's retirement from the representation is to be regretted, that one able to succeed him worthily had been found, and that

University interests would be in safe keeping in the hands of such a man.

ON Friday, July 17th, the Earl of Carnarvon received two deputations at Dublin Castle representing respectively the Colleges of Physicians and Surgeons in Ireland. Each deputation presented his Excellency with an address, congratulating him on his appointment as representative of the Queen in Ireland. The physicians in their address, which was read by the President, Dr. Cruise, claimed that their College had ever been mindful of the important trust committed to it, and had endeavoured to discharge its functions by furthering the advancement of medical science, and securing a succession of highly-educated physicians for the service of the State. It had at various times tendered its aid and professional advice to the Government in advancing and carrying into effect measures dealing with the public health; and now, as at all times, it would consider it to be its duty, as it was its most anxious desire, to afford every assistance to Her Majesty's Government in all matters relating to both Curative and Preventive Medicine. The address of the College of Surgeons, which was read by the President, Sir Charles A. Cameron, after the usual compliments, felicitations, and expressions of loyalty, ran thus: "We beg your Excellency to believe that our College is influenced by an earnest desire to fulfil, in the future as effectually as in the past, the important function of providing for the service of the army and navy, and of the public at large, highly educated and reliable surgeons, which her Majesty and her Royal predecessors have entrusted to it, and which, we trust, her Majesty has within the past year graciously renewed. We avail ourselves of this opportunity to express the hope that your Excellency will honour this College at the earliest convenient opportunity by visiting it, and satisfying yourself by enquiry and by inspection of our museums, libraries, and other departments of the College, that the institution which we represent is deserving of the confidence of your Excellency and of the public." Lord Carnarvon's replies to both addresses were in the best taste, and were delivered in a graceful fluent style, which was pleasant to hear.

THE name of Professor Herman von Fehling, whose death at the mature age of 72 has recently been recorded, is probably known with more than common familiarity to every practitioner of medicine throughout the world. The adoption of his method of ascertaining the presence of grape sugar in the urine was universal, and has never been altogether displaced by the more ready and portable means suggested by later physiologists and chemists. The fame of the late Professor, however, does not rest alone upon the world-wide recognition of the "Solution." A pupil of Liebig and of Dumas, he entered upon his duties as Professor of Chemistry at Stuttgart so long ago as 1839, and continued in the service of his University from that time forward. Many years ago he published a Dictionary of Chemistry, which received a full measure of public appreciation, and his contributions



to the advance of chemical knowledge have been both numerous and valuable.

THE City of Vienna has attractions of one kind or another for all classes of persons, and perhaps for the medically-minded more than all. Although too many of the bright particular stars have ceased to illuminate the medical school, the spirit of their teaching still inspires their followers, and for many years to come their methods will attract those of other nations whose native schools have not yet found out the way to supply their pupils' wants. Past, present and future residents in the "beautiful city" will be equally rejoiced to learn that serious attention has at last been aroused to the one plague-streak that disfigures the beauty of the town, and is a continual source of discomfort and disease to all who live in its neighbourhood. We allude to the reeking channel of festering filth which by some strange flight of fancy has been christened a "river"—the river Wien. A wide ditch, embanked with walls altogether out of proportion to the volume of water which they restrain, unevenly floored with banks, flats and hollows of the foulest black mud, exhaling the various vapours of animal and vegetable decomposition, the Wien is an unfailing source of wondering disgust to the foreign visitor, and an ever-present nuisance and danger to those who have the misfortune to live within range of its pestilential exhalations. It is probable that the excessive heat of the last few weeks has sufficed to rouse even official nostrils to rebellion. At last the idea appears to have dawned upon the sanitary authorities that the time has come when the fiction of a river must give place to the fact of a sewer, and a project is on foot to hide alike the Wien and its foul surroundings from the public gaze. No one is wise at all hours, says the proverb, and possibly no school of medicine can be wise in all subjects, but it is still remarkable that in a university which above all others has carried the system of special teaching to a point of practical perfection, the subject of practical hygiene should be so completely disregarded as it is in Vienna.

THE new number of Dr. B. W. Richardson's *Asclepiad* is notable for an excellent autotype of G. White's engraving of Boerhaave, and a pleasantly written account of the life and works of that great master in physic. The portrait shows Boerhaave at his prime, and is finely described by Dr. Richardson: "A broad Saxon face, with features large and fine, except the nose, which with Teutonic obstinacy will turn upwards, to the decided injury of the beauty of the profile, when another portrait showing that is looked at. The head is massive, the forehead broad and prominent, the eye full, the ear with a big lobe, the lips well developed and the cheek-bones rounded and expansive, but flattened. The expression is not commanding, but good-tempered, determined close up to obstinacy, and wanting altogether in Semitic subtlety and Keltic fire. In fine, the face of a pure Saxon, coming up as near to genius as any pure Saxon can

come by the forces of intense study, varied application and incessant indomitable industry." Dr. Richardson thus sums up Boerhaave's character and habits: "Born of a happy disposition, he was frugal and therefore wealthy, industrious and therefore learned, versatile and therefore happy, privately liberal and therefore careless about the false charges of parsimony raised against him. To him the outside world was of little moment; his garden, his study, his laboratory were the three worlds in which he lived, moved and had his being; nor is it possible to find any other worlds in this life more delightful." We cordially recommend Dr. Richardson's "Study of an Old Master" to all readers who are interested in the past history of medicine. The rest of the number is up to, but not above, *Asclepiad* average.

INSTIGATED perhaps by the analogy of events in the Soudan, where internecine war has for a time checked the progress of the religious epidemic of Mahdi-ism, Professor Arnaldo Cantani, of Naples, has lately hit upon a means whereby the progressive activity of the tubercle bacillus may be hindered in a somewhat similar manner. His views are founded upon the ascertained fact that the growth of other bacteria in the same soil is destructive to the power of Koch's bacillus. In the *Centralblatt für die Medicinischen Wissenschaften*, No. 29, 1885, he recounts some experiments by means of which he ascertained that bacterium termo, whether injected, inoculated or inhaled, exercised no sort of influence upon the tissues of living animals. He then caused a spray of fluid containing the bacteria to be inhaled by a patient suffering from tubercular disease of one lung, whose sputa contained the tubercle bacillus in large quantities, as proved by the microscope and by injection into small mammals. These inhalations, continued daily for a month, were followed by rapid improvement in the general condition of the patient. The sputa, examined at frequent intervals, were found less and less bacillary, but swarming with bacterium termo, and injections into lower animals no longer produced any signs of tubercular disease. A result such as this in a case of advanced disease of the lung, although at present standing alone, is worthy of all attention. It has yet to be conclusively proved, however, that the abundant inhalation of bacterium termo is in itself a harmless procedure in the case of the human lung, and it would be more in accordance with scientific practice that the process should first be tried upon factitious tuberculosis in lower animals. The idea, however, is a novel one. The use of septic material as a local antiseptic has not yet been tried.

It is well known that the rainfall during last spring and winter was, for many large districts, far short of all that was required to make up for the drought of the preceding months. The more preventable causes of our national water-waste, to which we directed attention less than a year ago, have continued in operation practically unaltered; and the weather of



this summer has not hitherto been such as would make good these defects. It is, therefore, not surprising that forebodings of another water famine should have ripened into actual experience in some districts even earlier than was the case in 1884. Two months ago the Thames at Richmond, after having been flooded for a few days with turbid storm-water, subsided so rapidly that, at low tide, the river might have been crossed on foot with little more than wetted ankles. Now we read of a Yorkshire village without a drop of water of its own, the farmers drawing their supplies from more than a mile away, and the cottagers "getting a little out of the farmers' carts as they pass their doors." But this supply is also becoming exhausted, and then the water for two villages will have to be procured from another source at least four or five miles distant. There is some reason to fear that another dry August and September might cause a repetition of the difficulties of last year, and this even in an aggravated form. A perusal of Dr. Corfield's paper on "The Water Supply of Ancient Roman Cities," and the idea of each of the million Roman citizens luxuriating in a daily water supply of some 330 gallons, with a literally constant service, suggests the question whether we are, after all, so very much wiser than our predecessors.

THE arrangements for the fifty-third annual meeting of the British Medical Association at Cardiff, on Tuesday, Wednesday, Thursday and Friday next week, are now nearly completed, and the meeting promises to be one of great success under the Presidency of Dr. W. T. Edwards, Senior Physician to the Glamorgan and Monmouthshire Infirmary, Cardiff. On Tuesday, the first day, the Council meet at 2.30, and at 3.30 the general meeting of members is held, at which the consideration of the report of the retiring council and other business will be transacted, the meeting adjourning till eight in the evening, when the President will give an address, and any adjourned business will be taken. On Wednesday there will be a meeting of the new Council at 9.30, and at 11 the second general meeting will be held, at which Dr. William Roberts, F.R.S., of Manchester, will give an address in Therapeutics. From 2 to 5 o'clock the sections will be held. Of these there are seven, viz. :—Medicine, Surgery, Obstetric Medicine, Public Medicine, Psychology, Ophthalmology and Otology, Pharmacology and Therapeutics; and a very goodly list of papers in each section are promised. On Thursday, the Council again meet at half-past 9 o'clock, and at 11 o'clock the third general meeting is held, at which an address in surgery will be given by Mr. John Marshall, F.R.S., of London; from 2 till 5 the sections will meet again. On the last day, Friday, an address on Public Medicine will be given by Mr. Thomas Jones Dyke, Medical Officer of Health, Merthyr Tydvil; at 11 o'clock the sections will meet, and at 2 o'clock the concluding general meeting will be held, at which the reports of various Committees will be considered. All the meetings will be held in the Town Hall, which has been most kindly lent for the week by the Corporation of Cardiff.

THE entertainments are to be numerous. On Wednesday from 5 to 7 a garden party will be given by the High Sheriff of Glamorgan and Mrs. Hill, and at 8 p.m. the same evening a *conversazione* by the President of the Association and the South Wales and Monmouthshire Branch, at the Park Hall, Park Place, which is one of the finest halls in the province. At the *conversazione* various entertainments will be provided, including an exhibition of scientific instruments and works of art; and the evening will terminate with a ball. The dinner of the Association will be held in the same hall on Thursday at 6.30 p.m. On Friday at 3.30 there will be a garden party with music and refreshments at the Windsor Gardens, Penarth, by invitation of Lord Windsor, and the whole meeting terminates with a reception at 8 o'clock on Friday by the Mayor of Cardiff, at the Park Hall. With such a programme and so generous a list of entertainments, a large and successful meeting is anticipated. The whole of the arrangements have been most ably carried out by Dr. Alfred Sheen, the Honorary Local Secretary, assisted by the local medical men, who act as Honorary Secretaries in the various departments, museums, excursions, and entertainments. On the Saturday excursions have been arranged to (1) Tintern Abbey and Raglan Castle, (2) to Glastonbury Abbey and Wells Cathedral, (3) to Caerphilly Castle, (4) to Symonds Yat and the Speech House and Forest of Dean.

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## THE HOUSING OF THE WORKING CLASSES BILL.

WHEN, not many weeks since, in discussing the Report of the Royal Commission on the Dwellings of the Poor, we expressed our conviction that though no new facts had been brought to light, the authoritative recognition of the existence of a state of things well known, but hitherto persistently ignored, must lead sooner or later to legislation on the subject, we little thought that our anticipations would be realised within the current session of Parliament. We have now before us the draft of a Bill in which are incorporated most of the points on which the Commissioners, however much their views might otherwise differ, were practically unanimous. There is nothing revolutionary about it, no creation of extraordinary powers or violation of the rights of property; it consists mainly of a series of amendments of existing Acts, of provisions for the extension of powers already enjoyed by sanitary authorities, and the removal of arbitrary restrictions and artificial obstacles to action on their part, of clauses for compelling neglectful Boards to do their duty, and of the application of recognised principles to other circumstances than at present. Only one or two provisions can be regarded by the most jealous as open to the suspicion of a tendency to socialism or confiscation, and they are, as we saw from the report of the Commissioners, those for which the Conservative Prime Minister is most directly responsible.



Fully half of the Bill is concerned with the Labouring Classes Lodging Houses Acts of 1851 and 1866. These Acts, which were intended to enable local authorities to provide suitable dwellings for the poor whether as a source of profit or not, have never, we believe, been put in operation, certainly not in the metropolis. The former of these is known, where known at all, as Lord Shaftesbury's Act, having had the singular fortune of being personally conducted in all its stages through both houses by that veteran peer, first as Lord Ashley, and then, owing to his father's death at the time, as Earl of Shaftesbury. The idea of sanitary legislation was then new, and the difficulties in the way of raising loans and otherwise carrying out the provisions of the Act would have been enough to deter bodies even more interested in such movements than local authorities usually are. It is the wish of the framers of the present Bill to facilitate in every way the adoption of the Acts in question, and with that view they have repeated no fewer than 45 sections wholly or in part.

Coming next to the better known Artizans' Dwellings Act, 1868 (Torrens), and the Artizans' and Labourers' Dwellings Improvement Act, 1875 (Sir R. Cross), and Acts amending the same, we find that the new Bill provides that when the sanitary authority, disregarding the report of their medical officer of health, as to the insanitary state of any street or premises, refuse to take steps to remedy it, any neighbouring authority or owner may complain to the Local Government Board, and the Board may, if after local enquiry they think it expedient, compel the local authority to put in force the provisions of the Artizans' Dwellings Act. In like manner, when a local authority has sent in to the Local Government Board its reasons for declining to condemn under Cross's Act any unhealthy area, the Local Government Board may compel them to make a scheme, subject to certain conditions and within a given time. Cross's Act is to extend to all urban sanitary districts in England instead of being, as hitherto, limited to those having over 2,500 inhabitants; and the owner of property condemned under Torrens' Act is no longer to have the power of forcing the sanitary authority to purchase, a premium on neglect for which it is but fair to say Mr. Torrens' Act itself was not answerable. Again, every sanitary authority is to be free to publish by-laws for the better conduct of lodging-houses (other than common lodging-houses), under Clause 90 of the Public Health Act, without previously obtaining the consent of the Local Government Board; and, on the other hand, when a local authority fails to make by-laws for securing decent lodging among hop or fruit-pickers, the Local Government Board may frame such by-laws, which it shall be the duty of the former to enforce.

A somewhat lengthy clause is introduced for the purpose of bringing the provisions of the Public Health Act to bear on vans, tents, &c., but the same end might have been as well attained by adopting the Canadian definition of a house as "including schools, factories and other buildings, huts and tents used for human habitation or work, whether such use is per-

manent or temporary, and whether the same are stationary or moveable." Lastly, the condition of fitness for human habitation implied in the letting of furnished apartments is to be extended to unfurnished houses in the sense that damages may be recovered for loss by injury to health or otherwise consequent on any breach of the implied condition. It may not in every case be possible to prove to the satisfaction of a jury that injury to health has been caused by defective sanitary arrangements; but when diphtheria or enteric fever occurs in a new house, the drains of which are found to be laid without cement, or with no connection with the sewer, it assuredly will not be judged "reasonably fit for habitation." Certainly this clause will enable the sanitary authority to make the thirty-fifth section of the Public Health Act retrospective, and it may be found an easier procedure than putting Torrens' Act into operation.

Thus far the Bill consists of mere amendments of existing Acts so simple and obvious that there can be no two opinions as to their propriety, but it must be admitted that the third and twelfth sections introduce a new principle into our legislation, and that there is some justification for the apprehensions expressed by Earl Wemyss and Lord Bramwell as to the possible remote results of such an innovation. The third section, embodying Lord Salisbury's own recommendation in the Report with regard to the sites of certain Metropolitan prisons now disused, or likely to be so, is, in fact, but a special case, the principle of which is enunciated in section twelve. This section, which constitutes an amendment of the Settled Lands' Act of 1882, besides including among the improvements on which capital money may, by the twenty-fifth section, be expended, any dwellings whatever available for the working classes, provided only that they shall not detract from the value of the estate, authorises trustees and bodies corporate to sell, exchange, or lease any land for the purpose of erecting thereon such dwellings, at a price or for a rent which shall be deemed reasonable by the Court, though less than what might have been obtained in the open market.

Lord Salisbury admits that the principle involved in this amendment is opposed to the doctrines of political economists, and the law of unfettered action of supply and demand, but he refuses to be frightened by the bugbear of socialism. It is purely permissive, and is actually based on a provision introduced ten years ago into the Duke of Westminster's re-settlement. In Lord Salisbury's words, "though the tenant for life may be perfectly willing to let the land for building workmen's dwellings upon it, and though it is for the public interest that he should do so, and every living man may desire that he should do so, yet he is forbidden by the Settled Lands Act to let the land for such purpose." Indeed, the section confers a power, it grants a greater liberty of contract, which cannot be said of recent land legislation in the sister island. Socialism as preached by certain political parties is antagonistic to property and destructive to Society; but socialism in another form underlies all co-operation, and is the principle on which some of the most successful commercial and manufacturing enterprises at home and abroad have been founded. Again, as Lord Salisbury



said in Committee on Monday night, "We only hear of *laissez faire* when it is a question of the State *giving* something, and very little when the State *takes* something." The State has given forcible possession to railway Companies, &c., of large areas on which a poor population formerly lived, compensating the owners of the houses, often little deserving of sympathy, but not the poor tenants driven by these improvements from house and home, and, what is still more important, driven to a distance from their work except on the condition of overcrowding neighbouring quarters. The State has done this, and it owes a debt of compensation to the poor; nay, more, the State, in one or other form, is a large, perhaps the largest, employer of labour in London; it has directly or indirectly drawn, or caused to be drawn thither, thousands of working men, and has thus, too, made itself responsible for much of the overcrowding. Why, then, as the Prime Minister asked, while landlords and large employers of labour regard it as a duty incumbent on them, not legally, indeed, but morally, to provide for the housing of their working people, is the State to be an exception to the rule?

#### THE REPORT OF THE ARMY MEDICAL DEPARTMENT FOR THE YEAR 1883.

##### [FIRST ARTICLE.]

WHEN noticing the Report for 1882, we commented on the special difficulties of Army Medical Officers, called upon to arrest preventable disease without being afforded due time for preparation, as must, indeed, always be the case to some extent when war suddenly breaks out in foreign countries. In that year the Egyptian Campaign upset all calculations and statistics, and Science was too late to prevent exceptional disease and mortality. In the Report for 1883, however, we find a record of the steady progress of sanitation in repairing damages, which is satisfactorily summed up as follows: "In Egypt the ratio per 1,000 of ordinary mortality is 14·93; this is considerably higher than the death-rate of the Mediterranean stations, and, compared with the three Presidencies of India, we find that the rate of mortality in Egypt is greater than that of Bengal by 4·76, than that of Madras by 5·70, and that of Bombay by 5·36 per 1,000. As, however, there has been continuous improvement in the health of the troops during the year, it may be confidently anticipated that the death-rate in succeeding years (apart from that due to epidemic influences) will be much lower than that registered for the year under report." We learn also that "the sanitary improvements in barracks and hospitals have been numerous and extensive, accommodation and ventilation have been improved, means for variety in cooking extended, facilities for ablution increased, and conservancy thoroughly supervised. These measures have undoubtedly conduced to the improved state of health which now exists among the troops."

But there are preventable diseases which cannot altogether be prevented by science for other reasons than want of time. We may take, for instance, some

cases of enteric fever, some of diphtheria, and some of malaria. Knowledge may do everything to make barracks healthy, but it cannot make some soldiers wise. We notice, for instance, in the report for 1883 "three cases of diphtheria and one death, and a case of diphtheritic paralysis are returned from Woolwich, where the disease also occurred to some extent among children; no insanitary condition in the vicinity of the barracks or quarters was discovered, but it is presumed the attacks may have originated by the men visiting dirty and insanitary parts of the town." At Limerick there were two cases, one being fatal. Here also "it is believed to have been contracted in a low street in the town, where it was known some cases existed." At the Mauritius we find that enteric fever broke out, and the medical officer says, "It is not thought that the disease originated within the barracks," but, "the men frequent low drinking shops, kept by Chinese, who probably often use very foul water in mixing their rum." Again, we find on looking over some reports from Nassau, that remittent and intermittent fever among the black troops, is due largely to the fact that the African soldier gets a night pass whenever he can, and passes his night in the unhealthy hovels of the dirty and immoral population of the island. There are also diseases where sanitation might do much good, but where it is warned off. Syphilis, for instance, seems to increase year by year, ever since tenderness for the liberty of the subject to be vicious prevented all restrictions upon indulgence, and overlooked all the dangers of a disease, which may become hereditary. In 1883 we learn, "The admission rate for all forms of venereal disease, including gonorrhœa and its sequelæ, amounts to 260·0 per 1,000, and the rate constantly sick from these affections to 18·54 per 1,000. Compared with the average rates of the four preceding years, the increase in the ratio of admission per 1,000 amounts to 30·1, and in the ratio of inefficiency through these diseases to 3·19 per 1,000." It is only wanting that mischievous legislation should make it optional with the soldier to be or not to be vaccinated, in order that small-pox might have as free play as syphilis. Among the recruits who presented themselves in 1883 it is curious to observe: "A decrease of 8·7 per 1,000 is observed among recruits bearing marks of vaccination, but an increase of 4·0 per 1,000 in those who had marks of small-pox, and one of 3·4 per 1,000 in those who had neither marks of small-pox or vaccination." We hope that vaccination may still be spared to the Army, for Science and Sanitation have already quite enough to do to keep the British soldier fit for his work. Service, we know, ages a man terribly, and the ratio of mortality per 1,000, which is so much in favour of the recruits when compared with civilians of their own age, fades rapidly away, and at 40 years of age the ratio of mortality among soldiers is double that of the civilian population. The rate of invaliding, too, tells its own story of the diseases that in the army have to be endured and combated. During 1883 1,857 men were so discharged, being in the annual ratio of 21·48 per 1,000. It is to be feared that a large proportion of these unfortunates will find it difficult to resume the battle of life in civilian employment.

The year 1883 was not unhealthy as regards the



troops serving in the United Kingdom. The ratio of admissions into hospital was 846·5 per 1,000, that of deaths 6·28, that of discharge by invaliding 21·48, and that of constant inefficiency through sickness 47·57 per 1,000. In comparison with similar rates for the average of the preceding ten years, a decrease is observed in the rates of prevalence, invaliding and mortality, but a slight increase in the rate of daily sickness. Enteric fever caused, in 1883, fewer admissions and deaths than in 1882; paroxysmal fevers were also less prevalent. Constitutional diseases were, in 1883, rather above the average of the preceding four years; and syphilis, as we have noticed, steadily increased. In the Sanitary Report for Home Stations we have to notice that, though defects are steadily brought before the authorities, the recommendations are not very promptly adopted. For instance, the Principal Medical Officer of the Chatham District remarks: "The Gravesend Hospital has been reported on unfavourably for several years, as being unsuitable both in construction and situation, but with the exception of small sanitary services and rectification of minor defects, nothing has been done. Plans for the erection of a new hospital are in course of preparation; a site has already been approved." Probably the delay has not been caused by indifference, but has been due to financial difficulties.

The total number of recruits inspected during the year was 59,436, of whom 35,841 were passed as fit, and 23,595 were rejected as unfit for the service. As compared with the previous year the total proportion passed was greater in 1883 by 27·78 per 1,000. As regards nationality, the proportion per 1,000 of recruits born in England and Wales was very high, they numbered 773 per 1,000; whilst Scotland gave but 91 and Ireland 125 per 1,000. The classes furnishing the recruits were much the same as in previous years. In every 1,000 inspected there were 605 labourers, 145 artisans, 158 mechanics, 54 shopmen and clerks, while professional men and students only numbered 11, and the balance were boys. The causes of rejection of 23,595 aspirants for glory were 42 in number. On looking them over it is impossible not to wonder why these men sought to serve in Her Majesty's Army, and still more how they hoped to do so? There were many under height, under weight, and under chest measurement; a large proportion had defective vision, and a goodly proportion had malformations of the spine. It is a strange satire on the boast that the British Army is a voluntary one, when so many who seek refuge in the ranks have apparently no choice between soldiering and starvation. We observe one cause for rejection that is unusual—three men were rejected as being over-height. When we remember that men of six feet and upwards were accepted, we are lost in wonder as to who these weak-kneed sons of Anak could have been? These unfortunate men must have envied the youths of short stature who were accepted as soldiers. The latter were rather too short perhaps, shorter than in previous years. We learn that out of 10,000 recruits there was an increase of 76 recruits *under* 5 feet 3 inches in height, one of 760 between 5 feet 3 inches and 5 feet 4 inches, and a decrease in all proportions among young men of more average stature. Taking the ages at which the greater

number of recruits are inspected, the highest proportion of recruits per 1,000 is between 18 and 19 years, and they boast of 33 and 34 inches chest measurement. Recruits have, we find, not been weighed by a large proportion of the medical men who enlisted them. We propose in another article to consider the effect of foreign service on our army in 1883.

### SLIPS IN PRESCRIBING.

THE ordering of a tablespoonful in place of a teaspoonful, and, still more commonly, writing the symbol of an ounce for that of a drachm, has happened before now, and it will continue to be repeated from time to time so long as men continue to rely on the automatism of an oft-repeated action, and forget that the human automaton, although a very wonderful, is not an absolutely trustworthy machine. To prescribe the powerful extract of a drug notoriously uncertain in its strength in place of the same dose of the comparatively impotent "succus" is a more serious matter, since it indicates either ignorance of the physiological properties and doses of the medicine ordered, or such a degree of temporary mental abstraction as must necessarily be incompatible with the attention and exactitude which is properly looked for in a prescriber. Both of these mistakes were unfortunately illustrated in the course of an inquest lately held by Dr. Danford Thomas. A mixture, containing 5 grains bromide of potassium, 5 grains extr. conii, and 1 ounce of chloroform water, was ordered in tablespoonful doses for a child eight months old who was suffering from symptoms attributed to dentition. The chemist who dispensed the prescription told the parent not to give more than a teaspoonful, and that diluted. Six hours after the first and only dose the child died with convulsive movements of the arms and paralysis of the lower extremities. The *sectio* showed extensive cerebral effusion, and asphyxia as the immediate cause of death. The medical man who gave the prescription admitted the mistake in ordering doses of a tablespoonful instead of a teaspoonful, and also in writing extract for succus. The coroner's hope that such a mistake and its results would prove a lesson for life, will no doubt be realised by the person to whom it was immediately addressed. But the incident is also one which no member of the profession should feel too proud or self-confident to lay to heart; and it comprises warnings which others besides medical men will do well to ponder.

It is probable that prescribing suffers not a little from being spoken of and regarded more as an Art than as a Science. Art grows contemptible if she lags behind, and ugly and decrepit if she attempts to outstrip her sister Knowledge, with whom she should always march abreast. When one's chief attention is given to doing a thing nicely, there is always some risk lest it should not be done quite thoroughly. "Elegant pharmacy" is a catch-word of trade advertising. It is right to make our medicines as palatable and as slightly as possible, but to mere elegance we must never sacrifice either accuracy or efficiency. *Curare cito et jucunde* is right and proper enough, so long as we do not forget that *tuto* not only heads the triad of adverbs



which, theoretically at all events, governs our treatment of our patients, but that, rightly comprehended, it includes the meaning of them all. To prescribe no drug but with a definite and appropriate intention, and in the dose suitable to the occasion, is a broad foundation-stone of practical therapeutics. Adherence to such a rule would prevent the possibility of almost any serious mistake, even should a man feel urged to experiment with a preparation which he himself regards as "most unreliable in its action and as deserving to be expunged altogether from the pharmacopœia." It would not require more care to ensure that the medicine was ordered in appropriate doses. And to make assurance doubly sure, yet no more certain than is at all times desirable, it is an excellent rule *always* to read over the prescription once again after signing it. The value of this advice was frequently insisted upon by one of the most able and respected clinical teachers of a now rapidly passing generation, who once illustrated its importance by prescribing fifteen minims of hydrocyanic (instead of hydrochloric) acid in a single dose, being roused to a recognition of the mistake by his house-physician's suggestion that Scheele's preparation should not be dispensed.

The dispensing chemist is supposed to be, and should be, an additional safeguard to the patient against possible carelessness or mistake on the part of the doctor. But while it is intended that he shall be competent to detect errors in drugs and dosage, he was never intended to revise prescriptions, or thus invited to take upon himself the status and the onus of the prescriber. In the present instance it appears that the chemist not only suspected an error in the prescription which was brought to him, but was so impressed with its magnitude that he undertook the responsibility of correcting it, and accordingly directed that one teaspoonful only should be given to the patient in place of the tablespoonful ordered. Here he undoubtedly exceeded his province. Dr. Thomas did not put the matter too strongly when he said that it would "have been wiser," in such a case, to refuse to make up the prescription, at all events until after directing the prescriber's attention to the error which it was believed to contain. Had such a course been followed, disastrous results would have been avoided, and a lesson, less bitter but almost as emphatic, would still have been learned. A consideration of the whole subject supplies more than one argument on behalf of legitimate medicine, and, incidentally, against dispensing by medical men. The patient who consults a duly qualified practitioner, and who gets his prescription made up by a conscientious and reliable chemist, incurs the very minimum of risk from accident or error. Mortality is frail, and no medical man is more than mortal; but the typical dispensing chemist is a necessary complement, and may serve as a most efficient aid to the prescribing practitioner.

## CLINICAL PAPERS.

### XXIII.—THE CONSTRUCTION OF THE CEPHALOTRIBE.

THE qualities of a cephalotribe, and the skill of the operator who uses it, can only be tested by cases of the greater degrees of difficulty. In those in which the pelvis is but a little too small or the head but a little too large, cases, for instance, in which the conjugate diameter of the brim measures 3 or  $3\frac{1}{2}$  inches—a size of pelvis which will admit the passage of a small child, but not of a large one—delivery is quite easy when once the head has been perforated; and the use of any form of cephalotribe, craniotomy forceps, cranio-clast, basilyst, transforateur, forceps-saw, ecraseur, or any of the numerous instruments that have been devised for diminishing the size of head, will be followed by a successful result. Cases of this kind are no test either of instrument or operator. The advantage of any particular form of cephalotribe can only be estimated by trial in a difficult case; that is, a pelvis with a conjugate of  $2\frac{1}{4}$  inches or less. In such a case, success or failure may depend upon whether the instrument used is a good one or not. Judgment upon the merits of an instrument even after trial in a case or cases of real difficulty in delivery of the perforated head (and such cases are not common), is not a very simple matter; for the result effected by an instrument depends much upon the skill with which it is used. Skill comes by practice; and therefore any obstetrician will naturally be more skilful in the handling of an instrument he is accustomed to, than with one which is novel to him. The opinions of persons without much experience in difficult midwifery are on such a matter worth little; and the conclusions of those who have had such experience must be taken with due allowance for the natural bias in favour of the instrument, whichever it be, which practice has enabled them to use dexterously.

It is not creditable to obstetric science that cases should so often occur in which, after long but unsuccessful attempts to deliver with forceps, the use of the cephalotribe should be resorted to. If our knowledge of the factors of the mechanical problem in each case were complete, it ought to be possible to make an accurate estimate of what is practicable in each case; to say at once, "in this case delivery can be effected with forceps," or, "here the cephalotribe is necessary," without wasting time, causing suffering to the patient, exhausting her strength, and bruising and perhaps lacerating the parts, in vain attempts to accomplish that which is at length found impossible. But cases of this kind are no disgrace to individual practitioners, because we have no means at present of exactly estimating before delivery some of the most important elements in the problem, although they show how imperfect obstetric science is. The suitability of a case for forceps delivery depends upon the size of the pelvis, the size of the head, its degree of ossification and consequent hardness, its position, and the power of the expulsive forces. During labour, we can only approximately judge of these

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MURCHISON MEMORIAL SCHOLARSHIP IN CLINICAL MEDICINE.—In the competition held at Edinburgh for the above scholarship, the first place has been gained by Joseph Griffiths, University of Edinburgh; *proxime accessit*, S. Plowman, St Thomas's Hospital, London.



points, with the exception of the position of the head ; and therefore there must be cases in which we cannot say that forceps delivery is impossible until an attempt has been made. But in all cases in which it is proper to make such an attempt, delivery by the cephalotribe is quite easy, even with a very imperfect instrument.

The modifications of the cephalotribe are very numerous ; and it is quite profitless to consider each in detail. For ordinary purposes we believe none is better than that of Dr. Braxton Hicks ; an instrument, which, like everything that this distinguished obstetrician has put before the profession, has been devised with knowledge derived from ample experience, and tested in practice. A good way of considering the construction of the cephalotribe will be to examine Hicks's instrument, and the modifications that others, mostly of less experience, knowledge and scientific acumen, have suggested.

The instrument is made in two parts, each consisting of one piece of steel ; and after the instrument has been applied, a screw is added. In each piece we have to examine handle, lock, and blade. The length of the instrument is  $15\frac{1}{4}$  inches. A shorter instrument is not long enough to reach the head when above the brim, and a longer one is unnecessarily cumbrous.

The first necessity of the instrument is that it should be strong, capable of *crushing* the head. Therefore, any yielding of the blades is an imperfection ; to crush the head they must be rigid. In some cephalotribes the blades have been fenestrated. This impairs the efficiency of the instrument by weakening it. A fenestrated blade is also generally made wider than a solid blade, and thus a larger piece of the skull is enclosed between the blades, and the resistance to crushing is increased. As weakening the instrument, and as widening the blades and therefore increasing the work thrown on the weakened blades, the fenestrum is to be condemned. And it is absolutely useless, being introduced only for the purpose of lightening the instrument, which of course means weakening it. This cephalotribe, when closed, measures  $1\frac{1}{2}$  inches across the blades. It ought, when screwed home with the foetal head in its grip, to measure the same, and therefore will be able to draw the head through a pelvic brim measuring  $1\frac{3}{4}$  inches or even  $1\frac{5}{8}$  inches in the bony conjugate. A little margin must of course be allowed for the soft parts. If the instrument yield, it will not compress the head to this extent. A cephalotribe which yields is a useless instrument.

It is needful that the cephalotribe should grasp, as well as crush. Without some provision for this, it would be possible for the instrument to slip off when applied. This is secured in Hicks's, and in other good instruments, by curving in the upper ends of the blades, so that, when closed, these ends are in contact. Thus slipping, after the instrument is once screwed home, is impossible. Inventors have introduced various kinds of projections—studs, spikes, and the like—on the inner aspect of the blades, with a view of preventing slipping. They are quite unnecessary, and are objectionable because they make the introduction of the instrument difficult. The spikes or studs are apt to catch in the soft parts of the foetus, and prevent

the blade from slipping as easily into place as it should do. The way to prevent the cephalotribe from slipping during extraction is to screw it home ; and the way to prevent it from slipping during compression is to apply it to one of the greatest diameters of the head globe : to seize the head fairly in the middle. If it be not seized in its greatest diameter, it will slip from the instrument as soon as compression is begun.

The blades of Hicks's instrument measure about an inch across. This is quite wide enough. They are lightened by two longitudinal grooves on the inner surface, between which a median rib gives the necessary strength. The thickness of the blade at the situation of this central rib is about  $\frac{1}{4}$  of an inch. The rib is slightly serrated, but the serrations are not large or sharp enough to oppose its easy introduction. The blades have a slight pelvic curve, which enables them to be got into position on either side of the head with less backward pressure on the perineum than if they were straight. Any considerable pelvic curve is a disadvantage, because, when the head has been crushed, and the time for extraction has come, the first thing to be done is to turn the instrument round through a quarter of a circle, so as to get the crushed part opposite the narrow diameter of the brim. Remembering this necessary rotation, some obstetricians have made their cephalotribe straight. But a slight pelvic curve does not make extraction more difficult, and makes introduction more easy. As the head, when the time to extract comes, has been crushed quite out of its original shape, and the bones which kept it in that shape have been so broken up that they can be bent this way or that with ease, there is no longer any nice adaptation of the head to the pelvis in its passage through it. The normal mechanism no longer exists. Appliances for "axis-traction" are quite superfluous. The only rule is to pull in the direction in which traction seems to be accompanied by the greatest onward movement of the head. If pulling one way produces no advance, pull in the opposite ; remembering only to keep the diameter in which the crushing has been done in relation to the narrow part of the brim.

The lock employed is the English forceps lock ; one which is easier of adjustment than any other, and more easily cleaned. It will keep the blades opposite to one another, and that is all that is wanted. The French lock (button and slit) is more difficult to adjust, more difficult to clean, and has no counterbalancing advantage. To lock the blades with the French lock, the adjustment of the blades to one another must be very exact. Moreover, the French lock consists of a button-like pivot on the one blade which fits into a slit in the other blade. When the instrument is used to compress the head, it will be obvious that its blades act as a double lever, the weight being the head to be compressed, the power the compressing force in the handles, and the fulcrum this pivot. This fulcrum, therefore, must be strong enough to withstand the whole of the force used ; and in many instruments it is not strong enough. Dr. Matthews Duncan, in experimenting with the cephalotribe, found once that the pivot did break. Now, in the English lock, the levers have for their fulcrum the



whole thickness of the blades. Thus, in ease of application, and in strength, the English lock is better than the French; and in addition, it is more easily cleaned.

The remaining part to be considered is the compressing apparatus. The handles are roughened outside, grooved inside, to lighten them, and fitted at the end with a screw by which they can be approximated. In some instruments this screw is separate from the rest of the instrument, in others attached to it by a hinge. Each of these arrangements has its own advantages. If attached to the blade the screw cannot be mislaid, drop on the floor, or get hidden under bed-clothes. On the other hand, it makes the blade to which it is fastened more cumbrous to handle, and a little more awkward to pack in the obstetric bag; while the additional joint is a part difficult to keep clean. For the purpose of rotation the head of the screw is sometimes provided with three projecting spokes, like a capstan, sometimes with a simple bar, which only gives two limbs. The latter has the advantage that it packs more conveniently.

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## REVIEWS AND NOTICES OF BOOKS.

*Abstracts of some of the Medical and Surgical Cases treated at the General Hospital for Sick Children, Pendlebury, Manchester, during 1884.* Edited by H. ASHBY, M.D., H. R. HUTTON, M.B., and G. A. WRIGHT. Manchester: J. E. Cornish, 1885.—Like its predecessors this volume is thoroughly practical, and as the authors plunge at once *in medias res* we shall do the same. The first report is by Dr. Ashby, on the cases of scarlet fever, for be it noted that, contrary to the usage of most children's hospitals if not indeed of all, at Pendlebury they admit cases of scarlet fever from without into a special ward; whereas some of our London hospitals do not even undertake the treatment of such cases as break out in their own wards, but transfer the children at once to the nearest fever hospital. The objection that is always raised to a special ward for the admission of these cases is the danger of the fever spreading to the general wards; it would be very interesting if we could compare the results in this connection between Manchester and one of our own hospitals, but unfortunately there are no reliable statistics. So far as we can judge, the experience of Manchester would seem to teach that the risk of introducing scarlet fever into the hospital can be reduced to a minimum, for only fifteen cases seem to have broken out in the general wards during the year, and we doubt whether any of our own hospitals could show a cleaner bill in proportion to the number of patients. The total number of scarlet fever cases was 225, of which 30 proved fatal; the number of cases of nephritis occurring in children who entered the hospital at the commencement of their illness is larger than we should have been prepared to expect, but doubtless in this, as in so many other cases, the particular character of the epidemic ought to be taken into consideration. Dr. Hutton analyses the 39 cases of typhoid fever that were treated during the year: there were three deaths, in two however not due directly to the disease. The most noteworthy point about them was that in only three cases was a relapse observed. Only thirteen cases of diphtheria were admitted, of which seven proved fatal and one was followed by facial paralysis; besides this we find no mention of diphtheritic paralysis, another point in which their experience differs very much from that of London. There is another table containing an analysis of 48 cases of croupous pneumonia, all terminating in recovery. We cannot but feel that, in the absence of *post-mortem* evidence, these statistics should be received with some caution; we have

been accustomed to consider croupous pneumonia as a very rare occurrence, especially in young children, and catarrhal pneumonia may, as is well known, give all the physical signs usually found in the other form; we therefore feel very doubtful whether all the cases in this table are rightly grouped. In the fatal cases of tuberculosis we find no mention of the condition of the choroid as regards tubercles, and we would venture to suggest a more systematic search for them in the future. Turning to the surgical portion of the report, we find that Mr. Wright has six times performed the operation for the radical cure of hernia, in one of which he took the opportunity to remove some caseous mesenteric glands; one case terminated fatally, in the others the result was satisfactory. There were twenty cases of excision of the hip and two of amputation at the hip joint; the knee joint was excised in eight cases. Five cases required tracheotomy. Altogether the report contains a large amount of most interesting matter, and if we have ventured to find fault at all, it must not be forgotten that we have a great deal more reason to find fault with the London institutions for not having followed the very excellent example which Dr. Ashby and his colleagues have been setting them for the last four years.

*The Medico-Legal Journal*, Vol. iii., No. 1; published by the Medico-Legal Journal Association, 128, Broadway, New York.—A rather rough portrait of the late Dr. Alfred Swaine Taylor accompanies this number, and a very brief sketch of his life is given signed with the well-known initials T. S. Mr. Clark Bell, the editor of the journal and Ex-President of the Medico-Legal Society of New York, contributes a paper, "Shall we hang the Insane who commit Homicide?" It is based on the case of Dr. L. U. Beach, who was lately executed for the murder of his wife under circumstances which could leave no doubt in the mind of an expert as to his insanity. The aim and object of the paper is to obtain some alteration of the law on the subject in Pennsylvania. Dr. Ira Russell has a paper on the causes of and remedy for the increase of insanity, which is followed by some communications relating to lunacy legislation in Illinois. In the next paper Dr. Savage discusses the question of insanity as a plea for divorce or nullity. As to the first part, the question of divorce from a partner who has become insane since the marriage, we shall probably all agree with him in thinking that this would be most undesirable, and especially so in respect of determining that in any given case the insanity is incurable. He believes that there will come a time when divorce will be possible in the case of a marriage during one of the lucid intervals of a person subject to recurring attacks of insanity, provided that the fact of the insanity was unknown to the other party at the time of the marriage, the reason being that he was not in possession of all the facts at the time of entering into the contract; just in the same way as any other contract would be void if vital facts affecting it were concealed by the one contracting party from the other. As regards the granting a decree of nullity on account of insanity, Dr. Savage cites three recent cases in which the husband applied for such a decree, one of them being the Durham trial. The same difficulty arose in each of them, and, indeed, in two proved too great to be overcome by the plaintiff, viz., the proving that at the time of the marriage the bride was insane and did not know the nature of the contract. Dr. Savage believes that it is quite possible that the insanity should pass unrecognised during courtship, to become more developed after marriage, but he admits that there are great difficulties in the way of proving the insanity medically, and is therefore content to leave the definition of incapacity to the lawyers. This number contains the report of the Committee on canned goods to the effect that it does not find that the present system of canning goods is either careless, incompetent, or dangerous to life; the Committee further expressed its approval of the statute recently passed ordering manufacturers of canned goods to put their names upon their products.

*Contributions to the Topographical and Sectional Anatomy of the Female Pelvis*; by D. BERRY HART, M.D., F.R.C.P.E. Edinburgh and London: W. & A. K.



Johnston, 1885.—Dr. Berry Hart and his publishers deserve the warm thanks of every anatomist, gynaecologist and surgeon for this new contribution to our knowledge of the pelvic anatomy of women. The present series of admirably executed plates may be regarded as supplementary to the magnificent Atlas of Female Pelvic Anatomy (same author and publishers) which we reviewed some months ago, and they will no doubt help to clear up many points which have hitherto remained somewhat obscure, in respect to the position and relation of the ovaries, the boundaries of the ischio-rectal fossa, the structural anatomy of the pelvic floor, and the relations of the ureters. The plates represent the appearances of frozen sections of the female pelvis taken in various new directions. Most of the plates are taken from what Dr. Hart terms axial coronal sections, *i.e.*, sections made through the pelvis parallel to the axis and transverse diameter of the brim, though the earlier and not the least important plates represent sagittal or vertical sections. In the letter-press which accompanies them, Dr. Hart not only describes the sections, but gives concisely the practical lessons to be derived from their study. The most important of these relate to the structure and functions of the pelvic floor, a subject in respect to which Dr. Hart was already recognised as an authority. The deductions which he draws from his anatomical studies have an important practical bearing, not only on the physiology of labour, but also on the pathology of uterine prolapse, in the production of which he shows that rupture of the perinaeum is not such a predominant factor as is usually assumed. He further, by settling the relations of the ureters, makes a valuable contribution to the anatomical knowledge necessary for the safe removal of the entire uterus *per vaginam* for carcinoma of the cervix. As the ureters are situated an inch from the side of the vaginal portion of the cervix and the same distance from the side of the uterus, they could only be injured by a very free use of the knife. Altogether the present atlas will do much to enhance the reputation of Dr. Hart, and of the school in which he is one of the most original workers.

*Lectures on Diseases and Injuries of the Ear*; by W. B. DALBY, F.R.C.S., M.B. Cantab. Third Edition. London: J. & A. Churchill.—Mr. Dalby has greatly increased the value of this edition of his work by adding a chapter on *Adenoid Growths*. Considering the important relations these growths hold to catarrh of the middle ear, it has always surprised us that the author should have omitted some account of them in previous editions of his book. In discussing *purulent catarrh* of the middle ear, Mr. Dalby writes: "At one time I, in common with most other surgeons, was in the habit of ordering solutions containing some mineral astringent, such as sulphate of zinc. For many years past I have discontinued this practice, as experience has taught me that mineral astringents are not advisable, for although their employment will be found for a time to diminish the discharge, it will return in a short time after they are discontinued. Moreover, the hearing power does not receive permanent benefit from such treatment; indeed, the reverse of this is the case." Putting aside the fact that a discharge which is only diminished, but not stopped, can hardly be said to *return*, we question whether there are many, if there are any, aural surgeons who would endorse these opinions. However, putting aside a few dogmatic statements, like the above, scattered through its pages, the work is really a valuable one, and might be made more valuable still if Mr. Dalby would omit many of the cases described, which are of very little, if any, value to the reader, and devote the space thus obtained to a fuller account of treatment.

*The Essentials of Histology, Descriptive and Practical, for the Use of Students*; by E. A. SCHÄFER, F.R.S. London: Longmans, Green & Co., pp. 245.—This new text book of Histology, by Professor Schäfer, may perhaps be regarded as a condensation of the author's course of Practical Histology. Though it is chiefly intended for the use of medical students, it aims, without descending to details, at giving all the more important facts of Histology, so that it

will also be found extremely useful by those teachers who are proposing to give a course of histological demonstrations. The fact, too, that the book not only furnishes descriptions of the tissues and directions for their microscopical examination, but is divided into forty-two lessons, each of which is supposed to afford occupation for from one to three hours, is another merit from the teacher's point of view. We notice that the author does not make any new departures, but relies entirely on those methods which have been found in the past to give satisfactory results. With regard to the text itself, we may say that, coming as it does from a teacher of large experience, and only containing well-settled facts, it would be quite superfluous for us to point out the merits of this elementary Text-book of Histology. Indeed, it may be taken for granted that the textual portion is perfectly effective, while additional explanation is furnished through the eye by suitable and sufficient illustrations. At the end of the volume is an appendix which contains details as to hardening, preserving, staining solutions, etc. The table containing a list of the various tissues and organs with their appropriate hardening fluid will be found especially convenient. The book is extremely well got up. The plates, some specially designed for this work, most taken from the author's course of Practical Histology and Quain's Anatomy, are both numerous and excellent.

*Manual of the Antiseptic Treatment of Wounds for Students and Practitioners*; by W. WATSON CHEYNE, M.B., F.R.C.S. London. Smith, Elder & Co., 1885.—At last we have an authoritative manual of Lister's method of treating wounds from a distinguished pupil of the great antiseptic surgeon. We have often called attention to the want of such a work in this country. Germany and France have each long since had popular manuals for the use of students and practitioners, so that those whose hospital experience and training had been deficient in this respect, might have the means of remedying their shortcomings. We welcome the present volume therefore with a "better late than never," and recommend its careful study to every house surgeon and dresser. Whether he believe the germ theory of disease and putrefaction or not, the student will find a clear and brief statement of the methods of dressing wounds as practised by a distinguished surgeon of large and varied experience; and whether he decides to follow the rules given or not, the careful perusal of the little book before us can hardly fail to prove instructive. The chapters include—repair and dangers of wounds, the nature, life-history, and destruction of bacteria, aseptic surgery and antiseptic surgery. The book is well illustrated, special dressings, as applied to different regions of the body, coming in for a full share. Although there are points to which we cannot give unqualified adhesion, we refrain from criticism, for the book owes its chief value to the fact that it is the practice, and probably the teaching, of a single individual rather than a general text-book.

*On some Common Injuries to Limbs, their Treatment and after Treatment, including Bone-setting (so-called)*; by EDWARD COTTERELL, M.R.C.S. London: H. K. Lewis, 1885, pp. 108.—A neatly published little work, in which the author, a late house surgeon of University College Hospital, desires "to draw more attention than is generally given to the after treatment of injuries, and more especially to those injuries occurring in the extremities." In support of this view, Mr. Cotterell quotes the now hackneyed cases in which bone-setters have been successful, after the first surgical authorities have failed to give relief to an injured joint. Certain it is that the iteration of such sound doctrine can do no harm; whether, however, it is now necessary must of course be a matter of personal experience, and this will naturally vary with the opportunities and the methods of practice of the observer. We think that the profession are now about as alive to their former shortcomings as they are ever likely to be, and that surgical teachers, one and all, inculcate careful treatment in all these obscure cases. "Bone-setting" so



called is extensively advocated and practised now, since Wharton Hood's very instructive little book appeared, and there are few surgeons who, if called in to see a patient with a stiff or painful joint after an accident, would not try careful manipulation under an anæsthetic, and so accomplish all that which the old bone-setters used to accomplish. Mr. Cotterell's book is an interesting summary of curious old cases, and contains useful hints as to what should be done by the surgeon under similar circumstances.

*Endemic Goitre or Thyrocele, including its relations to Cretinism and Allied Disorders*; by Dr. WILLIAM ROBINSON. J. & A. Churchill: London, 1885.—This monograph is the thesis for the degree of Doctor of Medicine of the University of Durham for which the gold medal of the year was awarded. It is an admirable specimen of what such a thesis should be. Dealing, as it does, with a disease which is at present attracting a great deal of attention, it includes some personally observed cases, it gives a good summary of other recorded work on allied topics, while the subject matter itself is discussed from almost every possible standpoint—history, clinical characters, pathological characters, relation to cretinism and allied disorders, ætiology, distribution, diagnosis, and, finally, treatment. The English reader will here find, in his own language, a full account of the operative treatment extracted from many different sources; Koch's remarkable experience is carefully summarised, and the views of other German operators are also given. We confess to a little surprise, under the circumstances, that the author gives such full details concerning the removal of the gland; if cachexia strumipriva is possible as a sequela after removal of the gland, and of this there can now be no doubt, the operation for complete removal of the gland should be at once given up even in the case of very old people, the more so, as it is asserted on competent authority, that division or partial removal of the isthmus answers all the purposes of complete extirpation.

## ABSTRACTS AND EXTRACTS.

### THE AMERICAN MEDICAL PRESS ON THE PROSPECTS OF THE WASHINGTON CONGRESS.

The *New York Medical Journal*, in an article entitled "The Rump Congress of 1887," writes, "It looks very much as if the part of Hamlet would be left out at Washington in 1887, for our foreign colleagues will in all probability decide not to cross the Atlantic in any great numbers for the pleasure of meeting the rump of the American profession. And all this disgrace is the logical outcome of the false and artificial issues which for the past three years have enabled men in no way representative of the profession to masquerade as its leaders, through the medium of that degenerate and utterly ridiculous concern the American Medical Association. That organization long ago ceased to work for the benefit of the profession, and for a number of years past its annual meetings have been little more than scenes of the most shameless intrigue and demagogism. . . . That the wreck of the Congress of 1887 has not been irretrievably wrought we can now see no reason to hope. It is, of course, not to be supposed that the Congress will formally reconsider its acceptance of the invitation extended to it by the American profession, but the conclusion can scarcely be avoided, nevertheless, that the European members who would add lustre to the gathering will individually make up their minds not to attend the meeting, and it will simply go by default."

The *Philadelphia Medical News* says, "It seems clear that the meeting in 1887 is to be an International Congress in name only, and that it is really to be a very large meeting of the American Medical Association, and that the vastly larger body of the medical profession of the United States is to be excluded. What the result will be it is premature as yet to conjecture; but we fear that, under the circum-

stances, a number of distinguished men, both at home and abroad, whom it was hoped would be present and take part in the work, will not attend. The management of the matter has passed into the hands of a very different set of men from those who had charge of it at the outset, and the question whether any of the original Committee of eight, or of those who were added to them to form the enlarged Committee which did the work which the new Committee have just condemned and set aside, should consent to accept office under the new régime, demands serious consideration. From present appearances it looks as if there would be but little, if any, difference of opinion upon this point."

The *Medical Age* (Detroit) thinks that the American Medical Association has done a great injury to the profession in the United States, of which it only forms a fraction, by making it appear in the eyes of Europe as a quarrelling querulous agglomeration.

The *Kansas City Medical Record* says, "Judging the whole matter from an unprejudiced standpoint—although some features may savour of suspicion—we think the committee acted in the best interests of the medical profession, and we are pretty certain that the auxiliary committee of thirty-five will not undo any of the work of the original committee, but will lend their good counsel towards perfecting the work already begun, of making the Congress highly creditable to the medical profession of the United States. To this end we hope they will work in perfect peace and harmony."

The *Columbus Medical Journal* explains the origin of the rupture in the following characteristic manner: "The Committee had made no provision for the eloquent champion of the pap-chewing mothers of Texas; they had ignored the oleates; they had not tested all their appointees by the *shibboleth* of the Code; they had not given the 'rural destricts' their *numerical* ratio of the offices; whole States and Territories were entirely ignored; even Ohio had but fourteen, and of these her metropolis had all but one, while New York, Philadelphia, and Boston were liberally remembered. And so there was a kick. And so it was decided to increase the size of the Committee, and otherwise so arrange matters that the ranches of Texas, the prairies of Kansas, the mines of Colorado, and the forests and wheat fields of the great North-west should all be 'represented' among the officers of this Congress."

### THE LABORATORIES OF PROFESSORS MIGUEL AND PASTEUR.

DR. STERNBERG, of the American army, the well-known micropathologist, having been appointed a delegate of the American Government to the late International Sanitary Conference at Rome, took the opportunity of paying *en route* visits to the laboratories of MM. Miguel and Pasteur, of which he gives a pleasant account in the *Philadelphia Medical News* for June 6th and 13th. He visited Dr. Miguel at the Observatory at Montsouris, near Paris, and had full opportunity of learning the results of his elaborate researches on the minute organisms of the atmosphere. These Dr. Sternberg considers as highly interesting and of considerable scientific value; but patient and conscientious as they have been, he cannot regard either them, or those of other observers who have preceded him in such enquiries, as having been fruitful in practical results. *A priori* it would seem that the presence of disease germs should, by a carefully-made research, be demonstrable in an "infected atmosphere." But, as a matter of fact, no disease-germ has been discovered by this method, and all exact knowledge of pathogenic organisms which we now possess has been obtained by seeking them in the tissues, fluids, and excretions of infected individuals. At the commencement of his bacteriological studies in the Havana, in 1879, Dr. Sternberg had taken great pains in the attempt to discover the "germ" of yellow-fever, but without arriving at any satisfactory result; and in 1880 he examined the atmospheres of streets, hospitals, cemeteries, sewers, &c., of New Orleans, with no better effect. These examinations are, in fact, difficult from complications and possibility of errors, as the organisms are in a great



measure only accidentally present in the atmosphere, which is not their normal habitat, and their presence in which is much dependent on the amount and direction of the winds. "I would not have it understood that I under-estimate the value of such researches. This is comparable with that of carefully-made meteorological observations relating to temperature, pressure, direction of the wind, &c. But, in my opinion, altogether too much has been expected from studies of this kind by those who are especially interested in pathological and sanitary questions. Miguel admits that it is impossible by the microscope alone to distinguish with certainty the germs of bacteria present in the atmosphere, from certain non-living particles associated with them; and that it is only by culture-methods that they can be distinguished and enumerated with any degree of precision." In a well-equipped laboratory like M. Miguel's, and at the expenditure of an enormous amount of time and labour, one may make a complete biological analysis of the atmosphere of a given locality, together with the diurnal variations of the number of living bacterial germs, &c., present. M. Miguel's method consists in aspirating a given quantity of air through a tube provided with a filter of sterilized cotton, in washing the germs from this filter with distilled water, and in adding this to a sterilized culture-medium, which is distributed in a large number of germ-proof receptacles. The number of germs in the quantity of air passed through the filter is determined by the number of their cultures which are fertilized. When only two or three out of 20 tubes, for example, break down, it is assumed that these have each been fertilized by a single germ, and this is taken as a basis of a calculation of the number of germs per cubic metre of the air examined. If, however, a majority of the tubes break down, it may be that several germs have been introduced into each, and it will be necessary to repeat the experiment and to distribute the germs trapped by the cotton filter in a larger amount of fluid, distributed in a greater number of separate receptacles. The interesting and valuable series of experiments made by Miguel to determine the antiseptic value of various chemical agents, was terminated some time ago, and the results are published in the report of the Observatory for 1884." M. Miguel has recently found a highly-useful material culture in a jelly prepared from the *fucus crispus* digested in a bouillon, producing an excellent medium for bacteria of various kinds. Miguel is still a young man, about 35, and with his robust constitution, enthusiasm, mechanical skill, and indefatigable perseverance, he will, no doubt, do all that one man can do in a single locality for the advancement of that branch of science—Aëroscopy—which he has made his own specialty, and in which he is at present beyond question the highest authority." Dr. Sternberg, on his visit to Pasteur's extensive laboratory at Paris, endeavoured to ascertain whether the swine-plague, which Dr. Salmon some years ago found in the United States to be due to a micrococcus, is identical with the *rouget* or swine-disease attributed by Pasteur to an extremely minute bacillus, and he believes their identity to be real. "Pasteur," he says, "has not only demonstrated the ætiological relation of his microbe to the disease *rouget*, but has succeeded in producing an attenuated virus which is now offered for sale by an agent whose place of business is in the immediate vicinity, and who obtains his stock-in-trade from the laboratory of the famous chemist. The assortment of attenuated virus now offered for sale at his establishment is limited to three diseases, viz., anthrax, chicken-cholera, and *rouget*, or swine-plague. The price of the "anthrax vaccine," sent free in tubes, is a tube for 25 oxen or 50 sheep, first vaccine 2½ frs., second vaccine 2½ frs., total 5 frs. The demand for this is constantly increasing, and according to Pasteur, the mortality from anthrax in central sections has been reduced from 10 or 20 per cent. to less than one per 1,000. The number of sheep vaccinated during 1884 in France alone was 516,553, and of cattle 33,906 . . . . . Pasteur is still engaged in his studies on hydrophobia. His experimental inoculations are made on the extended scale so desirable in researches of this nature, and which the liberal policy of the French Government enables him to follow. His arrangements for keeping animals for experimental purposes are admirable, and he showed me with pride the well-made iron cages for dogs, the hutches for rabbits, and the yards

for fowls—all kept in perfect order and well-stocked with animals. Having succeeded in transmitting hydrophobia by inoculations upon the surface of the brain, by trephining with virus from the nervous centres of an animal recently dead of the disease, and in attaining an attenuated virus which produces a non-fatal form of the disease, by which the animal is protected from subsequent attacks, Pasteur's next object is to ascertain whether protective inoculation may be successfully practised after an animal has been bitten by a rabid dog. His experiments lead him to believe that this is practicable, and the test is being tried at the present time. The curious part about these experiments relating to hydrophobia is, that while the nervous tissue has been proved to contain the virus, which by inoculation gives rise to the disease, the exact nature of this virus has not been determined. No microbe has as yet been discovered, and all attempts to obtain culture of the germ, which Pasteur assumes must be present in this material, have thus far failed. In reply to a question, Pasteur informed me that he had not been able to recognize microscopically any difference between healthy brain-substance and that which, coming from an animal recently dead of hydrophobia, is capable of reproducing the disease. I enquired whether there was any truth in the report that Pasteur had been about to visit Brazil for the purpose of investigating yellow fever, and was informed by him that he had not entertained the idea of undertaking such an investigation, although invited by the Emperor of Brazil to do so. He has very little confidence in the alleged discoveries of Dr. Freire, and stated that the Emperor himself was very incredulous as to their scientific value. I may say that in a letter from Dr. Koch which I received, a similar want of confidence was expressed. My own views with reference to Dr. Freire's methods and reputed discoveries are in conformity with those of the high authorities above-named, and have been on record for more than a year. Pasteur is a vigorous and well-preserved man notwithstanding his 60 years and the attack of hemiplegia from which he suffered 18 months since. There is still some paralysis of the muscles of the left leg, and he is obliged to go up and down stairs with caution, but did not show any indications of fatigue from the extended trip which we made together through the laboratory and the yards in which his animals are kept, which are two or three squares distant from it."

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A NEW THEORY OF PROTECTIVE IMMUNITY.—Dr. William Peuny contributes to the *New York Medical Journal*, June 20th, a theory in explanation of the limitation of certain febrile diseases to single attacks. He adduces the experience of Dr. Carmona y Valle, who is now engaged in inoculating for yellow fever at Vera Cruz. This gentleman having occasion to examine the urine of a number of persons who had suffered from yellow fever several years before, found the peculiar micro-organism which he had named *Peronospora lutea* in every instance; in one patient (then under treatment for some ocular trouble) ten years had elapsed since the attack of yellow fever. This is considered to prove that the specific microbia may exist in the body for an indefinite time after recovery from yellow fever, without producing morbid phenomena, and that immunity from subsequent attacks is due to their continued presence in the body. Dr. Penny, therefore, supposes that the first introduced colony of pathogenic bacteria, finding a vast quantity of nutritive material, and under the stimulus of a regular temperature, reproduce themselves with exceeding rapidity, and after contaminating the fluids of the body with their secretions, perish. "The death of these countless myriads of bacteria is in all probability the cause of the febrile paroxysm." We may also infer that the febrile paroxysm destroys the power of sexual reproduction in those that survive. These survivors, while, therefore, not multiplying so rapidly as to produce subsequent attacks of the disease, "would by their presence so alter the chemical condition of the body as to prevent a new invasion from taking place;" and thus, sufficient numbers might still remain to protect the individual, "but not to make the individual a source of



infection to others." This theory is advanced only as a working hypothesis applicable to that class of diseases whose phenomena are usually constant, which have a definite stage of incubation, which culminate in a febrile paroxysm, and of which one attack is usually protective.

**INTRA-PULMONARY INJECTIONS.**—Dr. Wendell C. Phillips publishes two cases (*New York Medical Journal*, June 28th) in which this treatment was resorted to. In the first patient, who was in the third stage of consumption, a single injection of ten drops of dilute Lugol's (iodine) solution was made in the third intercostal space two days before his death. Although life was probably not prolonged, the dyspnoea and severe muscular pain were so much relieved that the patient was no longer compelled to sit up in bed, and his remaining hours were rendered much more endurable. The second patient, a widow, æt. 50, with phthisical symptoms of some six years' duration, was considerably benefited by five injections made at intervals of a few days; "her cough is now much less troublesome, and no longer causes vomiting; she is able to go upstairs more easily, and performs her work with less fatigue." Dr. Phillips uses an ordinary hypodermic syringe, thrusting his needle to its full depth of one-and-a-half inches in the nipple line, and usually in the third interspace. The injections can be safely made high up in the axillary region in the first, second or third interspace, the arm being held at right angles to the body. Pain is usually trifling; but occasionally a severe paroxysm of coughing supervenes, and iodine is at once tasted in the mouth (when the fluid has been thrown directly into a bronchus?). In the same journal Dr. A. H. Smith gives the case of a coloured patient who had been under observation for eight weeks. His weight had been taken every week, and the temperature, sputa, &c., had been noted for a considerable time previous to the commencement of the injections. Lugol's solution diluted with five times its bulk of water was used; and of this five minims, gradually increased to eight or nine, were injected every three hours. The patient tasted the iodine as soon as he coughed after the injection. The injections, which constituted the only change in the previous treatment, had been continued for two weeks, and his weight had increased three pounds and a quarter; the sputa had also become less purulent and tenacious, and were expectorated with greater ease.

**PROSTATIC MASSAGE IN RETENTION OF URINE.**—Dr. J. M. C. E. Le Rütte, of 's Gravenhage, writing in the *Weekblad*, recommends massage of the prostate in cases of retention of urine from its enlargement. The operation is performed by introducing the forefinger into the anus, and moving the prostate three times to the right, three times to the left, three times longitudinally, and then rubbing the surface. This proceeding causes some discomfort to the patient and cannot be long borne. A gentleman above 50 years of age, who for a year had found increasing difficulty in passing water, was seized with complete retention. Neither soft nor metallic catheters could be passed. Nelaton's bougie was, however, introduced, and a great quantity of urine drawn off. A large prostate was felt per anum. After twenty massages with warm bathing every evening, he regained the power of passing water normally, and he has now had no difficulty for two years. A gentleman aged 70 suffered in the same way. After fifteen massages a cure was effected, and the patient continues well. With both patients the massage caused some hæmorrhage from the prostate into the urethra which an iron mixture was found quite sufficient to stop.

**INTRA-UTERINE MEDICATION.**—In an article on this subject in the *Canada Lancet* for July, Dr. Algernon Temple says that nitric acid is the strongest of all the remedies, and should only be used for certain diseases; it is especially useful in the treatment of uterine fungosities, that sometimes obstinate disease to treat. The application of this remedy to the uterine cavity is not painful, nor has he seen any bad results ever follow its use. The patient should be kept quiet for two or three days in bed, and the remedy should not be applied again for ten or fourteen days. In the treatment of these growths he had seen the most excellent results follow; in fact, it was the

only condition calling for this strong caustic. Carbolic acid, he said, was a most useful remedy; he found it especially useful in cases of uterine catarrh, and also in cases of tenderness of the inside of the uterine cavity. Its action was slightly caustic and astringent and alterative. The preparation he used was Calvert's No. 5, simply because it was less caustic than the purer preparations. It caused very little pain, if any. Iodized Phenol.—Until he had learned the good effects of this preparation, he invariably used Churchill's tincture of iodine, but of late had quite abandoned it for this preparation. It was first introduced into practice by Dr. Battey of Georgia, and was made of one part of pure iodine to four parts of carbolic acid. This agent was particularly useful in cases of uterine hæmorrhage, profuse menstruation, the result of imperfect involution, accompanied by an unhealthy state of the lining membrane of the uterus, or in cases of menorrhagia, depending on the presence of vascular growths within the uterus. Dr. Battey likewise recommended it in malignant disease of the uterus, and Dr. Atthill spoke highly in its favour in malignant disease, for the purpose of both arresting the hæmorrhage and progress of the disease; he however used it by injecting ʒi of the solution once a week within the uterine cavity, and adds, no unpleasant results were likely to follow it when thus used, providing the cervical canal was patulous enough to allow the surplus fluid to flow back, and that it was injected slowly and not more than one drachm at a time. He had no experience in the use of this remedy in this form. Iodoform he had used both in powder and crayons, but had not met with such good results from this remedy as to induce him to resort to it frequently. He had introduced from five to ten grains of powdered nitrate of silver in cases of dysmenorrhœa, especially the membranous form, but it was painful and sometimes produced unpleasant symptoms so he had abandoned it for safer and quite as good remedies.

## GENERAL CORRESPONDENCE.

### HOW IS IT WITH THE PROFESSION?

[To the Editor of the Medical Times.]

SIR,—As you have, in your issue of July 4, asked for an opinion on the above question from hard-worked country doctors in remote districts, I venture to offer the following remarks to the notice of your readers, from having been associated for a great many years with what has been transpiring in the districts which you designate as the quiet back waters of the profession, "far from the madding crowd's ignoble strife." Let me first remark that in the country, and I suppose in thickly populated quarters also, the practice of the healing art is by no means confined to legally qualified practitioners. Irregular pretenders of all grades are as rampant as ever, taking advantage of the ignorance of the population in the weakened condition of disease. Of this sort are bone-setters, cow leeches, water doctors, and the like. Some are settled down, and remain at home to be sought for by the public in proportion to their fame, combining their medical practice with other avocations. Others are itinerant.

If you will kindly afford me a little space, I will illustrate this statement by two or three instances that have come under my own observation. A blacksmith, in a neighbouring village, whose stationary practice had been handed on from father to son, was famous for curing "takings," the vernacular name for all kinds of scrofulous tumours and abscesses; and numbers of country people were in the habit of going to him to be cured. A striking example of itinerant highway robbery I once witnessed in a poor old farm servant, who showed me a portion of medicine in a half-pint bottle (apparently a weak decoction of cinchona bark), for which two gentlemen in a gig, who went about the country professing to cure everything, made him pay *eleven shillings*, to heal an indolent ulcer in the leg; and



on another occasion, a cunning rascal, not without some display of humour, procured a large store of pill boxes, had them well labelled, and filled them with pills which he made himself of linseed meal and treacle, and then drove a roaring trade amongst some quarry-men and colliers a few miles off. Then, again, chemists and druggists (the numbers of whom in this town have increased since I have lived here, whilst the number of surgeons has diminished) do far larger general practices, and make more money by the healing art than some registered practitioners. The latter, indeed, however well qualified they may be for scientific investigations, are in many instances unable to compete with the former in gaining an honest livelihood. Your metropolitan bell-ringers afford them no protection.

I once made out, as I imagined, a case of violation of the law, with evidence that would have rejoiced the heart of a Q.C. seeking for a conviction whilst appealing to a jury, against a retail druggist, but was officially informed that, so long as a druggist refrained from visiting a patient at his own residence, the Apothecaries' Company could not interfere, so that through the loopholes of the Act of 1815, any druggist may creep into his little back parlour, make it a consulting-room, and there commit with impunity any amount of mischief. It should in all fairness be remarked, that many really good cures are effected by unqualified doctors which, by being well advertised, serve as a cloak for the still more numerous failures that are hidden from the public eye. It would be absurd to attempt to restrain the public from applying to whomsoever they choose for advice. Notwithstanding the contentions about titles, a doctor is a doctor to country folks, whatever his degree may be, and it is a fact that among the poorer classes, the title of Mr. is considered to be superior to that of Dr., and they will actually call a consulting physician of high degree "Mr.," whilst they call the general practitioner "Dr." Even at the old St. Thomas's Hospital I have known patients call Joseph Henry Green "Dr.," and Dr. Elliotson "Mr." Such indeed is the confusion in the public mind about nomenclature, that to save trouble any respectable practitioner is called Doctor So-and-so, and will even be addressed as such by judges on the bench. Veterinary surgeons are constantly addressed as "Dr." by their friends.

You speak of the indifference that exists in the country districts about medical politics; but what else can be expected when so little is done to ameliorate the condition of the less fortunate portion of the profession? Let any one interested in this matter run his eye down the list of candidates for public charity, doled out in such a showy and expensive fashion as that by the Royal Medical Benevolent College at Epsom, and the domestic information recorded in the expensive advertisements of their claims will be found very distressing. I don't see how it is to be remedied in the present shadowy and artificial state of society, but I would submit it as a fact that the fees paid to the higher grade of the profession are by far too high for anything like "value received," whilst what is so hardly earned by the lower grade is far too little. Take, for instance, the enormous fees paid to fashionable accoucheurs in natural cases of labour for doing what may be done by any respectable nurse. They are out of all proportion, and can only be rivalled by the ruinous fees exacted by successful barristers. Another standing grievance is the position of medical officers of unions. It is true that of late years some amelioration has taken place in some unions, but much requires yet to be done; but they wait and wait in vain, and the "hopes deferred make the heart sick." Cannot your bell-ringers do something here. Even in Ireland the union medical officers, as regards compulsory retiring pensions, are better off than in England.

A word about raising the standard of qualifications. The large proportion of rejections at examinations proves that it is injudicious. It may be well in the case of specialists and consultants, but not for the bulk of the profession. Real talent will always find its proper level, and the public in general are tolerably fair judges in this matter. It will be found, I think, in the long run, and in the treatment of ordinary cases of disease, that the

application of plain common sense to the "vis medicatrix nature" will be of more value than the servile imitation of the scientific application of untried theories, whether as regards remedies newly discovered or invented, or capricious rules of diet, or any other fanciful, fashionable or speculative systems of hygiene.

I am, Sir, yours, &c.,

HENRY MEYMOTT.

Ludlow, 17th July, 1885.

## THE MISSION IN KURDISTAN.

[To the Editor of the Medical Times.]

SIR,—Will you allow me to ask in your columns if there is a young qualified man whose tastes would lead him to join a Mission to the Assyrian Christians in Kurdistan? The Mission was started by the two Archbishops in 1881, and its work has hitherto been confined to the Turkish side. It is now desired to extend it to the Persian side, and to send out two clergymen and a doctor. If anyone of your readers has a desire to take part in this interesting work, he may apply to me or directly to the Rev. R. Milburn Blakiston, No. 2, Dean's Yard, Westminster, S.W.

I am, Sir, yours, &c.

GEORGE COWELL.

3, Cavendish Place, July 21st, 1885.

## MEDICAL NEWS.

### MR. ERICHSEN AT EDINBURGH.

MR. ERICHSEN addressed the electors of the Edinburgh and St. Andrew's Universities on Thursday, the 16th inst. The chair was taken at first by Professor MacLagan, and afterwards by Professor Crum Brown. The following are the portions of Mr. Erichsen's address which are of special medical interest:—

### THE BROTHERHOOD OF MEDICINE.

I should never feel myself a stranger in the University of Edinburgh, and for these reasons. In the first place, science is cosmopolitan, is world-wide, and of all the sciences those connected with medicine are the most so, and its Professors, wherever they find themselves, wherever there may be scientific institutions, or a large school of medicine, are immediately received into a brotherhood of professional friends, amongst whom they can never feel themselves as strangers. It is difficult for men in other professions than the medical to estimate the force of this professional brotherhood. I have travelled much in Europe and on the other side of the Atlantic; wherever I have gone, and wherever I have found a large medical school, I have invariably been received in the most cordial, the most hospitable, and sometimes in the most flattering manner by my fellow-brethren of that school. But I have also been much, although indirectly, connected through my profession with members of your great University. I have lived very much amongst those Scotsmen whom you have sent up to London. From my earliest days I have lived with Sir Robert Carswell; I have been the pupil and intimate friend of Robert Liston. I was associated with William Sharpey in my early scientific work. I have been on the closest terms of intimacy with William Fergusson; and there are few of the past generation of the medical professors of your great institution with whom I have not associated on terms of friendship and, indeed, of intimacy. I may say that from them and from those I have met in London I have learned to form a high appreciation of the Scottish character. I have learned from these men whose names I have mentioned the strength of the Scottish brain, the skill of the Scottish hand, and the



warmth of the Scottish heart—and from none more so than the last man I have mentioned.

#### ACADEMIC REPRESENTATION.

I look upon the representative of an academic constituency as having far higher, far nobler, and far wider duties than those which attach merely to party politics. The representative of an academic constituency has entrusted to his care the great academic interests of the institutions with which he is connected. He is the guardian of that learning and that science that are associated with those institutions, and above all, of those professions that are dependent upon that learning and upon that science. These are his duties, and if he fulfils them well and faithfully, he will find, I think, but little opportunity to enter into the general arena of party politics. Indeed, there could be no possible argument in favour of the representation of the Universities if it were otherwise. If a University contest were to be fought upon the ordinary lines that guide the contest for a Parliamentary borough, there would be no argument in favour of the continuance of that representation.

#### MEDICAL MEMBERS OF PARLIAMENT.

It has long been felt in the medical profession that it is inadequately represented in Parliament. That feeling has been a very strong and growing one amongst us. This inadequacy of representation of the medical profession in Parliament is undoubtedly injurious in two ways—it is injurious to the profession itself, and it is injurious to the public at large. To the profession itself it is injurious in this sense—that that legislation which is from time to time necessary in all professions, for their consolidation, for the reform of anomalies, for the improvement of the educational and scientific standard of their members, and for other causes and conditions of that kind, and, especially in the medical profession, for the protection of its members from unqualified and irregular practitioners—that kind of legislation is retarded or rendered abortive by the want of efficient advocacy and support in the House of Commons. But although I speak of this kind of legislation in the medical profession, do not think that I am one of those who desire too much legislation with regard to it. The medical profession is very much in the condition of the hare with many friends. The medical profession has suffered very much from a good deal of dilettante and amateur attempts at legislation which would be entirely stopped if there were an adequate number of medical men in the House of Commons to point out what is really desired by the various medical bodies, university or corporate, and how their requirements could best be carried into effect. There are many anomalies existing which might easily be removed, but there appears to be no one to move in the matter to get them set right. I would mention one as very striking. There is an institution, as most of you know—all medical men, at all events, know—called the Medical Council, which is a sort of Parliament, but it is a paid Parliament. It has its sittings in London, and very commonly sits a good deal during the season, and altogether we Londoners are glad when the gentlemen connected with it come, because there is a good deal of social amenity and festivity going on in connection with it. It is not altogether hard work. Well, that Medical Council represents, or is supposed to represent, the interests of the various bodies connected with the medical profession. If you look over the list of its members you will find that every corporation in the kingdom returns one member, however insignificant that corporation may be—the Society of Apothecaries of London, for instance, and somewhat similar societies in Ireland and elsewhere—small corporations of that kind—the smaller universities of England—return one member. The University of Durham, for instance, which has a very small medical school, and a most insignificant number of medical graduates, returns one member. But when you come to Scotland, what do you find? The curious anomaly that each University returns only half a member—that is to say, two Scottish Universities are linked together in order to return one member. Edinburgh

is linked with Aberdeen, and Glasgow with St. Andrew's, and in that way these four Universities only return two members. This upon the face of it is an anomaly that ought to be corrected. That the largest medical school in Great Britain—which undoubtedly the Medical School of Edinburgh at the present time is—that such a very important University as Edinburgh should only return half a member, while the University of Durham returns a whole one, and the Society of Apothecaries of London, which is gradually becoming extinct, returns one, is an anomaly that should not continue in connection with the representation of the profession, and which easily, one would imagine, might be corrected, provided there were anybody in the House to point it out, and to set the machinery in motion that is necessary to correct such an anomaly of representation as this. There are many other matters of that kind which I could point out, but it is not worth while to go into detail. I am only speaking on the general principle of the importance, of the necessity, of having more medical representation in the House, in order to correct these anomalies and abuses that still continue in the medical profession. The social status of medical men also suffers from inadequate representation. It suffers in this way, that the medical profession is not able to exercise a sufficiently direct action upon legislation in consequence of the paucity of its members in the House. There cannot be a doubt that a larger number of medical representatives would add greatly to the advantage of the medical profession in enabling the profession to represent what it considers its various grievances, so-called, to the Legislature, and to have them backed up by men who are competent to explain professional topics, through being connected with that profession itself. But to the public at large the inconvenience of the inadequate number of medical men in the House is still greater, I take it, than to the medical profession itself. One of the first and most important questions of modern legislation is undoubtedly how best to improve the sanitary state of the people at large. An improved hygienic legislation may be looked upon as of primary necessity. There can be no doubt of this, that the physical well-being of the community at large is the first step towards its moral advancement and intellectual improvement. It is as essential also to the activity of the people, and to the working power of the community at large, as it is to their moral or intellectual condition. This physical well-being of the people at large, dependent upon their sanitary and hygienic surroundings, is mainly in the keeping of the medical profession. With that well-being the Legislature largely, though still insufficiently, occupies itself, and it surely needs no formal argument to prove that the Legislature so occupied should be provided with adequate medical representatives to guide it in those medical questions that underlie most of the conditions connected with hygiene and with sanitary legislation. Besides these, there are a vast number of secondary or subsidiary questions which are constantly being brought under the notice of the House, and in the solution of which medical knowledge and medical experience as well as scientific knowledge are absolutely necessary. Such questions, for instance, as those connected with quarantine, with the prevention of the spread of infectious diseases, with the great question of compulsory vaccination, the amendment of the Lunacy Laws, the question of vivisection in all its bearings—the question—all those very knotty and difficult questions—connected with the Contagious Diseases Act, are questions involving medical considerations of the most important character, and for their guidance in which I believe many members of the House of Commons would be only too thankful if they were better provided with medical advice in the House.

#### EDUCATIONAL OVER-PRESSURE.

Dealing with Education by the State and the objections to it, Mr. Erichsen said :—There are other objections, undoubtedly, which have come under my cognisance as a medical man more than the question of expense, and those are objections with regard to over-pressure. That, as you are all aware, is a matter that has been discussed very largely of late, and discussed considerably in the medical



journals. So far as I can see, and so far as I am able to judge, over-pressure undoubtedly has existed, but not to a very great extent, and that over-pressure seems to arise rather from remediable than from irremediable causes. It seems in many cases to have been more the fault of the teacher than the pupil by a system of emulation being raised, in consequence of which children work at overtime, children strain themselves, take their books to bed, and so on, and work beyond their powers. Very little correction would enable this evil, I think, to be done away with. Then there is another point in connection with this subject which I think is a very important one. And it is, that the physical condition of the children should be attended to. It would be well if they were accustomed to physical exercise in some shape or way.

#### CONCLUSION.

In conclusion, Mr. Erichsen said: I come here as the representative of the medical profession, and of the science and of the learning connected with that profession. I have no object to serve that is personal to myself. I have devoted my whole life to my profession; I have devoted much time to the working of that profession in its public aspects, and I feel that the profession has still a claim upon me; and if it, and the members connected with it, think that I can serve it in Parliament, I am ready to do so. In doing this, as I have already said, I have no personal ambition to gratify. I have passed through everything that the profession can give to a surgeon in this country; I have served in every office I can hold in it; I have done every piece of public work I can ever hope to do in my own profession. If fortunate enough to be elected your representative in Parliament, all I can say is I will devote my time and attention to further the best interests of the Universities of Edinburgh and St. Andrew's. I should spare no time and no labour—and those who know me and what I have done in connection with my own profession know I am able to give both to any subject I take up—I should spare no time and no labour in trying to carry out to the very best of my ability all that is most conducive to the honour, and to the dignity, and to the welfare of those two great institutions.

A vote of thanks to Mr. Erichsen for his address was moved by Professor Laidlaw, of Edinburgh, and seconded by Professor Knight, of St. Andrew's, and unanimously adopted.

**UNIVERSITY OF EDINBURGH, MEDICAL DEGREES EXAMINATIONS.**—The following gentlemen have passed the final examination for Graduation in Medicine, those marked with an asterisk having passed with distinction:—

Robert Jackson, Hugh Jamieson, Hugh John, Thomas Johnstone, M.A.; Samuel Baker Jones, Robert Conway Joyce, David James Lawson, Charles Ashley Scott Leggatt, \*Robert Fraser Calder Leith, M.A., \*Charles James Lewis, \*Reginald Horace Lucy, James Smith M'Cracken, Duncan M'Diarmid, Henry Cox M'Ewen, B.Sc.; William Mackay, M.A.; Frank Wallace Mackenzie, Frederick Lumsden Mackenzie, Hector Rate Maclean, William Henry M'Lean, Robert Maclelland, John Macdonald Maclellan, M.A.; Alexander Ronald Macmillan, Robert Charles Maewatt, Daniel Grove Marshall, James Williamson Martin, David James Mason, Charles G. Matthew, Henry Bruce Melville, William Francis Menzies, William Cornfoot Miller, William Gordon Mitchell, M.A.; Robert Selkirk Morrison, William Murphy, William Ramsay Nasmyth, Frederick Augustus Neal, Johannes H. Neithling, Walter Blake Nisbet, Ernest Stanley Nutting, Glenmore Ozanne, John William Pare, Sydney Partridge, Ian Paterson, Maurice Paterson, Thomas Jackson Thyne, Matthew Bruce, William George M'Phee, Robert Sydney Marsden, D.Sc.; Hugh Hampden Pridie, Edward Thomas Pritchard, Alwyn Raimes, Francois Gideon Retief, John Theodore Richards, B.Sc.; John Brooke Ridley, George Matthew Robertson, Thomas Henry Robinson, \*Arthur MacLeod Ross, William Leighton Ross, Gerard Affleck Scott, William Edward Sowers Scott, Harold Scurfield, John Simpson, Ernest William Skinner, George Smith, Walter Charles Spiller, George Laird Somerville, M.A.; James Stewart, Robert Stewart, M.A.; \*Harold Jalland Stiles, Robert Stirling, M.A.; David Sturrock, John Frederick Sturrock, William Symington, William Evans Thomas, John Tatham Thompson, \*Joseph Charles S. Vaughan, Simon Thomson Vine, Sidney Taylor Williamson, George Edward Cartwright Wood; John W. Astles, Robert Newton Bell, Charles Norman Bensley, Charnchandra Bose, Alexander Brewster, Robert Napier Buist, Robert Francis Burt, Stephen Frazer Clark, Arthur James Cross, Dina Nath Prithu Datta, Alexander Davidson, Joseph Wm. Dawes, Robert Gordon, James Ashton Guthrie, Francis Kramer, M.A.; William Maxwell Little, Thos.

Arthur Leishman, Chas. Jas. Russell Maclean, Robt. Thornton Meadows, David Macbeth Moir, M.A.; John Kemp Murray, Alexander Paterson, James Hogarth Pringle, Selwyn Hall Puckle, M.A.; Charles Alan Renny, Charles F. D. Shaw, Alexander Henry Smith, John Sykes, Henry Thomas Tomlinson, Alfred Turner, James Roberston Wallace, George de Bourbonloun Watson, Alfred Bell Whitton.

**UNIVERSITY OF GLASGOW.**—*Final Examination for Degrees of M.B. and C.M.*—The following candidates have passed;—

Archibald S. Alexander, Samuel P. Alexander, John Allan, William Allan, W. Carrick Allan, Samuel J. Baird, Alexander M. Bankier, George G. Bannerman, Charles W. Bell, John Broom, H. Duncan Browne, H. Dryden Buchanan, John Buchanan, William Buchanan, William Butchart, M.A.; J. Wilson Cameron, William W. Campbell, Quintin Chalmers, William W. Christie, George M. Connor, Charles Court, B. S. Cowen, David K. Cross, Donald Currie, William Downie, M.A.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen passed their primary examinations in Anatomy only at a meeting of the Board of Examiners, on the 16th instant, and when eligible will be admitted to the pass examination, viz.:—

C. J. P. Hogarth, Student of Melbourne University; J. L. Johnstone and R. B. Smith, Manchester; W. M. Branson, Sheffield; F. A. Brooks and A. E. G. Roberts, St. Mary's Hospital; R. Thorpe and N. Robinson, St. George's Hospital; R. H. Brabant, Guy's Hospital; H. F. Whitechurch, H. H. Coates, and W. D. Gimson, St. Bartholomew's Hospital; A. Crook and C. L. S. James, London Hospital; A. Purvis, Charing Cross Hospital; C. E. Seal, University College; H. B. Seddon, St. Thomas's Hospital.

Twelve candidates were referred for 3 months, and seven for 6 months.

**Passed in Physiology only:—**

A. Pearce, A. Lucas, S. H. Hughes and C. R. B. Alexander, St. Bartholomew's Hospital; N. Tyacke, Middlesex Hospital; F. J. Lauder, A. L. Martyn and P. J. Spencer, London Hospital; G. C. Peachey, W. S. Holford, H. Cockerton, P. H. Menzies and F. J. Wadham, St. George's Hospital; G. Ley, University College; R. T. Wallace, T. O. Raw and W. E. Kelbe, Guy's Hospital; E. Dawson and G. I. Mac Munn, Westminster Hospital; G. R. Anderson and E. S. Bell, St. Thomas's Hospital.

Four candidates were referred for 3 months and two for 6 months.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, July 16th, 1885:—

Henry Percival George Elkington, M.R.C.S., 52, Gillingham Street, S.W.; Frank Wood, M.R.C.S., 1, Fennel Street, Warrington.

On the same day

Charles Jenner Parson, Godalming, Surrey, passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise.

**KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.**—At the Quarterly Examination for the membership of the College, held on Tuesday and Friday, July 7 and 10, 1885, the undermentioned candidates were successful:—

Charles Edward Fitzgerald, M.D. Univ. Dub., Lic. Med., 1884; William Cox Neville, M.D. Univ. Dub., Lic. Med., 1884, Dublin.

At the Quarterly First Professional Examination held on Monday, July 6, and following days, the undermentioned candidates passed:—

Mary Crawley, Jessie Crosfield, Albert Edward Dyas, Lillias Emily Goodman, Alfred John Harwood, Jane Louisa Jarrett Haskew, Alexandrina Matilda MacPhail.

At a Special Examination for the License in Medicine held on Monday and Tuesday, June 22 and 23, the following candidate was successful:—

James Chambers, Dublin.

At the ordinary Monthly Examination for the Licences in Medicine and Midwifery, held on Monday, July 6, and following days, the undermentioned candidates were successful:—

*For the Licence to practise Medicine—*

Robert Hugh Arthur, M.D., McGill University, Montreal, Brighton, Ontario; Leonard Philip Banks, Risely, Bedfordshire; Louis Albert Frederick Bate, Dublin; Alfred George Beale, Dublin; Benjamin Blakemore, Manchester; Edward Carnall, Cornwall; William George Connor, Dublin; Francis Eldon Horsford Daunt, Dublin; Julius Barry Delany, Kilkenny; John Empson, Dublin; Henry James Flanagan, Dublin; James



Edward Roney Grant, London; Michael St. Lawrence Harford, Oldtown, Co. Dublin; Thomas Walmsley Heywood, Southport; David Humphreys, Murrall, Co. Limerick; Charles Granville Jackson, Thorparch; James Prytherde James, London; Charles Trickey Jones, Torrington, North Devon; James Gowans Laing, Southport; John Murray Maclean, M.D. Univ. New York, Londonderry, Nova Scotia; Timothy Aloysius Mulcahy, Limerick; William James Neale, Liverpool; Robert Carson Nicholls, Birmingham; Robert Richards, Wigan; William John Russell, Borrisokane; Francis Howard Sinclair, Belfast; Samuel Henry Steele, Halifax, Yorkshire; Alexander Stewart, Dublin; Davis Dederick Tate, Dublin; Richard Henry Vereker, Limerick; John Whyte, Westmeath; John Hall Woods, Coleraine.

*For the Licence to practise Midwifery—*

Robert Hugh Arthur, M.D., McGill Univ., Montreal; Alfred George Beale, Benjamin Blakemore, Edward Carnall, William George Connor; Joseph Thomas Daly, M.B., R.U.I.; Francis Eldon Horsford Daunt, Julius Barry Delany; Charles Cochran Dickson, Galashiels; Henry James Flanagan, Michael St. Lawrence Harford, Thomas Walmsley Heywood, David Humphreys, James Gowans Laing; John Murray Maclean, M.D. Univ. New York; Timothy Aloysius Mulcahy, William James Neale, William John Russell, Norman Smyth, M.D., R.U.I.; Alexander Stewart, John Whyte, John Hall Woods.

**ROYAL COLLEGE OF SURGEONS IN IRELAND.**—At a meeting of the Court of Examiners, held on the 6th, 7th, 8th, 9th, 10th, 11th, and 12th instant, the undernamed gentlemen, having passed their final examination for the letters testimonial, and taken the declaration and signed the roll, were admitted Licentiates of the College, viz:—

Robert Abraham, George W. Armstrong, Thomas Browning, William G. Chute, Arthur R. T. Craig, Frederick A. G. Davis, George B. Elliott, Henry L. Finny, Henry C. Groves, Andrew Harris, Edward Heard, Gerard B. Irvine, John Keatly, Bernard B. Kennedy, Timothy Killeen, John B. M'Bride, Thomas D. Moore, Michael J. Moran, Samuel F. Murphy, William J. Peacock, William G. Rutherford, William Stritch, and John A. Whitty.

Forty-six candidates presented themselves, of whom twenty-four were stopped.

**DR. A. JACOBY**, the well-known Professor of Hygiene in Kharkov, has given up his post, and migrated to the University of Kasan.

**DR. GUSTAV BUNGE**, of the University of Dorpat, whose interesting *brochure* on vegetarianism we recently reviewed, has received and accepted a call to the Chair of Physiological Chemistry in Basle.

**BRIGADE-SURGEON J. MACDOWELL**, of the Indian Medical Department, has had conferred upon him an Indian good service pension.

**SURGEON-GENERAL J. IRVINE**, principal medical officer of the Madras Army, who lately resigned a similar position in the Staff of the Army of Occupation in Egypt, will succeed the late Sir W. Muir, as honorary physician to the Queen.

**MEDICAL VOLUNTEER STAFF CORPS.**—Surgeon-General Sir James Hanbury, the Principal Medical Officer of the Home District, made, on Saturday, at the Wellington Barracks, the first official inspection of the Volunteer Medical Staff Corps. The Corps paraded between two and three hundred strong, under the command of Surgeon-Commandant Cantlie, and divided into four bearer companies. A variety of ambulance work was performed, but chiefly it referred to the treatment of wounded men. Afterwards the Inspecting Officer addressed the Corps complimenting it on its high state of efficiency. On August 8th, 114 of the Corps will proceed to Aldershot for a week's drill in a military camp.

**CHOLERA PRECAUTIONS, LONDON.**—At the last meeting of the Court of Common Council, London, the Chairman of the Port of London Sanitary Committee gave an account of the steps which had been taken by the city authorities, as precautionary measures against a possible visitation of cholera in this country. The regulations issued in 1883-4 on the subject are again in force.

**LEGION OF HONOUR.**—The following promotions have recently been made in this Order:—Prof. Henri Roger, President of the French General Medical Association, as Commandeur; Dr. Galewski, the well-known Parisian oculist, as Officier; Prof. Gavarret, General Inspector of Medical Instruction, as Commandeur; and M. Jannetaz, Assistant Naturalist at the Muséum d'Histoire Naturelle, as Chevalier.

**THE HOSPITAL SATURDAY COLLECTIONS.**—The total amount collected in boxes on Saturday has been found to be 2,365*l.* as against 1,890*l.* last year. By the Victoria Park Entertainment Committee 200*l.* has been realized, and the result of the cab trade and steamboat collection is estimated at 250*l.* and 50*l.* respectively. Various sums are yet to come in, and the grand total of the various collections is estimated at 4,326*l.* as against 2,907*l.* in 1884, leaving a balance in favour of last Saturday of 1,419*l.*

**LARYNGEAL TUMOUR IN A VERY OLD MAN.**—A Belgian medical paper states that Dr. Schiffers has communicated to the Liege Medical Society, a case of papilloma of the larynx in an old man over 80 years of age, which had lately been occasioning the patient considerable inconvenience. The author was able to remove it completely in one sitting by means of MacKenzie's forceps. The tumour was as large as a bean, and was situated on the right inferior vocal cord.

**THE METROPOLITAN DRINKING FOUNTAIN AND CATTLE TROUGH ASSOCIATION.**—The 26th annual report of this institution shows that 40 new troughs for animals, and 24 new fountains, have been provided during the past year, making a total for the metropolis and suburbs of 575 fountains and 597 troughs. The expenditure for the year have been 8,651*l.*, leaving a balance in hand of 123*l.* The increasing support the society is receiving is satisfactory, from its encouragement of temperance tendencies.

**EXTRACTION OF LENS WITH CAPSULE.**—Dr. R. Castorani, professor of ophthalmology in Naples, has published an account of his results in the operation he practises for cataract, which consists of three steps—incision at the sclero-corneal junction, iridectomy, and extraction of lens and capsule with a scoop. He has operated on 237 eyes, success resulting in 230, of which however 8 had to be operated on a second time. There was one death from cerebral apoplexy. Of the 165 persons operated on, acuteness of vision was  $\frac{2}{5}$  or more in 43 and  $\frac{9}{10}$  to  $\frac{10}{10}$  in 101.

**UNIVERSITY SEATS.**—The *Scotsman*, in an article supporting Mr. Erichsen's candidature for the Universities of Edinburgh and St. Andrew's, says: "The University constituencies need not fear destruction if they will elect representatives who hold the views of their duty expressed by Mr. Erichsen. As political constituencies in the ordinary sense, they are not needed; they are superfluous; they constitute an anomaly and an injustice. But they have an important part which they may play in public affairs, if they will recognise it and cleave to it. It is because they have not always done so that their right to exist is sometimes called in question. There is a wide range of public questions, of the greatest importance to society and the State, which their representatives ought to make their special study and care, and on which they should exercise a powerful influence in Parliament."

**SMALL-POX AND FEVER IN THE METROPOLIS.**—The comparative returns as to fever and small-pox in the metropolis laid before the Metropolitan Board of Works on Saturday showed a satisfactory decrease in the figures dealing with the last disease, while there was no change in the figures reported a fortnight ago of patients remaining under treatment for fever. There had been a total number of 221 patients admitted suffering from small-pox; 32 had died, 272 had been discharged recovered, and 769 patients remained under treatment. The totals for the previous fortnight showed that 232 were admitted; 52 died, 312 were discharged, and 852 remained under treatment. The fever returns showed that 77 patients had been admitted; 12 had died, 66 had been discharged, and 212 scarlet fever, 12 typhus fever, and 17 enteric fever patients remained under treatment.

**THE METROPOLITAN CONVALESCENT INSTITUTION.**—From the report just issued, it appears the Institution has now three homes, namely, one at Walton-on-Thames, containing 300 beds for adults; the children's branch at Kingston Hill for boys and girls, 200 beds; and the sea-side branch at Boxhill-on-Sea, 100 beds for adults. During the past six months 2,129 patients were admitted, of whom a large proportion were thoroughly restored to health after about three weeks' residence in the homes.



During the past half-year there has been a serious decrease in the donations, both to the general fund and sea-side branch. To provide for the poor convalescents, who are at no expense whilst in the Institution, necessarily involves a heavy outlay, and the Board looks for additional aid towards the expenses of maintaining the 600 beds of the combined homes.

**A NEW SANITARY EXHIBITION.**—The want of a central dépôt or registry, to which architects and builders could have recourse for acquiring information in regard to the best approved sanitary requirements, will, it is expected, be provided by what is purposed to be a permanent registry and agency of architectural appliances and inventions, opened a few days since at 10, Baker Street, Portman Square. Although great attention has been given, and a growing general interest felt of late years in domestic sanitation, much practical knowledge still remains to be acquired, before a complete and satisfactory system of house drainage, sanitary appliances, water supply and ventilation can be accomplished. This new exhibition opens under auspices which, it may be hoped, afford the expectation of future success, and will lead to important results. Exhibits and inventions have been sent by several prominent metropolitan firms of sanitary engineers.

**TYPHOID FEVER AT WIESBADEN.**—A correspondent of the *Daily News* gives some details of the outbreak of fever at Wiesbaden, which has suddenly converted that beautiful town, ordinarily so full of visitors in quest of health and recreation, into a solitude. The epidemic began to show itself in serious form about a month ago, since when nearly a thousand cases have been reported. Happily the percentage of deaths is much below the average in such attacks; but the fever has been pronounced to be decidedly of a typhoid kind. Wiesbaden is a well-governed town, and the authorities have gone vigorously to work to grapple with the evil both directly and by precautionary measures. Upon its first appearance a sort of panic set in, and the hotels in neighbouring towns were speedily crowded with fugitives. The boarding-schools were promptly closed by the authorities, and all children whose parents are not residents have been sent away. As to the causes of the outbreak, no satisfactory information is yet forthcoming. It is the more remarkable since Wiesbaden has long been famous for the healthiness of its climate and the excellence of its sanitary arrangements.

**BELGIAN PHARMACOPOEIA.**—The third edition of this pharmacopœia, whose recent appearance precedes our own by a few weeks only, has long been in preparation. Its predecessors appeared in 1823 and 1854, so that thirty years have elapsed since the publication of the second edition. The work is printed in Latin and French, and it forms therefore a decidedly bulky volume. A large number of medicaments given in the previous volume have disappeared, being no longer in use; but we suspect that under the head of simple medicaments our own pharmacopœia when it appears will be found to have far fewer items. For instance, there are thirty-five "folia," thirty-seven "herbæ," and fifteen "semina"; it is not likely that these numbers will be reached in our own volume. In the first portion of the work, the pharmacopœia proper, most of the recently introduced drugs have received official sanction, but cocaine does not find a place; we suppose that its sudden popularity occurred too late for the editors to be able to notice it. In the second section, tables of atomic weights, alcohol tables, re-agents for testing the purity of drugs, a list of articles which require to be kept from the light, a list of dangerous medicines, tables of maximum doses, and a list of antidotes are given. The new pharmacopœia will come into force on September 1st, and the price has been fixed at six francs.

**STREET VENDORS OF ICE CREAMS.**—It may be of some utility, in the present active demand for ice creams vended in the public streets, to notice Dr. Muter's report to the Lambeth Vestry, of an analysis of three samples of ice cream, purchased from a barrow in the Lambeth Walk. Dr. Muter, after a scrutinizing examination, thought that nobody could suffer any injury from this article through anything unusual in its composition. It contained no

poisonous matter, and the amounts of aniline colour and flavouring essence were so small as to be quite innocuous. Two of the samples actually contained fruit. "The matter," added Dr. Muter, "of the hasty consumption of ice upon a hot day, and an empty stomach, would in itself frequently cause unpleasant results, even if no poisonous article were present." The analytical examination of these samples was considered desirable, in consequence of the illness (resembling the effect of poison) of several persons after eating ices bought of a street vendor in the district. Analyses of this cheap ice cream should be still pursued. The probability is, that it too often contains deleterious ingredients in pernicious quantities.

**EXPERIMENTS ON DECAPITATED CRIMINALS.**—The following are further details of the experiments on the body of an executed criminal, recently conducted by MM. P. Regnard and P. Loye, and communicated to the Société de Biologie. The authors of the paper confined their attention and remarks to the trunk of the body; for three minutes after the execution there was a general contracture of the muscles of the whole body. After this rigidity had passed off, no reflexes could be obtained, except that the pupil, which was moderately dilated, responded to light. The authors directed their attention almost solely to the effects of experiments on the pneumogastric nerves; they found that excitation of the vagi induced pulmonary contractility, that it produced very obvious movements of the stomach and intestines extending as far as the transverse colon, and that during it the mucous membrane of the stomach was thrown into folds, and at the same time the secretion of gastric juice was encouraged. The last experiment was upon the palmar and dorsal interossei and lumbricales muscles, when the views of Duchenne regarding their action were entirely confirmed.

**THE RIO DE JANEIRO MEDICAL FACULTY.**—The professors of the Rio de Janeiro Medical School have published a review containing some of their observations during the year 1884, amongst which Prof. Lima gives an account of the failure of the hydrostatic test in the case of a fœtus, which, having presented by the breech, had to be perforated through the mouth before the head could be extracted, and whose lungs, nevertheless, floated freely in water even after all the usual tests had been applied. Prof. Gouvea discourses on various plastic operations about the eyelids, speaking highly of Lawson's and Wolfe's operations. Prof. Coelho contributes an interesting introductory lecture to the obstetric and gynecological course on the Limits of Experimentation in Practice. Prof. Lima e Castro describes a successful case of sub-periosteal resection of the femur, carried out with strict Listerian precautions; and Prof. Torres Homem a rare case of stenosis of the tricuspid without any other abnormality, a condition that was diagnosed during life, and exactly verified at the autopsy.

**OVER-PRESSURE IN LONDON BOARD-SCHOOLS.**—The report of the London School Board Special Committee on the question of "over-pressure" in schools, was laid before the Board on the 16th inst. The committee, who were appointed as long ago as November last, had examined witnesses who had special knowledge of the work in Board Schools, and had received information from 260 experienced head teachers in all parts of London. They had also endeavoured to obtain the assistance of eminent medical men in order to deal with the assertions of Dr. Crichton Browne; but they had been unable to obtain the co-operation of those who would have spoken with "sufficient authority." The committee then followed Dr. C. Browne's action, and all the teachers of the schools he visited were examined. The committee, in dealing with the class of children in the Board Schools, said that in many of the suburban and in some of the central regions the parents were in receipt of from 30s. to 60s. a week or upwards; their homes were comfortable and their children were well clothed and fed, and, as a rule, were healthy, physically and mentally. There were, however, very many children in Board Schools drawn from crowded, squalid, dirty, bare, and infectious homes, the mental and moral atmosphere of which exerted a constantly debasing influence upon the children, with



which the schools had to fight. There were many other poor homes, also, where lodging, food and clothing were only provided for the children on the most meagre scale, and, in both cases, the children were unhealthy. But the committee were convinced that whether the children came from comfortable or from squalid and filthy homes, they greatly gained physically, mentally, and morally by being able to attend comfortable schools. As to the principle of payment by results, attacked by Dr. Crichton Browne and by some of the teachers, it was a principle which the State was bound to secure, and the nature of the education given by the Board was that laid down by the authority of Parliament. The committee had found no ground for believing that the annual Government examination was awaited by the children with fear or unhealthy anxiety, as supposed by Dr. C. Browne. The committee believed that no better system for improving the health and intelligence of the infants could be adopted than that of the Kindergarten, and wished to see it adopted in spirit in every school. In conclusion, the special committee summarize their opinion thus:—(a) That the enquiry has not disclosed the systematic and universal over-pressure of large numbers of children in the Board Schools described in Dr. Crichton Browne's report, but, on the contrary, it was shown that, notwithstanding frequent ill-feeding and bad homes, they are gaining physical, moral, and intellectual benefit from attending school. (b) That the enquiry has disclosed over-pressure of some children, but that this over-pressure is confined to a comparatively small number. (c) That such over-pressure as exists is not a necessary consequence of the school system, but is due partly to the action of the parents who press their children with a view of getting them released from attendance as soon as possible; partly to the sickly and under-fed condition of some children; partly to the wretched state of some of their homes; partly to irregularity of attendance, and, in some instances, to unintelligent and unsympathetic methods of teaching. (d) That the School Board for London and the Education Department have already in various important ways modified their rules and practice so as to avoid any over-pressure, but that there are certain other modifications and alterations with regard to them which the committee consider would still tend in the same direction and to the benefit of the children attending the schools. With this view the committee recommend among other things:—That the Board grant facilities to local managers and to other responsible persons for the provision on the school premises of penny dinners on self-supporting principles for elementary school children. That a short statement of the admonitory symptoms of diseases likely to affect children, whether arising from over-work or otherwise, be drawn up by medical authority for the use of the teachers and local managers. That further encouragement be given to physical exercises and games, both in and out of school hours. That home lessons should not be given to children unless the circumstances of their homes are entirely favourable, and the parents give encouragement to them, and that they should never be set in infants' schools. There are further recommendations dealing with details of school management, and the assessment of results. The report was received, and will be discussed on an early occasion.

DEATHS FROM WILD ANIMALS AND SNAKES IN BENGAL. —During the five years ending with 1883 the deaths were as follows:—

Year.	Killed by Wild Animals.	Killed by Snakes.	Total.
1879	1,264	9,515	10,779
1880	1,295	10,064	11,359
1881	1,367	9,268	10,635
1882	1,267	9,191	10,458
1883	1,302	9,153	10,455

In Calcutta there were only 9 deaths in 1883, all caused by snakes. The number of snakes destroyed in 1883 was 38,856. The total amount of money paid in 1883, as rewards for the destruction of snakes and wild animals, was Rs. 27,976/6/3.—*Indian Medical Gazette.*

SOUTH LONDON SCHOOL OF PHARMACY, 325, KENNINGTON ROAD, S.E.—The following prizes were awarded at the school examinations, held from the 1st to the 4th July, 1885:—Senior Chemistry: Medal, Francis W. Taylor; Certificate, John B. Nichols. Junior Chemistry: Medal, Andrew Craig; Certificate, Alfred L. Wood. Botany, Medal, John B. Nichols; Certificate, Ernest L. Ralling. Materia Medica: Medal, John Tirrell; Certificate, J. Burgess. Pharmacy and Practical Dispensing: Medal, Robert Pyle; Certificate, John W. Carr. Extra Certificates, of Merit to Messrs. Jackson, Lewis, Minter, Moore, and G. H. Taylor.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The Museum of the College will be closed on Tuesday and Wednesday, the 28th and 29th instant, for the purposes of the First Examination of the Examining Board in England.

### APPOINTMENTS.

BALL, JAMES B., M.D., M.R.C.P.—Assistant Physician to the West London Hospital, Hammersmith, *vice* F. G. D. Drewitt, promoted. BRISTON, W. M., M.R.C.S., L.R.C.P.—House Surgeon to the Liverpool Royal Infirmary. CULLINGWORTH, C. J., M.D., M.R.C.P.—Professor of Obstetrics and the Diseases of Women at the Owens College, Manchester, *vice* John Thorburn, M.D., F.R.C.P., deceased. DAVIS, ARTHUR R., M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Sandgate District, Elham Union, *vice* Mr. J. W. Howard, deceased. DAWSON, A. W., M.B., etc.—House Physician to the Liverpool Royal Infirmary. DREWITT, F. G. D., M.D. Oxon., M.R.C.P.—Physician to the West London Hospital, Hammersmith, *vice* J. C. Thorowgood, M.D., F.R.C.P., resigned. GRAHAM, A., L.R.C.P., L.R.C.S., etc.—Honorary Medical Officer to St. Gabriel's Hospital for Infants, Grosvenor Road, S.W. HERBERT, C., Major, M.D., C.M. Ed.—Honorary Physician to the Bradford Infirmary. HUGHES, S., M.B., C.M. Ed., M.R.C.S., etc.—House Surgeon to the Liverpool Royal Infirmary. LIDDELL, HENRY J. S., M.R.C.S. Eng.—Medical Officer to the Buckland District, Tavistock Union, *vice* Mr. H. Copley, resigned. LITTLETON, PHILIP R., M.R.C.S. Eng.—Medical Officer to the Ashbourne District, Ashbourne Union, *vice* Mr. H. Greaves, deceased. LONGHEAD, WALTER HENRY, M.B., B.Ch., L.M., B.A. Dub.—Medical Officer to the North Somercotes District, Louth Union, *vice* Mr. C. J. Myers, resigned. MACLAREN, MURRAY, B.A., M.B., C.M. Edin., and M.R.C.S. Eng.—House Surgeon to the Bootle Borough Hospital, Liverpool. MYERS, CHARLES JOHN, M.R.C.S. Eng., L.S.A.—Medical Officer to the Workhouse and to the South District, Louth Union, *vice* Mr. W. E. Ditchett, deceased. NORBURY, THOMAS W., M.R.C.S. Eng., L.R.C.P. Edin., L.M.—Medical Officer to the Stratford-on-Avon District, Stratford-on-Avon Union, *vice* Mr. J. J. Nason, resigned. QUENNEL, R. W., M.R.C.S., L.R.C.P.—Junior Resident Officer to the Royal Free Hospital, *vice* M. N. Banergea, M.R.C.S., resigned. SMITH, PROTHEROE, M.D.—Consulting Physician to the Hospital for Women, Soho Square. WASSE, GEORGE MILES, M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Third District, Okehampton Union, *vice* Mr. J. A. Kempe, resigned. WATKINS, A. M., M.R.C.S., L.R.C.P.—Re-appointed House Surgeon to the Liverpool Royal Infirmary. WEIGHTMAN, A. E., L.R.C.P. and L.R.C.S. Ed.—House Physician to the Liverpool Royal Infirmary. WOODROFFE, AUGUSTUS W., M.B. Dub., L.R.C.S. Ire., L.M.—Medical Officer to the Second Western District, Billesdon Union, *vice* Dr. Hargitt.

### VACANCIES.

COSFORD UNION.—Medical Officer for the Lavenham District, in succession to Mr. F. T. Barkway, deceased. Area, 9,827 acres. Population, 3,298. Salary, £52 2s. per annum. COTON HILL LUNATIC HOSPITAL, STAFFORD.—Assistant Medical Officer. Must be duly qualified and registered. Salary £100 with board and furnished apartments in the Hospital. Applications with testimonials to the Medical Superintendent on or before August 8th. GREAT NORTHERN CENTRAL HOSPITAL.—Junior Resident Medical Officer. (*For particulars see Advertisement.*) ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.—Resident House Surgeon. Salary £100, with gas, coal, apartments, and attendance. At liberty to attend inmates of the House of Industry for which £10 is allowed. Applications with testimonials to F. Browne, Honorary Secretary, 46, Atholl Street, Douglas, not later than August 10th. MALTON UNION.—Medical Officer for the Rillington District, in succession to Dr. Adam C. Lyon, resigned. Area, 22,970 acres. Population, 2,677. Salary, £30 per annum. RAMSGATE AND ST. LAWRENCE ROYAL DISPENSARY AND SEAMAN'S INFIRMARY.—Resident Medical Officer. Salary £120 (£10 allowed for substitute during annual holiday) with furnished apartments, gas, firing, and attendance. Must not practice on own account. Applications with testimonials to S. G. Warman, Secretary, on or before August 1st.



SHIPSTON-ON-STOUR UNION.—Medical Officer for the Brailes District, in succession to Mr. Thomas H. Hitchins, resigned. Area, 17,233 acres. Population, 3,454. Salary, £58 per annum.

### DEATHS.

ALLEN, RICHARD, M.R.C.S., at Moorcot, Didsbury, near Manchester, on July 14, in his 76th year.  
BROWN, GEORGE DRANSFIELD, M.R.C.S., of Henley Villa, Ealing, in his 58th year.  
ENGLEHEART, STEPHEN PAUL, M.R.C.S.E. and M.D., drowned between New Calabar and Bonny, West Coast of Africa, on May 23, in his 55th year.

### COMMUNICATIONS RECEIVED—

Mr. JORDAN LLOYD, Birmingham; Dr. SIDNEY COUPLAND, London; Dr. E. C. MORGAN, Washington, U.S.A.; Mr. NELSON HARDY, Dulwich; Dr. BEDFORD FENWICK, London; Mr. WM. HAY, Hull; Mr. JAMES MARSHALL, Glasgow; Mr. J. E. STUART, Edinburgh; THE DEAN OF THE UNIVERSITY OF EDINBURGH; Mr. J. H. LEWIS, London; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; Mr. HENRY MEYMOTT, Ludlow; Mr. FLOWRIGHT, King's Lynn; Dr. MAXWELL, Woolwich; Mr. NIELD COOK, London; Dr. HEBB, London; Dr. SHELLEY, Hertford; Mr. COWELL, London; Mr. W. COLLIS, Faversham; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; THE REGISTRAR-GENERAL FOR ENGLAND, London; Dr. WILLOUGHBY, London; Mr. DONKIN, Faversham; OUR EDINBURGH CORRESPONDENT; OUR DUBLIN CORRESPONDENT; Dr. BENHAM, London; Mr. BAXTER, London; Mr. BACOT, London; Capt. A. DE RICHELIEU, Siam.

### BOOKS RECEIVED—

Army Medical Report for the year 1883—The Climate of Canada, etc., by W. H. Hingston, M.D., etc.—The Plan of the Central Nervous System, by Alex. Hill, M.A., M.B., etc.—Report of the Sanitary Condition of the Hackney District for the year 1884, by John W. Tripe, M.D.—Proceedings of the Royal Medical and Chirurgical Society of London, April-June, 1885—Annual Report on the Civil Hospitals and Dispensaries in the Madras Presidency for the year 1883—Inspector-General's Report on the Condition of Hospitals and other Institutions for the Insane in New South Wales for the year ending December 31st, 1884—Palliative Measures in Ruptured Extra-Uterine Pregnancy, by W. W. Jaggard, M.D.—Two Pamphlets, by A. E. Prince, M.D., Jacksonville, Illinois—Floating Minute Organic Matter, etc., by David Prince, M.D., Jacksonville, Illinois—Two Pamphlets, by L. Emmett Holt, A.M., M.D.—Our Dwellings, Healthy and Unhealthy, by Catherine M. Buckton—School Hygiene and Diseases Incidental to School Life, by Robert Farquharson, M.P., M.D. Edin., etc.—An Anomalous Human Lung, having Four Holes on the Right Side, by William A. Edwards, M.D.—Two Pamphlets, by G. Péchelier, Montpellier—Transactions of the South Indian Branch of the British Medical Association, April, 1885—Les Microbes Pathogènes, by Le Dr. C. Artigas—A Lecture on Fermentation, by Wm. Hibbert.

### PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—The Hospital Gazette—New York Medical Journal—The Canada Lancet—Scotsman, July 17—Journal of the British Dental Association, July—Rèvue de Médecine—Rèvue de Chirurgie—Giornale Internazionale delle Scienze Mediche—Westminster Review, July—Detroit Lancet, July—Asclepiad, July—Liverpool Medico-Chirurgical Journal, July—Archives of Neurology, July.

### HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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# MEDICAL TIMES

AND GAZETTE.

No. 1831.

LONDON, SATURDAY, AUGUST 1, 1885.

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## ON SOME CAUSES OF DISEASE, AND ON REPARATIVE AND DESTRUCTIVE PROCESSES.<sup>1</sup>

By SAMUEL WILKS, M.D., LL.D., F.R.S.,

Senior Physician to Guy's Hospital.

At the annual meetings of our Association, it has been the custom to select one of its most distinguished members to deliver an address in Medicine, and afterwards proceed to the more practical business of the Section. On the present occasion, however, it has been determined to dispense with the usual address, an intention I had fondly interpreted into an eagerness to devote all our time to work. I was informed, however, a short time ago, that some kind of introduction was expected from this chair. This I heard with dismay, for I had no time to prepare a subject sufficiently elaborated to be worthy of this meeting. You will, therefore, pardon me for making a short address, and alluding to one or two subjects of interest to myself, and which, had time allowed, I should have felt justified in more fully unfolding.

There is a story told of Agassiz, that, at the commencement of his professorship, he prepared a lecture which, he believed, would occupy an hour in delivery, but at the expiration of half that time he found, to his dismay, that he had finished his discourse. He had, therefore, no other resource than to fill up the remaining half-hour by repeating in other words the same doctrines which he had already enunciated. In after years he used to say that the piece he had been enacting that half-hour, he had continued to do during the rest of his life; that is, he had been stating over and over again the same doctrines which had occupied the first eventful 30 minutes of his scientific career. I do not think that this is a solitary experience, for probably all of us are possessed of some leading thought which, in various forms, as occasion suggests, we are always endeavouring to impress upon our public. In our profession, certainly, we are witnesses of men above the middle age constantly repeating themselves; and I could turn to many instances in which some of the most respected seniors in medicine have made speeches, the exact counterpart of what they had delivered 30 or 40 years before. This is an attribute of human nature; and I only mention it to show how extremely difficult it is for anyone, who is getting on in years, to free himself from the trammels which age necessarily brings with it, and what a hard task you set an oldish man by expecting anything of him which can be called new. If science is advancing, we ought to grow with the times; but, unhappily,

<sup>1</sup> Presidential Address delivered at the opening of the Section of Medicine, at the Annual Meeting of the British Medical Association, held in Cardiff, July, 1885.



there is a period in everyone's life when his stature is reached, and he then stands still; fortunate is he if he can remain quiescent, and not fall back, reaching at last that stage of senility when he is only a "laudator temporis acti," and thinks that human nature, with its types of disease, has altered, and medical treatment retrograded, with his own decay.

For my own part, if special reasons had not stood in the way, I should probably have been repeating myself here, and setting free once more the long continued current of my thoughts. And what might these have been in connection with the science and art of medicine? The best method, I believe, to arrive at anyone's sentiments or opinions is to study his actions; and if I do this with myself, and look back to the addresses which I have given at this Association, at my hospital, or at the International Congress, I find the theme is the same. It is one which had its basis formed at a very early period of my career, and became more fixed as years and experience went on. It was this, that the peculiarity of different races of mankind must depend on climate, food, and other surroundings, and that these peculiarities are transmitted; that hereditary tendencies have, therefore, much to do with the physical and mental characters of individuals, and also that these temperaments and idiosyncrasies which are so evolved are most important in the production of our ailments; again, that these surroundings are, in themselves, sufficient to produce active disease—for example, a number of conditions tend to the prevalence of the gouty constitution in England, and this may be carried through several generations, but the same conditions, operating on an individual predisposed, may actually induce an attack in him: that the predisposing and exciting causes are the same. Morbus Brightii, and many other diseases, come about through the deleterious operation of our ordinary surroundings, both in the air we breathe and in the food we eat, and not from any well-defined specific cause. I have, therefore, considered that nearly all disease is slow in its origin and progress, and I have never been tired of quoting Hippocrates, the father of medicine, who said, "Diseases do not fall upon men instantaneously, but, being collected by slow degrees, they explode with accumulated force." I thought I saw, even in my student days, how erroneous the books and lectures were in giving descriptions of acute disease as occurring in healthy persons, and then how such affections became at last chronic. The truth, as I saw it, was very early forced upon me by making *post-mortem* examinations; when, for example, a person was brought to the hospital for obstruction of the bowels, attributed to an intussusception, or the lodgment of some indigestible food, and which proved nearly always to be due to a cause of very long standing, or even congenital; in the same way, acute peritonitis was but the termination of some old disease in the abdomen, and a meningitis the ending of a prior disease in the brain. I had thus come to look upon disease as essentially chronic in its nature, induced by the ordinary agents surrounding us, and to believe that the medical art should be mainly directed against the operation of these causes. I have no doubt, had I given an address, and shut my eyes to all the discoveries going on around me, I should have wandered back to the old theme, and found all my opinions confirmed by age. I cannot, however, be blind to what is now occupying the medical mind, and therefore with all sadness confess the truth, my occupation's gone. It is of no use talking any longer of the conditions of our climate predisposing to phthisis; of the hereditary tendency to this disease, much less of any peculiar conformation of chest and frame in those who fell a prey to it, for the disease is due to a bacillus, which may be taken by a husband from his wife, or *vice versa*,

or conveyed by a phthisical nurse to a number of children whom she suckles, or even, indeed, caught in the street; at least, this was suggested in the case of a lad who died of tubercular meningitis, having long had a sore tongue, which was called tubercular. It was surmised that it was primarily a simple ulcer, on which bacilli alighted as he walked through the streets. In order to mollify believers in predisposition, temperaments, and configuration, it is admitted that there must be appropriate soil for the cultivation of the germs, but, after the delivery of these platitudes, they are put on one side for the study of the one potent agent, the bacillus, and are no more considered than predispositions to small-pox, scarlatina, or cholera. I do not for a moment attempt to throw any discredit on modern research, for these bacilli undoubtedly exist, as anyone may prove for himself; but I am rather offering myself for pity, that, having preached on one long text, that it is the great aim of the physician to seek the causes of disease in our ordinary surroundings, and in the tendencies transmitted to us, and to try to remove them, I find my occupation gone; but perhaps I am only shunted for a time to let the express pass by.

It might be worthy of remark, in passing, how treatment accompanies and follows pathological discoveries, in opposition to the mistaken idea, which many seem to hold, that there is a science of therapeutics gained by a simple observation of the action of drugs on the body. It is sometimes said that therapeutics stands still or lags behind other departments of medicine. I think this is not true, and cannot be true; in fact, I am at a loss to know what pure therapeutics is apart from disease and pathological states. It seems to me it is the study of external agents on various diseased conditions; and it is not so much new remedies, but a better indication and knowledge of how and when to use them, which is required. For example, thousands of persons are now cured of nervous diseases, not by a new remedy, but by the old iodide of potassium, and this was done as soon as pathology had discovered the existence of visceral syphilis. So, in the same way, if the doctrine of bacillary phthisis is true, we have our antiseptics at hand, and we have not had to wait for iodoform, eucalyptus, and benzoic acid, and such-like remedies which are now in vogue. The improved treatment in the one case came from observations in the *post-mortem* room, and in the other from the pathological laboratory. If there be one-tenth of truth in the value of the remedies which we see weekly vaunted in the advertisement pages of the medical journals, therapeutics has shot far ahead of every other branch of medicine.

I might here allude to the fact that the discovery of germs in phthisis and some other complaints will probably oblige us to give up our old theoretical notions as regards the pathology of the exanthemata and other specific diseases. It is in these diseases, which are called zymotic, that no microbes have been found. It will be remembered how Liebig marked the resemblance of the course of a specific disease like small-pox to the process of vinous or acetous fermentation. When, for example, an organism is placed in a saccharine fluid, it begins to develop and grow until all the pabulum on which its multiplication depends has disappeared. The fermentative process, therefore, must cease, and cannot occur again in that fluid. In a similar way, a virus inoculated into the human body continues to develop during a certain term, called the period of incubation, and then rapidly multiplies a millionfold, accompanied by a great commotion in the whole system, when the process ceases, and is never capable of occurring again. The likeness to the fermentative process so struck Liebig, that he introduced



the term zymotic for this class of disease, and it has been made use of ever since. The theory may be rational, but it is very remarkable that it is in these very diseases, whose course would have suggested the growth of some organism like a ferment, that this has not been found—I allude to typhus fever, small-pox, scarlatina, &c.; whilst, on the other hand, in diseases where no analogy can be traced between their symptoms and the fermentative process, microbes have been discovered, as in cholera. Here patients are sometimes suddenly stricken down, and die in a few hours, without any of those previous conditions which in any way resemble the stages of a fermentative process. In phthisis, again, there is no analogy between the symptoms and those of a specific disease where germs have been supposed to be present, since the disease may remain for a long time local, and the blood be unaffected. All modern discoveries regarding microscopic organisms do much to overthrow the zymotic theory of disease, were it not, indeed, under any circumstances, too extravagant a one to hold—a theory suggesting that there are several substances in the blood too subtle to be recognised by any known methods, but affording a pabulum for the growth of germs of small-pox, scarlatina, and such like diseases, when they fall upon us, and that this is the only use of those imaginary constituents of the system. It is a great pity that any word like zymotic, implying a theory of disease, should ever have been allowed to enter our nomenclature. Hitherto, no antiseptic or specific remedy has been found to prevail against the regular course of these diseases, and one reason may be that the enemy to be attacked was an imaginary one; but from this it does not follow that antiseptics may not be of service in diseases where organisms have been found. I will not dilate more upon this subject, but felt it quite impossible for any one who was making medicine the subject of his discourse to overlook the fact, that all pathological enterprise is now engaged in the search for specific causes of diseases, and to found a treatment upon it. This has rendered the pathology of many diseases much more difficult to understand, since it is almost impossible to graft the new facts upon the old, or even reconcile them with those which are already established.

Amongst many other subjects in medicine of a general nature to which my thoughts have been directed, there is one with which I will occupy you during the remainder of the short time allotted to me. It is a subject which has two sides to it—a physiological and a pathological one—both highly important with reference to clinical medicine. The one aspect has reference to the mutual relation which exists between the different functions of the body, suggestive of the organs having varying activities and compensating actions; the other aspect is the compensating or actual conservative process which we see going on during the progress of many diseases, a reparative as well as destructive action, and which can be recognised clinically during the life of the patient.

The readers of the lectures of Sir James Paget will remember how he dilates upon a law (which had already been formulated by the older masters in medicine), that the proper adjustment of the various functions of the body is necessary for its integrity; and in this way every physiological process, however slight, may be looked upon in the light of a natural secretion. This seems like a truism, or mere platitude, and yet it is not seriously or practically considered. To preserve the integrity of the body of a given bulk, so much pure blood is required, and, therefore, suitable organs of a certain size for its production, also a definite amount of depurative organism for its purification. In this way life goes on.

It is so evident that the organs must be proportioned

to their use, that Aristotle maintained that Nature makes the organ for the function, and not the function for the organ. One of the most striking examples of this law is seen in the case of the kidneys. If one kidney be destroyed from any cause, the other will enlarge to compensate for the loss. It will grow until it has reached the point necessary for the discharge of its duties, and then cease to enlarge.

The same probably occurs in other organs; where, for instance, a portion of the liver has been destroyed, the other lobe has proportionally enlarged; and, in some chronic affections of one lung, the other one has evidently grown to maintain the balance. These processes are evidently conservative, and indicate a healthy organism. But it may be as well to ask, does a deviation from this line ever occur from some unknown cause, and in this way is an abnormal, or pathological, condition set up? As regards the former, that is, an increased or diminished function, I do not know that this has ever been suggested in the more complex vital organs, and yet, of late years, a hypertrophy of the liver has been spoken of by pathologists. It is true that the term is given simply to express certain anatomical changes, and not necessarily implying that there has been an excess of the original secreting organ.

As regards less important viscera and structures, it would seem that this limitation to healthy size is not kept; and, in the case of the spleen, the organ may grow to an immense bulk. Apparently the structure is healthy, and, putting together its supposed function and the state of the blood, it seems as if the balance was upset by the excessive development of one function, and the patient dies from having too much spleen. The same is thought to occur in the lymphatic glands, when they grow to an immense size by the addition of apparently healthy tissue.

Another structure, which sometimes will start into growth without any relation to the original framework, is the bony skeleton, the skull and all the long bones reaching an enormous size and weight; so also the skin and fat develop until the person is of great bulk. Those are cases which, in a marked degree, show that there are causes in operation which sometimes upset the balance of growth, and the fair relation between all parts of the body.

Now it is worthy of consideration to inquire whether, when the balance is upset by the disease or destruction of organs, any other organs or tissue may take on their extra work. For example, we sometimes find the kidneys so exceedingly atrophied from disease, that we are at a loss to understand how life could have existed with so small a renal structure; if in health, four or six times that amount is necessary. Must it not have happened that other organs have assisted in their work, notably the skin and intestinal canal; and may not the record be true that, under these circumstances, urine has been excreted by the nipples, and other parts of the body?

The liver, too, is sometimes found so small and hard, that it is not difficult to understand why its possessor is dead, but why he should have lived so long. In this case, the purpurine in the water would suggest that fresh chemical actions have been in operation. As regards organs which are not vital, peculiar effects may be observed in the system when they are destroyed, as in wasting of the thyroid body, of the testes, or of the suprarenal capsules. We ask ourselves in what way is compensation made when an organ is diseased, and an answer to this question is what the judicious physician should try to discover, so that, by following nature's laws, he may lengthen the days of his patient. I have observed that the most judicious medical men are those who will take the body as a whole, the good and bad, observe all the different functions, and so, by simple



methods, rule and guide the whole bodily organism, so as to bring it to a proper adjustment. I need not remind you that they could not have been specialists.

Now, when one organ is actually diseased, it is very clear that the balance is upset, but it is equally important to ascertain whether a temporary cessation of function may occur from the operation of any external agent, and so a like disturbance occur. The importance of this question will at once be made clear to you when I ask you to direct your memories to a paper read before one of the medical societies by Sir Andrew Clark, and entitled *Renal Inadequacy*. The author spoke of cases where the renal secretion had become in every way defective, with corresponding symptoms. The subject debated was whether such temporary abeyance of function could occur in a healthy organ, or whether it must not imply disease. The subject was so differently considered by various members of the society, as to show that this had never been thoroughly investigated. It is true there may be an excess of urine passed; but, if this hold the proportionate amount of solid matter, it shows only that more work is put upon the organ, and not that it in any undue way is depriving the system of more solid constituents than is required. If, however, there be a large excess of water alone, it does generally show a temporary excessive action of the kidneys, and this is usually due to a nerve cause.

It is curious that there is a widespread popular belief in the ever varying action of organs; as, for example, we daily hear of a liver being torpid, or secreting an excessive amount of bile. Bernard's theory of diabetes was that it was merely an excess of a normal function, that the liver was over-active in its glycogenic function. There is also a belief that the degrees of action of the liver are influenced by cold and heat.

In some organs, the action is clearly intermittent. In the case of the stomach, the organ when quiescent is small, containing little blood, and secreting no acid juice. As soon as it is stimulated by food, it enlarges, blood is poured into its walls, and an intensely acid juice is exuded from its mucous surface. The generative organs are more marked examples of the intermittent action, especially in women; but in man, everyone must know instances where a testis may be discharging its secretion every few days, and then be in abeyance for months or years. The lacrimal gland may, under emotion, pour out as much fluid in a week as at other times it would do in a year. The brain during sleeping and waking constitutes, of course, a well marked example of the intermittent action of organs. During violent exercise, it is evident that the organs are more fully at work; there is more tissue-change, and more heat is produced; the skin is acting profusely, and the lungs more vigorously. As regards the brain, we may go a step further; there is not only the general inactivity during sleep, but there probably is in all of us more or less inactivity during our waking hours. If a person be taken from a savage or uncivilized country, and his mental powers can be well defined, and he be placed in a school, and be educated, so that after a time he shows himself possessed of a considerable amount of intellect, we are bound to conclude that, if he had remained in his own country, he would have been in possession of an unused brain or a non-functioning organ. Must, then, the popular belief receive the sanction of the profession, that the liver may be torpid, the stomach inactive, the bowels sluggish, and the nerves unstrung?

Apart from the question of their own individual waking or sleeping, as they are in action or not, it might be interesting to know whether the function of organs is influenced during ordinary sleep, or the sleep of the brain. Seeing that they are under the influence of the nervous system, this might be supposed; but

since it is clear that the circulation is affected during sleep, it is almost certain that their action must be altered. Not only the brain sleeps, but other portions of the nervous system in part. It is said that the spinal system never sleeps, or the patient would die. Perhaps sometimes it does sleep, with the inevitable result. That it partially sleeps is seen in the paralysis of the whole muscular system when the head and limbs fall, and the mouth drops, counterfeiting death; snoring also being a counterpart of the apoplectic stertor. In heart-disease, the state of sleep evidently involves, to a certain extent, the spinal cord, for the interference with respiration and the gasping are among the most distressing symptoms of this complaint. But more observations are required to ascertain the state of the vascular system during sleep. At present, we must be content with the facts which are presented to us. These do not accord with our pre-conceived ideas, which are so strongly impressed upon us, that we act upon them rather than upon experience. The idea of sleep suggests quiet and repose, therefore the blood is circulating placidly through the body, and there would not be the same pressure on the vascular walls as during violent exercise. But is this warranted by facts? For example, are varicose veins found in those who are sedentary, or in those who take much exercise? A more important case is that of hæmoptysis in pulmonary disease, where hæmorrhage occurs much more frequently during the night, after several hours of rest, than during any exertion of the day. It is now many years ago I made this statement, which seemed to be absolutely true, when I was censured by a specialist for having maintained this before students, since it was obvious, he said, that there must be greater proneness to hæmorrhage during exertion. This opposition naturally made me observe still more narrowly, when I was more than confirmed in my original statement by discovering that it was the rule for hæmorrhage to occur in the night. I can only surmise that, during the quiet of sleep, the circulation is more impeded and the tension of the vessels greater, than when the lungs are expanding and the circulation free. If this be so, why should purely theoretic or imaginary reasons guide us in practice, and oblige us to frighten our patient suffering from hæmoptysis by telling him he must not make the slightest movements with his arms, must not move out of bed, or speak above a whisper? I have never yet met a medical man who has told me that he is acting on other than theoretic reasons by so doing, and he has no proof that this quieting and frightening method is the best.

Then, again, take the heart; is it not during sleep that the patient suffers most, and is it not during the night that a weak heart may rupture, or an aneurysm give way? I have known a patient with mitral disease and a quick acting irregular heart gain much by a little exercise: a few paces around the room have quieted and slowed the action of the organ. Many persons are kept in a state of perpetual terror, and become hypochondriacal, because the medical man has forbidden all movement, even in their house, and they have been carried up and downstairs in a chair.

If we look to sanguineous apoplexy, I cannot say what the proportion of attacks is during the quiet of night, and the active pursuits of the day. I myself am impressed with the great frequency of attacks during the night. Of course, many other causes may be in operation during the sleeping hours, as, for example, the cooling of the body towards the morning. It is then that the medical man is aroused by his night-bell during cholera epidemics, and it is then that other temporary troubles connected with the digestive organs occur. The altered circulation, no doubt, is the cause of epilepsy occurring in some persons during sleep, and the supine position may perhaps be the



cause of many backaches being worse at night, as well as increased irritability of the bladder, and other troubles.

There are many other interesting questions connected with the sleeping state, which might throw a light upon the cause of some maladies. For example, headache in many persons is intimately associated with sleep at night and somnolency generally. Now, if it be true, as appears from many considerations to be, that the brain is less vascular during sleep, it would show that headache depends upon the state of the circulation. It may be true that the quiet of sleep may remove many headaches, but it is also true that a heavy sleep is often followed by headache. I am aware of this personally, and can quite sympathise with a member of this Association who, in describing his own case a short time ago in the *Journal*, said that, after a hard day's work, when a feeling of sleepiness came over him, he hailed with delight the ring of the night-bell which was to keep him from his bed, and at the same time prevent the headache on the following morning. I know myself this evil side of sleep too well; and this, and others which I have depicted, are a few of the troubles which may arise during this time. It is true that sleep is "Nature's nurse," is "Nature's sweet restorer," and "the comforter when it visits sorrow," and is one of the best symptoms of the well-doing of the patient, so that, as perhaps you may observe in those obscure bulletins which issue from the fashionable medical men, the only information vouchsafed for the information of the public is that the patient has had a good night or a restless night; but a sound sleep is not always good, and there is many a patient who can exclaim with Coleridge—

"Sleep, the wide blessing, seemed to me  
Distemper's worst calamity."

The subject of which I am here speaking is somewhat vague, and I regret I had not an opportunity of bringing more substantial facts before you. I must be content, therefore, with saying that the varying activity of organs during the day and night, and under different conditions, is one which more thoroughly deserves our attention. The subject is, no doubt, physiological in the first instance, but is, nevertheless, highly important to us as practising medical men.

I will now briefly allude to the purely pathological part of the compensating function to which I have here alluded, that is, the conservative or reparative processes, which are seen going on hand in hand with the destructive ones. In examining a diseased organ, we do not sufficiently distinguish between the two processes; much less do we do so during the life of the patient. There is no doubt some general law in operation which provides for the two kinds of action, the formative and destructive; but the opportunity does not now serve to discuss the question of correlation of forces, and how far we may regard all processes going on in the body as of two kinds, vital and chemical, mutually opposed. In an ulcer, certainly, the two processes are very apparent; there are the disintegration going on, and also the formation seen in the cells and granulations. A very valuable and scientific paper on this subject is to be found in the "*Guy's Hospital Reports*" by Mr. Golding-Bird. It wants but a moment's consideration to see how all organic life on the globe is necessarily associated with death, and that the same law is in operation in pathological processes.

Let me for a moment suggest to you my meaning. Let there be a softening or destruction of the brain; we find it surrounded by a formative cyst or inflammatory products; and, in the syngo-myelus of the cord, the same thing is seen, large cavities associated with new products. It should be remarked, however, that, although reparation is going on, it is only by the

formation of the simplest material; the highly complex structures are never renewed (except, perhaps, in children under special conditions); no injury to any of the parenchymatous organs is replenished by the same material, the repair is made by simple fibre. Bone may be replaced, and skin in an imperfect manner. In the case of the lung, the two processes, destructive and reparative, are always seen together; indeed, an ordinary phthisical lung could never have been witnessed without the double process. The ulcerated tissue would have produced a fatal hæmorrhage or pneumo-thorax long before any extensive change could have occurred in the lung; but the vessel becomes closed, and the lung adherent. Now, the more chronic the case, the more are these reparative conditions marked, so that the pleura becomes greatly thickened, much of the pulmonary tissue cicatricial, and the cavity becomes lined with a firm membrane. Under these circumstances, we say that the signs of phthisis are well marked, the dullness on percussion is extreme, there is a falling in under the clavicle, and the pectoriloquy is pronounced. These are not so much signs of disease as of repair or cure. This is the reason why the young practitioner in such a case gives an unfavourable prognosis, forgetting the meaning of the signs, and, to his astonishment, may find his patient in much the same state a year afterwards. It is worthy of note that fatal hæmoptysis rarely occurs from the destructive process; it is due to the giving way of a dilated vessel in a localised and very chronically affected part of the lung. The same probably occurs oftener than is supposed in the stomach; the chronic ulcer is characterised not so much by the destruction of the tissue, as by the new growth around it; and it is in connection with this that the vessel becomes expanded and thinned, and subsequently ruptures. In cases of scirrhus pylorus, it is quite as much the hypertrophied natural tissue which constitutes the tumour as the adventitious substance.

In the case of the liver, it is often difficult to say what changes are reparative or constructive, and which destructive. As the liver wastes, we observe a large concourse of veins on the surface of the abdomen, and we regard these as one of the signs of cirrhosis; but it is rather to be regarded as a consequence of the disease than one of its constituent parts. For, while the liver is being compressed, new blood-vessels and new bile-ducts are being formed, and the blood from the portal vessels, which would otherwise be arrested, makes its way to the surface and systemic veins, through the opening out of the old umbilical vein. The case of cirrhosis is a marked example of what I have been saying of the ulcer, whose description would demand demonstration of both a destructive and a formative process; but, in the case of the liver, where the change is so complex, it would be difficult to draw the line; many of these changes, however, are clearly no part of the primary pathological process. I have seen it stated, but I do not know with what authority, that, if the pulmonary arteries be injected in phthisical lungs before removal from the body, the injection may extend into the chest walls through newly-formed vessels. I may take another example in the case of the pseudo-hypertrophic paralysis of children. Now, in all the cases which I have seen, there has been a marked atrophy of the muscles, so that parts are wasted whilst others are enlarged, giving a general deformity to the whole body. In those limbs, too, which are hypertrophied, there is often perfect helplessness, showing that the natural muscular tissue must have undergone a decay. In the case of a boy lately under my care in *Guy's Hospital*, the difference in the size of the legs was most remarkable, one being three or four times the size of the other, but they were



both equally helpless. The one showed merely wasted muscles, the other was firm from the production of new false tissue. The arms were wasted, and yet large masses of new tissue were felt in the deltoid and biceps. In these cases, there is atrophy of muscular tissue, but besides this, there is what is never observed in the adult, a productive process going on at the same time; the latter, however, has not the power to reach to the development of muscle, but remains in its lower state of fibre only. The example, however, is a striking one of the productive process going on with the atrophic one. In the case of the blood-vessels, degenerative and productive processes are constantly seen progressing together. In the cancers and other tumours of bones, we perceive a destruction of the original tissue, and yet new bone growing up in the tumour.

You must forgive me for these few desultory remarks. I should have liked, had time and opportunity served, to offer to your notice some well-developed theme; but I had on the present occasion, no other resource than to look around me, and see what subjects had occupied my thoughts; one or two of them, although crudely brought before you, are, I think, worthy of your consideration.

## ON THE DIAGNOSIS AND TREATMENT OF TUMOURS OF THE BLADDER.<sup>1</sup>

By REGINALD HARRISON, F.R.C.S.,

Surgeon to the Liverpool Royal Infirmary and Lecturer on Clinical Surgery in the Victoria University.

At the request of the secretaries of this section, I have undertaken the responsibility of opening a discussion on the diagnosis and treatment of tumours of the bladder. Only a few years ago, any one occupying this position would probably have felt bound to offer an apology to his audience for the scantiness of the material upon which he had to dilate; such, however, has been the progress of surgery within our recollection, that I feel myself differently circumstanced, and shall ask your indulgence in my attempt to compress the large amount of material which the experience of many has already supplied. Time is more than precious on occasions such as these, and I must, therefore, avoid all historical references, deeply interesting and instructive as they are, and deal with my subject from a purely clinical point, feeling assured that this is the direction which will best answer our purpose to-day.

Under the guidance of the distinguished surgeon who presides over our section, and in the presence of many who have made valuable contributions to this subject, I have the satisfaction of anticipating that the speakers who follow me will fill in the numerous gaps I must necessarily leave, and correct defects in my statement of which I am only too conscious.

I shall confine my remarks to tumours of the bladder proper, adopting where requisite the nomenclature set forth in the report of the Committee appointed by this Association, for the drawing up of which we are largely indebted to Mr. Paul.<sup>2</sup> It is hardly necessary that I should occupy time with any remarks on the diagnosis of these growths other than those which will incidentally occur. Chief reliance will be placed on the circumstances under which blood appears in the urine,

the manner in which the mechanism of micturition is interfered with, the presence or absence of evidences of new growth in the excretion, and the direct and indirect indications which may be afforded by the use of the sound or the catheter.

It will be convenient to arrange tumours of the bladders into two classes or stages: (1) those which, during their entire existence, or for a portion of it, occasion either slight or no distinct indications of their presence; and (2) those which declare themselves by symptoms either seriously disturbing the function of micturition, or which by their constancy or degree threaten the life of the patient.

From the manner in which I have thus attempted in general terms to make use of a classification, it will be at once understood that individually I should be guided as to treatment, not by the fact alone that a patient has a growth in his bladder, but by the symptoms it produces. The mere subjective evidence that a person has a tumour of this kind would not, I submit, warrant the adoption of any operative measures to effect its removal, even if in addition it were possible to demonstrate its existence by other means than digital exploration. Some tumours of the bladder which have been found in the *post-mortem* room appear to have had no history connected with them, and instances are known in patients of the total disappearance, after varying intervals, of symptoms which were unmistakably those of villous growth or papilloma. Of the latter I believe that I am acquainted with more than one case. These are important facts, as they seem to indicate that what nature can accomplish art may hope to imitate. How these growths thus disappear, whether it is by an accidental self-strangulation, or by an inflammatory act, it is impossible to say; but that they do so occasionally, without recurrence, I have not the least doubt. Unfortunately, however, by far the larger proportion of them sooner or later pass out of the condition where operative interference is not to be recommended, and enter upon what I have taken as the second stage of their existence. Whether the transition is slow or rapid, gradual or sudden, much depends on their kind; but whether innocent or malignant, primary or secondary, the great majority of them, sooner or later, make it apparent that life will eventually be destroyed, either by persistent hæmorrhage, or by the degree micturition is interfered with.

The question of operative interference will now be entertained, but before anything further can be said as to the hope of success which is likely to follow this, it is necessary that a more accurate knowledge of the connections of the growth should be obtained. This brings me to speak of digital exploration of the bladder. If you will look at the two drawings before you, you will see examples of two very opposite conditions: one where everything may be hoped for from operation, where complete recovery modern surgery has proved to be possible; and the other where nothing is to be expected except the relief of those symptoms of urgency which have rendered an opening into the bladder necessary. The first drawing represents a villous growth of three-and-a-half years' duration, with a narrow pedicle, and is taken from Quain's "Clinical Lectures" (Plate XXIV), which have recently been published; the second is an epithelioma extensively connected with the posterior wall of the bladder, from a specimen of my own in the Liverpool Museum. Illustrations like the latter tend to show that though the diagnosis may be correct, the prognosis, so far as operative treatment is concerned, may fall very short of our desire, as the propriety of attempting to remove such growths can never be foretold until the finger has been placed in contact with them.

Digital exploration of the bladder relative to the

<sup>1</sup> An introduction to a discussion on the subject at the meeting of the British Medical Association.

<sup>2</sup> *British Medical Journal*, January 12th, 1884.



treatment of tumours seems to me to be called for when it can fulfil at least three objects: (1) the relief of symptoms which are otherwise irremediable; (2) for verifying the diagnosis of tumour; (3) for determining whether the removal of the growth can be proceeded with. The circumstances which require a surgeon to open the bladder for the purpose of finding out what is inside it must be very exceptional, but when by this proceeding the three important objects I have mentioned are to be obtained with little risk, then its importance cannot well be overrated. There are recorded cases which seem to suggest that if the exploratory examination had been limited to providing a means for draining the bladder, and for examining the growth, it would have been better. In the case of an epithelioma of the bladder, such as you see in the illustration, which I have also taken from Quain (Plate XXIX), to attempt its extirpation is obviously out of the question; to explore it with the finger, and to feel so far satisfied, and, at the same time, to give the patient an opportunity of emptying his bladder completely by means of a short and open road so long as he lives, is legitimate; nay, further, experience has already sufficiently shown that there is no better way of controlling the considerable bleeding which nearly always attends these cases than by providing the means of permanently maintaining the bladder in a condition of more or less contraction.

And now a few words in reference to the operation for exploring the bladder with the finger. If there are two ways to a place of about the same length, but with somewhat different surroundings, you may depend upon it you will have two sets of travellers, with the same aims, but with very opposite notions as to the respective merits of the two routes—so with the bladder: though we are agreed as to the necessity of exploring it, we are not so unanimous about the route. In this country, as well as in America, median perineal urethrotomy seems to be preferred; whilst in France, the claims of the supra-pubic operation have been forcibly urged by Professor Guyon, Pousson, and others. Sir Henry Thompson has advocated the former method, not only as being the safest and most convenient for exploration, but, as he has shown by examples, for extirpating these growths. It seems to me that this form of procedure is to be preferred on several grounds. In the first place, it provides a direct access to the more usual position of these growths; by a continuance of the incision forwards into the membranous urethra and backwards to the extreme limit of the prostate, it affords more room for manipulation than at first sight appears; but what is of more importance, it is, I believe, the best position for the drainage to follow, which is a most important item in the management of these cases. If a perineal exploration shows the position or character of the tumour to be such as would be benefited by an access from the front, should it be determined to remove it, there is nothing to prevent the addition of the supra-pubic incision, as Billroth demonstrated. A supra-pubic incision is none the worse for having a more dependent opening, as Frère Côme practised a hundred years ago in connection with his success as an operator for stone. But, as I have already intimated, the great importance of the after-treatment, in relation to thorough drainage, renders to my mind the perineal procedure almost a necessity. In connection with this point, it must not be forgotten what are the conditions under which these operations are often undertaken. In addition to the tumour which it is purposed to remove, there are usually present, either in the bladder itself, or in the organs associated with it, pathological changes which add considerably to the danger arising from the retention of anything which ought to escape. The viscus is occasionally sacculated,

the ureters are patent and frequently largely distended, whilst the kidneys are rarely sound where the obstruction caused by the growths has been of long continuance. Hence, we have much to fear from any extension of a suppurative process after the operation, as I have seen in two instances which have recently come under notice. One of the best safeguards against a contingency such as this is thorough drainage, and this I think can best be secured through an opening in the perineum.

The feasibility of attempting to remove the tumour having been determined by digital exploration, the precise means of doing so has now to be considered. It will not be necessary for me to describe at length how this has been effected after an opening has first been made into the bladder; in some instances the finger-nail has sufficed; in others, various kinds of forceps; quite recently, Mr. Pitts has recorded<sup>3</sup> a case where a growth was successfully removed by the *écraseur*. In examining two cases which terminated fatally, it appeared that if it had been possible to have applied a ligature round the pedicles, and then to have removed the growths cleanly, either with forceps or scissors, a different result might have followed. The nearest approach to such a proceeding seems to be one recorded by Mr. Henry Morris,<sup>4</sup> who, failing on the first attempt to remove a growth in consequence of the want of the most appropriate means for extraction, the patient was left for two days, when the tumour was found prolapsed into the wound. Having stretched the edges of the wound apart by retractors, he succeeded in placing a ligature of catgut over the base of the growth and removing it with scissors. The patient made a good recovery. When, after the bladder has been opened and explored, it seems practicable to remove the tumour, this should be effected as completely as possible; to take away a portion of it is to leave the remainder to inflame, suppurate, and possibly to become gangrenous, thus providing a fruitful cause for pyelitis, through the largely dilated ureters. Not being entirely satisfied with the forceps that hitherto have been used for the purpose of seizing and extracting these growths, I have had some others made for me by Messrs. Krohne and Sesemann, which, so far as I have been able to judge of them in practice, are well adapted for this object. They consist of an ordinary pair of bladder-forceps, with a free margin; by this contrivance it is almost impossible to do any damage to the wall of the bladder itself. The removal of the growth is effected partly by twisting slowly with the hand, and partly by the crushing action of the jaws of the instrument. In the exploration of the pedicle, both before and after removal of the growth, I have found one of Marion Sims' enucleator hooks exceedingly useful. If, however, the connections of the tumour are extensive, and there is a doubt as to whether all can be got away without doing serious damage to the bladder itself, I feel sure that we had better content ourselves with the opening, which may under all circumstances be safely made, and the drainage that this opening with a suitable apparatus will provide. The lesser proceeding has in many instances proved the means of arresting hæmorrhage, and of adding materially to the comfort, as well as to the life, of the patient, even where it has been found impossible either to remove the tumour or with safety to reduce its size.

Time will not permit me to illustrate these remarks with cases from my own practice, where I have operated in accordance with the views expressed in this paper; these have already been noticed in a previous communication.<sup>5</sup> I hope that Dr. Stein, of New York,

<sup>3</sup> Clinical Society, May, 1885.

<sup>4</sup> *The Lancet*, April 21, 1884.

<sup>5</sup> "On the Surgical Treatment of Hæmaturia," Liverpool, *Medico-Chirurgical Journal*, July, 1884.



who has contributed importantly to the literature of this subject,<sup>6</sup> can tell us something to-day as to the general results following operative treatment, drawn from his most recent investigations upon this point.<sup>7</sup> And what applies to the male is equally applicable to the female, though with the latter, by reason of the anatomical differences in the parts, both exploration and removal can be more readily effected. My friend, Dr. Alexander, of Liverpool, was, I believe, one of the first in this country to demonstrate the successful removal of growths from the bladder under these circumstances. Of excision of portions of the male bladder I have had no experience; so far as I am aware it has been limited to some experiments on the lower animals, in furtherance of the subject which we have now under discussion.

In conclusion, it cannot be denied that operative surgery has already proved itself to be of considerable service in the treatment of a very distressing class of disorders, and for which little is to be hoped for from medicinal agencies. If I may be thought to have been too general in some of my remarks, permit me to say that this has been my intention; my object has been to open a discussion, and not to narrow it unnecessarily. The time has not arrived when it would be possible to lay down hard and fast lines of demarcation; much must be left to individual judgment. Where therapeutics are to end and surgery is to commence, experience and the application of those principles which are of general utility, and are not the exclusive property of any one set of organs, will enable us to determine what is best for each case as it presents itself to our notice.

### ON THE INFLUENCE OF SEASON UPON CALCULOUS DISEASE IN NORFOLK.

By CHARLES B. PLOWRIGHT, M.R.C.S., F.L.S.,

Surgeon to the West Norfolk and Lynn Hospital.

THE prevalence of this disease in East Anglia has been so long remarked, not only by the profession, but also by the inhabitants themselves, that any observations upon its causation cannot fail to be of interest provided they be founded upon some accurate basis, and are not the mere outcome of a pet theory or haphazard guess. The most available data upon which to work consist not, as is the case with most diseases, in the deaths caused by the malady, because while the cases originate in various localities, the majority of the deaths occur in our hospitals. Fortunately, the statistics of the Norwich Hospital, extending over a period of more than a century, and embracing between 1,400 and 1,500 cases, have been kept in such a manner as to show the exact locality in which each case originated. Through the kindness of Mr. Cadge, I have been able to avail myself of them in working out the geographical distribution of the disease in this county. The results of this work must be left for a future communication, but I would remark that the general outcome of it is that calculus as it manifests itself in Norfolk is a water-spread disease, dependent in some way upon the quality of the water supply.

It would be, however, very unscientific to shut our eyes to the fact that other, even if they be subsidiary,

causes may come into operation, and if they do they are worthy of our attention.

It happens that at the extreme eastern and at the extreme western limits of the county are two hospitals, the Great Yarmouth and the West Norfolk and Lynn; one was founded in 1835, the other in 1838; the former contains 30 and the latter 48 beds. Both draw their cases in part from the respective towns in which they are situated, and in part from the surrounding country districts. From the time of their establishment to the present, one has admitted some 124 and the other some 107 cases. The Lynn Hospital, however, draws very nearly three cases from the agricultural district surrounding the town to every one from the last-named locality, whereas the case is just the reverse with the Yarmouth Hospital, which gets nearly three cases from the town to one from the surrounding district. I do not know of any published data from which the time during which calculi are forming can be estimated with accuracy; very probably such information does exist, but the general impression which existed in my mind, was that the process of formation was often a question of years, depending of course upon the nature of the calculus. Of course, it is with uric acid calculi that we have most to do in the present investigation. It usually happens that patients have suffered from symptoms of lithuria long before a stone is detected, but it does not follow that a calculus has actually existed all that time. The following case shows that in seven months a considerable uric acid calculus may become developed. A man was cut at the Lynn Hospital, on 5th October, 1870, and a uric acid calculus weighing 124 grains removed; he returned to his home—a highly calculiferous village—and was readmitted on the 29th May, of the following year, when a dense uric acid calculus was removed, weighing 279 grains, which is at the rate of 37 grains per month. It may be added that after the first operation the bladder was carefully examined for a second stone with the searcher, as is the routine practice at this hospital, but none was found.

Upon tabulating the stone cases of the Lynn Hospital for the past 50 years according to the months in which they were operated upon, we get an insight into the season of the year at which the disease is most frequently observed, for stone cases do not as a rule remain long in any hospital before operation, nor do surgeons usually give a patient much rest after they have once discovered he has a stone in his bladder. We notice at once that fewest cases occur during the cold winter months of November, December, and January, after which they gradually and continuously increase during February, March, and April, and attain their maximum in May. During June and July they decrease gradually, but take a sudden drop in August, rising again in September and October. The sudden fall in August shows very distinctly upon the chart, and is without doubt due to this being the month of the harvest, in which the whole agricultural population strain every effort, even at the expense of some personal discomfort to take part; the men because of the higher wages they obtain, the women in part to assist them, as well as with the children to participate in the benefits of the gleaning. The influence of harvest is observable with other diseases, inasmuch as the Lynn Hospital always contains fewest patients of all classes at this season. It is also shown by the less number of applicants for parochial relief at the agricultural unions, when old and young, ailing, and well, try if possible to keep out of these public institutions. Further, this August fall is not observable at Yarmouth, where the majority of the cases are derived from the town. The August fall is followed by a rise in September and October, which may be in

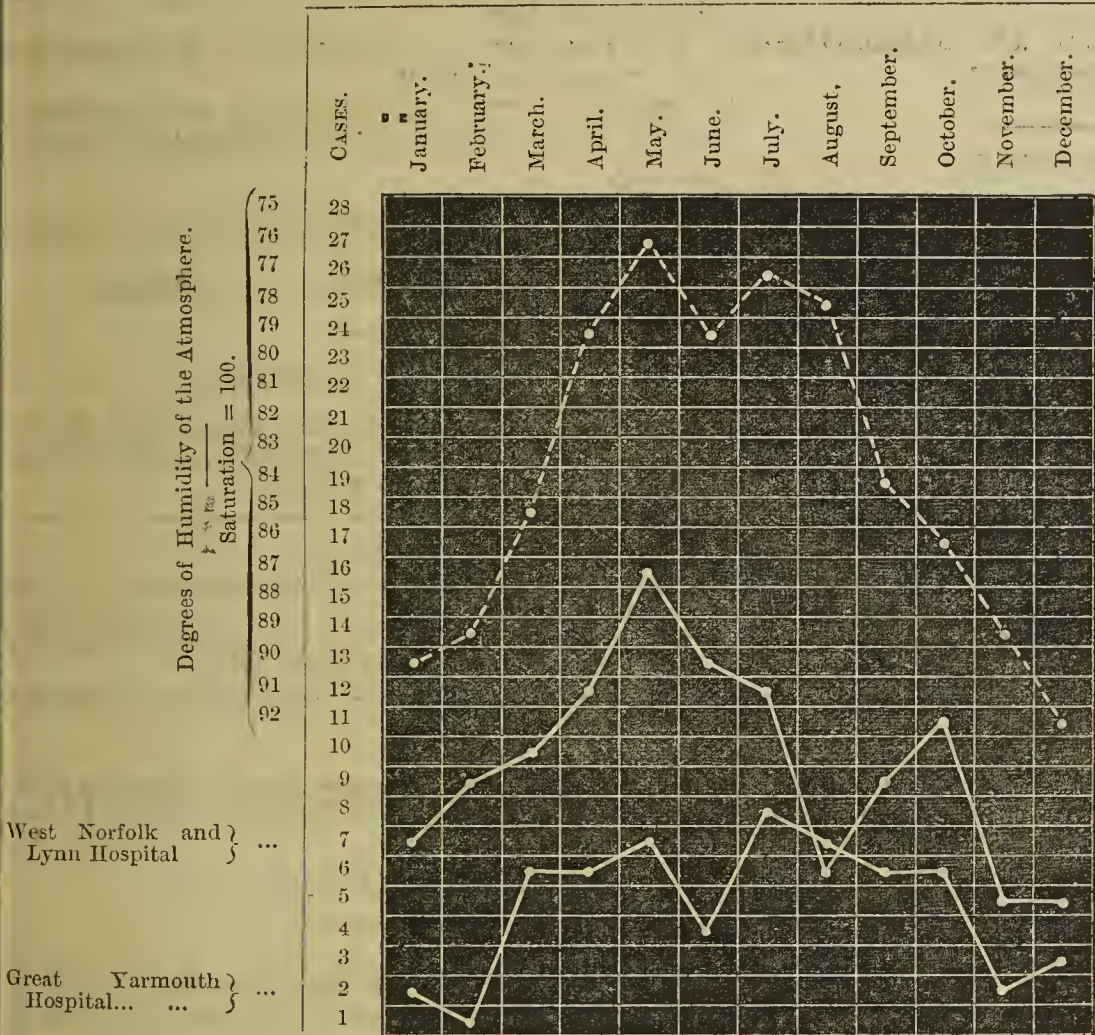
<sup>6</sup> "A Study of the Tumour of the Bladder." New York, 1881.

<sup>7</sup> "Results of Operations on Bladder Tumours," *New York Medical Record*, No. xxvii, 1885.



part compensatory, but which has doubtless another cause. In June, July, and August, the agricultural labourer has engaged in his most arduous duties, during the hottest season of the year, for the mowing and gathering of the hay has preceded the same operations in the corn field; he has necessarily lost a large amount of fluid from his body by cutaneous exhalation, resulting in a commensurate concentration in the urine. It is known that calculus is more common in tropical regions than in cool climates like Norway

out. On the other hand, all winds, especially easterly winds which, containing less moisture than any body with which they come in contact, must rob that body of more or less of its moisture as they pass over it. A more potent factor than the wind is to be found in the dryness of the atmosphere. The upper line upon the chart shows the average humidity of the air for a period of 15 years at Wisbech, 13 miles from Lynn, from the observation of Mr. S. H. Miller, F.R.M.S.<sup>4</sup> By this it appears that the rise in the



and Sweden.<sup>1</sup> Beale<sup>2</sup> has also shown that the concentration of the urine in cholera is associated with the formation of minute calculi in the kidney. The causation of calculi in this district, however, is not a simple question of heat and cold; if it were so, the disease would attain its maximum in July and August, whereas in point of fact it has done so two months earlier, namely in May. The theory has been advanced that the east winds are one of the main factors in causing stone in Norfolk, "by checking cutaneous secretion and deranging delicate digestion, they cast additional work on the kidneys and liver, and so derange their functions and lead to lithuria." In East Anglia we have on an average 42 days annually between 1st January and 21st June, in which the wind is north-east or east,<sup>3</sup> so there would appear to be some correspondence between the east wind and the vernal rise of our stone cases. It is not, however, the coldness of the wind which does the harm; the colder the surroundings, *ceteris paribus*, the more water passes through the kidneys, and the less consequently is the tendency of the solids, both crystalloids and colloids, held in solution in it to separate

number of cases accurately follows the rise in the dryness of the air, both attaining their maximum in May. I have only been able to obtain the particulars of the Yarmouth cases since 1863, and much reliance cannot be placed upon any deductions from them. It is worthy of remark that they do not show August or harvest fall so marked as in the Lynn cases. They do show a marked fall in June, corresponding to the increase in the humidity of the atmosphere. June is the commencement of the bloater season, but whether the herring harvest has anything to do with the fall I cannot say. The conclusions I would draw are:—

- (1) That most stone cases apply for treatment at the Lynn Hospital in May, which corresponds to the time of year in which the atmosphere contains the least amount of moisture.
- (2) That this may be in part due to the east and north-east winds of spring.
- (3) That the agricultural labourer either engenders or becomes cognisant of his disease after his exertions during the heat of summer.
- (4) That the disease is in abeyance in the winter months.

I must, however, remark that the above are only so to speak subsidiary causes; for the main cause of the

<sup>1</sup> Cadge, *Lancet*, 1874, p. 236.  
<sup>2</sup> Beale. *Urinary and Renal Derangements*, 1885, p. 238.  
<sup>3</sup> Whistlecraft. *Variations of the season in the Eastern parts of England*, p. 47.

<sup>4</sup> Fenland, Past and Present, p. 254.



disease in Norfolk we must look further. Especially is this manifested by the fact that during the past 20 years, we have had 51 cases of stone in the Lynn Hospital, 50 of which came from the east side of the river Ouse and one only from the west. The east winds blow as much on one side of the river as the other, and the population live under similar conditions, they work equally hard, but they drink a totally different water.

## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

### GUY'S HOSPITAL.

#### IRREDUCIBLE FEMORAL HERNIA WITH OMENTAL SAC—OPERATION FOR RADICAL CURE.

(Under the care of Mr. R. CLEMENT LUCAS.)

(For the report of this case we are indebted to Mr. COOK and Mr. FISHER, the clinical clerks.)

THIS patient had been the subject of an irreducible femoral hernia on both sides, which not only caused her pain, but frequently gave rise to symptoms of strangulation, and no truss had proved efficient to keep them in place. The right hernia, which was of considerable size and believed to be the chief cause of her troubles, was operated upon by Mr. Lucas in July, 1884, and the report was published in the *Medical Times* for Dec. 13, 1884. There was found to be a large omental sac adherent to the peritoneal sac, and into the interior of this omental sac it was evident that the bowel was apt to descend. The sac and omentum were cut away, and the patient recovered without any abnormal rise of temperature, the wound healing by first intention. It was thought that a truss would prove sufficient to prevent any increase in size of the other tumour, and also to guard her from any risks of strangulation. She continued to wear a double truss until March, 1885, when, owing to pain in the left hernia, she gave up wearing an instrument. About the same time she had several attacks of sickness, but the side which had been operated upon gave her no inconvenience. The relief she had experienced from the operation on the right hernia induced her to seek operative relief for the left, and by the advice of her medical attendant, Mr. F. M. Corner, she again placed herself under Mr. Lucas's care.

S. A., æt. 28, was admitted into Guy's Hospital on May 5th, 1885. In the right groin was a faint vertical line about an inch and a quarter in length indicating the position of the operation last year. On the left side was a small tender hernial tumour lying just below Poupart's ligament. Mr. Lucas operated on the day of her admission. On examining the tumour before operating, it was found to contain bowel, which was reduced with a gurgler leaving something solid behind. Chloroform having been administered, Mr. Lucas made a vertical incision under spray about an inch and a half in length over the tumour. A small vessel was divided and secured in the cellular tissue. The sac was reached and opened. Within the sac was found a piece of omentum, almost spherical in shape, having a narrow neck, and hollowed out in its interior, which communicated directly with the abdomen. The omentum was tied in two portions at the neck and removed. The sac was then dissected up and cut

away, and the skin united by five wire sutures. An opium pill was ordered every six hours. Milk diet. Carbolic dressings were used.

May 6th.—The patient passed rather a bad night, but is otherwise doing well. Temperature, 99°.

May 7th.—Patient passed a good night. Has very little pain. Wound dressed and healing well. Temperature, 99·2°.

May 8th.—The wound is closing well. All the sutures were removed except one in the middle. Temperature 99·2°.

May 11th.—The remaining stitch removed. No sign of suppuration. Wound practically healed. Temperature, 99°.

May 14th.—Wound quite healed. Antiseptics left off. Temperature, 98·4°.

May 25th.—The patient went out wearing a truss, but the cicatrix is still tender and pains her a little in walking.

## APPOINTMENTS FOR THE WEEK.

*Friday, July 31 (this day).*

BRITISH MEDICAL ASSOCIATION, Town Hall, Cardiff, 10 a.m.—Address in Public Medicine, by Mr. T. Jones Dyke; 11 a.m., Sectional Meetings.

*Tuesday, August 4.*

MEDICO-PSYCHOLOGICAL ASSOCIATION.—Annual General Meeting at Queen's College, Cork. 11 a.m., Business Meeting; 2 p.m., Dr. Eames, President's Address; Dr. Hack Tuke, "A Case of Moral Insanity."

# Medical Times and Gazette.

SATURDAY, AUGUST 1, 1885.

THE fifty-third annual meeting of the British Medical Association opened on Tuesday afternoon at Cardiff. Every preparation had been made for the reception of the members, and there was evidently on every hand the most complete satisfaction at the arrangements. The Town Hall, with its various adjoining offices, which had been generously thrown open by the Mayor and Corporation, was admirably arranged for the carrying on of the work of the Association. At the first general meeting held in the Assembly Rooms, the retiring president, Dr. Cuming, of Belfast, delivered a short and graceful farewell address, in which he expressed his gratitude to the Association for the great honour which they had conferred upon him by electing him president. The position of the society was gratifying in the present and hopeful for the future. Its work was being carried on with increasing vigour and efficiency. The great organization should be conducted in a spirit akin to that by which the action of the individual professional man should be inspired—success should be sought not by striving after striking and general impressions, but in doing its proper work steadily, perseveringly and unostentatiously. Mr. Macnamara proposed, and Mr. Wheelhouse seconded a resolution that the cordial thanks of the Association should be given to Dr. Cuming. A high tribute was



paid to the retiring president for his firmness and geniality during his year of office, and for the very hearty reception which was accorded to the Members of the Association during the meeting held last year at Belfast.

THE motion for the adoption of the report of Council elicited a very interesting and animated discussion, especially that part relating to the printing of the *British Medical Journal*, and the provision of suitable premises for printing and for the prosecution of the editorial work. Dr. Balthazar Foster, President of the Council, proposed the adoption of the report. He stated that he had given considerable attention to the subject of the printing of the Journal, and that he was convinced that it should be carried on by the Association. He had made numerous enquiries of practical men of business who were of the same opinion. He then drew attention to the insufficiency of the present "shop" in the Strand. The printing of the Journal was carried on under conditions unworthy of the dignity and power of the Association. The editor had no suitable room for the proper performance of his work, and he was compelled to use his private residence for the work of the Association, while Council meetings were held in Exeter Hall. Mr. Henry Power, who seconded the adoption of the report fully agreed with Dr. Foster. Dr. Brown, in a very animated speech, maintained that the printing could be done more cheaply by an independent firm. The Association was not sufficiently strong to justify the expenditure on buildings of so large a sum of money as that proposed. Subsequent speakers spoke most strongly against the recommendation, which was not warranted by the requirements of the Journal or by the financial results likely to accrue in the sale of the paper or its advertising connection. Dr. Bampton suggested that the necessary premises might be found in the suburbs, where the cost would be nothing near the amount mentioned. The fact that a great deal of the prosperity of the Journal was due to the advertisements was no argument why, in these days of great advancement in telephonic and telegraphic communication, the premises should not be removed from London. Some speakers warmly advocated the establishment of central association rooms to form a club where members from provincial towns could meet. Dr. Foster, in his reply, pointed out that the Council had voted no sum of money—that no site had been decided upon. The Council desired nothing further than suitable room for carrying on the work of the Association. He referred to the great increase in the revenue of the Association since the printing of the Journal had been taken into the hands of the Association. The Association was not to be guided by those members who had been unfortunate in their speculations. A business house was absolutely necessary, and that business house must be central and within the reach of other business houses. It was pointed out that, notwithstanding the importance to which their Association had attained, it had no visible symbol of its existence in the metropolis as had other institutions of far inferior importance. The proposition for the adoption of the report was almost unanimously carried.

ON Tuesday evening the President, Dr. W. T. Edwards, delivered his address. Dealing chiefly with matters local, the early history and rapid strides of Cardiff, the public institutions, educational progress, sanitary arrangements of the town, and concluding with a short allusion to the great advance of science, &c., it was listened to with marked attention. Dr. Strange, of Worcester, proposed, and Dr. Wm. Roberts, of Manchester, seconded a vote of thanks to the President for his very interesting, able, and not too lengthy address. The discussion that followed, on the payment of the railway-fares of the representatives of the branches on the Council, was very lively and amusing. Dr. Dix proposed that the fares should be paid. Mr. Vincent Jackson seconded the proposition. It was pointed out by Dr. Ward Cousins that as arrangements were being made for the extension of this representation, the Association would, if the resolution were passed, be compelled to pay the expenses of representatives from Jamaica, India, &c., and this would involve a large expenditure. Dr. Phillippo, of Jamaica, who was received with great applause, stated that his branch did not wish that the expenses of its representatives should be paid. He felt only too happy and too honoured in being permitted to take part in the grand work of the Association. Mr. Dix, in reply, humorously stated that, according to his resolution, the representatives, even if they came from Jamaica, would only be paid their train fare. The resolution, on being put to the meeting, was negatived by a very large majority.

At the second general meeting held on Wednesday, Dr. Balthazar Foster proposed on behalf of the Council that the invitation to hold the annual meeting of 1886 at Brighton be accepted. The resolution was seconded by Mr. Macnamara and carried, and Dr. Withers Moore, of Brighton, was chosen President-elect. Dr. W. Roberts then delivered the Address in Therapeutics, which was on "Feeding the Sick." Dietetics, he said, covered more ground than any other branch of the healing art. But so far as he knew, there was no systematic teaching in the subject afforded to the student at any of our medical schools. He was left to pick up his knowledge of this subject as best he might, and during the earlier years of his life prescribed for his patient according to the likes or dislikes of his own stomach. After speaking of the use of alcohol, Dr. Roberts remarked that there was a clear difference to be discerned in the dietetic habits of the two sexes. Men consumed much more meat and alcohol than women. On the other hand, the consumption of tea and coffee, but especially of tea, was markedly more abundant among women than men. It might be regarded as certain—or as a very general rule, at least—that any food or food accessory, the use of which was not followed by a sense of discomfort, was beneficial to the individual. Dealing with the accessories used with our food, the lecturer said that distilled spirits, in the proportions in which they were commonly used dietetically had but a trifling retarding effect on the digestive processes, whether salivary or peptic. Taking this in conjunction with the stimulating action which they exercise on the glands which secrete the digestive



juices, and on the muscular activity of the stomach, their effect in moderate dietetic proportions must be regarded as distinctly promotive of digestion. Wines were found to be highly inimical to salivary digestion, but not when their acidity was neutralised by an alkali. The practice of mixing wines, especially sherry, claret and hock, with soda, seltzer, or some other effervescent table water was therefore highly commendable in the case of persons of weak digestion. Tea had an intense inhibitory effect on salivary digestion owing to its tannin, but the effect could be neutralised by the addition of 2 per cent. of carbonate of soda. Tea, coffee and cocoa all exercised a retarding effect on peptic digestion, and should therefore be taken very moderately by persons of weak digestion. On the subject of feeding the sick with liquid food, Dr. Roberts said widespread misapprehension existed among the public in regard to the nutritive value of beef-tea. The meat remnant should be beaten to a paste in a mortar and duly flavoured, when it constituted not only a highly nourishing, but exceedingly digestible food. The whole address constitutes a valuable addition to our very inadequate knowledge of a highly important branch of therapeutics.

At the third general meeting, on Thursday, Mr. John Marshall delivered his Address in Surgery, and the Sectional Meetings were continued in the afternoon. Some of the addresses by the Presidents of Sections are briefly abstracted in another column, and we have singled out that of Dr. Wilks for publication in full; but of the other Proceedings of Sections we have as yet received no report, with the exception of the Surgical Section. Here on Wednesday there was a short but interesting discussion on Mr. Harrison's paper on Bladder-Tumours, which we print in full in another column. Dr. Alex. W. Stein, of New York, remarked that in forming a judgment of the relative advantages and disadvantages of operations, we must not be guided simply by the percentage of deaths or recoveries in given cases, but must enquire into (1) the conditions which in each procedure favoured success; (2) the causes which determined fatal terminations; (3) the actual condition at the time reported as recovered; (4) the time that had elapsed since the operation. Success in removal of tumours depended entirely upon (1) early interference, and (2) complete removal of the growth. Dr. Stein advocated the supra-pubic removal of tumours. By the perinæal operation the bladder could not be properly manipulated—the work was all done in the dark. In the supra-pubic operation the parts were freely exposed to view and manipulated. There was no danger from the operation if due precautions were taken. For the proper exploration of the bladder he advocated bisection of the prostate. A very ingenious instrument was exhibited by Dr. Stein for the dilatation of the female urethra. Mr. Bennett urged the claims of the supra-pubic operation, which, when conducted with antiseptic precautions, prevented cystitis and pyelitis. He thought sufficient attention had not been paid to the proper suturing of the bladder after the operation. Where the tumour had a broad base, or where it was of a malignant character, it would be easy to remove a portion of

the wall of the bladder with the growth; this could be done in the supra-pubic operation, but not in the perinæal. Mr. Harrison, in reply, stated that one of his colleagues had, in a case of malignant growth of the bladder, opened the abdomen and removed the growth with that portion of the bladder to which it was attached.

THE Medical Relief Disqualification Removal Bill was read a third time in the House of Commons, on Friday last week, without discussion. The Government had not a word to say either for or against it, and her Majesty's faithful Opposition were conspicuous by their absence. On the Thursday evening the Bill had met with an altogether different reception, and had excited prolonged and angry debate. On the motion that the measure as amended be considered, Mr. Collings moved that the term "medical or surgical assistance" in the Bill shall include all medical and surgical attendance, and all matters and things supplied by, or on the recommendation of the medical officer having authority to give such attendance and recommendation at the expense of any poor-rate. This amendment was supported by Members on both sides of the House, but was determinedly and obstinately opposed by Mr. A. Balfour. That Minister proved very carefully, and much no doubt to his own satisfaction, that the Government never intended to give such a wide meaning to the term "medical relief"; but he failed entirely to recognise the temper of the House, and the consequence was that Government were beaten by 180 to 130 votes. The Chancellor of the Exchequer then declared that the Government would no longer assume any responsibility, for good or for bad, with regard to the measure; and it was taken in charge by the majority of the House. Mr. J. Collings moved and carried some amendments which had been placed on the business paper by Mr. A. Balfour. Mr. Orr Ewing made an attempt to get Scotland excluded from the Bill, but the Scotch Members themselves were far from being of one mind on the matter, and after considerable discussion Mr. Ewing's proposal was rejected by a large majority. Then followed what our contemporary the *Times* rightly calls "a heated and somewhat confused conversation," as to what should next be done with the Bill, and who should do it; but, after much waste of time and unseemly wrangling, the House in general decided, on the motion of Mr. Collings, that the third reading should be taken on the Friday.

HAVING thus passed through the House of Commons, the Bill appeared in the Upper House on Monday, and even in that usually calm and serene atmosphere its presence at once produced the same baneful effect that it had all along excited in the Lower House. Begot by Party Purpose out of Party Politics, and its bringing up and management having been as bad as its parentage, the unhappy measure is dogged by misfortune and evil. In the House of Commons it brought discredit upon nearly all who meddled with it; and in the House of Lords it at once produced discord and wrangling. It was read for the first time without any motion to that effect, but simply by the right of having come up from the



Lower House; and that done, Lord Milltown gave notice that he proposed to move that the Bill be read a second time on Thursday, July 30. This brought up Lord Granville, who complained of Lord Milltown's proceedings, and said that he himself intended to move the second reading on Tuesday, as it was a matter of great urgency; and he added that he did not see why the Earl of Milltown should have intervened. Lord Milltown replied that he had as much right to do so as any other peer, but that he should be most happy to meet the suggestion of Lord Granville and put down the Bill for the Tuesday. This did not at all satisfy Lord Granville, who said the measure had been abandoned by the Government, and therefore had naturally been cared for by the Opposition; and that he had been asked to take charge of it in the Upper House. On the other hand, Lord Milltown contended that the Bill was a derelict; that he had taken a great interest in it; had, as an independent member, taken charge of it; had been the first to give notice about it, and meant to keep that advantage. The wrangle over the question was renewed at length later in the afternoon; and the Clerk of Parliaments having been appealed to, stated that Lord Milltown had been the first to give notice of motion with respect to the Bill; but the dispute was not ended till the Earl of Limerick formally moved that Lord Milltown's motion be given precedence. Lord Granville then gave way, and the motion was agreed to without a division. It is difficult to understand why the two parties in the House should have thought the matter in question worth quarrelling about; and more difficult still to read the proceedings with any patience or sympathy. It is rather pitiful to find Lord Granville pleading that he could not on Monday walk quite so fast as he usually did, and therefore arrived at the House two or three minutes too late to be beforehand with Lord Milltown; and one cannot but regret that he thought it worthy of his dignity and position to continue the dispute with the latter nobleman for even ten minutes. And on the other hand, everyone will feel that Lord Milltown lamentably failed in courtesy to his much more illustrious opponent. The Bill was read a second time on Tuesday, without any division. Many speeches were delivered on the subject, and most of them were of an apologetic character. No one seemed to honestly like the measure, and some strong things were said against it; but no one cared enough about the matter to vote against it. The next stage was to be taken on Thursday.

THE Secretary of State for War, Mr. W. H. Smith, in replying to questions put by Mr. Beresford, informed the House that service in Egypt and the Soudan does not count as a tour of foreign service unless it extends to twelve months; and that, therefore, medical officers who have returned home after less than that service there will have to complete their periods of foreign service, and will probably be sent abroad during the autumn for that purpose. The tour of home service during peace ranges from two and a half to three years; but campaigns abroad reduce this average in proportion to the medical officers

required. As a rule these officers have 61 days' leave yearly, during which time they can of course adopt any means they may think desirable to enlarge their professional knowledge, and to fit them for examination for promotion. Special leave was sometimes granted for the purpose of attending civil hospitals, but the demand for medical officers was so great that such special leave could rarely be given. Every endeavour was made to keep officers at the same station during a tour of home service; and they were at liberty to attend civil hospitals or schools so long as such attendance did not interfere with their military duties.

NEVER surely was the truth of the vulgar saying that "a fasting stomach has no conscience" better exemplified than at the London University on Tuesday. Convocation met on that day for the long-anticipated discussion on the proposed reconstitution of the University. Distinguished graduates were present in large numbers, and members had come from far distant cities to give their opinions and their votes. For more than two hours the discussion was carried on with increasing vigour. As each speaker in succession sat down, members sprang up by the dozen in hopes of catching the chairman's eye, and it was clear that the discussion could have been carried on with activity for another two hours. And yet, when the clock pointed to the dinner hour, the proposal of a member to adjourn the discussion until November was received with suppressed delight, and in spite of the protests of the gentlemen from the provinces, was carried by a large majority. In the interests of the University the decision was a wise one, for there could be no doubt that the majority of those present were hostile to the adoption of the proposed scheme of reform. But their eagerness to dispose of their dinner was more pressing than their desire to dispose of the scheme, and its promoters, doubtful of securing a majority in their favour, wisely contented themselves with a majority in favour of dinner.

THE discussion mainly turned, as we predicted that it would, on the effect which the scheme would have on the influence of Convocation in the affairs of the University. The supporters of the scheme did their best to show that the powers of Convocation would remain unchanged, but even Lord Justice Fry admitted that the centre of gravity in the administration of the University would be changed, and that not to the advantage of Convocation. There can be doubt that this difference in the views of the opposite sides is a vital and irreconcilable one. Men who hold with Dr. Silvanus Thompson, that Convocation is the University, and men who hold, with some of the supporters of the scheme, that the powers of Convocation always have been, and always ought to be extremely limited, cannot expect to find a common standing-ground, however much the latter may gild their opinions by conciliatory speech. The question then really is, whether Convocation will consent to surrender a certain visionary influence in a mere examining body, threatened with serious rivalry, for a more limited and perhaps more visionary influence in a real Univer-



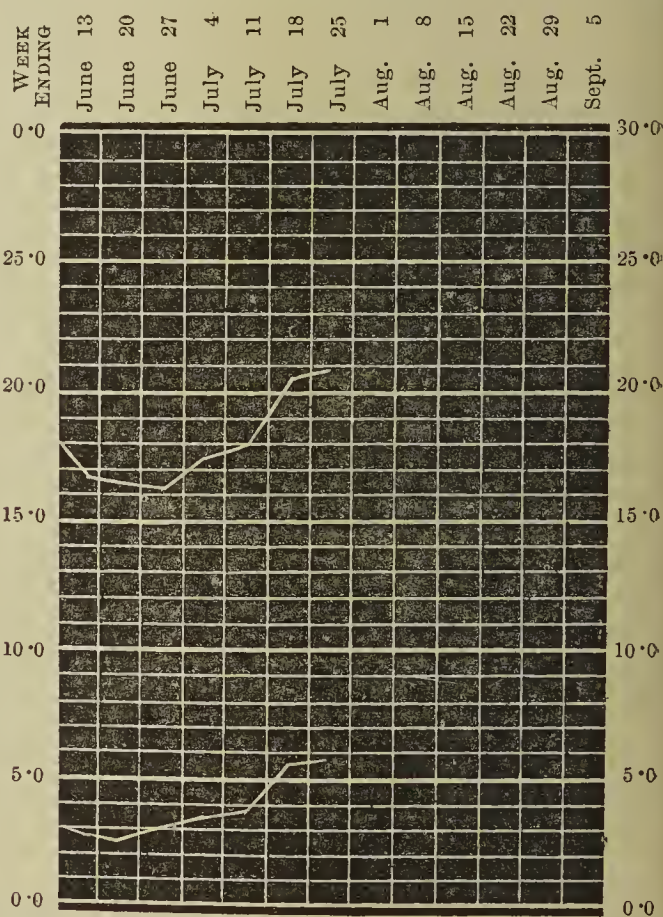
sity, standing without a rival at the head of the educational activity of the largest city in the world. A compromise will of course be offered in the direction of increasing the representation of Convocation in the Senate. But the vital point in the scheme is to give the teachers a substantial voice in the government of the University, and that cannot be secured without demanding some sacrifice from Convocation.

WE think that the action of members of the Senate, in coming down to Convocation to oppose the scheme, was not conceived in the best taste, and yet we must admit that their arguments against it were more worthy of consideration than those of the less distinguished graduates, who chiefly directed themselves to playing on the *amour propre* of Convocation. Mr. Hutton's contention that the proposed Boards of Studies, each representing a different faculty, would be likely to pull different ways, and so nullify the effect of their respective recommendations to the Senate, was the most business-like objection in what Mr. Anstie justly stigmatised as a very unbusiness-like debate, so far as the opponents of the scheme were concerned. On the whole, it must be admitted that, conceding certain valid objections to the scheme, its supporters undoubtedly had the best of the argument, and all reasonable members would have felt, if Convocation had persisted in rejecting the scheme, that it had been guided by its tail, and not by its head. The assertion of Mr. Savory, who seconded the proposal for the adoption of the scheme, that it was not intended to lower the standard of the degrees of the University, was received with such general applause, that it may be definitely concluded that the London University can never be looked upon as likely to provide the average medical student with an accessible degree, and hence can never come into serious rivalry with the Colleges, one of which Mr. Savory so ably represents. It may also be concluded that, being thus minded, Convocation will not oppose the Colleges in their attempt to satisfy the hankering of the aforesaid student after the style and title of "Doctor."

THE news from Spain grows worse every day, and the misery throughout the fifteen or more provinces now invaded must be terrible. But it does not seem as yet to have touched the English heart, or if so, it has also touched it with a sense of the hopelessness of any efforts on our part to relieve it. So far our compassion has not got beyond the preaching stage. The daily official records of cases and deaths from cholera are admittedly so incomplete that they are not worth publishing, but we shall not be overstating the case in saying that there are some 2,500 fresh cases, and over 1,000 deaths every day. The province of Saragossa is still suffering severely; it witnessed 3,526 cases and 1,349 deaths in the first three weeks in July. At Madrid the mortality is slowly but surely increasing. The accounts from all the places attacked concur in describing their sanitary condition as something inconceivable. Aranjuez is depicted by a correspondent of the *Scotsman* as an oasis of almost perfect beauty soaked in universal filth, its streets and houses devoid

of drains, and its water-supply derived from surface wells. No means were taken to avoid the terrible pestilence which has destroyed one-fifth of its population. The people might easily have been transferred to tents on the surrounding heights, but there was no one to suggest it. Even the soiled linen of cholera patients was thrown on the grass and allowed to swelter in the sun. One-tenth of Dr. Ferrán's energy would have probably saved thousands of lives, if it had been directed to carrying out the teaching of well-proved principles, instead of being wasted in a wild-goose chase in the track of a hypothetical bacillus.

LAST week the deaths from diarrhoea in London numbered 284 as against 110 and 210 in the two previous weeks, and owing to this rise the zymotic death rate reached 5·7. None of the other diseases under this head call for any special remark; there was a slight decrease in the number of deaths from measles and whooping-cough. The total number of small-pox patients under treatment at the end of the week was 648, so that the steady decline of the last few weeks continues. The general death-rate was 20·9, the total number of deaths having been 1,636, of which number 627 were of children under the age of one year. The



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past seven weeks.

death of an adult male was registered as due to glanders. Leicester is as usual remarkable for its diarrhoea mortality, the 35 deaths recorded being in excess of the record of any two of the chief provincial towns, Leeds and Birmingham coming next with 11 and 10 deaths respectively. Measles has not entirely spent itself in the provinces yet, as testified by the fact of 15 deaths in Manchester, 12 in Liverpool, and 11 in Newcastle.



OUR Edinburgh correspondent writes:—A deputation representing the majority of the lecturers in the Extra-Academical School, waited on the Lord Advocate on Thursday week for the purpose of bringing the subject of the incorporation of this school under his notice. It may be remembered that a Charter of Incorporation was applied for last year, and the application is at present before the Privy Council. I need not discuss the arguments advanced by the deputation or his Lordship's answer, as neither seem the least likely to affect the matter at issue. Mr. Macdonald's reply was characteristically irrelevant, and as was to be expected from his present somewhat invertebrate condition, committed his Government to nothing. It might, however, be worth while to consider how far such an incorporation as the majority of the lecturers desire is fitted to promote the efficiency of the Extra-Academical School of Medicine.

SUPPOSE the scheme, as at present before the Privy Council, should receive the sanction of that body, and a Charter of Incorporation be issued, we should then have in our midst an institution of such a nature and composition as never before entered into the heart of man to conceive. Presuming that all the teachers at present lecturing in Edinburgh outside the University became members of the teaching body of the new college, we should have to start with the following somewhat plethoric staff:—

2	Professors of	Anatomy.
5	„	Chemistry.
3	„	Materia Medica.
2	„	Physiology.
5	„	Midwifery.
4	„	Surgery.
3	„	Practice of Physic.
2	„	Pathology.
1	„	Jurisprudence.

Besides a considerable number of professors of special subjects, such as diseases of the eye, ear, skin, &c. No charge of deficient teaching power could be laid at the door of such an institution! But further, we must recollect that this institution springs into existence destitute of a farthing of endowment, and consequently each of those professors will depend entirely on his students' fees for remuneration. Thus we shall have the interesting spectacle of a college having five professors of midwifery, four of surgery, and so on, engaged in active competition with each other, with the result that each man's success means the comparative failure of some one else—an arrangement eminently fitted to ensure harmonious co-operation for common ends! Yet this is the great argument in favour of incorporation. Truly the President of such a *Senatus Academicus* would have a pleasant time!

BUT this is not all. At present any competent person may have recognition as a teacher in the school, and may have his lectures accepted as qualifying, provided he passes a certain examination before one or other of the colleges, and shows that he is possessed of suitable teaching appliances. It is to be supposed that compliance with similar conditions would secure admission

to the Professoriate of the proposed "Queen's College." Any one then who desires what dignity the title of professor might bring him could obtain it by a simple process. It would not be necessary for him to have an overflowing class-room—one or two students gathered from the hedges and the by-ways would serve his turn. No doubt, then, we should have by this means a large accession to the teaching staff in the shape of youthful aspirants who might justifiably think that they could begin life at the top of the ladder as "Professors" instead of at the bottom, when the process was so beautifully simple and easy. It would then be impossible to define the limit to the teaching staff of this unique institution. It is much to be feared that its professors would shortly out-number its students—a state of matters which, however well-calculated to insure sound discipline, could scarcely be considered a financial success.

THE fact is, that to anyone outside the school the scheme is obviously an outrageous absurdity. It is an attempt to bring into close administrative relation a number of men whose individual interests are in every way opposed. The merest glance will show to anyone not led away by the superficial arguments advanced by the promoters of the scheme, that the first attempt at working such a complex system of heterogeneous elements would lead to confusion and disintegration. And what are the arguments advanced in support of it? First, that money would be left to the school, when incorporated, for endowments and bursaries; and, secondly, that in its corporate capacity the school would have a voice in questions of medical legislation, &c.; as if any sane man would think of leaving money to such an outrageous association of diverse interests; and as if a body composed of such antagonistic and incoherent elements could present a united front on any question of importance. The whole scheme as it stands seems like a chimera which has sprung from the disordered imaginations of a few unsuccessful teachers and disappointed candidates for university chairs.

THE classes at Edinburgh closed for the summer session on Friday, the 24th ult., on which day the last of the candidates for the second professional examination appeared for their orals. The recognition by the College of Surgeons of England of the second professional examination of the University of Edinburgh, as exempting from the Primary College examination, has been much appreciated by students here, to whom it comes as a great boon, saving trouble, anxiety, and expense. And so long as the standard of this examination is maintained at the same level as it is at present, the authorities of the College need have no fear that they are lowering their standard by the concession. As I surmised last week, most of the "remits" from the final examination passed the examination for which they had the opportunity of presenting themselves, and are to be cut away from *alma mater* on the 1st August, along with the other hardier annuals who were found to bloom without artificial forcing. Is it cruel to hope that they will



have as much difficulty in obtaining an entry into responsible work as they had in "getting through"? It will certainly be all the better for their prospective patients if they have to "wait a wee."

BRIGADE-SURGEON CAMERON J. F. MACDOWALL, F.R.C.S., of the Indian Medical Service, Bombay Establishment, to whom, as we stated last week, the Government have awarded a good service pension on the recommendation of the Indian authorities, has been in the service for nearly twenty-nine years, his first commission bearing date August 4th, 1856. He has seen a good deal of active service in the field, having served in the Crimean Campaign, and with the Turkish Contingent. Shortly after he served with the Persian Expedition, and was present at the capture of Mohumra. A few months later his services were called into requisition during the Indian Mutiny. He also served in the Abyssinian Campaign of 1867-8, and was present at the storming of Magdala. He has just returned to India after serving in the Soudan Campaign. We believe he has served twenty years as Medical Officer of the 3rd Bombay Light Cavalry. Mr. MacDowall is well-informed as a medical practitioner, and is at the same time thoroughly *au courant* with the literature of his profession. After being present on the French side during the Franco-German war, he published an interesting pamphlet on the surgical aspects of it. He is also author of a little pamphlet entitled "What to Wear in India." Some ten years since, conjointly with Dr. John Lucas, he published a paper on the Pathology of Hepatic Abscess and its Causation, in the columns of the *Indian Medical Gazette*. He has also contributed some interesting letters to the *Lancet*. During the late cholera epidemic in France, he visited the infected places to observe and learn the course of action and views adopted by our Continental neighbours.

THE report of Dr. Manning, the Inspector-General of the Insane in New South Wales, for the year 1884, has lately been placed in our hands. It appears that during the year there were 121 more persons registered as insane in the colony than in the previous year, the average annual increase being 93. The excess was due mainly to the larger number of admissions, of which an unusually large proportion were idiot and imbecile children, and aged, weak-minded or demented persons. The prevailing commercial depression is accounted a sufficient explanation of these admissions; in prosperous times people keep their demented and imbecile relatives at home. Dr. Manning is perfectly satisfied with the way in which the present regulations as to the admission of the insane into asylums works, and considers the safeguards at present in force against improper admission or detention sufficient; he deprecates any addition to the present formalities as likely to have the effect of postponing early treatment, and to result in an increase of suicides and offences against the law. Dr. Manning does not think that the system of "boarding out" pauper lunatics can be tried in the colony on any large scale with any prospect of success, at any rate for some years to come. Intem-

perance in drink is put down as the first cause of insanity, and heredity next, though the exact part played by this is very difficult to determine, owing to so little being known of the previous history of many who go out to the colonies. A large number of the patients belong to no definite class; they have started as bushmen or miners, and after vicissitudes of fortune in a pecuniary sense, have become incurable vagrants, and ultimately incurably insane.

No one who has had experience of epilepsy amongst the poor can fail to sympathise with the object of a recent article in a contemporary, which suggests the establishment of hospital workshops for the epileptic. Of all the ills to which mankind is liable there is probably none which so completely debars a man from following any ordinary avocation as that protean malady the falling sickness, nor can we blame an employer for refusing to retain in his service one in whom undoubted manifestations of the disease have shown themselves. But the subject of the disease is not by any means unfitted for work, though no one cares to employ him, and instances of men who have attained the most eminent positions in spite of it are not wanting in history. As regards a poor man, however, the fact remains that epilepsy constitutes an almost insuperable barrier to his earning a livelihood for himself in any honest manner. The suggestion, therefore, to found a sort of combined hospital and workshop where the victims of this disease could be more or less constantly under medical supervision and treatment, whilst at the same time they were enabled to follow an occupation with such regularity as their malady permitted, is one that should strongly commend itself to the philanthropically disposed. The writer of the article in question proposes to place all the inmates under the care of a properly qualified nurse, who would see that the treatment was duly carried out, and report to the visiting physician any change in reference to any of the patients. In this way the writer is hopeful that a large amount of valuable information, at present almost always inaccessible, would accrue, but inasmuch as the information would have to be largely derived from the patients' own statements, we are unable to share the writer's optimistic views as to the scientific value of statistics so collected. The one objection to the scheme, as it appears to us, and it has not been mentioned in the paper, is that an outburst of epileptic mania, which is one of the results of the disease, and the most dangerous one both on account of the violence and suddenness of its paroxysms, would be rendered additionally serious by the fact of its occurring in a work-shop well stocked with implements which might so easily be employed with disastrous effects.

A DEEP sorrow will be felt by all who had the good fortune to know him, at the news of Dr. A. B. Shepherd's death, which took place, we hear, somewhat suddenly from apoplexy, on Sunday last, at his new residence in the Lake District. It is but quite lately that Dr. Shepherd retired from his hospital appointments, with the view of spending more of his time in the country, and he will be very fresh in the now



saddened memory of his many friends in London. Although in quite recent years he was not much heard of in the profession, outside his hospitals and the College of Physicians, he had previously done much and valuable work, and was an admirable teacher of any subject he took in hand. His Gulstonian lectures in 1877 on the Natural History of Pulmonary Consumption, were a model of sound and scientific criticism, and his various "Reports on Medicine" for the Sydenham Society's publications were of the highest order, being marked, like all his work, with a thoroughness and conscientiousness that is rare in compilations of this kind. Alike in his work among his hospital patients and his teaching of students, the same earnestness and thoroughness were apparent. His most striking characteristics, besides those of a most courteous gentleman and an able physician, were indeed, strict conscientiousness and high-minded honour. There are many now in London and elsewhere who owe not a little to his friendship and influence, and will deeply mourn an irreparable loss.

At an ordinary meeting of the Royal College of Physicians held on Thursday, the 30th ult., after the minutes of the last previous meeting had been read and confirmed, six gentlemen who had satisfied the requirements of the Censors' Board were admitted members of the College; and the Licence of the College was granted to 51 candidates who had been approved by the examiners; nineteen other gentlemen also, who have passed in Medicine and Midwifery, will receive the Licence on obtaining a Qualification in Surgery recognised by the College. On the nomination of the Council, Mr. W. Kitchen Parker was appointed Baly Medallist. The Annual Reports of the Library Committee and of the Curators of the Museum were received and adopted. The Quarterly Report of the Finance Committee, which showed that the income of the College is steadily and largely increasing, was also adopted. The Building Committee appointed by the two Colleges of Physicians and of Surgeons, presented a Report, in which they stated that they considered that accommodation for examination purposes should be provided in the new Examination Hall for at least 600 candidates at one time, the experience of the past year having proved that less than that accommodation would not meet the requirements of the two Colleges. The Committee therefore recommended the Colleges to adopt the plans which they submitted to them, and which had been approved by the Duchy of Lancaster. These plans will provide a building with the necessary accommodation, occupying a little more than half the ground taken on lease by the two Colleges. The estimated cost of the proposed building is approximately stated to be 30,000*l*. The report was adopted, and the College passed a resolution authorising the Building Committee to carry out the proposed plans; but these plans and all the architect's drawings are to be in the library of the College until the end of next week, in order that the Fellows may examine them and offer any criticisms or suggestions with respect to them which they may think fit; such criticisms or suggestions to be sent to the

Building Committee on or before the 8th of August. A somewhat lengthy opinion on the way in which the Croonian Trust and its increased income can be dealt with by the College, was received from the Counsel to the College, and was referred to the Committee on the Trust. A very important report was received: the Committee of Delegates appointed by the Royal College of Physicians and the Royal College of Surgeons to consider the advisability of granting the title of "Doctor" to those who received the diplomas of the two Colleges. The report was only received; and is to be considered by the College later in the year. But it is pretty well known, we believe, that the Committee consider that it is desirable that the Colleges shall in some way have the power of conferring a Degree in Medicine and Surgery on persons who satisfactorily pass their conjoint examinations. And with reference to this we may observe that the Executive Committee of the Association for Promoting a Teaching University for London say, among other things, in their first report that they would regret any severance of the machinery for granting degrees in London from academic influences; which must mean, we suppose, that degrees should only be conferred by Universities. The Censors and College officers for the ensuing year were elected, and a list of them will be found elsewhere in our pages.

#### THE BRITISH MEDICAL ASSOCIATION.

THE large class of practitioners who are in the British Medical Association, but not of it, must regard that body with somewhat mixed feelings. As in the case of a colossal building, its very bulk reconciles one to details the good taste of which in a smaller affair would be open to doubt. Its financial success is another element in its favour, for nothing turns the sharp point of criticism like a big balance at the bank. Again, it must be admitted that, except for occasional lapses, both the Association and the Journal which forms its chief *raison d'être* have been conducted with a discretion amounting almost to genius. The lamentable muddle into which the sister Association in the United States has thrown the medical profession in that country, has come upon us as a revelation, to make us grateful for the policy which has kept our own Association free, on the whole, from the machinations of self-seeking wire-pullers, and has kept a sufficient place of honour for the scientific leaders of the profession. Reading of what has recently happened across the Atlantic, we ought to be thankful that the powers of our own Association have not been abused, as they might have been, to the forcing upon us of leaders whose only claim to leadership is skill in the lobby. An Association, again, which can tolerate homœopaths upon its roll, contrasts very favourably, in respect of discretion and liberal feeling, with one which like the American Association ostracises regular practitioners, simply for claiming the individual liberty of holding consultation with whom they please. And yet, after all, we cannot help feeling that the success of our Association is a little hollow. Resting as it does for its prosperity on the degree in which its Journal favourably commends



itself to the reader and the advertiser—that is to say, on the pre-eminent ability of one of its *employés*—rather than on the *esprit de corps* and affectionate brotherhood of the profession at large, it gives one the impression of a pyramid standing on its apex; and there is always the fear that the larger it grows the less stable will be its equilibrium, however carefully it be propped up by scientific grants, Parliamentary services, and festive congresses. The Association, in short, cannot be declared to be an assured success until it has weathered, once or oftener, a change in the editorship of its Journal.

That it should be an assured success—that is, that it should be able to show itself independent of individual ability—must be amongst the wishes of every member of the profession. For such a success would probably silence all criticism. We are glad, therefore, to observe that, at the meeting at Cardiff this week, the Association decided, on the recommendation of the Council, to adopt the one policy which of all others seems to give greatest promise of securing the desired stability. The Council proposed to secure the freehold or the lease of a site in London for the erection of Association Buildings—buildings intended mainly for the purposes of the Journal, and for providing rooms for the various Committees to meet in. The scheme, it is objected, will swallow up more than the entire savings of the Association, *i.e.*, over 20,000*l.*, and it met on Tuesday with considerable opposition. But to us it seems to constitute the beginnings of a policy of the highest wisdom. To build publishing offices for the Journal, however, and to stop there, would be to justify the taunt that the Association ought to be called the British Medical Journal Association. If the Council are wise, with that boldness which is often the truest wisdom, they will regard their scheme as only the first step in a large policy, which shall in the end raise a home for the Association in every large city in the kingdom—one, say, for every Branch which shall number 400 members. If the Association provided house-room, the Branch might be safely counted upon to provide the cost of maintenance. At any rate, whether this large scheme be ever adopted or not, there cannot be two opinions as to the wisdom of providing a central home for the Metropolitan Counties' Branch, and for the use of such country members as may from time to time visit the metropolis. That seems to us to be the only plan for seating the Association as firmly in London as it is seated in many of the counties. The scientific and social requirements to the meeting of which the Branches owe their main success are not felt in London; and another sort of attraction must be devised for metropolitan members, if the Association is to be in any degree independent of the changes and chances which may happen to its Journal. Bricks and mortar, whoever may scoff at them, have been recognised from time immemorial as the surest means of binding man to man, and we are sure that an Association which could offer house-room to its members, and in some degree the conveniences of a club, would be in a much better position for appealing to their loyalty than one which only attempted to attract and retain them by the frail bond of print and paper.

#### DR. WILKS' CARDIFF ADDRESS.

ALL thoughtful readers of this, the most suggestive and noteworthy by far of the Cardiff addresses, will readily accord to the author the grace he asked for the somewhat sketchy nature of its contents, when they realise, as they cannot fail to do, the depth of reflection and richness of knowledge which make it by no means the least weighty utterance of perhaps our most philosophical physician. It is the man with at once a comprehensive power of grasp and an accurate knowledge of detail who alone is qualified to speak profitably to his fellows from time to time on the actual state or the possible progress of medicine. For the rest, we generally have to be satisfied with a reiteration of common-place, or with something that although original is brought unduly into relief, and viewed quite out of proportion to its intrinsic value and true relations. The profession should be sincerely thankful to have the opportunity of occasionally hearing the result of the experience and thought of such men as Dr. Wilks on some of the most important medical subjects, and especially on what may from time to time be called the topics of the day. Nor should we be disappointed if we find a recurrence in their later work of some leading ideas which have marked their earlier writings. The best thoughts of the best men are ever fresh and stimulant.

Dr. Wilks does not tell us in vain of the importance of remembering the chronicity of disease, a subject which he has especially made his own, and the dictum of such an experienced pathologist that the "acute" results of chronic disease are, contrary to the superficial teaching of the text-books, of far greater moment than what have been called the chronic results of acute disease, will be laid to heart, perhaps for the first time by many. The truth of it is known to observant workers in the *post-mortem* room, and too often forgotten even by them. By most it is altogether ignored. The passing remark again, that, in spite of the modern outcry about the backwardness of therapeutics, this branch is certainly not behind the rest of medicine, is of great value, because it is freshly put. Most will at once endorse it who from want of reflection would have enunciated the opposite view. "If there be one tenth of truth," says Dr. Wilks, after giving some excellent illustrations of his dictum, "in the value of the remedies which we see weekly vaunted in the journals, therapeutics has shot far ahead of every other branch of medicine." And when he says again, "The idea is mistaken that there is a science of therapeutics gained by a simple observation of the action of drugs on the body, and I am at a loss to know what pure therapeutics is apart from disease and pathological states," he suggests a line of thought most valuable to many of our modern "authorities" in medical education, and not altogether unprofitable to some who recently endeavoured to make a most astonishing change in the subjects for the Oxford medical degree. We must pass by without remark, the suggestive criticisms of Dr. Wilks on the bacillary aspects of phthisis, and the subject of zymotic disease in general, merely saying that the lesson we learn from him here, as elsewhere, seems to be "stop and



think, now, more than ever, in these days of push and progress." And is it not necessary to stop and think on this matter at least, when we reflect that in the very diseases whose nature suggested to us a specific germ as a cause, and set us searching for it, no such germ has been discovered, while specificity of origin has been now asserted of diseases whose clinical course in no way suggests it? Thus we have the bacillus of phthisis all too early recognised by the medical mind as causal, while small-pox, in spite of all our striving on its behalf, still goes a-begging for a germ.

The latter part of Dr. Wilks' address is occupied by no less suggestive and interesting remarks on the mutual relation which exists between the different functions of the body (the organs having probably varying activities and compensating actions); and on the compensative or conservative processes going on during many diseases, a reparative as well as a destructive action. On the former of these points, the author remarks that "the judicious physician takes the body as a whole—the good and the bad—observes the different functions, and so by simple methods rules or guides the whole bodily organism so as to bring it to a proper adjustment." Such physician, he adds, cannot be a specialist. In conclusion, we would especially direct the reader's attention to the remarks made on the influence of sleep over certain organs and functions. This part of the address alone might well be developed into several lectures. One point only shall be emphasized here, viz., the teaching of Dr. Wilks, supported by a long experience, that pulmonary hæmorrhage occurs most frequently at night, when the circulation is less free than when the lungs are more fully expanding; and his consequent disagreement with the common theoretical treatment of moveless rest in hæmoptysis. Those who have been interested in this point through Dr. Wilks' earlier teaching or their own observation, and have paid particular attention to it, will in our belief be entirely in accord with these remarks. Such a reflection as this last, coupled with the pathological reminder that what are often called the "well-marked signs of phthisis," such as extreme dulness, falling in of the chest walls, and pectoriloquy, are often signs of repair or cure, may well set many thinking, and, therefore, acting better; and will emphasise the truth that Dr. Wilks has illustrated by his life-long teaching and example, that the soundest pathology leads to the best prognosis and treatment, however specialised the disease may appear to be.

#### THE HOMERTON HOSPITAL ENQUIRY.

THE Eastern Fever and Small-pox Asylum Enquiry which has just been brought to a close, after some forty sittings spread over the last three months, has long ceased to present any special interest for medical men, though at the outset it appeared that the alleged shortcomings of Dr. Collie were to form the chief subject of investigation. It will be remembered that this enquiry, which has been conducted at the instance of the Local Government Board, was demanded by the

Managers of the Metropolitan Asylums District after a preliminary investigation on their own account into the extraordinary expenditure at the hospital in question, at the close of which the Chairman of the Committee, the Steward of the Asylums and the Clerk of the Committee sent in their resignations, and Dr. Collie, the Medical Superintendent, was suspended. The result of the official enquiry will not be divulged until after the Commissioners have made their report to the Local Government Board, and it is not for us to speculate as to what that result will be, but there can be little doubt that Dr. Collie, even if he does not come out of it exonerated from all blame, will not figure as the only or chief scapegoat.

The expenditure under the head of wines and spirits formed practically the only topic on which Dr. Collie could be found fault with, and the figures under this head are, it cannot be denied, somewhat startling. In one quarter, for instance, the average number of patients being 239, there were consumed 1,455 bottles of champagne, 970 bottles of beaune, and 2,447 bottles of port, representing an aggregate cost of 570*l*. But, on the other hand, it should be noted that the bill for other wines and spirits only amounted to 21*l*. This large expenditure in wines, such as champagne and burgundy, only given in ordinary hospital practice under special circumstances, Dr. Collie stoutly defended when under examination as necessitated by the circumstances of the case, and he was able to point to the fact, a very strong one in his favour, that his statistics were more favourable than those of similar institutions, and this, too, though the patients as a rule belonged to a more destitute class, and the cases were generally more severe than those met with in other districts. It appears to us indeed that Dr. Collie successfully met the charges raised against him on this score, for there was some doubt as to whether the very large quantities that sometimes appeared on the diet sheet had really been ordered by him, and the evidence of one of the witnesses pointed to the possibility that the figures had been tampered with. The other matters brought up against Dr. Collie related to his having neglected certain routine duties attached to his position as Medical Superintendent, viz., "to sign and furnish to the steward daily a written statement of the diet and extras required to be supplied for the inmates of each ward." He frankly admitted that he had not complied with this regulation owing to the great pressure of work which the recent severe epidemic had thrown upon him.

So long as Managers of Hospitals and Committees impose upon medical men in addition to their own work, duties not strictly medical, which would more properly be allotted to the matron or some functionary in a similar capacity, so long must they be prepared to find those duties neglected when they clash with the interests of the patients. No medical man would be worth his salt as a medical superintendent who devoted his energies to mere clerical routine when his time could be better spent in the treatment of the sick. It is notorious that in many, if not most, asylums for the insane the senior medical officer is often so much occupied with routine duties which ought to fall altogether outside his province that he is



*medical* superintendent merely in name; and it is only within the last few years that the house-surgeon in country general hospitals has ceased to hold a similar altogether anomalous position. Now that the attention of the public in general and of the Local Government Board in particular has been forcibly drawn by this long drawn-out enquiry to the absurdity of requiring medical men to play a part in the management of such institutions as those involved in the present enquiry, which is quite out of their own sphere, we hope that we are not too sanguine in believing that this much at any rate will be the outcome, that in future a medical man when he accepts office will have the satisfaction of knowing that he is to be the *medical* superintendent and nothing else.

## ESSAYS ON MEDICAL CLASSICS

### IX.—MARSHALL HALL.

MARSHALL HALL, the son of a cotton-manufacturer who had distinguished himself by introducing improvements in the process of bleaching, was born in 1790 at Basford, near Nottingham. At the outset of active life, he worked for some time with a chemist, but yielding to a natural bent towards the study of medicine, he went to Edinburgh University in 1809. His career as a student was highly successful, and his stay at Edinburgh, including two years' residence in the Royal Infirmary, lasted until 1814. Soon after leaving the University he availed himself of an opportunity of paying a visit to Paris, and extended his travels to Berlin and Göttingen, with the aim of seeing the chief foreign hospitals. Returning to England in the following year, he commenced practice at Bridgwater, but after a six-months' trial of rural work, he decided that it offered him no sufficient opportunities of distinction or usefulness, and accordingly he transferred himself to Nottingham, where he remained for ten years, achieving a large practice and considerable reputation. In 1818 he had been elected F.R.S. Ed., and in 1825 he was appointed physician to the Nottingham Infirmary. It was during this period that he published his earliest works. The first, on "Diagnosis," appeared in 1817, having been written by him four years previously by the bedside in Edinburgh Infirmary. It is a treatise on symptomatology of great practical value and showing much close observation of disease. A second work, on the "Mimoses," 1818, and another on the right treatment of certain complications of the puerperal state, were based on his experience of practice at Nottingham. These and other writings had the effect of making his name well known, and he was led to expect a favourable reception and a sufficient share of success in London; so with a longing to satisfy his love of science and his desire for wider recognition, he gave up his practice and hospital work at Nottingham and came to live in London in 1826. He soon published other books, "On the Constitutional Diseases of Females," "Observations on the Use of Blood-letting," &c. In 1832, while engaged in making experiments on the circula-

tion, he observed the occurrence of reflex movements in the separated tail of a triton, and starting from this discovery as a first step, he was led to make a special study of the functions and diseases of the nervous system, and finally to arrive at, and enunciate his doctrine of the excito-motor functions of the spinal cord. These early observations with many others on physiological subjects were published in the "Philosophical Transactions," and he was elected a Fellow of the Royal Society in 1832. His later investigations on the same subject, however, were refused a similar honour, and for a long time his views encountered much opposition from his colleagues in the Royal Society, and from the medical press. Fully conscious of the value of his work, he defended himself with vigour, but without much bitterness or personal controversy, and in the end he thoroughly vindicated himself, and won from the leading physiologists at home, as well as from the profession in general, the full appreciation which almost from the first he had obtained on the Continent. In his travels in Europe and America in later years, he found that his fame had preceded him to the remotest parts, and he was everywhere received with expressions of esteem.

In spite of the work in which the duties of a large and growing practice involved him, Marshall Hall continued to devote himself with enthusiasm to scientific research. In 1834 he began to deliver a course of lectures at the Aldersgate School of Medicine, then at the Webb Street School, and also at the Sydenham College, often lecturing twice daily. He was never, however, physician to a London hospital, nor did he ever hold office as clinical teacher, though in 1842 he was appointed lecturer on Medicine at St. Thomas's Hospital. In that year he gave the Gulstonian, and in 1850-2 the Croonian lectures at the Royal College of Physicians. In 1836 he was one of the first to promote the formation of the British Medical Association; and his interest in public affairs is shown by his issuing in 1850 a pamphlet containing a scheme for improving the sewerage and means of communication in London; and in later years, whilst in America, he wrote much in opposition to slavery. In 1839 he began to suffer from an affection of the throat, marked by pain and dysphagia, and apparently brought on by over-exertion in public speaking; in a few years it became serious, and his health showed signs of breaking down. He accordingly retired from practice in 1853, travelling much in America, and living quietly in England after his return until his death in 1857. All details of his private life may be gathered from an interesting biography by his widow, which bears ample testimony to his benevolence of disposition and simplicity of character.

Marshall Hall was a copious writer. Besides those mentioned above, his chief works are "The Principles of the Theory and Practice of Medicine" (1837); "Diseases and Derangements of the Nervous System" (1841); "Practical Observations and Suggestions in Medicine" (two series, 1845-6); "Theory of Convulsive Diseases" (1848); "Theory of Paroxysmal Diseases" (1849); "Synopsis of the Diastaltic Nervous System" (1850); "Prone and Postural Respiration" (1857); besides many papers in the *Edinburgh Medical and Surgical*



*Journal, Medico-Chirurgical Transactions, Philosophical Transactions, Lancet*, and foreign periodicals.

He is an excellent example of the philosophical physician. He had an eminently scientific mind, an intellect acute rather than massive, active rather than profound. He was always engaged upon some special object of enquiry. His prime characteristic was simplicity; he had an equal horror of blind empiricism and of baseless unpractical speculation. His thoughts were exquisitely simple and clear, and his language was a copy of his thoughts. His style is lucid, terse, and impressive; though in all his essays he endeavours to write suggestively, so as to excite others to labour on in the same direction. His chief fame rests undoubtedly on his knowledge and discoveries as a physiologist. Among many other researches he investigated more thoroughly and carefully than had hitherto been done the phenomena of hybernation, the conditions of the circulation and respiration, and other familiar problems of interest and importance. His greatest achievement, however, as we all know, was his discovery of the functions of the spinal cord. Here he carried to a much further point the anatomical indications of Sir Charles Bell; he showed that the spinal cord may be regarded as a central nervous organ, which, subordinate to, but in a manner distinct from the cerebrum, governs directly all the muscles of the body, with especial control over the orifices, and ordinarily performs its functions by reflex or excito-motor action—the incident and motor nerves, composed as they are of distinct elements, being brought into communication and co-ordination in the cord and medulla oblongata. But of these discoveries, amongst the most important of the century, we will say little here, partly because they may be found fully set forth with their later developments in all works on physiology, and partly because we do not wish them to overshadow the benefits he wrought and the advancement he effected in the field of general and practical medicine. Even, however, when we encounter him as physician and pathologist, he still remains *par excellence* a physiologist; repeating often in phrases as enthusiastic as any he ever employed the objects he strove after and the method he loved, *e.g.*: “Chiefly he would see *physiology applied to clinical medicine*”; “Hunter introduced physiology into surgery . . . and we still want the physiological spirit of a Hunter in our medical clinical wards”; “He would deserve a civic crown who should accomplish the same great good for the physician’s department of our profession.” Accordingly the key to his excellence as a scientific and practical physician lies in the fact that he devoted himself most attentively to symptoms, and most of all to the commonest symptoms of the commonest diseases. His object in writing his work on “Diagnosis” was to show the importance of appreciating symptoms, and thereby obtaining an adequate notion of a malady before attempting to treat it; and by means of the thorough knowledge he had of the fundamental principles of physiology, he was enabled to distinguish and analyse the manifestations of disease, and to attach to them their due significance with remarkable accuracy. He says, “I am persuaded that physiology, or a knowledge of the healthy actions, is

the only foundation for practical medicine. This physiology should be at once experimental and clinical. The biblio-physiology of the day can issue in no good whatever.” “It is not crude and *post-mortem* ‘morbid anatomy,’ but a knowledge of the state of the living morbid actions which must guide us in practice. . . . There is a *living pathology*, certainly not less important than *pathological anatomy*, but hitherto little known in medical enquiry. An important department of this living pathology is that of diseases consisting of primitive symptoms, yet leaving no trace of pathological anatomy behind them.” It is astonishing how many difficulties and obscurities in the troublesome ordinary diseases may be made to disappear by the very simplest explanations; in this way Marshall Hall has rendered great and lasting service to the cause of healing. From his active and penetrating mind, always seeking vent in some direction of practical enquiry, and from his industry as a writer, he has left much behind him to illustrate and remind us of his labours.

His most valuable works are, in our opinion, the “Principles of the Theory and Practice of Medicine,” “Practical Observations and Suggestions in Medicine” (1st and 2nd series), and “Commentaries on the Constitutional Diseases of Females.” One of his most important bequests to us is the distinction of “irritation” from “inflammation.” Previously, it had been usual to regard most conditions seriously marked by pain or excitement as due to inflammation, for which active depletory measures were prescribed—very frequently with dangerous consequences. Thus, blood-letting, &c., was practised not only at the commencement of fevers and inflammatory diseases, but also indiscriminately for relapses and for various complications in the later stages which we now know to be essentially due to debility. In this way bleeding was enormously abused, an abuse which Hall’s influence helped more than anything to check, though it must be remembered that he himself continued to employ it freely in appropriate cases. His attention was first called to the subject by observing how much injury was inflicted, and how many lives were lost by bleeding in some puerperal affections which were really due to irritation, and recovered under aperients. From this he extended the application of his ideas, and determined when and how far bleeding was indicated, by employing as a test observation of the quantity of blood necessary to be withdrawn to induce incipient syncope, in various diseases and states of the constitution: the rule hence obtained being that, “if there is tolerance of blood-letting, it is remedial and safe; if intolerance, it is replete with danger.” In inflammation, much blood has to flow, in irritation very little. “There is, in my opinion, no single fact in physic of equal importance and value in the diagnosis of acute diseases, and in the use of a powerful remedy.” It decides also the violence of the disease, the powers of the system, and the degree to which to push the remedy. On these lines he drew up a table of diseases, benefited and aggravated respectively by blood-letting, which still remains one of our best guides on the subject.

From the great attention he had paid to the spinal system and the knowledge he had acquired of its



actions, he was enabled to make material contributions to the elucidation of many nervous diseases. Thus, he was the first to suggest a reasonable hypothesis with regard to the pathology of stridulous convulsion, eccentric epilepsy, the paroxysms of hydrophobia, &c., viz., that they were due to peripheral sources of irritation acting on a morbidly sensitive spinal marrow, and that they could be mitigated or cured by carefully ascertaining and removing the cause. He thought, too, that the seat of all spasmodic diseases is the spinal cord, and that according to the part attacked, various complications are liable to occur. For instance, closure of the glottis takes place in epilepsy, and is the chief factor in producing the violent expiratory efforts and convulsions; in a certain class of cases of this disease, there is protracted closure of the glottis, which endangers life from asphyxia, or imperils the mental condition by the great venous congestion of the head it produces; in these cases Hall recommended tracheotomy. The conditions of the muscles in various kinds of paralysis also attracted his attention.

His work on the "Mimoses," deals with states of debility due to digestive derangements, and their numerous manifestations and results; the title was given on account of the way in which these complaints simulate organic disease, but it was afterwards changed for a simpler one. The descriptions are good, and the treatment recommended is by aperients on the plan of Abernethy and Hamilton. The "Diseases of Females" is a work in the same style, but more elaborate; it shows much nice and careful observation, and the method of treatment he recommends is sound. It is a book well worth reading. It would be impossible without abundant space to comment upon all the subjects discussed in these volumes; they abound in striking remarks on physiology, medicine and hygiene, and contain many practical hints for which we must refer the reader to the books themselves. We cannot conclude, however, without recalling the fact that Marshall Hall was the first to devise a method of artificial respiration in cases of asphyxia, and to bring it into actual use. It was with great delight that he read of case after case of drowning being saved by its instrumentality. The method is still known by his name, and is sometimes resorted to, though mostly superseded by that of Sylvester. But to have been the originator of a scheme of such immense value was by no means the least of his achievements, and would in itself constitute sufficient claim to our lasting regard.

N. H.

**PARALDEHYDE IN ASYLUM PRACTICE.**—Dr. Harris, in a paper in the *Philadelphia Medical News*, May 16th, states that an experience of the employment of paraldehyde in 152 cases has convinced him that it is a very valuable agent for procuring sleep in the insane. Given in moderate doses (50 minims) it induces in from 10 to 45 minutes a quiet sleep which lasts from 2 to 7 hours. Its advantage over chloral is that, even when given in large doses, it produces no ill-effect upon the heart or respiration. "When a sleep-producer must be given for a length of time we consider it is a most efficacious, safe, and reliable remedy, the sleep produced being in proportion to the dose administered."

## REVIEWS AND NOTICES OF BOOKS.

*An Introduction to Practical Organic Analysis*; by G. E. R. ELLIS. London: Longmans, 1885, pp. 72.—This is a small cram book, intended to aid the student in identifying the solutions given at the intermediate examination in medicine at the London University, but it is unsatisfactory alike in method and detail. Mr. Ellis expresses his indebtedness to Prof. A. W. Williamson, of University College, but we cannot think that that eminently scientific teacher would approve the peculiar use or abuse of symbols as "Cold  $H_2O$ , hot  $C_2H_6O$ , add  $(KCl + H\bar{A})$  and even  $F_2Cl_6$  is an acid liquid [*sic*]." In our student days the Professor used to insist on the fact that  $H_2O$  was not an abbreviation for the word water, but represented a *molecule* of 2 grams of hydrogen with 16 of oxygen and in this as in other respects Barff's little work truly reflects the teaching of the great master. The style of Mr. Ellis's book is slipshod, and some of the expressions are remarkable, as " $F_2Cl_6$  gives a colouration which is precipitated on adding  $H\bar{A}$ " and " $SO_2$  is evolved, as also an irritative cough-causing vapour." The statement that *oxalates* are not decomposed by dilute sulphuric acid is certainly open to exception, and the description of the behaviour of tartrates with silver salts is scarcely intelligible. We are unable to see the point of the formula for nitrate of urea,  $CONH \left. \vphantom{\begin{matrix} \\ \\ \end{matrix}} \right\} HNO_3$ , as if urea were a mere compound of hydric cyanate and ammonia. The author represents aniline as phenylamine  $C_6H_5(NH_2)$ , why not urea as carbamide  $CO(N_2H_2)$ ? And we notice that he does not follow Dr. Williamson's rule of distinguishing a molecule from a number of atoms by the position of the small figure above or below the line as in  $Fe^2Cl_6$ . If the author would thoroughly revise and rearrange his book with the assistance of some one more practically familiar with work in the laboratory, it might be made really useful, at any rate for the purposes of candidates for examination, and he might at the same time make good the omission of several bodies which, from their technical importance, are not unlikely to be given, such, for example, as picric acid and the salicylates.

*A Manual of Health Science*; by ANDREW WILSON, F.R.S.E., F.L.S. London: Longmans, 1885; with 74 illustrations.—Another manual of hygiene called into existence by the action of the Department of Science and Art, far less thorough and scientific than those of Dr. Newsholme and Dr. Willoughby, but incomparably more accurate and trustworthy than that of Mr. Pilley. Since candidates in hygiene are required to have gained certificates in physiology, the chapter of the general functions of the body might have been spared and room gained for matter of more immediate interest. The treatment of food and digestion is fairly satisfactory, but not quite up to the latest researches of the Munich School; and the difference between nutritive value and utilisation is not insisted upon as it should be especially in a comparison, between the animal and vegetable albumins. The nature and indications of the several impurities in water are scarcely touched on, no reason is given why chlorides are to be regarded with suspicion, nitrates and nitrites are not hinted at, and Clark's process for softening chalk waters is ignored. We miss any consideration of ground air and ground water, and the movements of the latter, as well as of "nitrification," notwithstanding the importance of these phenomena in relation to rites, water-supply and sewage disposal. There is no attempt at the mathematical treatment of the *principles* of ventilation, warming or sewerage, and the description of house drainage, traps, &c., is very meagre, while recipes for hair-washes seem to us rather *de trop*, and we cannot conceive why one should be warned against wetting the head at the morning bath. Mr. Carr's "Domestic Poisons" has been



largely drawn on, ambulance work and "First aid" are well handled, though, by the way, chloral surely deserves mention in strychnine poisoning, but though there is little to find fault with in the information given, we fear that any one trusting to this manual as a text book for any examination would find it a broken reed.

*Hygiene: its principles as applied to Public Health;* by EDWARD F. WILLOUGHBY, M.B. Lond. London and Glasgow: W. Collins, Sons & Co.—This complete but concise summary of the principles of hygiene is primarily intended for the use of candidates for the examinations of the Science and Art Department, but it may be safely recommended as a text-book for the university examinations in sanitary science, and indeed as a book of reference to the large class of persons who now take an interest in sanitary matters. It is written on a thoroughly scientific method, the principles on which the practice of hygiene depends being clearly and fully enunciated. Few writers on hygiene have so complete a knowledge of the literature of the subject as Dr. Willoughby, and there are frequent evidences throughout the book that this knowledge has been fully utilized in its preparation, the results of the latest researches finding a place in it. The chapters on ventilation and heating, and on sewage disposal and drainage are especially good, numerous illustrations contributing to render clear these somewhat difficult subjects. The chapter on personal hygiene is also a most useful one. It is not too much to say that a comprehensive and conscientiously written work on hygiene like this of Dr. Willoughby's deserves to be read and mastered by every person who has a care for his own health and for the health of those for whom he is responsible.

*Lumley's Public Health;* Second edition; by W. PATCHETT, Q.C., and ALEXANDER MACMORRAN, pp. 1,135. London: Shaw & Sons, 1884. This bulky volume is intended as a book of reference for the use of members and officers of local authorities. When the various statutes relating to Public Health and Local Government were consolidated into the Public Health Act of 1875, Mr. Lumley, who was counsel to the Local Government Board, published the text of the Act with practical explanatory notes. The work before us is a new edition of the work so published; and in the ten years that have elapsed since the publication of the first edition, so many legal decisions have been given on points relating to Public Health, and so many fresh Acts have been passed, that very considerable additions were necessary. The editors appear to have brought great industry and sound judgment to their work. Mr. Lumley's valuable practical notes are retained, while the notes relating to the construction of the Public Health Act have been greatly enlarged. Considerable pains have been taken to bring the work up to date, and it is stated that every decision of importance up to the time of publication is duly recorded. It is a book which should be on the shelf of every Medical Officer of Health.

*Health Lectures for the People;* Manchester: John Heywood, 1885.—This volume comprises the lectures delivered in the years 1882-4 under the auspices of the Manchester and Salford Sanitary Association. The standard of the five preceding series is well kept up—is, indeed, even improved upon—in the present sixth and seventh series. The idea of the lectures now before us is to treat especially of the science of healthy life, or as Dr. Ransome terms it in his preface, "Sanitary Biology." The lectures are not popular in the ordinary sense of the term, but they are quite within the comprehension of intelligent people, whatever their previous training, while some of them are full of suggestion even to an expert. The volume deserves a very wide circulation.

## ABSTRACTS AND EXTRACTS.

### THE BRITISH MEDICAL ASSOCIATION AT CARDIFF.

#### INJURIES OF THE SKELETON: VALUE OF ACCUMULATION OF SPECIMENS.

UNDER this heading, Prof. E. H. Bennett, of Dublin, in his opening address to the Section of Surgery, attempted to show that, in the pathological and clinical study of injuries of the skeleton, real progress was to be made, not by the study of rare and attractive specimens and cases, but by the accumulation of large numbers of examples of ordinary injuries, for only by the examination of a large number of individual specimens could the details of any typical injury be worked out. Thus of Colles's fracture of the radius, the Dublin University Museum contained 100 specimens, and among these 48 gave proof of having been impacted fractures, while 52 were injuries in which positive evidences of impaction were absent. They therefore had ample evidence in these facts, to put aside alike the opinions of Voillemier and of Smith. In another group of injuries—fractures of the ribs—his investigation of a great series of specimens had led him to endorse the opinion of Malgaigne, in opposition to the commonly accepted theory of Petit that when the ribs broke as the result of compression of the chest, as a whole their fragments were thrust outwards. Speaking of fracture of the fibula, Prof. Bennett said that every one knew the great importance that attached to fractures of the lower end of the fibula, their great surgical interest, and the writings of Pott and of Dupuytren. In all these and elsewhere no mention was made of fracture of the upper third of the bone, except as it occurred as an element of fracture of both bones of the leg, or with a complete diastasis of the bones at the ankle. In looking over his specimens, he was struck with the fact that one feature was constant in them all, a fracture of great obliquity, but without material displacement. What was the cause? Certainly not casual direct injury. Going on with the study, he was not long in finding evidences that the injury was in some associated with lesion of the ankle-joint; in some, a very special fracture of the tibia existed, which, when present, was alike in all. In others, evidence of past traumatic inflammation of the bones at the ankle bore testimony to the origin of the force from the ankle. In one, the fracture was associated with fracture at the usual site of Pott's fracture in the lower third. He could produce several fractures of the fibula in its upper third similar to these, where, unfortunately, the tibia had not been preserved, which were no doubt of the same type, for the extreme obliquity without displacement was quite distinct from the form of lesion which went with fracture of both bones. Any way the number was remarkable, ten in all, where both bones were preserved. Seeing these facts, he could not doubt that the injury, although unfamiliar as a clinical observation, must be sufficiently common. The following case observed by his colleagues in Sir P. Dun's Hospital was a case in point. "A man slipped in carrying a sack of grain down a sloping plank in unloading a vessel. His foot was suddenly checked in its slide by some irregularity of the plank, and he fell, conscious that something had given way in his leg. He did not strike or hurt his leg otherwise in the fall. Admitted to hospital, as he was unable to bear weight on the limb, he presented the ordinary features of a sprained ankle, without the ordinary signs of fracture of the ankle-bones. Treated for sprain, the case attracted but little attention for several days, when the circumstance of ecchymosis, high up in the limb, attracted notice. On this part being examined, the localised pain and crepitus peculiar to fracture left no room for doubt as to the diagnosis." In conclusion, the speaker dealt with united fractures of the metacarpal bones, the closer study of his specimens of which showed that one particular fracture outnumbered all others. There were, in fact, six examples of fracture of the base of the metacarpal of the right thumb, and no others of this



bone. In each of these, the injury was the same—an oblique fracture, detaching the palmar half or more of the articular surface which faced the trapezium, with that projection of the base of the bone into the palm which supported the surface. The entire bone, except the little piece so separated, slipped backwards, simulating in the living a subluxation of the bone in this direction. The appearance in the living of a subluxation was confirmed by measurement; for, as the fracture did not implicate the dorsal surface of the bone, the length on this aspect was unaltered. "When I published my first note on this injury in 1879," continued Prof. Bennett, "I had but the experience of a single clinical observation, and so I spoke with but little confidence about it. Since then, and as the immediate result of my publication, I have seen a great number of examples both of the recent injury and of the united fracture. Most remarkable is the fact that in every case the accident has been on the right side of the body. Certainly this injury, once we know of its existence, becomes vastly more common than any other of the metacarpus. If left to itself, it unites with such deformity as this case shows—a trivial deformity, after all. Why, then, deem the matter worthy of the notice of this Surgical Section of the British Medical Association? Simply for this reason, that I have ample proof that a hand so injured remains, under the best of treatment, long disabled, and, without treatment, for a greatly longer time. When we consider the value of the right thumb to anyone who lives by handicraft, or indeed to any, rich or poor, we should not let pass unnoticed and undiagnosed this common injury. One point I have omitted to mention—the cause. In every case but one which I have seen, the cause has been a fall which might well have broken the radius, but some slight deviation has directed its force against the thumb. Once I have seen it as the result of a blow of the fist against the jaw of an adversary in a fight. I have already mentioned the essential features of the injury. One word as to the reason why probably it has long escaped notice. The pain and swelling of a sprained thumb are familiar to all, and prevent the ready appreciation of crepitus in the recent injury; but this may be found readily if pressure be made on the base of the bone from palm to dorsum, while a slight traction is made, sufficient to reduce the large fragment into place. I am confident that, before long, many of my hearers will test this matter for themselves, and perhaps then excuse my weary discourse to-day. I have said enough to establish the merit of patient and diligent pathological study, combined with clinical observation."—*British Medical Journal*.

#### THE DEATH-RATES FROM CHILDBIRTH AND CANCER: VALUE OF ANTISEPSIS IN MIDWIFERY.

DR. GERVIS, the President of the Section of Obstetric Medicine, chose this as the subject of his opening address. Commenting on the deaths in this country from childbirth and childbed-fever, which, in the ten years from 1861 to 1870, averaged 60 in every 100,000 women living between the ages of 20 and 55, while in the five years, 1876 to 1880, they fell to 53, he said that there were, doubtless, more factors than one in the production of these favourable results—such as the more early use of the forceps in lingering labour; the more frequent induction of premature labour in cases of contracted pelvis; the better treatment of eclampsia; and the better treatment, prophylactic and actual, of *post partum* hæmorrhage. But the greatest gain had, without question, been in the practical development of the principles of antiseptics. Too little notice, however, had been taken by most writers of antiseptics before and during labour. The consideration of antiseptics before labour had to do with questions of drainage, ventilation, and general health; in a word, with the hygiene of the house and of the individual. The better the patient's surroundings, and the better her health, the fewer would be the sources from which germs might spring, the better able would she be to resist their entrance, and the less likelihood would there be of their development from within. Antiseptics during labour had been sought in Germany by the conduct of labour under the spray. This, even if

practicable, was not absolutely satisfactory as a safeguard; but, during the course of labour, although not in this way, the principle of antiseptics should never be lost sight of. "In every case," continued Dr. Gervis, "the hands of the attendant should be washed in carbolic water before he proceeds to examination, and both before and after the labour the vulva should be sponged with warm antiseptic solution; and if the case tend to be tedious, though not sufficiently so to necessitate forceps, it is advantageous to sponge out the genital canal from time to time with a similar solution. In all operative cases, I need hardly say it is now customary to dip the instruments in hot carbolic water; but I am satisfied it is also most useful to sponge out with the same solution the genital canal prior to their application. In a labour in which the forceps, and *à fortiori* where craniotomy is demanded, there has, at least very often, been sufficient delay to lead to a septic condition of the discharges; and the removal of these by sponging much diminishes the chance of subsequent infection, should any breach of mucous surface occur as a result of the delivery. So also, in the induction of premature labour, the vagina should be antiseptically cleansed before the use of the bags; and between the removal of one and the introduction of the next, the same precaution should again be taken. In all cases of version, I need hardly say that, where the hand is to be introduced into the uterus, not merely the hand, but the arm also, should be sponged with carbolic water before its introduction; and, lastly, in cases of miscarriage, where it may be necessary to resort to manipulative proceedings, whether for the removal of the entire ovum, or of a fragment merely of retained placenta, careful attention to antiseptic details immensely lessens the subsequent risk of pelvic inflammation and systematic infection." Of antiseptic solutions for irrigation purposes after labour, Dr. Gervis said that the mercuric chloride solution, in a strength of one in 2,000 for injection, and one in 1,000 for washing purposes, was certainly of the highest value. That it must be used with caution was doubtless true; but this was also true of carbolic acid. The solution of boracic acid, in a strength of 10 grains to the ounce, was also of much value.

Dealing with the alleged increase in the mortality from cancer, Dr. Gervis said that his own experience, nevertheless made him hopeful that we should yet be able to diminish this increasing mortality, and probably by earlier diagnosis and earlier treatment. In cases where the local disease could be effectually extirpated, he believed that there was good ground for hope that it might not re-appear. The diagnosis of early cancer was undoubtedly, in many cases, attended with difficulty; but he would venture to press the more general adoption of microscopic observation as an aid of the first importance. Not very unfrequently, also, early treatment was hindered by the fact that early symptoms were so slight, that the disease might have seriously advanced before even the patient's attention had been attracted to it as a matter of any importance. Dr. Gervis concluded his address with a plea for the study of Pathology in relation to Obstetric Medicine. "A close study of pathological changes, at all events in gynecology, is one of our most pressing needs. So many of the maladies for which our advice is sought are not fatal in their character, often little more indeed than sources of local discomfort and general ill-health, that our views are too apt to be based on clinical observation merely, not rectified by *post-mortem* research. If, for example, the precise morbid anatomy of flexions had been worked out, would it be possible for one set of writers to think the condition of flexion the foundation of nearly every other ill to which women are subject, and another that a flexion is scarcely abnormal at all? And as a quite recent illustration of the same need, I may refer to the discussion at the June meeting of the Obstetrical Society on serous perimetritis, a malady of much graver importance than flexion, in which it was evident that even on the primary question of diagnosis there was much to learn that could only be learned by careful necroscopic research. In the puerperal diseases, on the other hand, very much has been done by way of attention to morbid anatomy; and it is to this, I think, that we are chiefly indebted for the great stride made in our scientific knowledge



of their course and results. In discussing puerperal fever, we feel, thanks largely to the researches of morbid anatomy, that we are now treading on far surer ground than was possible but a few years ago, although still, as to the nature of the poison whose pathways we can track, we have much to learn. And we may fairly hope that, with the aid of the many scientific observers now at work in our department of medicine, before long similar and equally appreciable progress may be made in the morbid anatomy of the uterus and its appendages."—*British Medical Journal*.

#### ON PROGRESS IN OPHTHALMOLOGY.

MR. HENRY POWER, the President of the Section of Ophthalmology and Otology, devoted his opening address to the above subject. Besides giving a concise summary of recent discoveries, he offered some remarks on the influence which this progress may be expected to have both on the specialist and the general practitioner. "If the ophthalmic surgeon of the future," he said, "is to maintain the reputation and position of his predecessors in this branch of the profession, it appears to me that two things will be necessary: first, that he should possess a sound general knowledge of medicine and surgery; and, secondly, that he should have a good preliminary training in physics and mathematics. And if an adequate knowledge of the principles of physics, and especially of optics, be constantly required in ophthalmic practice, how much more important is it that this branch of the profession should not be pursued as a specialty, without the possession of a broad sound knowledge of medicine and surgery. Whilst the eye has afforded to pathologists some of the most reliable facts with which we are acquainted in regard to the causes, phenomena, and events of disease, it would be absurd to deny that our treatment of any case must be founded on a correct appreciation, not of the local changes only, but of constitutional states which engender and modify local disease. Many of the best essays that have appeared of late years have been directed to show the immediate relation that exists between local and constitutional disease, and a knowledge of both is essential to successful results in practice. It is for this reason I hold that no man should commence ophthalmic practice without long preliminary work in general or dispensary practice, or in the wards of an hospital; and I venture to dwell strongly upon it, because I think there is a tendency amongst the younger members of the profession to regard ophthalmic practice as an easy means of obtaining a livelihood, which is at once less troublesome, clean, and more satisfactory than any other branch of surgery." In a later portion of his address Mr. Power observed, "It has now become trite to say that the general practitioner might often obtain useful hints in regard to the nature and treatment of disease from a careful inspection of the fundus of the eye, even were he unable to recognise the finer gradations of colour, or the more delicate lesions which are discernible by the practised eye. Optic neuritis and hæmorrhages are sometimes amongst the earliest symptoms of Bright's disease; similar appearances recognised in the later months of pregnancy might open the question whether it were expedient or not to induce premature delivery, and thus save lives that would otherwise be lost by the supervision of puerperal convulsions. Finally, a study of the fundus of the eye in such affections as whooping-cough, in measles, and in scarlatina, in diabetes, in cases of disordered catamenia, and in locomotor ataxy, would be replete with interest, and supply information much needed in regard to the failure of vision, to the later stages of, or after recovery from, these diseases in elucidation of them and many others."—*British Medical Journal*.

#### THE TREATMENT OF CEPHALOCELE AND SPINA BIFIDA.

A PAPER by Professor Schatz, of Rostock (*Berliner Klinische Wochenschrift*, No. 28, 1885), on the respective advantages of expectant and operative treatment of cephalocele and spina bifida, is of some interest when considered in

relation with the report lately presented to the Clinical Society by its Spina Bifida Committee. Taking as his text the expressed opinions of Heinecke and Steffen, both of whom speak in gloomy terms of the prospects of success after any radical operation, he presents a list of cases of encephalocele to illustrate the relative prognosis with and without operative interference. Of 105 cases, 59 were occipital and 46 frontal in position. Of the former, 24 were left untreated, and only three recovered, 35 were operated upon by incision, injection of iodine or ligature, with 6 recoveries. Of the frontal encephaloceles, 6 out of 32 survived without treatment and only 3 out of 14 cases after operation. A few cases of spina bifida, quoted from Lorinser, show much the same proportion of success, and, in the opinion of that author, justify the view that no operative interference should be attempted when it can be clearly shown that a communication exists between the sac and the vertebral canal. Professor Schatz himself considers that operation is only justified when there is no such communication, and when the tumour is covered with healthy skin, is fully translucent and not painful. In other cases, however, he would endeavour to secure the isolation of the tumour from the arachnoid cavity by means of graduated constriction or pressure calculated to set up a process of plastic adhesion, when applied to the base or pedicle, if there be one, of the tumour. He relates the particulars of three cases in which he operated by emptying and removing the sac, the base or pedicle of which was firmly secured by means of a long clamp, such as is at times used to secure the stump of an ovarian tumour. His first case was one of spina bifida, and was not successful in saving the life of the child. In the second a large encephalocele was successfully emptied and removed with but little disturbance of the child's health, life being prolonged to the eleventh year. The symptoms and physical signs of internal hydrocephalus were, however, always present, and gradually increased, the child remaining paralysed in the lower limbs and of very feeble intelligence. In the third case, a series of cephalic protrusions were in like manner clamped and removed, and notwithstanding the great extent of the hernia, the case, after some suppuration and many fluctuations of temperature, ultimately recovered and is still living, although with a steadily increasing hydrocephalus. All these cases were in themselves severe, and hence the merits of the operation must be considered apart from them; it is possible, however, that the method of compression by clamps, when applied to the more simple cases of the kind, may be found to enhance the chances of success to a very considerable degree.

#### THE CONFERENCES AT THE MORGUE.

In the *Boston Medical Journal* for June 11th, a correspondent furnishes an account of the "Conférences de Médecine Légale" of Professor Brouardel, which, unique as they are of their kind, are regarded by students as of great value. They are held three times a week in a small amphitheatre attached to the morgue, capable of holding about 50 persons. One of these is conducted by Professor Brouardel himself, his two assistants conducting the other two. "There is, of course, always a body to be examined, death having occurred by violence, drowning or poison, or there has been a false diagnosis at the hospital where the death occurred. At all events, the purpose of the autopsy is to discover the cause of death. In the case of a body drawn from the Seine, for example, the question to be decided is whether death occurred from drowning or from violence before immersion, or whether the drowning was probably a suicide, &c. Every step has a medico-legal bearing. The most minute external and internal examination is made, and a careful record is kept. At the beginning of the autopsy, and as it advances, the student who holds the knife is questioned as to his opinion concerning the meaning of every abnormal sign, and if he fail to give a correct reply, or has no opinion to give, the audience is called upon for judgment. This creates the 'conference' and the professor and his assistants being very able, the course is made unique in its great value to the students. Occasion-



ally, Brouardel does the entire work himself, thus converting the conference into a demonstration. The conference lasts one hour, and I have seen Brouardel examine and pronounce upon three bodies within that period. The manner of the necropsy is peculiar. The eyes are first incised, and the lenses removed for examination. The body is next opened by a cut, beginning at the bifurcation of the trachea, descending over the left costal cartilage, and sweeping in a curve just inside of the crest of the ilium, across above the pubes, back to the bifurcation by a similar path on the right side—an oval incision, which lays open abdominal and thoracic cavities at once. The tissues are dissected away from below upwards (the costal cartilages having been first cut through), and the sternum and tissues come away together. The organs are removed in the usual order, but a very much longer time is occupied in opening the intestines by the French than by the German method. For purposes of examination, longitudinal incisions are made two inches apart, up each leg from ankle to hip, up each arm from wrist to shoulder (including the entire circumference of each limb), and also up the whole back from rump to shoulder and neck. This leaves the cadaver in a state of mutilation which probably would not be permitted at home. Indeed, even the Paris lay journals are complaining of what they consider unnecessary injury of bodies of people of the better classes, who have met with violent death, and whose remains are subjected to legal *post-mortem* examination. The cranium is opened by two methods. By one the skull is quickly broken through in the usual circle, with the sharp edge of a heavy steel hammer (shaped like that of a mason), and the brain is removed entire. The other method is to cut straight through the centre of the skull and brain longitudinally, with a thin saw, from the middle of the os frontis, to the occipital protuberance. Half the brain comes away with the top of the cranium. It seemed a very convenient cut. What was done with the remains of the bodies I did not learn. The organs, after examination, are thrown into a bucket and carried away. A convenient use of water is managed by having the water pipe come down from above, along the pipe of the gas-burners. The dependent hose is not in the way, cannot fall on the floor, and is always at hand. It is easy to imagine the great usefulness of this course to students who attend the three weekly conferences (the tickets are good for a month). Every variety of medico-legal question in connection with autopsies is carefully discussed, and nothing is left undone to make each case clear in all its bearings. At one of the conferences, during which two stalwart male bodies were examined, there was present a young female student, quite near the table, and who talked and laughed with the men. It was not at all charming, but she did not appear in any way disturbed by her extraordinary surroundings."

## REPORTS OF SOCIETIES.

### ACADEMY OF MEDICINE IN IRELAND.

#### SUB-SECTION OF STATE MEDICINE.

Dr. J. W. MOORE in the Chair.

THURSDAY, MAY 14TH, 1885.

#### *Relative Disease and Death-Rate in Town and Country.*

THE REGISTRAR-GENERAL (Dr. GRIMSHAW) gave a *résumé* of his paper on the relative prevalence of disease, and on the relative death-rate in town and country districts in Ireland.

The CHAIRMAN regarded the remarkable coincidence between the average disease and death-rate as one of the strongest arguments that could be adduced in favour of the registration of disease. Some of the epidemic diseases seem to fall more heavily upon Dublin South than upon Dublin North, but measles and scarlet fever the reverse.

Dr. JACOB asked how far these interesting and important facts ought to be discounted by the deficiencies of registration; because the curves on the charts, even on a cursory view, revealed certain points which he should not have expected.

Dr. HENRY KENNEDY emphasised the extreme value of the Registrar-General's information and remarks. The fact had been long established that the towns were less healthy than the country, and there was a perceptible difference too in favour of the healthy appearance of the country population, townspeople being more or less pallid. He had no doubt that a dry climate had an important bearing on health; for instance, people who went to reside in England, at once lost rheumatism with which they were afflicted here. The registration of the causes of death depended on the professional knowledge of the medical men in each locality, and he had no reason to believe that facilities of knowledge differed in one place more than another.

The REGISTRAR-GENERAL replied.

#### *Compulsory Notification of Infectious Disease.*

Dr. JACOB read a paper on the compulsory notification of infectious disease.

Dr. FITZPATRICK concurred in Dr. Jacob's observations that the medical profession would be placed in a most invidious position, without any possible good arising to the public.

The REGISTRAR-GENERAL (Dr. GRIMSHAW) differed from Dr. Jacob in everything he said, being strongly in favour of compulsory notification. Two questions were mixed up which should be separated—one, whether there should be compulsory notification of disease; and the other, whether the medical man should have any responsibility in directly notifying to the sanitary authorities. That notification would tend to prevent and diminish disease he was certain. People complained individually of the losses inflicted on them by it, but the losses inflicted on others who caught the disease were just as great or greater, and on moral grounds, independent of anything else, nobody had a right to inflict the misery. With regard to the figures brought forward, having read all that had been quoted in some shape or other before, he was bound to say he never could discover anything to show that injury had been produced by the notification of infectious disease. On the other hand, the sanitary authorities, knowing that a particular disease existed in a particular place, could take precautions to prevent its spread, and thereby benefit the community. But where the sanitary authorities were unable to interfere, the disease had spread, destroying numbers of lives, and creating misery among the working classes, who were deprived of every penny they had.

Dr. COSGRAVE, having had practical experience of the working of the Act for two years in Huddersfield, pointed out that at least two of the objections urged against it did not amount to anything. One was that the voice of the profession was not heard against the Act. Now, although the severity of the Act had been increased in Huddersfield, he did not find his brethren there complain of having to carry out its provisions. But it was quite right that certain cases need not be notified; for instance, where a case can be isolated and treated in the house. With regard to the loss of money, in the majority of cases where the people were able to pay medical men the patients could be treated in their own houses. But it was different with the people who lived in tenement dwellings, and if those cases were moved into hospital, as they should be, the dispensary medical officers would have a much easier time of it. As to imposing a penalty, he did not see how the principle differed from that of imposing it for not certifying the disease of which a patient died. The best mode of notification was to hand the form filled up to the person in charge of the case, whose duty it was to transmit it. He thought that preferable to the present mode of direct notification. At the same time he concurred in Dr. Jacob's appeal for an investigation into the working of the Acts, the question involved being one affecting the health and life of the population. He believed that notification struck at the root of infectious disease.

Dr. HENRY KENNEDY inclined largely to Dr. Jacob's



views, and regarded the evidence which he adduced as conclusive.

Mr. EDGAR FLINN, speaking from experience of the working of the Act in Leicester and Nottingham, believed that a measure for notification of disease would be of no great harm. He admitted, however, the great hardship of asking medical men to become detectives, and therefore thought that the measure should not be compulsory.

The CHAIRMAN avowed himself to be strongly in favour of the compulsory notification of infectious disease. The relation which the profession held to the State, or rather to the people of the country, should be remembered. The licensing bodies were acting under charter, and likewise the universities existed by the favour of the State, and, therefore, anything ordered to be done by the profession must be done, protest as they may. Dr. Jacob had drawn purely fancy pictures of the existing state of affairs. He had mentioned that the Act had led to concealment of disease, forgetting that, in towns where it was not in force, greater concealment prevailed. This was notoriously the case in Dublin. What they wanted was a code making infectious notification applicable to the whole country, rich and poor, but with modifications. A difference would be made in the treatment of rich and poor patients to the end of time. He approved of an enquiry into the subject such as had been held in reference to the Public Health Act.

Dr. JACOB said, in reply, that it was not the notification of the existence of disease to a sanitary authority that he deprecated, but the proposition that such notification should be effected through the agency of the medical profession; because he held that that would result in the exclusion of the medical man once he was forced to act as a detective. The whole pivot on which this argument turned was the concealment of disease from the sanitary authority. Where there was a medical man to the fore to give good advice and see it carried into effect, the concealment of disease was of comparatively little importance; but the concealment of disease where there was no medical man in the case was fraught with every element of destruction to the community. He affirmed that the Acts which had been working for seven, eight, or nine years in twenty-two towns had utterly failed to produce any amendment of the public health, and, therefore, he asked the Academy to take a prominent position to prevent the further extension of the system.

The sub-section then adjourned.

## SPECIAL CORRESPONDENCE.

### INDIA.

(From Our Bombay Correspondent.)

*The Proposed New Medical School at Bombay—The Goculdas Tejpal Hospital—Increase of Cholera—Pay of Veterinary Surgeons—The Grievances of the Junior Officers of the Indian Medical Department.*

July 6.

AN agitation has lately been set on foot in Bombay by local medical licentiates, having for its object the establishment of a new medical school, in connection with the Goculdas Tejpal Hospital there. The agitators further desire that the staff of this new school should be selected, albeit by a municipality which has but little spare time or funds at its disposal, from among the agitators aforesaid, to the exclusion of members of the time-honoured Indian Medical Service. They also desire to have minor chairs and appointments created for the benefit of local practitioners who may fancy the taking-up of special subjects, also to the exclusion of members of the covenanted Indian Medical Service. The *Indian Medical Gazette* did good service the other day by printing a schedule showing the professional hospital, jail, and other appointments reserved as a special right for the Covenanted Medical Service. The agitation now being raised in Bombay by the promoters of such schemes is fraught with evil, and tends, doubtless, to beget an ill-feeling between the two classes of medical men.

I see no reason why the existing Grant Medical College and its staff cannot be augmented, of course from among legitimate candidates belonging to the Covenanted Service, which, I should think, would be quite able to meet all wants. It is to be hoped that better counsels will soon prevail in the city of Bombay, and that its municipality will be induced to direct its attention to the many sanitary shortcomings which stare them in the face.

I have before me a copy of the last annual report on the working of the Goculdas Tejpal Hospital of Bombay, by Dr. Vandyke Carter, of the Indian Medical Service, the medical officer in charge of the institution. He writes first on the "Conservancy and Water Supply," and on this he has nothing to say of very great importance, except to point out the interruption of the water-supply through non-filling of the tanks. Concerning the hospital buildings, he makes certain remarks which are not of sufficient importance for me to note here. Under "Attendance of Patients," he states that the total number of indoor cases treated was 2,374 as compared with 2,709 of last year; and the total admissions were 2,268 or 333 less than in 1883. There were no admissions from cholera or small-pox during the year, while in 1883 there were 116. The out-door cases treated numbered 17,858, or 1,108 more than in the preceding year. The average daily attendance was 153.3 as contrasted with 122.9 in 1883. The most common diseases among the in-patients were malarial fevers and syphilis; next in order of frequency came affections of the respiratory system, including phthisis, dysentery, diarrhoea, rheumatic, hepatic, splenic, and cardiac affections, gonorrhoea, abscess, ulcers, &c., and there were a large number of cases of poisoning, poisoned wounds, and injuries. There were 104 major operations performed, including 1 case of nephrotomy, 2 of herniotomy, 17 aspirations for hepatic abscess. Under the head "Mortality and its Causes," Dr. Carter reports 262 deaths amongst 2,374 in-patients treated during the year, which is equal to 11 per cent., as contrasted with 11.8 per cent. during the previous year. A considerable number of cases were admitted in an almost moribund condition, dying within four-and-twenty hours. Several of the cases, I learn, were "discussed before the Medical and Physical Society in anticipation of the surgeon-general's approval, there being necessarily a large amount of valuable professional knowledge rendered available in hospitals like the Goculdas." As regards the "Conduct of the Establishment," Dr. Carter writes that he resumed charge from Mr. Hize on 7th May. On the 22nd July, the two honorary assistant-surgeons tendered their resignation, and two assistant-surgeons in the service were appointed in their places. Dr. Carter writes that, as regards the conduct of the honorary assistants, report had already been made, and he does not say anything more on the subject. He speaks in terms of eulogy about his subordinate staff; and lastly, under the head of "General Observations," he writes that the hospital is working to his satisfaction. He urges the building of two isolation and emergency wards. He recommends the appointment of a second (junior) surgeon on the permanent staff, a recommendation which I have every reason to endorse, having myself urged it before this.

I have again to notice a considerable increase of cholera in Quettah, and the adjoining districts. The cantonments have had to be evacuated, and the troops placed in tents at a distance from the place. The works on the railway under construction have had to be suspended until the abatement of the disease. The cholera is now raging virulently at Kurrachi. It is all very well for the promulgators of the non-contagion theory to stick blindly to a view which can never hold for a moment where both sides of the question are duly represented. In the case of the Quettah epidemic, there is little room for doubt that the cholera was carried by human intercourse from Bombay, which now may take rank as an "endemic area."

The Government of India have, I observe, issued an order whereby the pay of veterinary surgeons of the army in this country is considerably improved. This has caused a somewhat acrimonious correspondence between the Army Medical Staff and the Veterinary Department in the columns of the *Pioneer*, the former naturally feeling indignant that the Government should hold the services of



their horse medical attendants at a higher estimation and pecuniary value than those of their soldier medical attendants.

Owing to a new order, of employing junior surgeons of the Indian Medical Service, not provided with appointments, or in other words on "general duty," in what are out here called "station hospitals," *i.e.*, hospitals for British troops, of which there is one at each military station, a great deal of dissatisfaction has been produced among them. The reasons alleged for this I understand to be—firstly, that they do not like the idea of being placed under the orders of what they deem to be an "alien department"; secondly, because the Army Medical Staff leave all the heavy duties, together with the dirty and unpleasant ones, to the junior Indian medical officer while so placed temporarily to do duty under them. The latter very rightly complain that if some unpleasant duty, such, for instance, as going out into cholera camp with troops, requires a medical officer to be deputed, it is almost invariably the junior Indian medical officer, though there may be at the time in the station juniors of the Army Medical Staff, and this they maintain when the troops are those for whom they are brought out to India, and paid for—*i.e.*, British troops. The Indian Medical Service has another grievance of which complaints are made, and this is that such appointments as staff surgeoncies, which used formerly to belong to them, are now being bestowed on the sister service. It is to be hoped that these points will receive the attention they merit, so as to remove any heart-burning that there may exist in the service, and so prevent the best candidates from being deterred from competing for admission thereto.

The Simla Correspondent of the *Bombay Gazette* telegraphs, under date June 27, that "a virulent form of fever has proved very fatal among the Jamshedeers. Dr. Owen will take an early opportunity of diagnosing it." This refers to Sir Peter Lumsden's Boundary Commission.

## GENERAL CORRESPONDENCE.

### MEDICAL EDUCATION.

[To the Editor of the Medical Times.]

SIR,—Much has recently been said at various meetings of British Medical Branches, and in letters to you as well as in papers to contemporaries, on this subject of medical education. It appears to me that the *useful* end in view in the present age of "cramming" and examining is quite overlooked. We want in our midst medical men when we are ill, who can recognise practically the nature of our ailments, who know what is going on in structures out of sight, and also know how to *interpret* symptoms which, as matters of fact, are on the surface and capable of being so far recognised by laymen, though the latter may not and generally do not understand their deeper value; in addition to knowing these points we want them to go a practical step further, and be able to do something to *relieve* our agony while intelligently (not *curing* like a quack, we have no *cures* for the majority of ailments) conducting our *treatment* in successive stages to restoration to health. Now are these the points *prominently* kept in view in the school and examination schemes in the present age in the so-called education of the future medical man? The fact is there is a tremendous standard set up in respect of preliminary non-essentials, and what Dr. Latham said in his day speaking of the same subject is true now, "I am persuaded that there does not exist at this day in the profession an individual who comes up to the standard which (it is implied) all ought to reach. If all medical students had fifteen or twenty years at their command, and could dedicate them all to professional education, we might pardon a little innocent declamation in displaying the rich and varied field of knowledge about to be disclosed to them, but even then, sober truth would compel us to confess that the field so

pompously displayed far exceeded in extent what the best minds could hope to compass, even in fifteen or twenty years. When, however, we recollect what space of time the majority of men so addressed really can give to their education, the whole affair becomes inexpressibly ludicrous." "Turn away then," says Dr. Latham, "a little further on from the contemplation of this ideal perfection which can only make you despair and look to some real examples for your encouragement. But take care that they be *high* examples, and such as no small or ignoble efforts can imitate." He then points to Dr. Baillie and Dr. Babington as great exemplars of what a physician ought to be, and he remarks, "Now the reputation of Dr. Baillie and Dr. Babington would not be exalted by any lavish praise of them for qualities which they did not possess. They do not need our commendation for what they were not. Enough will still remain to make us content to be what they were, although it should be denied that either of them was remarkable for the extent or variety of his acquirements. We may still take them as our examples, although neither of them did, or ever pretended to possess a knowledge of one half the things now recommended to the medical student as indispensable. . . . I will venture to affirm that had Dr. Baillie and Dr. Babington been constrained to accomplish half the course of literature and science now recommended for common professional education, they would from the very texture of their minds have been utterly spoiled as physicians." How true is the following observation: "Knowledge may be an incumbrance as well as a help; many men know more than they are able to wield. There is a point in the acquisition of knowledge beyond which if more be acquired the whole mass becomes useless to its possessor. I am acquainted with men who never have *done* and never can *do* anything because they know too much. . . . In laying down any scheme of education you must take care to make it suitable to the majority of those who are to be educated. . . . Their knowledge should be of things obviously and confessedly necessary, and this knowledge ought to be rigidly exacted and nothing more. . . . There are doubtless many things *out of* the profession by the previous knowledge of which the things within the profession are better understood. Such previous knowledge you may *recommend*, but you must not demand it. You may *recommend* that every man before he enters upon the study of physic should obtain the best general education within his reach, but you must specify nothing as absolutely necessary but what bears immediately upon professional use." A quiet mind is the inceptive mind, knowledge of a practical and applicable kind is what the student needs to have put within his reach. Where can be the harm in the professor being also the qualifying examiner? He can *explain* the scientific points in the case for instance, and properly and for purposes of after practice *associate* the ideas which crop up while analysing a case, he can point out possible fallacies, he can show how the proper investigation of the case is to be conducted by judicious questioning, he can fix attention and also give the information required, of which the students may have proper time to make a note from his dictation, or refer to portions of authors to be read; thus the trumpet would give no uncertain sound, a great deal of *useful* science would be taught pleasantly, almost insensibly and by constant reviewing and repetition, the information being of *standard* value would become a part of the student's mental self. Then *knowing* his subjects thus thoroughly, at the examination time let Professor A. examine him as to his knowledge and power of using A.'s information of standard value previously given to him—not as now, let B. and C., who may differ from A. in many points, examine him in something or other, A. not being present, which he has not had brought under his notice—but B. and C. might be at the examination conducted by A., and see that the ground was well covered and the answers given satisfactorily. Thus with a *quiet* in class the student would feel conscious of treasuring up *useful* information for after years in practice, while the *detailed, daily, practical* bed-side work and *post-mortem* work, anatomy, &c., in class would be *telling* for his degree examination. Mere straight lecturing is of very little use, but I should advocate that there be class



tutoring, with demonstrations, questions and careful and full note-taking from tutor's dictation—much more like the University and College class-room work for Latin, Greek, &c., with at suitable intervals trials in written, practical, and *vivâ-voce* examinations. One other point might be worth the attention and consideration of some students, that is, three months or so to be spent with a tutor *before* entering on the regular course, so as to lose no time in getting into the mode of working. At present the medical student has anything but a quiet mind. There is a tendency in the present day to over-examine, preceded by a "cram-class" preparation, and to over-lecture the student and to keep the examiner always in view. Instead of this, the prominent idea in the student's mind should be to learn his subjects in a lasting manner, with such associated ideas that whatever he learns may be remembered at the right moment in after-practice. In the medical student's education there should be a concentrateness aimed at constantly, *i.e.*, the *habit* of regarding each accession to the stock of knowledge in all its probable uses and bearings, how the dead anatomy might be vivified by associating practical points with the mere dissection, *e.g.*, fascia in certain parts in association with waiting or not for "pointing" of an abscess, &c., *ad infinitum*, little points *dropped* in, but of immense value to remember at the right moment in practice. There is a great loss in having a *mere* anatomist to teach anatomy. In the present system the examiner's notions and the examination room with its appliances are kept too prominently before the student; and his profession for which he is preparing, might be more aptly described as that of *Examinee* than that of a sound practitioner of medicine. The student should be relieved from his present injuriously fevered condition of apprehension of the *Examiner*, and should be able with a calm brain to bestow his attention upon, and with the kindly assistance of *experienced* and naturally gifted tutors—not lecturers—to put by practical knowledge for use in future time, for the *legitimate* purposes of his profession—to relieve from suffering and prolong life.

I am, Sir, yours, &c.,

E. P., M.D., M.R.C.P. LOND.

London.

## A NEW PHASE OF LISTERISM.

[To the Editor of the Medical Times.]

SIR,—Though I have long ceased to practice Listerism in any of its details, or to be in the least degree fascinated by the wondrous charms put forward in its name, it still remains to me a most interesting study, chiefly by reason of the ever-varying aspects which it is made to present. Dr. Herman has added another to these, perhaps the most curious of all, and concerning it I certainly should like a little more information. In the case which is reported in your paper of to-day of a death from peritonitis after the performance of Alexander's operation, Dr. Herman says "that the death appears to have been due to the entrance of septic germs at the time of the operation through the wound of the peritonæum made in freeing the ligament." This sentence, with other minor points in the narrative of the case by Mr. Holyoake, makes it quite clear to me that the new view concerning these germs is that, it is their entrance into the cavity of the peritonæum alone which is held to be responsible for their ill-results, and that the operator would be perfectly satisfied that his proceeding would be safe from danger if he had the said germs completely secured outside the peritonæum. In fact, in other words, this view means that on the one side of the peritonæum the germs are harmless, whilst on the other they are full of mischief, and that a membrane which is certainly not more than the one-hundredth part of an inch thick has therefore a perfectly preservative influence against the evil machinations of these germs. That, in fact, you may do what you like so long as you keep on the right side of this sacred boundary, but that once inside it a germ obtains the mastery. This is certainly

a most staggering doctrine to one who is in the habit of opening the peritonæum ten, twelve, fifteen times a week without the slightest regard to the presence or absence of germs, and without the slightest precaution for their destruction. The reason of my writing this letter is to ask Dr. Herman, in the first place, if he really seriously means to advance the conclusion which his words indicate; and again, if he does so, to indicate something like evidence in favour of a view which seems to be a sort of resuscitation of the old and now long-since dead dread of opening the peritonæum. If it is no more than this, the sooner it is discontinued the better; if it is, perhaps Dr. Herman will inform us.

I am, Sir, yours, &c.,

LAWSON TAIT.

Birmingham, July 25th, 1885.

## MEDICAL CONSULTATIONS.

NO. XVI.—MEDICAL M.P.'s.

SCENE.—A room in TURBITT'S house.

DRAMATIS PERSONÆ.

TURBITT.—A distinguished provincial physician.

MALLOW, } In practice in the same city.  
RUE, }

TURBITT. Very glad to see you, gentlemen, I'm sure, but—

MALLOW. Sir, we have the honour of calling upon you as the representatives—indeed I may say the delegates—of the medical profession in this growing centre of intelligence and commerce. It may perhaps have come to your knowledge, Dr. Turbitt, that an invitation—a numerously signed invitation—is about to be presented to you, begging you to allow yourself to be put into nomination for the representation of this city in the new Parliament.

TURBITT. Upon my word, gentlemen, you take my breath away. An honour I had not dreamt of. Pray be seated.

MALLOW. No dream, Sir, I am glad to say, but an actuality.

RUE. Upon ten sheets of foolscap.

MALLOW. With power, and I may say with full certainty of adding to their number.

TURBITT. Dear me! I had no notion of such popularity.

MALLOW. Sir, we are fortunate in being the first to advertise you of it. To proceed: at a meeting of the whole medical profession in this city, without respect of party—a meeting over which I had the honour of being called upon to preside—it was decided without a dissentient voice, to beg you to take the petition of your fellow citizens into your most favourable consideration, and we have all pledged ourselves, again without respect of party, to do our utmost, individually and collectively, to secure your return.

TURBITT. Very obliging of you, I'm sure.

RUE. The plain fact is, we want to send a doctor to St. Stephen's.

MALLOW. Excuse me, Rue; we are anxious to be represented by the most distinguished of our brother practitioners.

TURBITT. You honour me too much. But, gentlemen, your reasons?

RUE. They are as plentiful as blackberries, with a little more variety.



MALLOW. I will expound them *seriatim*. In the first place, we are desirous of reinforcing the phalanx of medical talent in the Lower House of the Legislature.

RUE. Not much of a phalanx at present; a four-wheel cab would carry them, while as for the lawyers, they would crowd a penny steamboat.

TURBITT. Fit emblems of the two professions.

RUE. True, Sir, we are too jog-trot.

MALLOW. You interrupt me, Rue. It must have occurred to you, Dr. Turbitt, that there are many questions of medical import—and I include therein the whole range of sanitary and prophylactic science—in respect to which ninety-nine hundredths of our representatives are entirely unenlightened. The experts are lost amongst them—*rari nantes in gurgite vasto*.

TURBITT. Excellent! And you wish me to make one in the Maelstrom?

MALLOW. Sir, we wish you to be our representative. Look at medical legislation. Do you opine that the brewers, or the lawyers, or the ship-builders, or any other class representatives who sit in the House would have allowed Bill after Bill dealing with the loud abuses of their business to be talked out?

RUE. Tossed from one party to another like a shuttlecock, thrown to the Medical Council for repairs, and then pigeon-holed as past praying for.

MALLOW. Do you think that if we had a score of our members in the Commons, they would sit down in peace, while chemists and herbalists, and the growing tribe of unauthorised quacks, are stealing work and wage from educated practitioners?

TURBITT. Really, gentlemen, I hardly think that I could consent to go before a large constituency like this, pledged to restrict their liberty to get drugged where they pleased.

MALLOW. We do not put it so crudely as that, quite. We merely ask for legislation, for and by the advice of the profession, to the end that the medical needs of the poor shall be supplied by regular and competent practitioners. If the standard of the authorised practitioner is too high, let it be lowered. But that is a matter to be considered by Parliament, under the competent advice of a fair number of medical representatives.

TURBITT. That is a very different case.

MALLOW. We think, even, that a Select Committee should be asked for to consider the present medical provision for the working classes.

TURBITT. A reasonable demand, though I fear the Select Committee is often but a prelude to the pigeon-hole. But my impression is that if I stand—and as yet the idea has come upon me so suddenly that I can decide neither one way nor the other—but if I stand I should be inclined between ourselves to say as little as possible about medical matters, and to rest my claim on my anxious desire for the physical well-being of the masses, and on the knowledge and experience which I can bring to that object—a knowledge indeed which, small as it is, is yet greater, as you say, than that of the vast majority of our present representatives.

MALLOW. I am sure, Sir, I need not reiterate the many directions in which such a knowledge as yours would facilitate the passing of wise and beneficent measures of sanitary reform. I may predict that the most important duty of Parliament for the next generation will consist, not so much in consolidating our empire beyond the seas, and taking measures for the protection and extension of our commerce, as in stemming that rapid degeneration and decay

of our crowded home population, which all men of extended medical experience must admit to be the most pressing problem of the day.

TURBITT. There is not a doubt of it.

MALLOW. Then, Sir, may I have the pleasure of informing your brother practitioners that you will gratify them by accepting?

TURBITT. Stay a moment. I fully endorse all you have so eloquently said. It cannot be denied that medical knowledge and experience ought to and must have a predominant voice in the legislation of the future. But it does not seem to me to follow that this can be best secured by placing medical men in Parliament; and still less that it can be best secured by placing me there.

RUE. Pray do not disappoint us.

TURBITT. Certainly not, if I can help it. But the thing wants arguing. Grant that the medical voice must be heard, we have to ask how will it best be heard? By sending into Parliament a score of medical men, perhaps like myself of no proved aptitude for it, perhaps like others who may be returned elected for considerations entirely apart from their authority in matters of medicine? Or, again, will the medical voice best make itself felt, as at present, informally; by ministers and members of Parliament seeking advice from the highest available authorities, from distinguished fellows of the College of Physicians or the College of Surgeons, from the medical adviser to the Privy Council, and so on? It seems to me that if you have an increased number of medical representatives in the Commons, they must, however chosen, *ex officio* take the place of the present informal advisers, and so you may substitute inferior advice for the best that is to be had.

MALLOW. I follow your point, but I don't see that the one expression of the medical voice need drown the others. Government would still seek advice from its chosen experts. But remember, the experts only speak when asked, that is infrequently, and perhaps only when it is known that their advice will be agreeable; whereas you and your medical colleagues would have a right and a duty to speak whether asked or not, to give advice whether welcome or otherwise.

RUE. Besides, could not you consult the experts as well as Government, and convey their views to Parliament with a great deal more weight than some bungling under-secretary?

TURBITT. I concede these points. But there is another reason for my hesitancy. Is it not probable that the next Parliament will be a stop-gap Parliament?

RUE. What? Stop-gap, after our leap in the dark?

TURBITT. I mean, is it not likely that the first act of the new House of Commons will be to pass a large measure of local government, and to throw all those matters on which medical advice is needed into the hands of the new county-boards? Where would be the function of doctors in a central Parliament, dealing mainly, as I suppose it would, with imperial finances and defence. I speak with diffidence on the subject, but would it not be well for medical candidates to reserve themselves for the important duties which will fall to the Local Parliaments?

MALLOW. I would not attach too much importance, Sir, to that objection. In the first place, it is founded on a forecast which is very uncertain of fulfilment. And secondly, assuming that local parliaments are to be created, it is highly important that medical authorities should have some voice in defining the duties to be allotted to them and their mode of election. Your idea that medical men will play an important part upon them—which I admit to be



a desirable, if not a probable issue—renders it all the more important that medical men should be seated in the new Parliament, in order that they may provide that the system of election to the local Councils shall not be such as to exclude members of their profession. Thirdly, there will be still many duties left to the central Parliament—provision, for instance, against the importation of disease, the health of the army and navy, &c., in which the medical voice ought to be heard.

TURBITT. There is much in what you say. Well, I will consider the matter, and you shall be the first to hear my decision. I must consult Mrs. Turbitt, for one thing.

RUE (*aside to MALLOW*). Ah, Mallow! you should have kept your eloquence for the lady.

## MEDICAL NEWS.

### CONFERENCE OF HEALTH OFFICERS ON CHOLERA PREVENTION.

ON July 16th, a Conference was held between Dr. Buchanan, Medical Officer of the Local Government Board, and the Metropolitan Medical Officers of Health, as to the preparation of London against cholera. Dr. T. Orme Dudfield, President of the Society of Medical Officers of Health, presided, and introduced the subject by an account of the steps that had been taken since the summer of 1883, with a view to preparation against cholera.

Dr. DUDFIELD said that in 1884, when cholera made its appearance in France, a Conference to concert measures of defence for London was held by the Medical Officers of Health, with the General Purposes Committee of the Metropolitan Asylums Board, that Board having been constituted a "Local Authority" under the Diseases Prevention Act, 1855, by the Diseases Prevention (Metropolis) Act, 1883. One of the objects of the latter Act was to make better provision, as regards the metropolis, for the isolation and treatment of persons suffering from cholera, and by it the Board was enabled to utilise its buildings, ambulances, and staff, for the execution of the powers and duties imposed on it under both of the Acts. Immediately after the passing of the Act, the Board resolved to provide accommodation for cholera patients in the metropolis, as a whole, without respect to parochial boundaries, partly by the use of its own hospitals, partly by the acquisition of sites for huts, and partly by arrangements for the use of beds at general hospitals, at infirmaries, and at workhouses. The beds placed at the disposal of the Managers were about 1,700, irrespective of 250 available at their own hospitals. The design in the proposed arrangements was to constitute the Managers a first line of defence for immediate action on the appearance of cholera.

Had cholera come, the other local authorities (the vestries, &c.) would have been liable to provide additional accommodation for the sick, if necessary, as well as refuges for the other inhabitants of houses where there were cholera patients too ill to be removed to a hospital.

The questions considered by the Conference were mainly how an epidemic of cholera could best be met, and what convenient buildings or sites for hospitals could be made available in the several districts.

The Committee had previously addressed a communication to the Medical Officers of Health in which questions connected with provision of hospitals, disinfection of excreta, hand-ambulances, notification of cholera cases, &c., were dealt with, and to that communication a collective reply was sent, in September last, through the secretaries of the Society of Medical Officers of Health.

In 1883, and again in 1884, the Local Government Board addressed communications to the several "Local Authorities" with reference to cholera. The Board also issued two orders, with a covering explanatory letter: one

addressed to the Port of London Sanitary Authority, who of necessity would constitute the outer line of defence; and the second addressed to all the other Port Sanitary Authorities, &c. The Board also forwarded, for the information of all Sanitary Authorities, a "Memorandum," prepared by their medical officer, on "Precautions against the infection of Cholera."

The regulations issued by the Board in 1866, imposed on the vestries, &c., as "Local Authorities" the duty of making arrangements for the prevention and treatment of cholera, including the medical visitation of the houses of the poorer classes, for the purpose of detecting cholera and diarrhoea, and the supply of medical attendance and nursing, and of medicine and disinfectants. What the Board had done in the past might be taken as an indication of what the Board would be likely to do in the future, should occasion arise. It was to be supposed, also, that the arrangements of the Asylums Board, made in 1883 and 1884, would hold good at the present time.

Dr. GEO. BUCHANAN then made some observations, in the course of which he said that the threat of cholera in 1883 was more serious than that which was now exciting attention, it being a peculiarity of cholera in Europe that it usually made a threatening appearance for about three years in succession, and then was heard of no more for a time. His object in desiring to take counsel with the Medical Officers of Health was to avoid fuss and panic. In this country no confidence was reposed in quarantine, but much in the practice of medical inspection through the officers of the several Port Sanitary Authorities. The duties of those authorities were defined by the Board's Order of 1883. A vessel coming from an infected country was required to anchor where ordered until inspected. If found healthy, all passengers were allowed to go free. If there were any sick on board they were detained, the healthy being allowed to depart, their several destinations being recorded, and the vessel was disinfected. The Board had been looking to the defences of the principal ports, by inspections made in 1884. During the present year the survey had been extended, and the various arrangements had been investigated, including the provision of hospital accommodation. The Board's inspectors had looked closely to the condition of the several towns, and to see how the local authorities were doing their work. At some of the ports the arrangements were very satisfactory, the authorities being careful and thoughtful in their preparations. At others there were shortcomings. The inspectors had striven to rouse less careful Authorities. A principal danger to be guarded against was the importation of cholera in rags, and so it had been arranged that rags should not be imported without proper precautions against possible mischief. With reference to the Society's views on the supervision of the water supply, from its sources to the consumers' cisterns, expressed at the Conference in 1883, he had conveyed them to the Board. In Colonel Sir Francis Bolton, the water examiner, the Board had an officer who devoted much thought and attention to this important subject. His reports showed the work done by the companies to safeguard the supply. In 1883 the Sanitary Authorities took steps for securing the purity of the water in the cisterns, and this combination of local vigilance with central vigilance should be continuous. With respect to hospital provision it should be remembered, as had been stated, that the Asylums Board would only profess to provide a first line of defence. The 2,000 beds they were said to be able to provide would be very useful, but it was important to enquire as to the convenience of the proposed hospitals in point of nearness to those of the sick who would be likely to require hospital treatment. The Vestries and District Boards would form the second line of defence, and this would be the more important should cholera come. The Vestries would have to provide places of refuge for the healthy when the sick were too ill to be moved. With this branch of work, probably the most important, as being the best way of dealing with cholera, the Asylums Board would have nothing to do, nor with the provision of disinfectants, medicines, &c. He concluded by inviting suggestions from Officers of Health.

A discussion followed, in which the Medical Officers for Poplar, Bermondsey, Marylebone, Newington, the Strand,



Chelsea, Battersea, and others took part, the general feeling being—and with this the Medical Officer to the Board agreed—that in the event of cholera making its appearance the local Sanitary Authorities should be prepared to do their own duty, not resting too much on what the Asylums Board might be able to do, but depending primarily on their own efforts, alike for removing those conditions which allowed the spread of cholera, and for dealing with the disease if it became epidemic.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen having undergone the necessary examinations for the diploma were admitted Members of the College, at a meeting of the Court of Examiners, on the 23rd ult., viz. :—

John Michell Clarke, M.B. Cantab, Bristol; Henry Alexis Thomson, M.B. Edin., Edinburgh; Reginald Bowman, M.B. Edin., Edinburgh; Charles Louis Lightfoot, M.B. Edin., Newcastle-on-Tyne; Frederick Brentnall, L.K.Q.C.P.I., Manchester; John Woodward Crowther, L.S.A., West Bromwich; Ernest Robertson, M.B. Edin., Auckland, New Zealand; Harry Adecock, L.K.Q.C.P.I., Liverpool; William Ernest Porter, M.B. Edin., Goole, Yorks; Frederick Proud, M.B. Durham, Bishop Auckland; Frederick William Collinson, M.B. Edin., Edinburgh; Thomas Matthews Angion, L.S.A., Bootle; Edwin Leonard Lees, M.B. Edin., Bristol; George Parker, M.D. Cantab., Cambridge; Herbert Shackleton, L.K.Q.C.P.I., Bradford; John Lockhart Gibson, M.B., Brisbane, Queensland; Henry Claxton Bowman, L.S.A., Woodley, near Stockport; John Charles Lamont, M.B. Edin., Edinburgh; Alfred William Hughes, M.B. Edin., Corris, North Wales; John Warnock, M.B. Edin., Melbourne, Victoria; Richard James Reece, L.S.A., Edwards Place, W.

One gentleman was approved in Surgery, and when qualified in Medicine and Midwifery, will be admitted a Member of the College; 1 candidate was referred for 3 months, 5 candidates for 6 months, and 1 candidate for 9 months.

Admitted Members on the 24th ult., viz. :—

John Archibald Cones, L.S.A., Powys Square; Alexander Louis Achard, L.S.A., Brixton Rise; William Henry George Stephen, M.B. Edin., Edinburgh; Thomas Hindle Sykes, L.R.C.P. Lond., Southport; Stephen Robert Thompson, Dulwich; John St. Leger Clarke, L.K.Q.C.P.I., Dublin; John McLachlan, M.B. Edin., Edinburgh; Adolf Bronner, M.D., Heidelberg, Gower Street, W.C.; Charles Dennis Fitch, L.S.A., Kidderminster; Howard Decimus Buss, L.S.A., Southall Park, N.W.

Six gentlemen were approved in Surgery, and when qualified in Medicine and Midwifery will be admitted Members of the College; 1 candidate was referred for 3 months and 9 for 6 months.

Admitted Members on the 27th ult. :—

Samuel Gordon Smith, L.S.A., Richmond Road, N.; Gerald Schofield, L.R.C.P. Lond., Beckenham; William Grimshaw Bigger, L.S.A., Londonderry; Otto Jackson Kauffmann, L.S.A., Manchester; Thomas Rushbrooke, L.S.A., Amptill; Andrew Alexander Brockatt, L.R.C.P. Lond., Denmark Hill; John Jarvis, L.R.C.P. Lond., Bury St. Edmunds; Daniel Flockton Whiteley, L.R.C.P. Lond., Wakefield; John Oliver, L.R.C.P. Lond., East Dulwich; Edward Buxton, L.R.C.P. Edin., Liverpool; John Hall White, L.R.C.P. Edin., Stratford, Manchester.

Nine gentlemen were approved in Surgery, and when qualified in Medicine and Midwifery, will be admitted Members of the College, and 9 gentlemen were referred for 6 months.

Admitted Members on the 28th ult. :—

William Algernon Winship, L.S.A., Newcastle-on-Tyne; James Edward Roney-Grant, L.K.Q.C.P.I., Harrow Road; Benjamin Blakemore, L.K.Q.C.P.I., Tyldesby, near Manchester; Levi Stephenson Luckham, L.S.A., Studland, Dorset; William Lees, L.S.A., Ealing, W.; Thomas Wingrave, L.S.A., Hemel Hempstead; William Glover Moore, L.R.C.P. Edin., Liverpool; Leonard Charles Talbot Dobson, L.S.A., Ealing, W.; Lewis Brown, L.S.A., Bolton; Henry William Brooks Saville, Radcliffe.

Nine gentlemen were approved in Surgery, and when qualified in Medicine and Midwifery, will be admitted Members of the College, and 9 gentlemen were referred for 6 months.

Admitted Members on the 29th ult. :—

Frank Cecil Clarkson, L.R.C.P. Lond., Surbiton; Harry St. George Standish Hore, L.R.C.P. Lond., Dulwich Common; Francis Albert Saw, M.B. Durham, Maze Hill, S.E.; Walter Henry Bernard Moore, L.R.C.P. Lond., Straits Settlements; Edward William Du Buisson, L.R.C.P. Lond., Newstead, Hereford; John Smith, M.B. Edin., Hackney; Evan Lewis Hickey, L.S.A., King's Road, Chelsea; Henry Willingham Gell, Buxted, Sussex; Thomas Slater Jones, Bangor; Frederick William Burton, L.R.C.P. Lond., Weybridge; Charles Henry Taylor, L.S.A., Newport Pagnell.

Eight gentlemen were approved in Surgery, and when

qualified in Medicine and Midwifery will be admitted Members of the College.

Four gentlemen were referred for 3 months and 8 for 6 months.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, July 23rd, 1885 :—

Alexander Louis Achard, M.R.C.S., 33, Bonham Road, Brixton Rise; Hugh Exton, Bloemfontein, South Africa.

On the same day the following gentlemen passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise :—

Herbert Bertram Cavell, 21, Brook Street, Grosvenor Square, W.; Arthur Deaker Owen, Dart View, Totnes; Frederick Stoman, Farnham; George Richard Radmore, 47, Tonsley Hill, Wandsworth.

**UNIVERSITY OF GLASGOW.**—The following candidates have passed the Final Examinations for M.B. and C.M., viz. :—

A. S. Alexander, S. P. Alexander, John Allan, William Allan, W. Carrick Allan, S. J. Baird, Alexander M. Bankier, George G. Bannerman, Charles W. Bell, John Brown, H. D. Browne, H. Dryden Buchanan, John Buchanan, William Buchanan, William Butchart, M.A.; J. Wilson Cameron, William D. Campbell, Quintin Chalmers, William W. Christie, George M. Connor, Charles Court, B. S. Cowen, David K. Cross, Donald Currie, James K. Duff, M.A.; James Dunlop, M.A.; Henry S. H. Foster, John R. Gibson, Robert C. Gilroy, John Graham, Adam Hamilton, Herbert Hickin, John Hogg, William J. Holme, Joseph Horne, John Hughes, William Huntly, M.A.; David G. Johnstone, William Kirkland, J. Bertie Laing, George Marshall, John Marshall, Joseph G. Marshall, John Martin, Alfred E. Miller, Robert A. Miller, Trafford Mitchell, David C. Muir, William C. E. Muir, Alexander Munro, James J. McArthur, James R. R. McCrindle, John A. MacDonald, Alex. McKean, C. A. Mackeuhnie, John MacKeith, John Mackie, James J. Maclean, John A. Macquarie, Charles Mactaggart, Henry T. Neilson, John F. Orr, James Parker, W. W. Paterson, Andrew Richmond, John Ritchie, J. A. Robertson, M.A.; James A. Robertson, David Roxburgh, Pramath N. Roy, Thomas Rutherford, B.A.; Walter Sandeman, Joseph Scanlan, William W. Semple, William Seright, J. C. A. Smith, Gregory Sprott, David Stiell, David H. Storer, Charles D. Temple, William Wallace (Glasgow), James Wands, James Watson, Charles Whish, Andrew Wilson, John C. Wright, John S. Wright, Robert R. Young, Robert Wallace, William Watson.

\* Out of 115 candidates 25 failed to pass.

**ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.**—*Double Qualification.*—During the recent sittings of the Examiners the following gentlemen passed their Final Examination and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh, viz. :—

Charles Dudant Grant, Edinburgh; Vernon Edmund Russel Ardagh, East Indies; Benjamin Sidney Browne, West Bromwich; John Robert Henry Dubourg, Elgin; Michael English, Adamstown; James William Fox, Edinburgh; Charles O'Farrell, Dublin; Harry Gordon Leigh-Gilchrist, Manchester; Charles Louis Gabriel, Sydney; Godfrey Ernest Garde, Cork; Henry Edward George Johnson, Liverpool; William Owen Magoris, West Hartlepool; George Thomas Hartley, Castleford; Robert Morrison, Toberdoney; James Joseph Moran, Ireland; Patrick Hickson Moriarty, Ireland; Robert Thomson Paton, Edinburgh; John Godfrey Nixon, Tralee; William Henry Roberts, Dublin; George William Robinson, Huddersfield; Herbert Tofft Phillips Sinclair, Belgium, India; William James Shiell, Dublin; Charles Augustus Thorne, Cork; William Overton, York; Robert Francis Martin Quin, Ireland; and John Thomas, Gisborne, Australia.

**ROYAL COLLEGE OF SURGEONS OF EDINBURGH.**—During the recent sittings of the Examiners, the following gentlemen passed the Final Examination, and were admitted Licentiates of the College, viz. :—

Luther Laurence Hooper, Canada; Neil Charles McKinnon, Canada; Joshua Jackson, Canada; James Lindsay, Canada; and William Jaques, Canada.

The following gentlemen passed the First Professional Examination for the Licence in Dental Surgery :—

Gordon Reid Shiach, Elgin; Arthur Cocker, Halifax; and Frank Gordon Allen, Ripley, Derbyshire.

The following gentlemen passed the Final Examination, and were admitted L.D.S. Edinburgh :—

Thomas Prettie Ritchie, Edinburgh; David Browne, Montrose; and Andrew Burns, London.

**ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH, AND FACULTY OF PHYSICIANS AND SUR-**



GEONS, GLASGOW.—The Examinations for the Triple Qualification of these Bodies in Edinburgh were held in July, with the following results:—Passed Third Examination, and admitted L.R.C.P. Edinburgh, L.R.C.S. Edinburgh, and L.F.P. and S. Glasgow, viz.:—

James Anderson, Chelmsford; John Donaldson, County Cork; John Horatio Drake, Bucks; James Doyle, Manchester; Joseph Septimus Fallon, London; Octavius Stevens Fisher, Stroud; Arthur Broadfield Frost, Wolverhampton; Franzoni Antonino Faria, India; Arthur Morley, Leeds; Murdoch Mackenzie, Kilmore; James Nesbitt, Belfast; Canice Joseph McGrath, Cork; James McKenzie, Canada; Viriato John Pinto, India; Herbert de Curle Woodcock, Sheffield; and Robert Stevenson Wadsworth, County Fermanagh.

THE Library of the Royal Medical and Chirurgical Society will be closed on Monday, August 10th, and reopened on Thursday, September 10th.

DR. VAN ERMENGEM, of Brussels, has gone to Berlin to study the new method of investigating the cholera bacillus discovered by Dr. Koch.

DR. TITR has been elected a Corresponding Member of the Gynæcological Society of Boston.

DR. MILNE EDWARDS, the celebrated naturalist, died on Wednesday, at the age of 85. He succeeded Cuvier in 1833 as Professor of Natural History at the Paris Academy of Sciences, and in 1862 he succeeded Geoffroy St. Hilaire in the corresponding post at the Museum of Natural History.

EDINBURGH UNIVERSITY.—Last week Professor Cossar Ewart was presented by the students of his class with a pair of handsome lamps, as a mark of esteem, on the occasion of his marriage. The proceedings were marked by great enthusiasm on the part of the students, and the Professor made an appropriate acknowledgment.

THE Secretary of the Doncaster Infirmary has received, from an anonymous donor, a bank-note for 1,000*l.*, and the Secretary of the Yorkshire Institution of the Deaf and Dumb, at Doncaster, 500*l.*, not to pay for deficiencies, but to be invested with the view to increase the annual income.

THE CONVALESCENT HOME FOR SCARLET FEVER.—In consideration of the first anniversary, on the 14th ultimo, of the opening of the Mary Wardell Convalescent Home for Scarlet Fever, Stanmore, the Princess of Wales has sent portraits of herself and the Prince of Wales for the "Alexandra" day room, and the Duchess of Albany has given her portrait for the "Helen" room. Other presents were received on the anniversary, amongst them an offer of an annual subscription of 10*l.* for four years, if nineteen others would do likewise.

CENSUS (ITALY).—According to an official statement, the total population of the kingdom at the close of the year 1884 was 29,361,032 souls, exhibiting an increase of 1.21 per cent. upon the previous year, which then amounted to 29,000,652. The births (exclusive of still-born) is given as 1,130,741, namely, 581,413 males, and 549,328 females. The mortality showed a total of 790,361.

PORT OF LONDON.—On Saturday afternoon a new iron screw steam vessel built for the Port Sanitary Committee by Messrs. Edwards & Symes was successfully launched at their works, North Greenwich. The boat, which is 59 feet long and 11 feet beam, is arranged to accommodate the medical officer and inspectors forward, and has a large cabin aft for the conveyance of sick persons to hospital. She was built from the designs of Dr. Cellingridge, the Medical Officer of the Port, and Mr. A. D. Lewis, Naval Architect.

TWO CENTURIES OF SMALL-POX.—The statistics of the hospital belonging to the Brothers of Charity, in Prague, shew that the mortality from small-pox from 1670 to 1815 was 27 per cent.; while, after vaccination had been introduced, the mortality as shown by their registers from 1815 to the present time is about 4.5 per cent. Dr. Haas, who has published tables containing the elaborate statistics of the diseases treated during the last 200 years in the hospital, is very strongly of opinion that re-vaccination should be made compulsory.

MEDICAL MISSIONARY APPOINTMENTS. — Several old

Edinburgh students have recently received appointments, and have left or will soon leave for their distant spheres of labour. Mr. Churcher, M.B. and C.M., will be leaving in the autumn for Algeria, as the agent of the Mission to the Kabyles; Mr. James Wilson, L.R.C.P. and S., sailed early in June for Johore; Mr. Scholes, L.R.C.P. and S., has left for the Congo, in connection with the American Baptist Union; Mr. Fry, M.B. and C.M., has been appointed by the London Missionary Society to Neyoor, S. Travancore; and Mr. Pritchard, M.B. and C.M., will go to China in connection with the same society.

OFFICIAL REPORT ON PUBLIC WORKS (IRELAND).—The 53rd annual report of the Commissioners, on the loans voted, and the various services entrusted to their management, for the year 1884-5, shows a comparatively satisfactory progress in public sanitary improvements. Of the loans, *inter alia*, sixteen, amounting to 38,072*l.*, were for labourers' dwellings in towns, and 167, involving a sum of 84,738*l.*, were advanced under the Labourers' (Ireland) Act, 1883. In respect to this Act, it seems that 68 poor-law unions have obtained or are attempting to procure the necessary provisional orders to put the Act in force, in 685 electoral divisions, to provide, at a total cost of 418,600*l.*, or at an average of 100*l.* for each, 4,186 dwellings.

CHARITABLE BEQUESTS.—Mr. James Vaughan, formerly Surgeon-Major, Honorable East India Company's Service, late of Bui th, Breconshire, has bequeathed 100*l.* to the Brecon Infirmary. The late Mr. Thomas, of Maxwellton, near Perth, has by his will left 100*l.* to Perth Infirmary, and 200*l.* for distribution amongst the public charities of Perth.

PRESENTATION TO DR. MACCABE.—A testimonial, consisting of an illuminated address, a silver salver, and a clock, has been presented to Dr. MacCabe in recognition of his services while inspector to the Local Government Board in Ireland. The presentation was made by Sir Charles Cameron, the chairman of the testimonial committee.

THE LATE DEPUTY SURGEON-GENERAL BARNETT.—On Monday, a military funeral took place at Woolwich, on the burial of Dr. Barnett, principal medical officer. The deceased had recently returned from Egypt, where he superintended the medical arrangements, and he died on Friday, the 24th ultimo, at Eastbourne. Detachments from all the corps in garrison attended the funeral, as also many officers, including Director-General Crawford. The interment took place at the Charlton Cemetery.

DR. FERRÁN'S INOCULATIONS.—The Royal College of Surgeons, in Madrid, has declared by a large majority that it can neither recommend nor condemn inoculation as a preventive for cholera, without further data or information, nor as long as Dr. Ferrán keeps secret the scientific method of his culture of the bacillus comma. The College, however, adds that it sees no grounds for prohibiting Dr. Ferrán's proceedings, because he has produced some strong statistics in favour of his system. Doctor Brunetti, a distinguished Professor of the University of Padua, has been sent to Spain by the Italian Government, in order to study on the spot Dr. Ferrán's system.

HEALTH OF GLASGOW.—During the fortnight ending 18th July, 1885, there 427 deaths registered, as compared with 454 in the fortnight preceding—a decrease of 27, representing a death-rate of 21 in place of 23 per 1,000 living. The number of deaths from diseases of the lungs was 128 in place of 142; from diarrhoeal diseases 18 in place of 6, and of these, 14 were of children below 5 years of age. This was the first indication of the usual summer increase in diarrhoea. The number of deaths from fever was 4 in place of 1—viz., 3 from enteric fever and 1 from typhus; from infectious diseases of children, 33 in place of 51—viz., 24 from whooping-cough, 6 from scarlet fever, and 3 from measles. No cases of small-pox were registered for the week ending the 25th ult.; the death-rate was 24.1 per 1,000 per annum.

THE ASYLUM FOR IMBECILES, CATERHAM.—The annual inspection by the Committee of the Metropolitan Asylums Board, accompanied by gentlemen interested in medical



poor law administration, was made on Saturday last. At present the Asylum contains 1,107 female and 945 male patients. A very slight fluctuation in these numbers, it appears, occurs in the institution, and it can, therefore, be worked on a fixed scale, and at as low a cost as 6½d. per head for maintenance and clothing. A noteworthy feature is the well-managed home farm on the estate, on which those of the inmates who are able work upon. The visitors approved, and were well pleased with the regulations and management of the institution.

**POOR LAW MEDICAL OFFICERS ASSOCIATION.**—At the annual meeting of this Association, which was held at Cardiff on Wednesday, the chairman, Dr. Joseph Rogers, referred to the Lunacy Act Amendment Bill, and denounced Section 5, which provides that an order for the admission of a lunatic into a workhouse should be made on the application of the relieving officers, supported by a medical certificate from the hands of a duly qualified medical officer, not being an officer of the workhouse. This provision should be resisted on the ground that it was a gratuitous affront to and reflection on the medical officer who was to have the care and custody of the lunatic for 14 days or more, that some medical man from outside was to step in and fill up the certificate and pocket the fee. The Bill for the Disqualification of Medical Relief was denounced as retrograde.

**THE WASHINGTON MEDICAL CONGRESS.**—In a leading article on the prospects of the International Medical Congress, the *New York Medical Journal* says, "If the American Medical Association can be made to feel that its action in this matter meets with very general condemnation, there is some hope of its being rescinded in St. Louis next year. If the *status quo* should then be restored, there would still be more than a year in which to prepare for the Congress, and the gentlemen whose further services in its organization have been lost for the time being, in consequence of their having resigned from the committee in disgust, might perhaps be induced to reconsider their determination. It seems now, therefore, that a break may be made in the impenetrable hopelessness of a week ago. But the only way to bring the American Medical Association to its senses is for those of the committee's nominees who have the success of the Congress more at heart than their own tenure of office, to continue the good work which has been begun in Philadelphia, Boston, Baltimore, and Washington. These cities happen to be situated in the east, but it is assuredly by no sectional feeling that they have been led, and we think our friends in other quarters of the country make a great mistake if they so interpret the action taken. It has unquestionably become the duty of every well-wisher of the Congress, no matter where he may live, to decline any participation in the emasculated affair which its present organization must necessarily lead to. The impression thus made upon the American Medical Association, together with the unusual care which we hope to see taken in the choice of delegates to its next meeting, may result in the regeneration of that body. This is matter of even greater importance than the success of the International Medical Congress."

**CALCUTTA AND THE CHOLERA.**—The Calcutta correspondent of the *Times*, on the 26th ult., writes: "The question of the sanitation of Calcutta continues to attract much attention. The lieutenant-governor, commenting on the report of the Commission appointed last year to make a searching enquiry into the subject, recently expressed an opinion that the Corporation had power to do more than it was doing in the way of sanitary reform, that its action in adhering to an inadequate standard of taxation, in face of a most pressing sanitary emergency, was indefensible, and that it should spare neither trouble nor expense in completing the required reforms. He suggested, among other measures, that the city and its suburbs, which now form distinct municipalities, should be united under one corporation. Unfortunately, the large majority of the Municipal Commissioners, carried away by the idea of their own importance, and supported by nearly the whole of the native press, choose to regard Sir Rivers Thompson's action as infringing what they call 'the sacred principle of local self-government,' and they seem bent on opposing it to the

bitter end. I have on former occasions pointed out the more than local importance of this matter. The recent Sanitary Conference at Rome gives it even greater importance than it previously had. Cholera is always present in Calcutta, although its extent and severity vary in different years and seasons. It is absolutely certain that the disease can be stamped out. It is equally certain that only the most searching and vigorous sanitary measures will succeed in stamping it out. English and Indian physicians generally agree that quarantine is useless as a defence; but it is evident that Continental nations are not disposed to accept that belief. If therefore, the Calcutta Corporation refuses to exert itself to the utmost in getting rid of the sources of pestilence which exist on all sides, it is by no means unlikely that the city may some day find the Suez Canal and all Continental ports closed to it by a perpetual quarantine—a step which would not only ruin the trade of Calcutta, but also inflict a most serious blow on the interests of the British Empire."

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—At the ordinary meeting of Fellows, on Thursday, the following office-bearers and examiners, nominated by the President and Fellows, were elected:—Censors, Samuel Osborne Habershon, M.D., William Henry Stone, M.B., James Edward Pollock, M.D., William Howship Dickinson, M.D.; Treasurer, Dyce Duckworth, M.D.; Registrar, Sir Henry Pitman, M.D.; Harveian Librarian, William Munk, M.D.; Assistant Registrar, William Henry Allchin, M.B.; Curators of the Museum, William Wegg, M.D., Lionel Smith Beale, M.B., Henry Charlton Bastian, M.D., John Curnow, M.D.; Finance Committee, Charles John Hare, M.D., William Wood, M.D., Edward Liveing, M.D.; Examiners (Chemistry and Chemical Physics), Charles William Heaton, F.I.C., Thomas Stevenson, M.D., Albert James Bernays, Ph.D., William J. Russell, Ph.D., William Foster, F.C.S.; Materia Medica, Medical Botany, and Pharmacy, Thomas Lauder Brunton, M.D., John Mitchell Bruce, M.D., Frederick Taylor, M.D., William Murrell, M.D., David Bridge Lees, M.D.; Elementary Physiology, William Ewart, M.D., Vincent Dormer Harris, M.D.; Physiology, John Harley, M.D., Leonard Wooldridge, M.D., Professor Schäfer; Osteology and Anatomy, Robert Edward Carrington, M.D., James Anderson, M.D., Henry Morris, F.R.C.S., L.R.C.P.; Medical Anatomy and Principles and Practice of Medicine, Lionel Smith Beale, M.B., Octavius Sturges, M.D., Henry Gawen Sutton, M.B., William Selby Church, M.D., Walter Butler Cheadle, M.D., Philip Henry Pye-Smith, M.D., Thomas Henry Green, M.D., Henry Charlton Bastian, M.D., William Cayley, M.D., Thomas Tillyer Whipple, M.B.; Midwifery and Diseases peculiar to Women, Henry Gervis, M.D., John Williams, M.D., James Watt Black, M.D., Clement Godson, M.D.; Surgical Anatomy and Principles and Practice of Surgery, George Pollock, F.R.C.S., John Couper, F.R.C.S., Marcus Beck, F.R.C.S.

**SOCIAL SCIENCE ASSOCIATION.**—At the annual business meeting of members, held on Wednesday, the 22nd July, a report from the Council, detailing the action taken by the Association during the past year, was presented and ordered to be circulated. The Council reported that they had had under their consideration a proposal to add a further department for the discussion of temperance subjects, and had decided that it was one which they could not support, in the interests either of the Association or of the cause of temperance. Recommendations or resolutions passed in such a special department would, it was felt, lose much of the weight they would otherwise possess if arrived at in a general Section or Department. The Council expressed their regret that, for the first time in the history of the Association, they had considered it prudent this year to forego the preparations for a provincial meeting. Owing to the general election it was proposed, however, that in lieu of a Congress a two-days' Conference on "Temperance Legislation" should be held in London in the month of January, all the expenses in connection therewith being raised by a special fund. This was a subject which, at the opening of a new Parliament, would receive wide-spread attention; and in its legislative aspects it was



one in the solution of which the Association might usefully be able to take a part. The holding of such a conference would afford an opportunity for the official expression of opinions as held by the leading societies interested in this subject. It would not, and under the constitution of the Association it could not well, be organised for the purpose of carrying out any distinctive policy. The outlines of such a policy would, it is hoped, be arrived at by the votes of those present, and the Council confidently trusted that they might afterwards be found of some use in the proceedings of the Legislature. The appointments for the ensuing year, 1885-6, were then made, the Presidents of Departments for the past year continuing in their respective offices for a second year. Dr. Cheevers thus remains President of the Health Department, the Secretaries of which are Mr. H. H. Collins and Dr. Edward Seaton.

**THE LONDON SCHOOL BOARD AND OVER-PRESSURE.**—The over-pressure report on which we commented last week, came up for discussion on the motion by Mr. Bousfield, that the references of the Board on the 20th and 27th of November last, appointing the committee, should be discharged. Mrs. Westlake took an initial objection to the report that the committee had done that which they were not empowered to do, and had not done that which they were instructed to carry out. They had not investigated the specific charges of Dr. Crichton-Browne, set forth in letters to *The Times*, and she held that the committee should have come to the Board for fresh instructions when the Presidents of the Royal Colleges of Physicians and Surgeons refused to afford the assistance of physicians and surgeons in the manner sought by the committee. Miss Taylor moved as an amendment that the report should be referred back, in order that the committee should take the evidence of women teachers. This was seconded by Miss Hastings. The amendment was rejected by 25 to 8, and the reference was accordingly discharged. The consideration of the recommendations was adjourned.

**PRODUCTION OF WINE IN FRANCE.**—The *Revue Scientifique* (July 4) extracts from a recent report of the Minister of Agriculture some interesting figures relating to this subject. According to this, 53 departments are still "phyloxerated," and of 2,185,713 hectares in these departments, which were planted with vines before the invasion of the phylloxera, 429,116 hectares have been totally lost for this purpose. But the deficiency of 420,000 hectares does not give the exact loss that has been incurred, for 600,000 hectares have been planted since the invasion of the phylloxera, so that but for the ravages of this scourge the vine-culture should be above 3,000,000 hectares, while in fact it is reduced to 2,000,000. This loss of 1,000,000 consists of 903,000 hectares destroyed in the 28 departments originally invaded, and which have been authorised to cultivate American vines, and 7,500 hectares in 25 departments more recently invaded. While in 1883, 28,000 hectares were replanted with exotic vines, in 1884 the replantation occupies 52,777 hectares in 33 departments, or an increase of 70 per cent. At the present time, the departments authorised to cultivate exotic vines have 1,313,000 hectares, of which 680,000 are healthy, and 633,000 more or less diseased. Proportionally to the number of hectares invaded, the superficies of protected or reconstituted vines, which was only 11.33 per cent. in 1883, was raised to more than 17 per cent. in 1884. Of the 115,812 hectares protected or reconstituted, 23,308 have been treated by submersion, 33,416 by the sulphuret of carbon, 6,286 by the sulpho-carbonates, and 52,777 by replantation with American slips. Still, in spite of the hard trials of France for so many years, she still remains the country which produces more wine than any other; for, of the 113,000,000 hectolitres which is made on the entire globe, France produces 35,000,000, or nearly a third. Next comes Italy with 23,500,000, or nearly a fourth; Spain following with 22,000,000; Austria-Hungary with 8,500,000; Portugal with 4,000,000; Germany with 370,000; Russia with 350,000; Cyprus with 1,600,000; Switzerland with

1,300,000; Greece with 1,300,000; the United States with 1,000,000; Turkey with 1,000,000; and all other States 2,000,000.

## APPOINTMENTS.

FIRMAN, CHARLES G., L.F.P. and S. Glasg., M.R.C.S. Eng., L.S.A. Lond., L.M. Glasg.—Medical Officer to the Wansford District, Stamford Union, *vice* Mr. F. M. Brown, resigned.  
 FITZGERALD, WILLIAM EDWARD, L.R.C.S. Ire., L.K. and Q.C.P. Ire.—Medical Officer to the Hogsthorpe District, Spilsby Union, *vice* Dr. Rainey, deceased.  
 GILBERTSON, JAMES H., L.R.C.P. Lond., M.R.C.S. Eng.—Medical Officer to the Second District, Hitchin Union, *vice* Mr. R. R. Shillitoe, deceased.  
 HAWKINS, CESAR FREDERICK, M.R.C.S., L.S.A.—Medical Officer to the First District, Barton Regis Union, *vice* Mr. L. M. Griffiths, resigned.  
 JAMES, PHILLIP, M.R.C.S. Eng., L.R.C.P. and L.M. Edin.—Medical Officer to Western District, Bridgend and Cowbridge Union.  
 LANGDON, HENRY WILLIAM, M.R.C.S. Eng., L.S.A.—Medical Officer to the Seventh District, Bath Union, *vice* Mr. Barrett.  
 LLOYD-WILLIAMS, H., L.D.S. Eng.—Assistant House Surgeon to the Dental Hospital of London.  
 OWEN, ROWLAND, L.R.C.P. and L.R.C.S. Edin.—Medical Officer to the South Sefton District, Derby Union.  
 PEVIEE, FRANCIS, M.D., F.R.C.S.I.—Medical Officer to the Upton District, Wirral Union, *vice* Dr. Warren, resigned.  
 RANDALL, WYNDHAM, M.R.C.S. Eng., L.R.C.P. Edin.—Medical Officer to the Bridgend District, and to the Workhouse, Bridgend and Cowbridge Union.  
 RIBOT, CHARLES F.—Deputy Assistant House Surgeon to the Dental Hospital of London.  
 THOMAS, DAVID JOHN, M.R.C.S. Eng., L.R.C.P. Edin.—Medical Officer to the Ogmores District, Bridgend and Cowbridge Union.  
 VIPOND-CROCKER, J. C., L.D.S. Eng.—House Surgeon to the Dental Hospital of London.

## VACANCIES.

CUMBERLAND INFIRMARY, CARLISLE.—House Surgeon. Salary, £70, with board and lodging on the premises. Applications, with testimonials, to Joseph Lowthian, Secretary, on or before Aug. 5.  
 CROYDON GENERAL HOSPITAL.—House Surgeon. Candidate must be unmarried, doubly qualified, and registered. Salary, £100 (progressive), with board and residence in the Hospital. Applications, with testimonials, to Alfred G. Roper, Hon. Secretary, not later than the morning of Friday, August 7th.  
 EPSOM UNION.—Medical Officer for the Leatherhead and Fetcham District, in succession to Mr. Allan McLean, resigned. Area, 5,230 acres. Population, 4,003. Salary, £65 per annum.  
 LINCOLN COUNTY HOSPITAL.—House Surgeon. Candidates must be unmarried, doubly qualified, registered, and under 40 years of age. Salary, £100, with board, lodging, and washing. Copies of testimonials to W. B. Danby, Secretary, on or before Aug. 15th.

## DEATHS.

BARNETT, OLIVER, C.I.E., Deputy Surgeon-General, Army Medical Department, at Eastbourne, on July 24th.  
 CROZIER, GEORGE, M.R.C.S., at Twickenham, on July 26th.  
 ELLIS, ROBT., M.R.C.S., at Sunset, Westward Ho! on July 22nd, aged 62.  
 SHEPHERD, AUGUSTUS BURKE, M.D. Oxon, at Brunt How, Amble-side, on July 26th, aged 46.

## NOTES, QUERIES, AND REPLIES.

*Medical Congresses—A Parody.*—Those who have a relish for humorous and good-humoured chaff should read a skit on Medical Congresses published some little time back in the *New York Medical Record*, under the title of "A Full Report of the Great National Congress of Scientific Animals." There we learn that in the Section on Neurology, the Rabbit related the outcome of his special studies on the "Tendon Reflex in the Hind Extremities of Irritable Mules," and showed several flattened skulls to illustrate the effects and beauty of this phenomenon. In the Section on Orthopædic Surgery, the Lamb read a paper upon the "Development of the Hump on the Camel," and showed an apparatus which, if worn constantly for seventeen years, relieved the deformity in a large number of cases. In the Section on "Diseases of Women and Obstetrics," the Goat opened the debate upon the question, "Whether the Physician should Support the Perineum, or the Perineum should Support the Physician?" which was well maintained. Professor Gulielmus Capricornus read a paper contending that pessaries were a great national blessing and that all animals should wear them. Professor Suis Ferus reported two thousand operations for sewing up the cervix uteri, with fifteen successful results, upon which he was warmly



congratulated. In the Section on Surgery, the Ring-tailed Ape described his new operation for the treatment of intestinal wounds. This consisted in opening the abdomen, removing the whole abdominal contents, and substituting carbolized cotton, thus making the individual thoroughly aseptic. The Sacred Ox of Burmah made a report upon plastic surgery. He described a case in which he had successfully attached the hide of a rhinoceros to the back of a horse, thus rendering a saddle unnecessary. He had also transplanted the skin of a hen to the head of the Bald-headed Eagle, which had much relieved that animal from the effects of extreme heat and cold, and put a new face on the whole matter. In the Section on Skin Diseases, the Rhinoceros reported the results of an analysis of one hundred and ninety-seven thousand cases of eczema treated by excision, each one having been treated in a different manner. The Congress then adjourned to a Grand Banquet, and having visited the insane asylum, two shoe factories, and an orphan home, broke up to meet at the same place next year.

#### COMMUNICATIONS RECEIVED—

Mr. REGINALD HARRISON, Cardiff; Mr. A. W. MAYO ROBSON, Leeds; Mr. H. DE MERIC, London; Dr. JAMES SAWYER, Birmingham; Mr. NOBLE SMITH, London; Messrs. RUCKER & BENCRAFT, London; THE SECRETARY OF THE SOCIAL SCIENCE ASSOCIATION, London; THE MEDICAL OFFICER OF THE PORT SANITARY COMMITTEE, Greenwich; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; Mr. FRANCIS FOWKE, London; Dr. LUCAS, Neumueh; Dr. HEBB, Southsea; Mr. J. T. W. BACOT, London; Dr. MAXWELL, Woolwich; Mr. NETTLESHIP, London; Mr. COWELL, London; OUR BOMBAY CORRESPONDENT; Mr. SHIRLEY MURPHY, London; OUR EDINBURGH CORRESPONDENT; The Rev. J. E. FOSTER, Ipswich; Mr. ROBERTSON, Edinburgh; THE LIBRARIAN OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY, London; Mr. S. G. DENTON, London; Dr. TILT, London; Dr. EDWIN PAYNE, Lewisham; OUR GLASGOW CORRESPONDENT; THE SECRETARY OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND; THE SECRETARY OF THE LOCAL GOVERNMENT BOARD, Whitehall.

#### BOOKS RECEIVED—

London Water Supply, Report for month of June, 1885—Familiar Trees, Part 1—The Bengal Medical Service, by G. F. A. Harris, Surgeon, Bengal Medical Service—A Warning to Holders of Fire Policies—Ueber die Bedeutung der Comnabacillen für die Cholera-Propylaxe, von Prof. Dr. Drasche—Report on the Sanitary Condition of Kensington, from June 21 to July 18, 1885, by T. Orme Dudfield, M.D.—Impediments of Speech, their Cause and Cure, by the Rev. J. Edgar Foster, M.A.—Diseases of the Kidneys, by Charles H. Raffe, M.A., M.D. Cantab.—Double Congenital Displacement of the Hip, by Buckminster Brown, M.D.—Gold and Silver and the Depression of Trade, by Samuel Smith, M.P.

#### PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—The Hospital Gazette—New York Medical Journal—Philadelphia Medical World—Louisville Medical News—Boston Medical and Surgical Journal—Journal of the American Medical Association—Société Médicale—Brooklyn Daily Eagle—American Journal of Obstetrics, July—Birmingham Medical Review, July—American Journal of the Medical Sciences, July—Philadelphia Medical Times—Revue Médicale—Polyclinic—Journal of Nervous and Mental Disease, April—Encyclopædic Dictionary, Part 19—Therapeutic Gazette, July—Boston Medical and Surgical Journal—Western Medical Reporter, July.

### HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopædic, 2 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopædic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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Dr. Norman Chevers, C.I.E.: Notes on the Nervous Diseases of India.

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ADDRESS IN SURGERY,

DELIVERED BEFORE THE BRITISH MEDICAL ASSOCIATION  
AT CARDIFF.

By J. MARSHALL, F.R.S., F.R.C.S.,

Late Professor of Surgery, University College, London; Consulting Surgeon to University College Hospital.

MR. PRESIDENT AND GENTLEMEN,—Assuming that on such an occasion as the present my discretion is entirely unfettered, and feeling anxious to avoid wearying my audience with a formal essay, I have chosen for the subject of the Address in Surgery, which I have the honour of delivering here to-day, a comparative view of surgical practice, as I myself observed it, when acting as dresser under Robert Liston in the wards of University College Hospital, and such as now prevails amongst us, particularly as exemplified in my own wards in that institution.

I at first contemplated, for the purpose of this comparison, the selection of the years 1843 and 1883, moving backwards from the last named date, because it coincides with that of the latest of our surgical registrar's reports, compiled by my former house-surgeon, Mr. Victor Horsley. But, on searching the old case-books, I found that, in the medical year

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1844-5, I was myself one of Liston's dressers, and accordingly I resolved to compare that year with 1883, which two years, in fact, constitute the first and last of a series of 40. I soon found, also, this advantage, that the perusal of my own descriptive notes, and those of my contemporaries, brought back vivid remembrances of the many more important cases then under treatment.

It gave me great pleasure to discover that two of my old and yet surviving friends, James Hakes, of Liverpool, and George Yeoman Heath, of Newcastle, were acting as Liston's house-surgeons in the year selected; and that amongst my fellow-dressers were Henry Wigglesworth, of Ashford; John Newton, of Liverpool; the late Thomas Atchison, of the Indian Medical Service; T. W. Marshall, of Brundall, near Norwich; and William Cadge, of that city. It is with equal pleasure that I mention here the excellence and value of their reports.

Whilst thus limiting my comparison as to period and locality, and to events more or less within my own cognisance, I hope to be able to direct your attention to numerous points of practical interest, whilst occasional generalisations need not be excluded.

I propose to take up, in order, the following subjects:—(1) The numbers of the cases, and the character of the diseases and injuries treated in the two selected periods; (2) the methods and means of investigation employed, whether clinical or pathological, for the purposes of diagnosis; (3) the treatment of the cases,



understood in its widest sense, hygienic, dietetic, and curative; (4) the results obtained, as indicated by such factors as the duration of the treatment in the wards, the progress of the cases, and the relative mortality.

In dealing with these questions, either exact figures are given, or, when general statements are introduced, they are founded on the best attainable data.

(1) The numbers of cases, and the character of the diseases and injuries to be compared.—In the year 1844-5, 284 patients were admitted into Liston's wards (excluding eye-cases); of these, 196 were males, and 88 females. In 1883, there entered my wards 396 patients, of whom 223 were males, and 171 females. Liston's cases constituted about one-half, whilst my own formed only about one-third of the total number of patients received into the surgical wards.

In both sets of cases, fractures of various kinds, chiefly of the lower limbs, reached a very high number; next to these, especially in the earlier series, were wounds of the soft parts, chiefly affecting the head, neck, and upper limb. Burns and scalds were few in each period. Malformations of the lips, palate, fingers, and foot were more numerous at the earlier date, but, as might be expected, genu valgum is not mentioned. New growths, though actually more numerous, were not relatively so in the later period, the proportions of these to the total number of cases being about  $7\frac{1}{2}$  per cent. in 1844-5, and only 7 per cent. in 1883. There is, however, a marked increase in the epitheliomata, though scirrhus and sarcoma remain the same; whilst fatty tumours are more numerous in the earlier period. Of course, the numbers contrasted, 21 and 26, are too small to furnish evidence either way as to the commonly supposed increased prevalence of cancer amongst our existing population. The widespread and well grounded belief in the value of the early removal of all new growths, and the more ready submission of patients to operations, now rendered painless by anaesthetics, must here be taken into account, as tending to swell the later numbers. Cases of venereal disease were formerly much more freely admitted into the wards of a general hospital than now, and accordingly are more numerous at the earlier date. Ordinary abscesses and ulcers are equally represented at the two periods. Gangrene was, and is, rare. Diseases of the joints, and also diseases of bone, are abundantly represented in each set of records; but in the later period, cases of caries particularly abound, probably owing to the greater success of modern operative interference. *Fistula in ano*, and stricture of the rectum are mentioned in both the early and the later list; but it is remarkable that not a single instance of operation for hæmorrhoids occurred in Liston's wards in the year in question. Diseases of the rectum, however, were at that time marked subjects of the specialism founded by Von Butchell. Strangulated hernia, calculus, stricture of the urethra, and affections of the testicle, are met with, though in varying proportions in both lists; but cases of stricture especially are now more frequently admitted as in-patients for the purposes of the so-called radical cure. A single case of ovarian tumour, one of vesico-vaginal fistula, and one of aneurysm, occur in Liston's set of cases; but the last-named disease is now comparatively rare, and the two former evils are usually relegated to special hospitals.

As to the various forms of specific inflammations, and their consequences, which are now classed together as septic diseases, and which have long been the bane of surgical, and especially of hospital surgical practice, it is well known that they were not so clearly differentiated in 1844-5 as they were at the present time; but it is evident, from a study of the hospital records of the older date, that they were then extremely prevalent. Indeed, the chief lessons to be

drawn from the facts I have undertaken to review relate to this class of diseases.

(2) Comparison of the methods and means of investigating surgical disease forty years since and at the present date.—In 1884-5, the finger, the educated finger, passed down the throat, or up behind the soft palate, was used to explore parts now examined by the laryngoscope or pharyngoscope. The convenient specula, which we now possess for various internal examinations, were then but rarely represented. There was no endoscope, and, above all, no ophthalmoscope. The place of the modern aspirating syringe was but imperfectly supplied by the exploring needle or trocar. Means were not then devised for measuring variations in the corpuscular and chemical elements of the blood in disease and convalescent states. The presence of albumen and sugar in urine was, no doubt, easily and commonly detected; but quantitative determinations of those substances were troublesome and difficult to make, or were left unattempted; and the same is true in regard to such normal urinary constituents as urea and the chlorides, sulphates, and phosphates.

The clinical thermometer was not in use; yet, truth to say, it had been suggested as far back as the 17th century by Senetorius, and was actually employed as a measurer of the strength of fever, by De Haen and Dr. James Currie, at the end of the last century. But, though the thermometers were not employed in Liston's time for ascertaining the temperature of the body generally, it is interesting to note that, in a case in which he tied the external iliac artery for aneurysm, exact observations on the temperature of the two lower limbs were made by aid of that instrument.

In the absence of this now ubiquitous clinical registrar, on the indications of which we now justly set so high an estimate, great care was then taken to note other signs of the febrile condition. Hence, in Liston's case-books, are to be found constant and minute records of the state of the skin and tongue; of that of the pulse and breathing; of the occurrence of rigors and sweatings; of the supervention of delirium; of the quantity, character, and specific gravity of the urine; and of the occurrence of albumen in that fluid. In these respects, the notes upon the cases are for the most part perfect. There are also occasional stethoscopic observations; but there are no sphygmographic pulse-tracings. The elaborate temperature-charts and diagrams of the present case-books are necessarily absent; so, likewise, the electric and other tests, applicable to the detection of diseased conditions of the muscular and nervous systems, are entirely omitted.

Forty years ago the microscope had just come into use for pathological, and therefore for clinical, observation. Liston's intimacy with Dalrymple, Gulliver, and Kiernan had its scientific as well as its social side, and served to stimulate his interest in microscopic investigations. He possessed one of the best and most powerful instruments of that day; and, as I know from having had the privilege of assisting him, he was particularly interested in the character and mode of growth of new vessels in granulations and elsewhere, in the structure of tumours, the constituents of cancer juice, the seat of the pigment-granules in melanotic tumours, the presence of spermatozoa in the fluid of certain hydroceles, and in many other facts of micro-pathology. The researches of Müller were then becoming familiar; but the further labours of Schwann and Schleiden, of Addison, of Virchow and Cohnheim, and of many others, had to be made generally known before the grand microscopes of the few were supplemented by the clinical microscopes of the many, which now, indeed, are in daily use in every hospital ward. Liston's "Elements of Surgery" (last edition, 1840), though beautifully illustrated by Wm.



Bagge, contains only one solitary woodcut devoted to a microscopic object—namely, a cluster of red blood-corpuscles, represented upon a scale of squares, without a single white blood-corpuscle amongst them. What a contrast to the countless illustrations of minute structures, organisms, and crystals, scattered through the pages of the modern text-book!

It is not surprising that the older case-books contain no account of the microscopic structure of morbid growths, or of the minute constituents and deposits of diseased fluids—much less any illustrative sketches of either; whereas, in the modern case records of 1883, pen-and-ink drawings constantly occur, more especially it must be admitted, representative of the larger facts of size, shape, and other obvious characters. Formerly, we find, in the notes, a mere statement that such and such a growth “exhibited the usual characters” of a fatty, sarcomatous, or scirrhus tumour; now, those characters, when necessary, are fully described, or, it may be, actually figured. Permit me here to emphasise the importance to the medical student of the art of drawing accurately, and to express my gratification at the contrast between the useful sketches which serve here and there to illustrate the pages of my own case-books, and the funny caricatures of the features of my old surgical master which decorate the covers of his.

As a natural consequence of the improved methods and means of pathological and clinical observation which we now possess, the notes by the clinical clerks have become more ample. Indeed, I find that the average space now allotted to each patient's history and record is twice what it formerly was; and this is independent of the temperature chart or charts now affixed to every case, of occasional diagrammatic curves, and of certain hygienic tables, in which are recorded the septic or aseptic condition of every wound in a ward, and the concurrence or absence of serious infective disease. Nevertheless, as I have already hinted at, the older notes are usually full and intelligent in all particulars to which they relate; and, as the duties of dresser and clerk, now assigned to different students, were, forty years since, performed by the same person, the observation and the description of characters and symptoms were the work of the same mind, and thus they probably gained in exactitude and completeness.

At the same time, the effects of the non-use of the microscope for purposes of diagnosis may perhaps be recognised in the application of the terms “ichthyosis” and “wart growth” to what would seem to have been the one a dry epithelioma of the lower lip and the other a papillary epithelioma on the margin of the tongue, both of which, however, were successfully excised. Of six cases of “lupus,” so-called, it is almost certain that two at least were carcinomatous. Again, the obvious appearances of a growth named “medullary sarcoma” of the tibia, and those of a “fungus hæmatodes” springing from the skin of the forearm, are admirably depicted in words; but there is, of course, no recognition of the modern nice discriminations between the different forms of sarcoma, or between a soft sarcoma and an encephaloid cancer. Different morbid conditions of the kidney could not then be indicated by the various kinds of casts or other deposits in the urine; nor, lastly, were the numerous phenomena of disturbed sensation and motion, which enable us to determine the nature, and even the locality of certain lesions of the brain and spinal cord, capable of being recorded. It would indeed become tedious, were I to recount all the references in the case-books of 1883, which serve to show the great advance which has been made in the methods and accuracy of surgical diagnosis since 1844–5. But it is in regard to the questions which next arise,

namely, those which relate to the treatment followed in the two periods, that the contrast I have attempted to institute deepens in interest and force.

(3) Comparison of the treatment adopted in University College Hospital, at the two selected periods, considered in reference to hygienic conditions, general comforts, diet, medicines, and surgical appliances.—(a)—Hygienic conditions.—In 1844–5, the north wing of the Hospital not having been built, the surgical wards were much crowded; whilst, in 1883, in spite of an increase in the total aggregate of patients, the numbers in each ward were diminished, and the cubical space per bed proportionately increased. In the pre-sanitary period of forty years since, sculleries and waterclosets were but imperfectly separated from the wards; whereas now their separation is complete. Formerly the doors, windows, and chimney-flues furnished but intermittent means of ventilation; now suitable channels, both inlets and outlets, are provided for the constant renewal of the air in the wards. Besides this, a laundry has been expelled from the basement, whilst that and all the corridors are now efficiently ventilated. The traps and drains are also maintained in good order. It is true that, in 1844–5, the Hospital had been built only ten years, and so far was relatively freer from the dangers of so-called hospitalism than now; but, to meet such contingencies, the walls of the wards have been recently lined with an impervious cement, which is regularly painted; whilst the floors are kept carefully purified. Lastly in the good old times, there were no special isolation-wards for infectious diseases; whilst now there are special erysipelas-wards for both sexes.

(b) Diet and general comforts.—It cannot be doubted that quite as great attention is now paid to the question of diet as was formerly the practice; and, as all hospital committees well know, the expenses of general maintenance have increased. In the year 1844, for example, with a total of 1,410 medical and surgical in-patients, the total general expenditure of the University College Hospital was 4,976*l.*, whereas in 1883, with 2,849 in-patients, it was 19,822*l.*, so that whilst the number of patients was doubled, the total expenses of the establishment were multiplied fourfold. We may safely conclude that a certain share of this large increased expenditure arises from a bountiful attention to the dietary of the in-patients. As regards the personal care and comforts bestowed upon these patients, it may be pointed out that the salaries of nurses and domestics, which were somewhat more than 1,600*l.* in 1844, amounted to 2,300*l.* in 1883; finally, it is with sincere expressions of gratitude to the sisterhood who now so solicitously watch over the nursing and general economy of the wards, that one alludes to those numerous manifest improvements, which conduce not only to the comfort and cheerfulness, but to the well-doing and speedier convalescence of the inmates.

(c) Medical and surgical appliances.—In 1884, the total expenditure on medical and surgical stores for the hospital was 643*l.*, but in 1883 it amounted to 3,239*l.*, that is, the number of in-patients having become double the cost of their medical and surgical treatment had multiplied five times. The payments for medical stores only amounted, in the two periods, to 437*l.* and 1,474*l.*, showing an increase in the ratio of 3·3 to 1; but those for the surgical stores (exclusive of instruments) were, at the two periods in question, 206*l.* and 1,765*l.*, making an increase of eight to one. Of this last named large sum, no less than 1,273*l.* are specially set down to payments for “antiseptic dressings,” of which, of necessity, by far the larger proportion was employed on in-patients. This great cost of the antiseptic system, as it is carried out at the University College Hospital, in a startling financial fact; but, if the results can be shown to justify the outlay, such expenditure is is



itself more highly to be approved. It is obvious, moreover, that the public which provides the needful funds ultimately reaps the benefit of this, as of all other improvements. Wealthy donors should remember this, in meting out their contributions to hospital resources.

The constant use of anæsthetics, not merely in operations, but for the purpose of more thorough and otherwise painful examinations in cases of injury and disease, greatly increases the relative cost of hospital maintenance at the present day. In 1844-5, these were yet unemployed; although it was Liston himself who, two years later, was the first in this country to perform an important operation under their influence. For it was in 1846 that he amputated through the thigh, the lower limb of a man, put into a condition of insensibility by the vapour of ether, administered by the late Mr. Peter Squire, in the presence also of the late Sir John Forbes, the then editor of the *British and Foreign Medical Review*. Liston's surprise and gratification when the patient, having recovered consciousness, refused to believe that his limb was off until it was shown to him, is still well-remembered by spectators of the scene.

Besides antiseptics and anæsthetics, to which we may add hypodermic injections, many new and expensive medicinal preparations are now ungrudgingly used in every hospital. Improved instruments for the performance of long-established operations, and innumerable and ingenious clamps, cauteries, and other novelties for the accomplishment of new and difficult surgical proceedings, are also freely provided for the modern hospital-surgeon and his patients. The cost of these at University College Hospital has doubled since 1844. In a word, it may be unhesitatingly affirmed, that the means, as well as the methods of surgical treatments, whether hygienic or curative, were, in 1883, far in advance of those which were available 40 years before that date.

Let us next proceed to consider the ultimate and practical question of results.

(4) Comparative view of the results of treatment at the two selected periods.—Under imperfect sanitary conditions, without special isolation wards, with less attention to the details of ward-management and to their cheering influences, with fewer scientific means of diagnosis, with no chloroform or ether, and no hypodermic method of quelling pain or other nervous disturbance, with simpler instruments, and less recondite dressings and appliances, were the results obtained in 1844-5, inferior to those realised in the same hospital, under other conditions, in 1883. The reply is "yes," in certain particulars, but not in all.

In the first place, I find that, as well as I can determine, the average period of stay of a surgical patient in the hospital, in 1844-5, was  $28\frac{1}{2}$  days in the female wards, and  $29\frac{1}{2}$  days in the male wards; whereas, in 1883, it was about 26 days for the female, and 21 days for the male patients, this latter smaller ratio being due to the disproportionate number of simple fracture occurring in the male sex. Too much stress, however, must not be placed on these figures; since the total number of cases is not sufficient to neutralise the effect of important differences in the severity of the cases, whether in kind or in degree.

Partly on a similar ground, but also on account of the different value assigned by different persons to the terms "cured," "relieved," and "discharged as incurable," I refrain from recording, in regard to such general results, figures which would be unreliable, or actually misleading. For example, in the older records, cases of caries of bone, stricture of the urethra, epithelioma, and scirrhus, are entered as having been "cured," and in the later set, as being only "relieved" by operative treatment.

Even the ratio of mortality is deceptive, although it shows an advantage on the side of the later period, the percentage of deaths in 1844-5 being 7.5 for the males, and 6.5 for the females; whilst in 1883, these were about 5.75 and 5.74 respectively. But here, the fatal cases of the two periods are not commensurable, and a single accidental death, as for example from a burn, completely vitiates the result. Hence, a comparison of the treatment and its consequences in distinct classes of injuries and diseases will be found much more just and more instructive.

(a) The chief point to be noted in regard to differences in the management of simple fractures consists in this: that those of the leg and thigh were formerly retained longer in McIntyre's or Desault's splints, before they were put up in starch apparatus, of which Liston was a great advocate. Patients so injured were, therefore, detained longer in the hospital than now. The introduction of the plaster-of-Paris treatment has still further abridged the time, during which a bed is occupied with a case of broken leg, patella or femur. Wiring of bones was not attempted. Compound fractures proved to be very prolonged cases, and those of the lower limb were often fatal, with or without amputation.

(b) Injuries not involving a breach of the surface of the body, simple inflammations consecutive to these, or so-called idiopathic local inflammations which come under the care of the surgeon, such as sprains, simple dislocations, synovitis, orchitis, and other cases, were not less satisfactorily treated in 1844-5 than in 1883, and the progress of the patients towards recovery was quite as rapid. Venesection is not mentioned in Liston's case-books, but cupping and leeching were in the ascendant. A patient with disease of the hip-joint, requiring at the time only the application of Liston's famous leather splint, informed her dresser that she had previously had 141 leeches applied around her hip in the course of three months. A man with acute synovitis of the knee was ordered eighteen leeches over the joint on the day of his admission, eighteen more on the day after, eight on the tenth day, and ten on the twentieth day, and a week afterwards was discharged convalescent. For a condition described as "mania" from head-injury, a cupping to twelve ounces was ordered to the back of the neck, followed by two sets of leeches, twenty each time, to the temples, and, five days later, by a blister and the administration of calomel, and so was cured. Inflammatory urethral stricture, prostatitis and supposed cystitis were relieved by free cupping on the perinæum, and so in many other diseases. Whether these sanguinary proceedings were necessary or ever beneficial, and whether the local abstraction of blood is now too much neglected in cases of acute inflammations, especially of important organs, are problems which I cannot here discuss.

(c) In comparing the older and the more recent management of inflammations which end in suppuration, ulceration, or gangrene, or in combinations of these morbid processes, we meet with facts more or less unfavourable to the older practice, and unmistakably cumulative in support of the advantages of modern, that is, of aseptic, surgery.

Acute abscesses were treated by very free incisions with ultimate success; but suppuration continued for many days, and the abscess-cavity was filled up slowly. Nor were there wanting instances of more serious evils. Erysipelas and further abscesses often supervened. A patient with successive abscesses in the abdominal walls, due presumably to caries of the ilium, is recorded to have left the hospital on the thirty-second day, and to have died a few days afterwards. An acute abscess in the head of the tibia, opened with the trephine, was 77 days in healing. Abscesses and sinuses around, but not communicating with, the hip-joint, are men-



tioned as not having become closed when the patient was discharged from the wards after the expiration of 83 days. Lastly, an acute abscess in the knee-joint proved fatal, from distinct pyæmia, on the forty-seventh day, purulent deposits being found in the lungs after death. It is hardly necessary to state that poultices, and not antiseptic dressings, were employed; and, although counter-openings were freely practised, no drainage-tube was in use; and the abortive treatment of moderate-sized abscesses by aspiration and the injection of morphia, carbolic acid, or iodoform, was unknown.

Ulcers of the integuments, which usually are not prone to allow infective absorption, were very well managed in Liston's wards. Rest, elevation, and his favourite water-dressing, consisting of wetted lint, covered with oiled silk, cured most cases. All greasy applications were rigorously forbidden, for against these Liston waged an angry war. A spreading ulcer with fœtid discharge was treated with a lotion of chlorinated soda, or a weak solution of iodine, both strongly antiseptic and germicidal agents. Red wash, which probably acts in both these ways, as well as a local stimulant, nitrate of silver and sulphate of copper were used as now. Strong nitric acid was applied against phagedæna; solutions of chlorine and iodine against slight sloughings and actual gangrene.

Periostitis, osteitis, caries of bone and necrosis, were treated successfully, as now, by subcutaneous incisions, trephining, the extraction of sequestra, and scooping. In one report, the dresser mentions an instrument under the name of a "proper scoop," which, I assume, was really a "sharp scoop."

Venereal diseases were treated without mercury, or with as small doses as possible, in accordance with views which had then been ably propounded; and, as no distinction was made between the hard and the soft sores, so far as their possible consequences were concerned, whilst the majority of those taken into hospital were evidently soft chancres, followed by bubo, the non-specific or almost non-specific treatment was very successful. Iodide of potash was becoming a favourite remedy; but it is curious to observe that a common formula in the notes was one grain of blue pill and one grain of iodide of potash, combined in one mass, to be taken three times a day. When the iodide was administered alone, the usual dose was three grains three times daily; very seldom did it reach to four or five grains. In deep syphilitic ulcerations, and in sloughing gummata, a weak solution of iodine was commonly ordered as a lotion. Numerous cases of syphilitic caries and necrosis were admitted, and one of extensive disease of the parietal bone ended fatally, with abscess in the corresponding part of the brain.

(d) Wounds. — Passing by burns, scalds, and injuries from caustics, I proceed to consider the cases of wounds of greater or less severity, 28 in number, which were received into Liston's wards in the year in question. Four of these occurred to women. One only healed within a week, and, as stated in the notes, "by the first intention"—namely, a wound in the palm, involving the superficialis volæ and another small artery. A cut down to the patella granulated and suppurated, and healed favourably in 17 days; an abrasion over the shoulder led to erysipelas and axillary abscess, the patient leaving the hospital on the eighteenth day; the fourth and last case, a punctured wound in the foot, became complicated with abscesses in the foot, leg, and thigh, and was detained in the ward for 55 days. Of the 24 examples of wounds happening to men, four only healed, presumably by the first intention, in from five to nine days; these were wounds affecting, respectively, the ear, eyelid, scalp, and scrotum, the last one laying bare the tunica vaginalis. In

six other cases, very free suppuration, with accompanying fever, ensued—namely, in a wound of the scalp, a contused wound of the eyelid and eyebrow, a glass-cut of the forearm, a long split in the perinæum, a lacerated wound of the foot, and, lastly, a scalp-injury requiring counter-openings—in these cases, healing was deferred to from 15 to 28 days. In the remaining patients, still graver complications ensued; they may be briefly summarised thus: Punctured wound of thumb, erysipelas; patient, being in good circumstances, was sent out on the eighth day. Bite on the back of knuckle, erysipelas, abscess; discharged on the twenty-first day. Slight wound in butcher's hand, cellulitis, abscess in forearm and arm, 22 days; contused wound of leg, rigors, abscesses, 30 days; wound of ulnar and another smaller artery above the wrist, ligature, cellulitis, sloughing of fascia up the forearm, 32 days; lacerated wound of palm, abscess, sloughing, much fever, 34 days; punctured wound of thumb, suppuration, frequent rigors, 39 days; contused wound of ear and side of head, so-called "erythema," suppuration, 42 days; punctured wound of thigh, profuse hæmorrhage, suppuration, burrowing of pus, 45 days; attempted suicide, division of brachial artery at bend of elbow, cellulitis, sloughing of areolar tissue, severe fever, 54 days; gunshot wound of forearm without fracture, deep seated suppuration, with great fever, 58 days; lastly, two fatal cases, namely, a lacerated wound of the leg, erysipelas, rapidly spreading diffuse cellulitis, gangrene, and death on the eighth day; and a cut-throat dividing the trachea, followed by bronchitis and infective pulmonary abscesses, proving fatal after 61 days.

These cases, the only ones admitted, are surely sufficiently striking; but we have yet to consider the results of the cutting operations performed in the hospital during the twelve months of 1844-5.

(To be continued.)

## THERAPEUTIC PROGRESS.<sup>1</sup>

By JAMES SAWYER, M.D. Lond., F.R.C.P.,

Senior Physician to the Queen's Hospital, and Professor of Medicine in Queen's College, Birmingham.

*Comparative Backwardness of Therapeutics—Difficulty of Therapeutic Inference—Therapeutic Triumphs—Neglect of Therapeutic Teaching—Danger of False Theories—Right Relations of Science and Practice—Recent Therapeutic Progress—Scope of Therapeutics—Conditions of Therapeutic Progress—Physiological Research in Therapeutics—We must yet be Empirics—Progress proceeds by the Discovery of the Unknown and by the Perfection of the Known.*

GENTLEMEN,—It is my first duty to ask you to accept my hearty thanks for the honour you have done me to-day in my election to the presidency of our branch of the British Medical Association. I feel you have called me to a high responsibility in placing me, by your favour, at the head of one of the largest and most influential divisions of the largest professional society in the world. You have called me to succeed many distinguished predecessors. Let me assure you I appreciate your confidence and consideration to the full. I undertake the duties you have placed in my hands

<sup>1</sup> A Presidential Address delivered at the annual meeting of the Birmingham and Midland Counties Branch of the British Medical Association, held in the Birmingham Medical Institute, June 25th 1885.



with a sincere desire and with a single determination to do my best to justify your choice.

In choosing a subject upon which to address you, I remember that former presidents have most profitably engaged our attention upon a wide variety of topics. I can recall many brilliant addresses, some of which have not been without marked professional and public influence, and consequence of good, in the initiation and support of manifold improvements—of improvements in our relations, in our duties, in our powers, and in our practice. We have listened in succession to the able exposition of such important questions as the progress of ophthalmic surgery, the care and cure of the insane, the management of habitual drunkards, and our due relations to the sick poor, and to the benevolent public, through provident organizations and medical charities. We have heard, too, of the marvellous developments of surgery in our times, of the political duties of our profession, and of our moral and sanitary responsibilities. I am venturing to-day, gentlemen, to break other ground in asking you to return to a theme older, perhaps, than any of these; to one older, but to one which is ever new, for it touches us all in our daily work as practitioners, namely, the *therapeutics of disease*; the use of remedies for the cure and relief of our patients, and especially the remedial actions of medicines. The subject is a great one, and its adequate consideration is far beyond the scope of an inaugural address. I can only attempt now to take up a part of it. About the interest of therapeutics to us I can have no doubt. Let us regard to-day, gentlemen, if you please, the particular question of our therapeutic progress. Are we making real progress in the treatment of disease? How may we improve and quicken our advancement? What are the obstacles to our progress, and how may we hope to overcome them? I remember that a great medical authority, and a distinguished modern physician, the late Sir Thomas Watson, in his inaugural address at the foundation of the Clinical Society of London, in the year 1867, said:—"The greatest gap in the science of medicine is to be found in its final and supreme stage—the stage of therapeutics." And although, in the eighteen years which have passed since this declaration was made, the healing art has achieved many substantial and practical advances and developments, we must all of us still feel, I think, and often feel acutely as practitioners, in our daily application of remedies for the cure and relief of disease, that we want a knowledge more exact, a scope more enlarged, and indications more direct and more successful, of the means by which morbid processes may be prevented and extinguished. How can the art of "treatment" be placed upon a broader and sounder basis—upon a basis less shifting, less empiric, more demonstrable, more effectual, and more scientific? We thankfully rejoice in the advances of physiological and pathological science. These advances are good in themselves, and we welcome them with a hearty expectation that they may lead us to improvements in our practice. But we are disappointed that therapeutics lags behind. Why have these sciences of life and of death outstripped the science of healing?

There can be no doubt that the enormous difficulty of accurate therapeutic inference is the chief obstacle to the establishment of therapeutics as a scientific system, in the strictest acceptance of that term. This difficulty has never been overcome. It inheres intrinsically to the subject, and the subject is of unsurpassed complexity. In ages of scientific progress we have reduced this difficulty a little, and we shall yet surely reduce it still more; but shall we ever remove it? In a therapeutic inference we have to conclude about the action of a given drug upon

a living human body, in a state of disease. The question is easy, but we cannot complete the equation. We can cite the question thus clearly, but we cannot *state* the equation; for one reason, because we cannot state the great unknown quantity it includes. The terms are life, a disease, and a drug. In the whole range of human research there is no problem more difficult of exact solution than the question, which can be so simply stated, Does a certain drug cure a certain disease? To the uneducated the answer may seem an easy one; but the keenest logician of our time, John Stuart Mill, has put precisely this question as an illustration of the most intricate class of problems which the human intelligence can attempt to unravel, as the extremest instance he can imagine, when he "clothes in circumstances" the inherent and often insuperable difficulties which beset our reasoning when we have to deal with causes which are plural and distant, and with effects which are intermixed and many. But it is our business as practitioners to "treat" patients and the disorders that are in them, to preserve and restore to our patients their activity, to assuage their sufferings, and, if it be possible, to cure them. As faithful practitioners, in our daily dealings with the practical and the concrete, the considerations I have just adduced must not weigh upon us unduly. I have been speaking only of the difficulty of satisfying the severest canons of formal logic in a scientific inference about the cure of a disease by a drug. Outside the scope of such a demonstration, much of solid therapeutic achievement, much of priceless worth to our race, remains in the arts of medicine. Surely do we cure many diseases, and surely do we mitigate many more. Nor need we always cure their diseases when we save and restore our patients. Does the mariner cure the wind and the waves when he guides his ship in safety through a storm which would have overwhelmed her if he had been less vigilant and less skilful? And so we can have no doubt that in many diseases, the duration of which we cannot shorten, as in some of the specific fevers, we can so *manage* the patient as to make the issue for him recovery instead of death. But happily, also, we can have no reasonable doubt that we really cure many diseases; to feel sure of this we need not wait to satisfy the sterner requirements of logical proof. Paralyzing doubt melts into confident action without waiting for the later demonstration of final certainty. Can we doubt that we cure syphilis with mercury, or ague and its allied neuralgias with quinine, or many forms of anæmia with iron, or acute rheumatism with salicylate of soda, or some skin diseases with arsenic? And in diseases which we do not yet claim strictly to cure, are we not sure that their manifestations are largely within our control? Think of nitrite of amyl and nitro-glycerine in angina pectoris, of iodide of potassium in asthmatic dyspnoea, of the bromides in epilepsy, of digitalis in affections of the heart, and of venesection or of chloroform in convulsions. And again, the secretions and evacuations of the human body, if not wholly within our control, are largely under the influence of our therapeutic means. And is not pain, the commonest and the most urgent of all the expressions of disease, almost absolutely within our power?

But there is another great difficulty in the way of therapeutic progress. If we watch the current methods of medical education, we shall soon observe that the details of practical therapeutics are not, as a rule, sufficiently dealt with by our teachers. The examining bodies, in their curricula, unfortunately join *materia medica* and therapeutics to form the single subject of one short summer course, and present it to the student in his first year, when his acquaintance with disease and with patients has



scarcely begun. The art of treatment is now a neglected branch of medical instruction; its neglect is not often felt by the pupil until he becomes a practitioner. Now that medical students are no longer apprenticed, to learn in the practice of a surgery the art of *applied* therapeutics, but pass at once from the school desk to the hospital ward, they especially need long and careful training in the science of treatment and in the art of prescribing. The elaboration of the scientific details of the medical curriculum, as contrasted with the practical work amongst remedies required by the obsolete custom of apprenticeship (a system which had many practical advantages)—the prevailing elaboration of the scientific details of the medical curriculum has too often crowded therapeutics out of the cognizance of the modern student of medicine. The duration of the course of lectures on *materia medica*, as now required by most of the licensing bodies, is so short, and the period when these lectures are attended, namely, in the student's first summer session, is so inopportune, that justice is not done to the important range of practical subjects, such as pharmacy, pharmacology, the physiological actions of medicines, and the art of prescribing, which are huddled and hurried into this part of the current curriculum. Hence the young practitioner, when he has taken his diplomas and left his school, without sound training in the discrimination, combination, and application of remedies, too often finds himself imperfectly prepared for the practical responsibilities of his position, and he is in risk of abandonment "to the alternative of two great evils—a feeble and servile routine on one hand, or a wild and lawless empiricism on the other." In these difficulties, a clear head and a good conscience may still save him; but he may be tempted to a treacherous refuge by the easy charms and attractive nostrums of proprietary pharmacy, or seduced by one or other of those notorious therapeutic generalizations which can still captivate the ignorant, though they be tottering to their fall between the crutches of knavery and credulity.

It would be easy to gather from the history of our art abundant instances of how much an accurate knowledge of remedies has been obscured and retarded by superstition and by credulity, by scepticism and by caprice, by fashions in diseases and by fashions in remedies, and by false doctrines founded upon false theories of morbid processes, or upon false theories of the properties of medicines. In our times, with a sober yet hopeful temper in our judgments upon remedies, we may expect to escape many of the errors of the past, and to help forward a sounder therapeutic progress. We must seriously and patiently examine again our old remedies, and search for new ones, by the best resources of modern scientific precision; and we must set ourselves to do this with no superstition, and without too much credulity, and above all, without too much scepticism. It would be easy to point to a pedantic scepticism which, in our own days, has sometimes found disastrous expression in our schools, as an egotistic inflation of therapeutic ignorance, or as the premature offspring of our exacter pathology. Credulity has been well defined as belief without reason; scepticism is reason without belief; and history has generally shown that a race of credulous believers begets a generation of unreasonable doubters. But our history warns us that some of the most striking errors of our art have sprung from hasty and false generalisations as to the properties of remedies or as to the nature of morbid processes. Now, as ever, we must be watchful lest we gaze through glasses coloured by the deceitful hues of false theory and premature conclusion.

Possibly an unproved bacillary pathology may tempt us into premature bacillary therapeutics. As

therapeutists we have noted that medical science has lately presented one of its periodic revisions of the pathology of pulmonary phthisis. It has introduced to us a living and material germ, and labelled it the tubercle bacillus, and it has found this organism as a newly recognised concomitant of tubercular processes, or, as some would claim for it, as the characteristic, ultimate, and peculiar structural element of tubercle itself, or even as its infective, material and potential essence. It is now too soon to attempt to sum up the true value of the well-known and important investigations to which I refer. I may say, however, in passing, that I have a strong suspicion, which many of my brethren, doubtless, have also felt, that the tubercle bacillus will soon subside into obscurity, and that it will turn out, at the most, to be only an accident of tubercular processes. Of course, I am using the word accident, as opposed to essence, strictly in its well-known logical sense. Before long, possibly, our scientific brethren will have kindly found for us a special micro-organism, appropriately and specifically named, for every disease which presents an organic basis in which micro-organisms can flourish. Then will science once more react from error by proving too much, and the ætiological bacillus will be lost in its universality.

In view of this immediate and particular question of the structural ætiology and essential pathology of tubercular diseases, it is well for us, as therapeutists, if we would secure our progress, to realise our right attitude towards the sciences which underlie our art, and especially towards that great department of inductive knowledge which is distinguished as the science of medicine. The first test of inductive truth is the touchstone of practice. In medical practice we must prove the generalisations of medical science. Clinical experience is the balance which alone can weigh their value. As faithful practitioners we must always welcome new scientific truths, and reflect their due influence in our practice. We must ever watch and support the labours of those who are breaking new ground in the elucidation of morbid processes. We must watch them with an expectation which hopefully waits for clinical result, and with an interest which tends to action. But our experience has taught us to be cautious in the acceptance, not of new scientific facts, but of new scientific generalisations. We remember that fifty years ago the essence of phthisis was the tubercular granule. Twenty years ago the ingenious Niemeyer revised and developed the teachings of Addison, and elaborately worked out the catarrhal and broncho-pneumonic hypothesis of pulmonary consumption. Then, thereafter, came the "giant cell" of tubercle. And now Koch asks us to contemplate the tubercle bacillus.

Premature generalisation from particulars seems to be a very persistent tendency of the human mind, and it is a tendency which education and experience alike teach us to resist. Of all the errors which have retarded the progress of the science and art of medicine, premature generalisation is the chief. When we would ascend from particulars to generals, credulity is our bane, and scepticism our duty. And in medical science we must bring our conclusions face to face with particular and living cases of disease, and see if they be true then. While clinical medicine, to be progressive, must ever revise and recast its practice by the truth of medical science, the generalisations of medical science must find in the particular readings of clinical medicine the truest tests of their validity. If our science sometimes restrains us when our art is going astray, it is our art only which has often shown us when our science was falling into error. In medicine, as in morals, practice is the test of principle.



We shall brighten our faith in the possibilities of therapeutic progress when we recall the marvellous practical advances which the healing arts have achieved within the last five-and-twenty or thirty years. I cannot now attempt to cite these advances in detail, but I believe a critical examination of them would show that our power to cure and to alleviate disease has made more substantial progress within the time I have named than it has gained within any similar period in the history of medicine. Our remedies have grown in simplicity and in range, in number and in precision. I am sure many instances of such progress at once occur to your minds. We have developed the uses of some good old drugs, and we have learned the uses of some good new ones. Here are some prominent examples: The salicylates have become established beyond question as powerful remedies in pyrexial rheumatism. Thirty years ago, the use of the alkaline bromides in epilepsy and its allied disorders, now so familiar to us, was quite unknown. In nitrite of amyl and in nitro-glycerine have been found agents which can largely prevent, and which can markedly assuage the agonising paroxysms of angina pectoris. In chloral, in croton-chloral, in iodoform, we have found serviceable new drugs. In our time, too, the indications for the use of digitalis as a cardiac sedative, and as a cardiac tonic of marvellous power, if rightly employed, have been clearly worked out, and incorporated amongst the most reliable staples of our art. What may be called the local treatment of diseases of the respiratory organs by the use of inhalations has been largely developed in recent years. Think, too, of the therapeutic field which we owe to the hypodermic syringe!

And now, gentlemen, if you will kindly bear with me a little longer, let me invite you to look forward. Surely the prospect, the prospect of our remedial art, is encouraging. Here and there the haze obscures, and here and there it hangs thick and low, but the clouds are clearing, and we can see many a broadening gleam of bright blue sky. Let us remember the immensity of our prospect. The potentiality of our art is only bounded by the physiological possibilities of human life. Our art aims at the prevention and the cure of all disease. Towards this consummation, so devoutly to be wished, it is sure to grow. The lines of its development are plain, and we know them well. Only by slow experience, and only by the labours of many hands, can our progress be maintained. Little by little shall our knowledge surely grow, but only by the experience of reliable observations, infinitely multiplied, and laboriously compared. And from another aspect, and from one more immediately practical, we recognise the vastness of the scope of therapeutics. I need not remind my hearers that the art of therapeutics is not merely the administration of drugs. It is much more than this: it includes every agency and circumstance which can favourably influence disease. It includes dietetics—what a patient ought to eat, and what he ought to drink, and when and how; it includes balneology—an ancient therapeutic system which has a greater future; it includes climatology, it includes the physical resources of mechanics—a mine of boundless wealth, which in means for the evacuation of morbid collections, and for securing rest, immobility and support, has achieved such brilliant results; it includes electricity and other forms of gymnastics; it includes the regulation of occupation, pursuits and amusements; and it includes many details of practical education, in their physical and psychical bearings upon growth and stability. I wish the general mind of our profession were more clearly directed towards the pursuit of therapeutic progress. If the plainer conditions of such advancements were more generally

recognised, and more generally kept in recollection, we might soon reap some substantial improvements.

It is clear to us that we must know more, and a great deal more, of the causation of disease before we can construct a therapeutic science. Hence, as therapeutists, we must watch and welcome all investigations into the nature and origin of pathological processes. We must cultivate, too, the art of clinical observation, and especially the art of diagnosis, for it is obvious that an accurate discrimination of the character of a disease must precede, in any particular instance, its intelligent treatment. And here, too, I think we shall agree that there is a distinct danger from undue specialism in practice. While what is known as specialism in practice has done much to advance our remedial arts, and while specialism within certain limits is wisely accepted by our profession as a sound rule of conduct, I think we shall admit that there is an undue specialism against which we must guard, because it is a dangerous obstruction to real therapeutic progress. We must never forget that we cannot pursue therapeutics successfully to the exclusion of other branches of medical art and science. We cannot be therapeutic specialists! But our therapeutic progress cannot rest upon clinical experience alone. Physiological research into the precise details of the powers of remedies, and such research directed towards the perfection and discovery of remedies, has already yielded good fruit in practice, and is full of promise. The two broadest and directest lines of therapeutic progress lie in these two fields of work, in clinical experience and in physiological research. Each supports the other, and neither can stand alone. While clinical experience suggests specific wants which physiological research may endeavour to supply, physiological research supplies new agents which clinical experience may test in practice. Clinical experience reveals the therapeutic effects of medicines, physiological research discovers only their physiological actions. The therapeutic effect of a medicine is its remedial efficacy in disease. The physiological action of a medicine has no necessary connection with its therapeutic powers; it is an effect it produces upon a living and healthy body. We shall fall into error if we assume that there is always a necessary connection between the physiological actions of a medicine and its therapeutic effects. There are some agents which have marked physiological actions and yet are poor in therapeutic powers, and there are some remedies which have accepted therapeutic efficacies which exhibit scanty physiological manifestations. If we examine the matter closely, we shall find that in many instances the therapeutic effects of a remedy, and its physiological actions are, so to speak, two distinct, but not separate, sides of its character. But, however these things may be, we cannot doubt that the more we learn about the physiological powers of remedies the more likely we are to understand, the more likely we are intelligently to direct, their therapeutic employment in our practice. So, if we would make progress in our powers to cure disease and to relieve physical suffering, we must heartily help and patiently watch the physiological investigation of the actions of old and new remedies, and of old and new agents which may possibly become remedies. Our experience tells us that we shall often find that an agent which has particular and well marked physiological powers has also the capacity of a remedy with distinct therapeutic actions. In this way, physiological research suggests for us and for our patients new remedies, or new applications of old ones, and hands them on to clinical experience for test and for proof. Physiological research yields us a perennial spring of therapeutic progress, a spring in which our art may perpetually renew its vigour. Here is an



abundant source from which we may draw an exacter knowledge. Here shall the art of medicine become less empiric. Here shall our science become more practical, and our practice more scientific. There is another condition of our work in the treatment of disease about which there has been much misconception, but about which we can scarcely miss agreement if we weigh the case carefully. It is this: whether we like it or not, we must yet be mainly empirics in our practice. We must not be above being empirics. I do not mean empirics in any bad sense of the word. I do not even mean that there is any real opposition between true empiricism and scientific practice. The great bulk of our therapeutic knowledge is as yet empirical, and as empirics, though as rational and scientific ones, we must administer it. By this empiricism I mean, and mean only, a knowledge which is founded upon experience. I mean a knowledge which grows from and with experience, and which in this sense is empiric, however scientifically it be applied. In much of our therapeutic work it is experience which prompts our action, while experience alone can test our results. Much of what we do we cannot explain, in the scientific meaning of the word explanation, so we lean upon experience, and trust with an empiric faith much that we know to be true, though we cannot understand it. We expect much of further gain to our art from the discoveries and developments of physiological research into the actions of medicines, and such research has already found us some valuable remedies, which an *a priori* reasoning has applied in practice, and which experience has confirmed. But, in our time, experience must yet be our chief guide in therapeutics. Here is a specific question which we have to answer every day. Why do I give this medicine to this patient? Not because it has such-and-such physiological effects, and I expect, therefore, that it will do good, but because I have *before* found its administration attended with advantage under similar circumstances, and this experience *satisfies* me, and gives me confidence in using it again, until I know of a better remedy.

Progress has two sides. It advances with a double front, by the discovery of the unknown, and by the perfection of the known. What the unknown has in store for us we cannot say, but surely a mine of therapeutic progress lies ready at our hands in the perfection of the remedies we already know. The discovery of the unknown is reserved as a rare and great reward, as the guerdon of the few. Towards the perfection of the known we all can work, and none shall miss his prize. The discovery of the unknown bears fruit late, seldom, never, and splendid; the perfection of the known bears fruit at once, always, continuously and in bushels. Many good remedies are not fairly tried. A remedy has not failed when it has only been employed improperly. Let us study again, and more closely, and by modern scientific methods, many a good old drug, such as arsenic and antimony, mercury and hemlock, sulphur and turpentine. Let us watch, too, the marvellous developments of modern chemistry in their bearings upon our medicines. With a wide eye let us watch the sciences which are ancillary to ours, that we may translate their advances and resources into practical therapeutic utilities. Let us be reading, and reading old books, as well as doing other work. If we turn to the therapeutic literature of the past, we shall find not only that the fittest remedies have not always survived, but that some of our most striking modern curative triumphs have been gained by old remedies which had long been forgotten, as, for instance, in the treatment of pyrexia by the affusion of cold water, a revival and not a survival, a revival of the therapeutics of Currie, of Liverpool, at the beginning of this century, and of others before him.

Venesection is worthy at least of partial revival, and is sure to come into vogue again. We might, too, give point and precision to much that we know if we revived a little of the evacuant treatment of our predecessors—a treatment which, although based upon a superseded humoral pathology, was often sound in its practical results—and, casting aside much of the modern tonic rubbish which so easily besets us, studied the unloading of the viscera, and cultivated a robust therapeutics, based upon an accurate survey of the vital individuality of our patients.

## POSTURES IN SCHOOLS, AND THEIR INFLUENCE UPON THE FIGURE.<sup>1</sup>

By NOBLE SMITH, F.R.C.S. Ed.,

Surgeon to the All Saints Children's Hospital.

LED to enquire into the first causes of various deformities in young people, and more especially the causes of curvature of the spine, I have traced them in a great number of instances to the regularly repeated assumption of bad postures during school occupations. Last year I was invited to give expression to my observations upon this subject at the Congress upon School Hygiene at the International Health Exhibition; and since then I have, under the auspices of a very active and enthusiastic member of the School Board for London, visited several of the board schools, and carefully noted the prevailing bad postures assumed by the boys and girls whom I saw there. At the invitation of the Works Committee of the School Board, I met them and read a report of my observations. Desks and seats and children were provided at the meeting, and I demonstrated the bad postures and explained the faults in construction of the desks and seats, pointing out how the evils might be counteracted. I subsequently devised a modification of the former seats and desks, which overcomes to a great extent the evils complained of.

At my visits to the schools I found that a good posture was a rare exception among the children, and I will now call your attention to the positions which were commonly assumed. Stooping over the work was the most noticeable, and in writing and other work carried out upon the desk this posture was almost universal.

At the schools at Lisson Grove, Limehouse, and Carlton Road, I made sketches of the more general positions in which I found the children. The first sketch shows a child leaning over the desk (which was flat), bending the spine very much and holding the right shoulder forward. In one case I measured the distance between the eyes and the copybook and found it to be only  $2\frac{1}{2}$  inches. Among the 46 children in this class, 23—exactly half the number—were very much in the same position. The second sketch represents another favourite position, and the third shows how some of the pupils bend the upper part of the body to the left, and forwards. Fig. 4 shows a somewhat different posture seen in profile. Fig. 5 represents a girl holding her slate up while she is resting her back for a time against the rail of the seat. This posture twists the left shoulder forwards while the back is curved.

These positions are the result of the desk being too low, and removed too far from the body of the pupil. They all tend to produce permanent roundness of the

<sup>1</sup> A paper read before the Medical Officers of Schools Association, July 22nd, 1885.



back, and curvature of the upper part of the spine to the right. Now we know that even in adults (in whom the bones are more solid and much less liable to give way to pressure than in young people) trades which enforce constrained positions give rise to deformity. The round shoulders of the engraver, the curved spines of those who carry heavy weights, and the knock-knees and flat feet of waiters—are examples which are familiar to us all. We ought, therefore, to realise that bad postures at the school desk are productive of curved spines in accordance with the curved positions which are so commonly assumed.

In children the spine is, as you well know, to a great extent cartilaginous. The repeated assumption of a curved position cannot but influence the ultimate formation of this important structure. An independent observer, who has had much experience of girls' schools, states that 25 per cent. of girls at school have more or less curvature of the spine. And in these he refers to decided cases of curvature.

Some observers have thought that a slight lateral curvature is a natural condition, but although its frequency entitles the deformity to be considered common, we surely cannot look upon it as a normal state. I must own to being one of those who cannot admit that the spine should be otherwise than straight as regards symmetry.

As to the importance of preventing the development of these deformities, it is hardly necessary for me to say much here. I assume that the desirability of such prevention is recognised by all my hearers. The tendency of such conditions to increase when once produced, their deleterious effect upon the general health, their interference with free growth, their evil influence upon the functions of the body, and especially upon the chest, and their disfiguring effects ought to be sufficient to induce us to do all in our power to prevent their occurrence.

It is perhaps necessary to remark here that in considering posture as an influence in the development of deformity, we must always bear in mind the various other conditions which may act as causes. Such are congenital irregularity of the spine, inequality in the length of the limbs, or in the two sides of the pelvis, general debility, rapid growth producing an unnatural flexibility of the spine, paralysis, lameness, wry neck, &c.

But whatever may be the cause, there can be no doubt that habitual bad postures exercise an immensely harmful influence upon curvatures of the spine, and sitting postures are probably the worst. Sitting on chairs or forms is not natural to human beings, and few children would adopt the position by choice. A young child much prefers sprawling upon the floor; and I think it is a pity that they are not allowed more freedom in this matter. Nature dictates a frequent change of posture which is generally considered inelegant, but it allows growth to take place more regularly than when too much strain is imposed upon the figure in one or other direction. Girls are more interfered with in this respect than are boys, and consequently girls suffer most from the consequences. It is doubtless desirable that restrictions should be placed upon the dictates of Nature in this matter; but it is of great importance that every possible means should be taken to prevent these restrictions from producing such serious evils as I refer to. It would be a great relief to the delicate spines of young girls if they could lie in a prone position upon a sloping bench to learn their lessons and to read. However, seats and desks must be used, and it is to the proper construction of these that our attention must be drawn.

There are two points in the arrangement of this school furniture which especially require attention, and these are—1st. That the desk be sufficiently high

to obviate stooping. 2nd. That the desk be sufficiently near the body of the pupil to allow writing to be done while the back of the individual rests comfortably against the back of the seat. To effect the first requirement the edge of the desk should be on a level with the junction of the lower and middle thirds of the arm, *i.e.*, just above the front angle of the elbow. It has been advised that the height should be such that the forearms should rest evenly, while the elbow is at the side, upon a desk of 15° slope, but I have found it better to make it a little higher as above described, so that the elbows are removed outwards to allow the arms to rest evenly on the desk, and the work is thus placed nearer to the eyes without being too near. The slope of the desk is also better for practical purposes at an angle of 12°, as if it is more slanting, books and slates are apt to slide off. To fulfil the *second* important requirement, the desk should very nearly touch the body, whilst the back of the seat is being used as a support; about one inch distance is very suitable.

Other points requiring attention are, that the back of the seat supports the loins of the pupil, and it is well also to have a support to the shoulders. The seat should by preference be wide enough to support most of the thigh, but it is not always convenient to provide this. There should be ample room for the legs so that they can rest easily upon a slanting foot-board, or be moved about to relieve the pupil from a constrained position.

I cannot select any particular desk, but you will have no difficulty in choosing those which are suitable. I have found an adjustable table which can be adapted to any good chair, very useful for general purposes. If there is a flap which can be raised for resting a book for reading, it should be so arranged that the pupil can read easily without bending forwards. There is not due provision for this in the London Board Schools.

It is very desirable that large print be used in schools, not only on account of the eyesight, a most important matter, but also because it facilitates the adoption of an easy posture.

One great benefit which is conferred upon children at school is the inculcation of discipline, but even this discipline may be overdone. Some of the inspectors who visit the London Board Schools insist upon each child keeping its feet in one position, close together on the foot-board. Most of us know the irksomeness of such a constrained posture, even when enforced upon us at a theatre or other place of amusement for a couple of hours, and we can therefore realise the cruelty of imposing so unnecessary a restraint upon children. Another disciplinary rule which I discovered in my visits, and one which I believe is very general in schools, is the custom of twisting the body in writing. I believe it to be a most pernicious custom, and one which is probably answerable for many cases of curvature of the spine.

The order as I heard it delivered was to this effect: (1) "Stand for writing;" (2) "Turn to right," which consisted in turning sideways to the desk; (3) "Sit for writing." The effect of this plan is that the pupil sits with the knees directed to the right, the pelvis resting diagonally on the seat, the left arm resting upon the desk with the fingers upon the copy-book opposite the line to be written, and the head twisted to the left towards the left arm. If you will observe a child with its back naked, sitting at a table in this position, you will see that the spine is bent into the position of the commonest form of double curvature, the dorsal portion being bent to the right, and the lumbar slightly to the left, while the whole spine is twisted, the lower part from left to right, and the upper from right to left. I cannot but consider this practice a monstrous evil, for I think there can be little doubt that it leads to monstrous results. Why



is it taught, you will ask? The only explanation I could obtain was that it facilitates elegant writing. Some teachers consider that the direction of the pupils' knees should be in accordance with the desired slant of the writing. It would be far better to substitute upright writing if the slanting can only be attained at the sacrifice of the straightness of the spine.

Standing in class may be productive of bad results upon the figure, if prolonged for more than a quarter of an hour at a time (and even this period is too long for weak children); the muscles of the spine become tired, and the child is obliged to allow its spine to subside into curves, and these curves gradually become permanent. It is much better to allow children some latitude as to their position in standing. It is a most fatiguing posture to stand with the feet close together and both legs straight. The feet should be placed slightly apart so that a good base of support is afforded, and the pupils should be allowed to "stand at ease" as often as they like; but one leg should not be favoured in this respect. It would be a great help if a rail were provided for the children to lean against. Weak children, and especially those who show any symptoms of laxity of joints, whether associated with rickets or not, should be taken great care of, and allowed to rest as much as they like.

Girls, as I have already remarked, undoubtedly suffer from the effects of bad postures to a much greater extent than boys. I think this may be explained chiefly by the facts:—1st, that more strictness is observed with the former than with the latter; and 2nd, girls have less chance of counteracting the effect by energetic play. True it is that they have their calisthenic exercises, their regular and stately walks, or the more modern conceit of Swedish drill; but what are these in comparison to the free and unconstrained sports which are so heartily enjoyed by boys? But girls must be brought up, it is thought, in a genteel and lady-like manner; it is tom-boyish to be too energetic in action; their movements must be slow, deliberate and constrained, and the least attempt to indulge in Nature's craving for a childish romp, is too often repressed for fear of its engendering vulgarity.

For my own part, I am no believer in the refining effects of this pernicious system. I cannot but think that motherly care in early life, careful moral training and good example, will do far more to lead the child to grow up into an honest, truly refined and virtuous woman, than all the prim routine and unnatural restraint which modern civilization imposes upon girls.

When the actions of the body are quite free, as they are in boys when playing in the majority of their games, and I would especially mention that most English of all games—cricket, all parts of the body are severally brought into use, there is very little chance of one part being overworked at the expense of another. School-girls ought to be encouraged to play such games as cricket and tennis; instead of which they go for walks, marching along the streets or lanes in prim couples; and in many schools they have no other exercise.

To prevent the development of deformed figures is not merely a matter of appearance, it is a matter of health. A round back alone is a very deleterious condition. We all know that it produces a flattened chest—that a flattened chest indicates a small space for the lungs, and that then the lungs become much more liable to disease than when the chest is large and full; that the more fully our lungs can expand, the better chance we have of recovery from any lung disease; and that a full chest allows more room for the heart and stomach to do their work in properly. There was some truth in the remark which an old sportsman used to make to those of his friends who complained of indigestion, "It all comes from sitting

upon your stomach." If the spine becomes curved laterally as well as posteriorly, the evil effects are greater, and the condition a more difficult one to get rid of.

I have dwelt almost entirely upon the effect of posture upon *the spine*, and doubtless it is to this point that we should chiefly direct our attention. With regard to the legs, if there is plenty of room under the desk, the pupils may be allowed to change the position of the legs as often they like. At the schools already referred to I noticed many children who were obliged to sit with their feet crossed, or in other constrained positions, because a ledge beneath the desk interfered with their sitting with the legs upright.

The direction of the light is a very important matter; it should come preferably from the left and from above, so that it falls fairly upon the work on the desk and not glaringly into the eyes of the pupils. If the light is not well arranged the body has to be twisted or placed in some awkward position to allow it to fall upon the work, and not to glare into the eyes. It is not within my province to discuss the effect of a badly-arranged light upon the eyesight, but that we know is also a most important matter.

In conclusion, I would urge upon all those who have the custody of children the great importance of preventing the development of the serious deformities which may arise from, or at least be aggravated by bad postures frequently repeated. The rapid advance of education—the severe examinational tests which both girls and boys have to undergo in the present day, necessitate most assiduous application to the school desk; and it will require the utmost vigilance and care on the part of teachers to prevent these bad postures from becoming habitual; and let it be thoroughly understood that the evils complained of cannot be prevented by simply making the children "sit up." I have elsewhere explained that no child can "sit up" straight for more than a few minutes at a time without proper support to the back, and that when they are continually urged, or I may perhaps justly say bullied into, "sitting up" they assume a comparatively upright posture without using their muscles—that is, they place the spine in a curved and fixed position, which when frequently repeated most assuredly causes the development of curvature.

If we consider the immense strain upon the spine to which in after life so many of us are subjected; if we consider the life of the clerk, or the seamstress, the governess, or the shop girl, how, hour after hour they have to sit or stand with little opportunity indeed of resting their weary backs, we shall realise the importance, nay, the imperative duty which devolves upon us of at least giving them a fair start in life. In every class of persons, the back is very liable to suffer in after life, but the stronger and straighter it is the better will it bear its work. Ought not as much care be bestowed upon physical as upon mental development? Should we not take care that while we are grasping at the attainment of superiority in mental culture, we are not losing the benefits of incalculable value which are almost peculiar to good physical development, and the good health which is its accompaniment?

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UNION OF FRACTURED TEETH.—Dr. Wingate reports eight cases of united fractures in teeth from Carbondale, where there is a large class of miners amongst whom accidents are common. As these teeth were all extracted on account of the pain and discomfort caused by their distorted shape, it is probable that united fractures in teeth are much more common than has been supposed, for these teeth represent the failures only; the successful cases, not giving trouble, were never recognised.



# Medical Times and Gazette.

SATURDAY, AUGUST 8, 1885.

THE annual meeting of the British Medical Association was brought to a close on Friday, the 31st ult. Although the scientific aspect of these gatherings is not altogether satisfactory, still the Association is to be congratulated upon the large amount of useful work performed during the week. All the arrangements were carried out in the most admirable manner. Mr. Marshall's address in Surgery, on Thursday, attracted a large audience. It was practically a review of the cases which had been admitted into two wards at University College Hospital in the years 1844 and 1883. Mr. Marshall dwelt at some length upon the great benefits which had been derived from the use of antiseptics in the treatment of acute abscesses and amputation wounds, and upon the very marked diminution in the number of cases of cellulitis, erysipelas, and pyæmia. The third address, that in Public Medicine, was given on Friday by Mr. Dyke, of Merthyr Tydvil. It dealt mainly with local sanitary matters, and has already been published in the *Journal of the Association*.

At the third general meeting, Dr. Jacob, of Dublin, took advantage of the presentation of the Report of the Parliamentary Bills Committee, to move "That it be an instruction to the Council, in view of the approaching general election, to take immediate and active steps to organise the political power of the Association; to ascertain definitely the views of Parliamentary candidates upon those questions in which the Association and the medical profession are specially interested; and, so far as may be possible, to influence the members of the Association to give their votes for those candidates whose views are ascertained to be consistent with the policy of the Association and the good of the profession." Dr. Jacob asserted that just now was the opportunity, if ever, to lay the foundation of political influence on the part of the Association. At present the Association had no such influence, and the profession, according to him, was absolutely unrepresented in the House of Commons. The doctors now in the House of Commons were doctors by accident and politicians by profession. As an indication of what might be done, he said that while the British Medical Association would just now have great difficulty in securing two members to do its will in the House, the Irish Medical Association, by the judicious use of electioneering circulars and by extorting pledges, could at any time produce sixteen, while the Irish Medical Corporations had at one time secured twenty-five. Dr. Jacob found a seconder in Dr. Drysdale, of London, but his motion was not favoured by the Council, and an opportune stampede of members resulted in a "count out."

For the section of Medicine no subjects of greater interest and importance could have been selected than

the clinical aspect of Glycosuria and the treatment of acute Rheumatism. In connection with the former, Dr. Pavy gave a demonstration of the methods of testing urine for albumen, sugar, &c., which was very much appreciated. Dr. Markham Skerritt's rare case of Acute Febrile Glycosuria attracted much attention. Cases where fever has been an accident of the glycosuria, or where the glycosuria has followed upon an acute disease are not uncommon, but Dr. Skerritt's case falls into another category. The treatment of the case consisted in the administration of salicylate of soda and of codeia in combination with dietetic treatment. Professor Latham (Cambridge), going somewhat outside the question under debate, looked upon diabetes as the analogue of rheumatic fever, and acetonaemia as the analogue of hyperpyrexia. He endeavoured to explain on chemical grounds the formation of sugar through methylic aldehyde, the oxidized product of substances formed in muscles, &c. The outcome of the discussion on acute rheumatism, in which, among others, Drs. Bristowe, Latham, Pavy, and Wilks took part, was to disclose a general opinion that in salicin and its compounds the practitioner has now at his disposal for the treatment of the disease a drug almost as specific as is quinine for ague, but that the drug simply controls the manifestation of the symptoms, such as pain and high temperature, rather than cuts short the disease itself. Very beautiful microscopic specimens of ulcerative endocarditis and its results were exhibited by Dr. Byrom Bramwell.

IN the Surgical Section, after the opening address of the President on "Injuries to the Skeleton," and a discussion on bladder tumours, both of which we briefly reported last week, a very interesting paper was read by Mr. William Adams upon "Congenital Dislocation of the Hip." A recent dissection of a case of double dislocation was brought over from Dublin by Dr. Bennett. The capsule of each joint was complete, the round ligament present, and also a rudimentary acetabulum. There is no evidence to show that the labour-process is in any way a factor in the production of this so-called dislocation. Some speakers thought that the changes might result from an anterior poliomyelitis. The paper by Mr. Treves introducing the discussion on Operative Interference in Intestinal Obstruction, that by Mr. Bishop on Enterraphy, and of Mr. Mayo Robson on Enterectomy for Intussusception, formed a very instructive series. The operation of enterectomy for obstruction, where the presenting part of the intestine is opened and stitched to the abdominal wall, which was upheld by Mr. Robson, was most severely criticized by Mr. Treves, who looked upon it as an operation which ought to be relegated to the past, and which was unworthy of a scientific surgeon.

IN the Obstetric Section, Dr. Playfair criticized the remarks, with reference to gynæcologists, made by Dr. Clifford Allbutt in his *Gulstonian Lectures*. He was not, however, successful in removing from the minds of his hearers the notion that a great deal of



mischievous had been done by the unnecessary manipulations of some gynaecologists. Dr Playfair's remarks upon "ulceration of the cervix," "displacements of the uterus," and "intra-uterine medication" are deserving of attention. He strongly deprecated the frequent cauterisation of the cervix; the limit of time for intra-uterine applications in suitable cases of endometritis should not be more than two or three months, one or two applications in the week following menstruation. There should be no necessity for more than one or two visits after the application of a pessary to support a uterus deviated from its proper position. He hoped that the phrase "ulceration of the cervix" would be banished from use. Mr. Lawson Tait advocated the early removal of the ovaries in cases of uterine myomata. He brought forward cases of great interest in support of the treatment which he advocated. In the discussion on Antiseptic Midwifery, Mr. Tait strongly deprecated excessive antiseptic precautions. In the near future he would not be surprised to find the whole process of impregnation carried on antiseptically. Dr. Berry Hart, of Edinburgh, showed some very beautiful preparations—microscopic sections of uteri which had been removed by Caesarean section, &c., and also several very interesting photographs. Dr. Hart's paper was devoted chiefly to the anatomy, histology and physiology of the uterus in the later stages of pregnancy.

THE Section of Pharmacology and Therapeutics promises to become one of the most important and instructive of the departments of the Association. In addition to his very interesting address, dealing with the history of pharmacology and therapeutics, and the methods of studying them, Dr. Fraser, the president, introduced the discussion on the action and uses of the digitalis group. He was convinced that we had found a most valuable addition to our therapeutic agents in strophanthine, a glucoside derived from the *Strophanthus Hispidus*, which was a safer drug in the treatment of heart disease than digitalis. Dr. Buxton's paper dealt very exhaustively with "Anæsthetics" from a physiological standpoint. It was felt by some members that sufficient attention had not been given to anæsthetics from the practical side. Dr. Buxton had hoped that this aspect of the subject would have been developed in the course of the discussion. Dr. Long Fox opened a discussion on the action of Diuretics, and Dr. Norman Kerr read a most interesting paper entitled, "Ought Alcohol to be prescribed, and how?" Members attending this Section were very much pleased with the demonstration of the action of the Digitalis Group upon the frog's heart, given by Dr. Stockman, of Edinburgh. In the Section of Public Medicine, Dr. Paine delivered an interesting address on the cholera epidemics in Cardiff, illustrated it by a very large and elaborate map, which was greatly appreciated by the members attending this Section. A paper was read by Dr. Vacher upon Summer Diarrhoea. There was but little unanimity amongst the members on the question of the causation of this interesting malady. In the same Section there was an interesting discussion on Provident Dispensaries, and it was suggested that a deputation should wait upon the

President of the Local Government Board to request his support in the formation of a Royal Commission to enquire into the present position of medical aid generally throughout the country.

LUNACY legislation was the most important topic of debate in the Psychological Section. Dr. Tuke, in his paper, remarked that the practical question before them he took to be this—"What ought we to strive for when a bill is brought in next Session, whether we have regard to the interests of the patient or of the medical men?" With regard to the intervention of the magistrate, he submitted that while recognising magisterial action in private as well as in pauper cases, stringent clauses should be introduced guarding medical men against improper interference on the part of the magistrate. Medical men and also superintendents of asylums should be well protected from the vexatious actions brought by discharged lunatics. They should be allowed the same free and unfettered action in the examination of lunatics that was accorded in other surgical and medical cases. It was only right and proper that private patients should be visited as soon as was convenient, either by commissioners or by medical visitors. If Justices of the Peace were to provide accommodation for private patients, separate buildings and separate superintendents should be introduced. The proprietors of private asylums should be equitably dealt with in case any future bill affected their prospects by depriving them of their patients. It was a question whether hospitals might not receive State aid or local help rather than that pauper asylums should be devoted in part to private patients. The majority of the speakers agreed as to the necessity of having private asylums for high-class patients.

ONE of the most interesting features of the meeting of the Association was the Museum, located in a large public hall, a short distance from the Town Hall. A most admirable collection of instruments formed the central feature of the Museum. The exhibits of food, drugs and chemicals, were numerous, many being supplied by local manufacturers. Section D contained several very interesting appliances, amongst them a hand ambulance, constructed by John Peck & Co., Wigan, weighing 29 lbs., and supplied at a cost of 50s. The patent automatic dry-gas regulator of the Bromhead-Tester Co. was at work; this simple contrivance increasing the illuminating power, while regulating the consumption of gas, deserves greater attention. The exhibition of pathological specimens was extremely meagre.

THE social attractions of the Cardiff Meeting will not be readily forgotten. The reception by the President and the South Wales Branch, on Wednesday evening, was of a brilliant character. The large public hall in Crockherbtown had been beautifully decorated for the occasion. Running hard by the hall is a stream, which had been gaily illuminated with numerous Chinese lanterns, arranged in festoons along the banks. A Venetian gondola richly decorated, containing a



group of singers, served to convey the visitors up and down the stream. An extensive promenade had been constructed outside the hall. The first part of the entertainment consisted of a concert in which several Welsh artists of great repute and a well-known Welsh choir took part. Dancing to the strains of the Artillery Band began at eleven, and was continued into the early hours of the morning. About 1,500 people were present. The reception by the Mayor of Cardiff was of a similar character. Five garden parties were given during the week: the first on Wednesday by the High Sheriff of Glamorgan, in the beautiful grounds of Rookwood, a short distance outside Cardiff; three on Thursday, by the President, Dr. Taylor and Dr. Edgar Jones; and the fifth on Friday, by Lord Windsor, at the Penarth Gardens. The weather was perfect, and everything passed off most successfully.

THE dinner on Thursday was worthy of the occasion—according to some old frequenters of these meetings, one of the best. The President, relieved from a considerable amount of worry and anxiety, was peculiarly happy in his speeches. After dinner the Llandaff Glee Party, in the intervals between the speeches, enlivened the proceedings with some well-selected and appropriate glees. Private hospitality was shown on a most liberal scale; in short, nothing was left undone that could make the visit to Cardiff one which will in future be remembered with pleasure. During the week the extensive docks were visited by a large number of people; various manufactories were thrown open to the members of the Association, as were also the museums, picture galleries, college, infirmary, castle and castle grounds. In addition to the excursions on Saturday, members availed themselves of the numerous opportunities during the week of visiting the places of interest in the neighbourhood, and of interviewing some fine scenery. On Saturday a large number of the members with their friends joined in the various excursions to Tintern for the beautiful scenery of the Wye, to Glastonbury and Wells Cathedral, and several other places of note. Lord Bute placed a special train at the disposal of those visitors who desired to visit Penryvan, a mountain in the centre of the South Wales Coal Basin, from which a magnificent view is obtained of the Beacons of Breconshire, the Bristol Channel and parts of Monmouthshire, Gloucestershire and Carmarthenshire. Returning to Caerphilly Castle, the visitors partook of a most sumptuous luncheon as guests of the Marquis. The afternoon was spent in visiting the ruins; a very pleasant dance on the green and in the old banqueting-hall brought the day to a close.

THE Medical Relief Disqualification Removal Bill passed easily through Committee in the House of Lords on Thursday last week; not altogether, indeed, without some word-fencing, but happily the buttons were carefully kept on the foils. Lord Balfour of Burleigh moved to amend the Bill by limiting its operation to two years. The amendment met with as little support from the Lords as had been given to a similar proposal in the House of Commons, namely, it it was not even seconded; but it gave Lord Milltown

an opportunity of speaking in support of the measure more directly and strongly than he had done when he filched the moving of the second reading of it from Lord Granville, and it gave the last-named the opportunity of effusively thanking his noble brother Earl for having, at last, really argued in favour of the measure. Several peers spoke against the amendment, and the Marquis of Salisbury gave it the *coup de grace* by observing that it seemed to him that the effect of it would be to require that the Houses of Parliament should consider the question again two or three years hence. He, however, did not think that the Houses had so distinguished themselves on the present occasion that that would be a desirable result. The amendment was withdrawn, and without more ado the Bill passed through Committee; and next day it was read a third time, and passed without blessing or ban.

THE Criminal Law Amendment Bill, which has all but passed, important as it is, is not a Bill which it falls within our province to discuss, except perhaps to point out that from a hygienic point of view, the prevention of precocious sexual relations and of premature maternity is an end well worth striving for. But the ill-advised proposal of Mr. Stansfeld on Monday, to make the examination of women for certain purposes by medical men a criminal act, demands some comment at our hands. The proposal was, of course, the corollary of Mr. Stansfeld's faith in the baseless assertions of the *Pall Mall Gazette*, which we censured, we think with sufficient severity, soon after their publication. The discussion drifted off into a heated talk about the journal in question, but the House showed its comparative good sense by rejecting the clause by a majority of 115 against 50, after Mr. Mitchell Henry had protested against the slur proposed to be cast on the profession to which he belongs, and Sir W. Harcourt had pointed out that if the clause were carried no medical man could safely examine a woman in the course of his professional duty. But that even fifty M.P.'s should be found willing to vote for a clause which was the outcome of anonymous slander, and which, if passed, would have roused a tempest of righteous indignation throughout the medical profession, shows how the hysterical excitement of the last few weeks has influenced even those to whom we look for calm and sober judgment. We have not seen the text of the rejected clause, and so cannot tell whether Mr. Stansfeld meant it to apply to his *protégées*, medical women, as well as to medical men.

WE hear that the statement made last week in the House of Commons during the discussion on the annual grant to the Queen's Colleges in Ireland has already caused a good deal of uneasiness in educational circles there. The pledge given by the present Government that, if in power next session, they would frame a measure which would please the Irish members, shows clearly that the lamentable feeling of unrest and disquietude on university education in Ireland, of which we spoke in a recent number, is fully justified. We do not hesitate to foretell that if

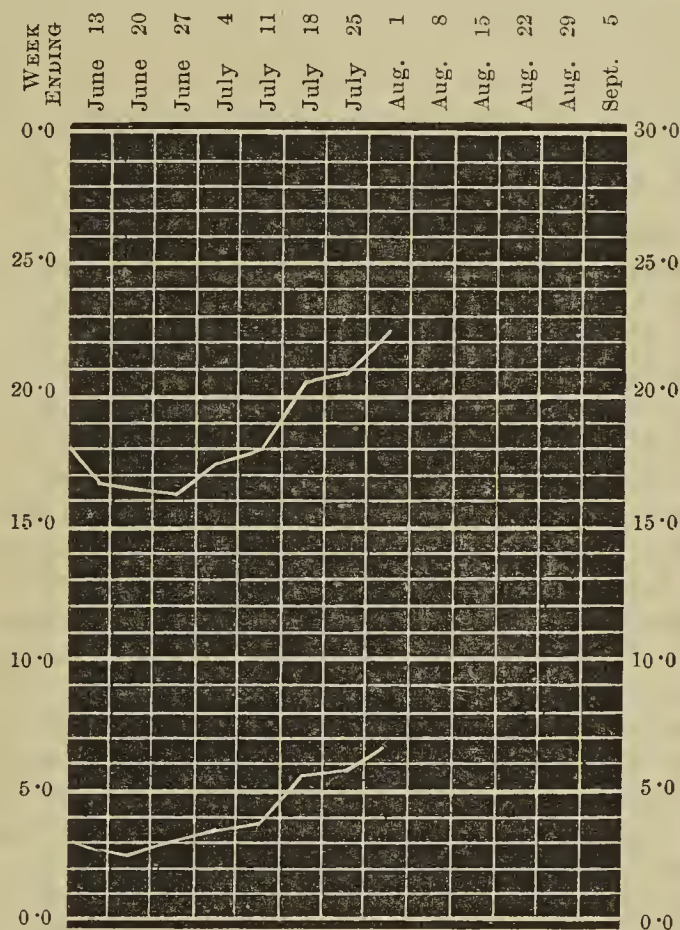


legislation be undertaken solely with the view of pleasing any section of the Irish members it must be a failure. Upon all hands, however, it must be conceded that legislation is absolutely necessary, and we have little fear that the lamentable mistake made by the Government which passed the Royal University Act will be repeated by either political party in years to come. The question must be fearlessly taken up by the next Parliament and *settled*. Hitherto in England we have only heard of the dissatisfaction of the Roman Catholic party, but by nearly all the graduates of the late Queen's University, and by none more so than by the medical graduates in the North of Ireland, the Act was keenly felt to be a cruel injustice. It must appear to everyone who has studied the difficulties of the question that both parties in Ireland will have to accept unpalatable compromises if the ruinous period of uneasiness is to be brought to an end. If Cork or Galway be handed over to the majority, it will not be sufficient to permit Belfast to remain as it is. Ulster requires, and the North of Ireland has long been entitled to, a university of its own. We only hope such a university will be established upon the broadest non-sectarian lines, to meet the requirements of the large medical school which has grown up in the North of Ireland during the last twenty years, and which, we regret to learn, has been seriously affected by recent legislation.

A ROYAL Commission has been appointed to investigate and report upon the condition of the blind in the United Kingdom, the various systems of education of the blind, elementary, technical and professional, at home and abroad, and the existing institutions for that purpose, the employment open to and suitable for the blind, and the means by which education may be extended, so as to increase the number of blind persons qualified for such employment. The only representative of the medical profession on the Commission is Dr. Armitage, who many years ago had the misfortune to lose his sight. Without wishing to deny that the objects with which the Commission has been appointed are admirable, we cannot help feeling that it would have been much more advantageous if the Commission had been made to extend its labours, and include a study of the causes of blindness, with especial reference to its prevention; possibly it is even now not too late to remedy this defect, and in that case we should feel that the presence of Sir William Bowman, and perhaps of one or two other prominent members of the Ophthalmological Society on the Committee, would be a guarantee that not only would everything be done to endeavour to alleviate the condition of those already blind, but that there would be a more widespread knowledge of the preventable causes of blindness, a knowledge for lack of which many an eye is now lost.

In London last week both the general and zymotic death-rates experienced a rise, due mainly to the increased prevalence of summer diarrhoea. There were 348 deaths during the week from diarrhoea and dysentery, and 13 from cholera and choleraic diarrhoea. Of

these figures all but seventeen represented children under five years of age. In spite of this mortality the total number of deaths, 1,750, was still 57 below the ten years' average, though the zymotic deaths, in number 540, were six above the average. The deaths from small-pox were 16, and the epidemic is steadily declining, though there were still 614 cases in hospital on Saturday last. The 71 deaths from measles ex-



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past eight weeks.

ceeded the average by 24; while, on the other hand, the 18 deaths from scarlet fever were 33 below the average. There were during the week 23 deaths from diphtheria, *i.e.*, twice the average, and 8 deaths from enteric fever, or exactly half the average. Sunstroke was credited with the death of a child of 7. The temperature of the whole week was  $2.5^{\circ}$  above the twenty years' average, and the sun shone on an average seven hours a day.

THE cholera epidemic in Spain is daily assuming more fearful proportions, each day's return being worse than the previous day's. Four thousand cases and 1,500 deaths a day scattered over a score of provinces represent the latest returns. During the month of July the cases numbered 61,320, and the deaths 26,839, and it is to be feared that the present month will witness a much more serious prevalence of the disease. The extension of the epidemic during the past week has been chiefly northward into the provinces bordering on the Pyrenees, but it is also spreading through the provinces of Granada and Seville. The province and city of Saragossa are still suffering severely; at Madrid there has been no great increase, but the populace are mad with panic. There is great distress throughout the country, and in some of the remoter parts, where the doctors and local authorities have suc-



cumbed to the disease, the sick are said to be lying untended and the dead unburied. The event of the week, however, has been the general recognition of the fact that cholera prevails at Marseilles. There has been and still is great reluctance on the part of the authorities to admit the presence of the foe, a reluctance accounted for by the entire neglect of all sanitary improvement during the months that have passed since last year's epidemic. The French Minister of Commerce, however, has visited Marseilles with Drs. Brouardel and Proust, and it is to be hoped that the visit will result in some decisive measures. The epidemic, meanwhile, is increasing very rapidly, and in a very virulent form.

Our Paris Correspondent writes: Neither official reports nor the independent press admit that the cholera has definitely appeared at Marseilles; but rumours are abroad which point to its outbreak both in that city and in Lyons and Bayonne, the latter a frontier town on the very borders of Spain, the former a place which till last year had been thought a perfect stronghold against all attacks of that epidemic. What the real truth may be we must wait to know. It seems likely enough that cholera, like small-pox, will become a naturalized citizen of Europe, in which it had already made its appearance ages ago in the comparatively mild form of cholera nostras. Dr. Doyen, a distinguished pupil of Professor Cornil, has maintained this view in a paper read before the Academy of Medicine, and embodied in his Thesis. In this production M. Doyen professes himself a decided follower of Koch; he openly adopts the comma bacillus, which, he says, is identically the same in cholera nostras and in Asiatic cholera, and states that after due cultivation it produces the unquestionable symptoms of the disease in animals after inoculation. Whether M. Doyen has really solved the problem, as he claims to have done, time will show.

A CRIMINAL prosecution has been commenced against a medical man of the south of France, Dr. Estachy, who is charged with an attempt at poisoning a rival practitioner, Dr. Tournatoire. This latter gentleman received a present of game from an unknown hand. Mme. Tournatoire and one of the servants having partaken of two of the birds, were seized with symptoms of severe poisoning, which nearly proved fatal. It was afterwards found that the birds had been stuffed with belladonna. The insidious present was traced to Dr. Estachy, who at first acknowledged the fact, but contended that it was a mere practical joke. The joke was considered a decidedly bad one by the judicial authorities, and the doctor is at present on trial under a charge of poisoning. The verdict has not yet been issued. An undoubted case of poisoning occurred quite lately at the Hôpital St. Louis. Two patients, who had been ordered to take a table-spoonful of a strong drastic purgative known as "Eau de vie allemande," were served with a preparation of nuxvomica, which settled their business in a very short time. The error was traced to the apothecary, who, by all accounts, is an able and promising young man, but who seems to have lost his wits on the occasion. Judicial proceedings have of course been initiated.

ONE of the leaders of Science, the Nestor of French naturalists, M. Henry Milne-Edwards, died on Wednesday week, at the age of 85, and has been buried with due solemnity. Henry Milne-Edwards and his brother William, the celebrated physiologist, were both Englishmen by extraction, although born at Bruges (in Belgium), and long ago naturalized in France. Both Henry and William were Members of the Academy of Sciences, and the son of Henry, M. Alphonse Milne-Edwards, is a member of the same scientific body, and of the Academy of Medicine. Henry Milne-Edwards was for a long time the prince of French zoologists, and his enormous work in fourteen volumes, on the structure and physiology of animals, is a monument of the old orthodox doctrines which reigned from the days of Cuvier down to the time of Darwin. His innumerable discoveries as a naturalist cannot of course be noticed here.

At its last meeting, Dr. Javal, a Member of the House of Deputies, was elected a Member of the Academy of Medicine, in the sections of Physics and Chemistry. Dr. Javal's researches have been directed principally to the science of Optics, and he is well known for his researches on astigmatism.

At the annual graduation ceremonial at Edinburgh on Saturday, the M.D. Degree was conferred on 58 candidates, eight of whom—viz., Harry Drinkwater, England; John Lockhart Gibson, Australia; Edwin Hyla Greves, England; Charles Kennedy, Scotland; Alexander McCormick, Scotland; Ernest Frederic Neve, England; Diarmid Noël Paton (B.Sc.), Scotland; and Johnson Lymington, England—obtained gold medals for the excellence of their respective Theses. The Degrees of M.B. and C.M. were conferred on 188 candidates who had successfully passed the required examinations. Of the candidates who took these degrees seven passed the examinations with First-class Honours, and 14 passed with Second-class Honours. Of these 21 honours' candidates only six are natives of Scotland, while as many as 10 are of English birth. The Ettles Medical Scholarship of £40 was awarded to H. J. Stiles, M.B., C.M., as the most distinguished Bachelor of Medicine and Master in Surgery of the year. The Goodsir Prize of £60 for the best essay containing results of original investigations in anatomy and physiology, was awarded to E. F. Neve, M.D. Various other prizes were awarded, after which the annual address to the graduates was delivered by Dr. Greenfield, the Professor of General Pathology.

THE Summer Session at Glasgow University closed on the 30th ultimo with the ceremony of graduation and the distribution of medals. Principal Caird presided. Nine Bachelors of Medicine received the degree of M.D. Of these John Yule Mackay, the Demonstrator of Anatomy, was highly commended for his thesis on "The Origin and Development of the Larger Arteries"; and William Macvie was commended for a thesis on "Atrophic Infantile Paralysis." The Bachelors of Medicine and Masters of Surgery were 37 in number, of whom Andrew Wilson, Archibald S. Alexander, and James R. R. McCrindle



received high commendation. The Brunton Memorial Prize of ten pounds, awarded to the most distinguished medical graduate of the year, was gained by Andrew Wilson. At the close of the distribution of medals and prizes, Professor Leishman addressed the graduates, and in a sensible and yet eloquent speech, counselled them to continue to be students while intellect and vigour remained to them, urging that the school in which they had mainly to learn, with energy, patience and humility, extending over many a year, was that of Nature, in which for the most part they would have to discover guidance for themselves.

THE festivities which brought the branch meeting of the British Medical Association at Aberdeen to a close the other day, afforded Dr. Angus Fraser the opportunity to speak his mind on the subject of the management of the Royal Aberdeen Infirmary. His charge against the managers of that institution is their neglect to carry out certain changes which some time since were declared to be desirable, and for which the necessary powers have long been in their hands. It appears that more than a year ago various alterations and improvements in regard to the nursing staff were promised, but the chief defect appears to be in the bath-room accommodation, which is admittedly insufficient and bad of its kind. The staff would seem to have agreed to refrain from public protest on the understanding that the managers were really going to take the matter in hand; but now that they have so long neglected their duties, Dr. Fraser has been fully within his right in publicly calling attention to their shortcomings.

AFTER seven months of imprisonment upon a conviction which all those who examined into the facts must have felt to be illogical, Dr. Bradley has been released by order of the Home Secretary. Now that this is an accomplished fact, we learn that the judge (Lord Coleridge) who tried the case was satisfied in his own mind that a wrong had been done, though no doubt a contrary impression had prevailed in the profession; under these circumstances the persistent refusal of the late Home Secretary to reverse the verdict is more unintelligible than ever. We congratulate Dr. Bradley upon the tardy justice which has been measured out to him, and are glad to learn that a subscription list has been opened to indemnify him for the pain and loss which he has suffered. Dr. Jackson, of Sheffield, is the Secretary, and Dr. Jeffreys, of Chesterfield, whose efforts on behalf of Dr. Bradley have been unceasing, is the Treasurer.

PROFESSOR BAMBERGER, writes our Vienna correspondent, has recently been elected Rector Magnificus of the University of Vienna. This post, which is held for one academical year, is the highest dignity which the University can bestow. He was not elected without some opposition, the ballot having to be taken five times before he obtained a clear majority. The delegates of the faculties of medicine and philosophy voted for him unanimously, but those of the faculties of theology and law gave their votes to Prof. Zhishmann, of the last-named faculty. Dr. Bamberger's election has been received with the most complete satisfaction, not to say enthusiasm, and it may be

safely said that he is about the most "sympathetic" Rector that the University could possibly elect. With all his learning, he is modest and kind-hearted, and his career both as a teacher and a private citizen has been irreproachable. The students were delighted by the election, and took a speedy opportunity of showing it, for when Prof. Bamberger entered his lecture-room the day after his elevation, they received him with a round of applause. In answer to this ovation, the new Rector said he hoped to rise to the dignity of his new position, though he was not quite sure that he was equal to it. He relied, however, greatly on the support of the students, who would greatly facilitate his labours by their industry and good behaviour. On his part he would contend with all his power for the interests of the students, whom he had always loved with his whole heart.

RECENT occurrences at Truro in connection with the appointment of a physician to the Royal Cornwall Infirmary, suggest strongly that the time has now come for a reform in the matter of hospital appointments, in the country at any rate. This is the age for the removal of disqualifications of all sorts, and it is high time that physicians to county hospitals and infirmaries should not be debarred from midwifery practice; there is no corresponding disqualification on the surgical side, and except in the interests of the surgeons themselves we can see no sort of reason for maintaining what is after all a serious restriction on a man's success in private practice. Putting aside those towns which can boast a medical school, we do not believe that there are half-a-dozen towns in the kingdom where a young man could earn enough to pay his way out of his practice as a pure consulting physician, and if this be the case, what a farce it is to encourage the keeping up of such a system. Within the last ten years there have been a number of physiciancies going a-begging in our leading towns throughout the country, and all because intending candidates learnt that they would not be allowed to compete on equal terms with their future professional brethren. With a fair field and no favour, many good men will be found to come forward for the now neglected physiciancies, and much unpleasantness between colleagues in their semi-professional relationships would be avoided.

THE case of *Neave v. Hatherley*, which was brought to a conclusion on Saturday last, is claimed by some of our lay contemporaries as affording yet another instance of the need for a reform of the existing lunacy laws. It may with much more justice be said to demonstrate the need for a reform of the system of trial by jury. The facts of the case were unusually simple. Dr. Hatherley, the family medical attendant of many years standing, was consulted by Mrs. Neave in reference to her daughter's state of mind; he found that the lady in question believed that all the servants were engaged in a Jesuitical conspiracy against her, that they had tried to poison her drinking water and tea, that the nurse had caused her nephew to have a fit of partial paralysis by hanging on his cot poisoned handkerchiefs, and that her mother was suffering from softening of the brain due to a prescription of his own



containing small doses of sulphuric ether. These and many like delusions were stoutly maintained by the patient in more than one interview with Dr. Hatherley, and on the strength of them he signed a certificate of insanity, and the jury have declined to impugn his *bona fides* in doing so. The above constitute a train of symptoms as suspicious as any that could be mentioned, and no one could foretell that they might not be the precursors of suicidal or homicidal tendencies, and yet the jury seem to have had no hesitation in deciding that the lady who was possessed of these absurd and absolutely unfounded delusions was nevertheless of sound mind. We have heard a good deal of late of the necessity for some provision by future legislation for the protection of medical men from such actions as these, and the present is certainly a good instance in point; the opportunity of proving to the world, as Dr. Hatherley has been able to do, that his conduct was scrupulously honourable and honest throughout the whole transaction, is, after all, hardly sufficient compensation for the worry and expense of a big lawsuit.

THE Apothecaries' Society have issued a list of the Licentiates added to their body in the seventeen months ending December 31st, 1884. They number 448, and the list bears witness to the fact that the Apothecaries' Society is not likely to find its examining function gone for some little time to come. It would have been interesting to know what proportion of the whole number of candidates the above 448 young apothecaries represent, and also how many of them had been previously plucked by other examining boards. If the Royal Colleges get their power of granting a degree, and persevere in keeping up the standard of their examinations, the Apothecaries' Society will probably have plenty to do in the future in passing men who wisely prefer the leniency of Blackfriars to the rigours of the Thames Embankment.

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#### M.D., ANGL.

THE question of providing an accessible medical degree for London students has been rapidly ripening during the summer months, but that dread of precipitate action which forms one of the most notable features of the political character of the English has now dictated a pause. The holidays are upon us, and the opportunity is favourable for laying the matter on the shelf for a time, in the trust that when it is taken up again it will be a little more seasoned. It is a mistake to suppose that questions can only be advanced by public discussion and letter-writing. Often, like pears laid up in straw, they ripen the better for being deliberately left in the dark. Such a rest gives time for the working of that slow and silent process, which, whether we term it unconscious cerebration or the crystallisation of opinion, is a powerful factor in reconciling human minds to inevitable changes which at first sight they detest or dread. One of our statesmen, Lord Melbourne we believe, made a "practice of leaving his

letters unanswered, on the plea that in time most of them answered themselves. The same is more or less true of political problems. Left alone they settle, or tend to settle themselves. Difficulties disappear; opposition cools down; and the continued dread of change at length fascinates men into desiring it.

Such, we believe, will be more or less the future history of this "title of Doctor" question. The proposal of the Royal Colleges to give a medical degree is, at present, distasteful to two classes of men, first, to those graduates who regard their own degree, earned with some effort, as a vested interest the value of which will be seriously compromised by the broadcast conferment of a new M.D.; and, secondly, to those who, like the committee of the Teaching University Association, honestly believe that it is undesirable "to sever the machinery for granting degrees in London from academic influences," whatever that may mean. Well, we live in hope that quiet thought, untroubled by discussion, will do much to mitigate the hostility of both classes of objectors. The London medical graduates, led by Mr. Savory, have distinctly declared that they are opposed to any lowering of the standard of the degrees of their University, and have thus put themselves out of court, if they wish to oppose the institution in London of a less arduous degree. This declaration of theirs has done more perhaps to smooth the way for the Colleges than any other single incident of the discussion; for if the London University had been willing to give an accessible degree, the ground would have been at once cut from beneath the feet of the Colleges. As it is, the large and influential body of hospital teachers who are eager to secure a degree for the average student, as the due incentive and reward of his labours and their own, have only two possible avenues left open to them, viz.: on the one hand, the Colleges; and on the other, an association still in the clouds, and not unlikely to remain there. This being so, it is not difficult to see which opening they will incline to. We do not think that much opposition to the scheme of the Colleges need be feared from Oxford and Cambridge graduates, and as for the possessors of Scottish and other degrees, we hope we may fairly anticipate that the cool reflection of the recess will mitigate any selfish jealousy they may cherish in regard to the proposed degree, and allow their more generous feelings to prevail.

Some of these graduates, no doubt, hold with the Teaching University Association, that degrees ought only to be given by a University, and such views deserve, and at our hands will receive, the most respectful consideration. Indeed, the fact that the opinion of the above Association has been officially endorsed by an ex-President of the Royal College of Surgeons, serves to show that those views will find, and have probably already found, adequate expression and deliberate consideration within the Council of the College itself. For our part, we fear that if by "academic influences" the Association mean to imply such influences as are usually associated with life at a University, their expression of opinion is a mere counsel of perfection. Nothing at all comparable to such a life can ever be possible, and we



even doubt if it is desirable, for the London student of medicine. If, on the other hand, they mean that degrees ought only to be given by a University such as they contemplate, a University comprising all the Faculties, governed mainly by teachers, and itself perhaps undertaking a subsidiary share in the teaching, we may admire their ideal, but we must admit that it is hardly worth while waiting the long period that will probably elapse before its realization, when we have as an alternative a tangible proposal like that of the two Colleges. Should the London University adopt those reforms which would bring it into harmony with the notions of the Teaching University Association, and so rob the latter body of its *raison d'être*, its future medical undergraduates would not come one whit more under academic influences than they do now; and they do not now come under any academic influences worthy of the name which are not equally shared by their less ambitious or less able fellow-students. If coming under "academic influences" is synonymous with being legislated for by a senate of overworked statesmen and emeritus professors, we are inclined to think that the London student has little reason to complain of his independence of such influences. The plain fact seems to us that education at a well-found medical school is, or might easily be made, quite sufficiently redolent of academic influences to satisfy anyone but a pedant. An ordinary medical education is quite as worthy of the name of a liberal education as the course which an arts passman goes through at Oxford or Cambridge; and the relation of the Royal Colleges to the Medical Schools is a passable imitation, and might easily be made much better than an imitation, of the relation between the older Universities and their constituent Colleges. Were a new University to be started in London to-morrow, no one could fairly contend that the Royal Colleges were not fully competent to take their place in it as its Medical Faculty; and this being so, we think it would be unreasonable and pedantic to lay it down that they shall not act as such, and give degrees as such, until the Faculties of Arts, Laws and Science shall be able to organise themselves. Why should Medicine, with its completely organised curriculum and examinations, wait to receive the status it may fairly claim until that very indefinite period when the other Faculties shall be found worthy to take their places by its side?

#### FACTS AND FANCY ABOUT CHOLERA.

Two papers of widely different character and value on the subject of cholera are to be found this month in the magazines. Dr. Cameron, M.P., discourses in the *Nineteenth Century*, on Anti-cholera Inoculation, and Professor Burdon Sanderson, in the *Contemporary*, gives his views on the cause and prevention of the disease. The first of these articles is disappointing to those who might with reason have looked for a piece of learned and unbiassed criticism. It is throughout a defence of Dr. Ferrán's statements and his practice of inoculation, of which the public has heard so much and scientific men so little. Though, on the

face of it, it has all the clearness and plausibility of the speech of an able advocate, it cannot be said to do much, if anything, to rehabilitate the cause of Dr. Ferrán; nor will the evidence which the author has collected be held sufficient to justify the conclusion with which he sums up, viz.:—That Ferrán has discovered a hitherto unknown form of the cholera microbe, and that in that form it can be used as a vaccine hardly less potent against cholera than cow-pock is against variola.

The theoretical basis of Ferrán's teaching is that Koch's bacillus, or rather an earlier stage of Koch's bacillus, which he alleges he has discovered, is the cause of cholera. The position that the non-production of spores by this bacillus, and the failure hitherto to induce cholera artificially, militate against this view, is turned by this new statement, and by the further allegation that a virus has been found which is poisonous to guinea-pigs and to some extent to human beings. The proof of the production of spores by the so-called comma-bacillus is of course of vital importance to Ferrán's contention. This Dr. Cameron admits, for he says that on this assumption only can the phenomena of cholera-propagation be reconciled with Koch's belief that his bacillus is the cause of the disease. But in view of the many failures to find any spore-production in this case, and the extreme rarity of spore-producing bacilli, only two or three being known, the scanty evidence brought forward by Dr. Cameron cannot be said to settle this question. Dr. Cameron quotes in support of the accuracy of these observations an appendix to a recently published work by Dr. Van Ermengem, "*Le Microbe du Cholera*," where a description of Dr. Ferrán's method occurs. It appears from this that if a pure cultivation of the comma-bacillus be left to grow for a while in a sterilized soup at a temperature of 101° F., and then be removed to a similar solution at a temperature of 58° F. to which some bile is added, new forms of the microbe appear, and that a pure liquid cultivation of these, exposed to the influence of oxygen, is the anti-cholera vaccine. In further support of this statement, the Barcelona Commission is quoted as having verified and controlled the experiments of Ferrán. The same commission witnessed the effects produced on human beings by the inoculated virus, and came to the conclusion that probably a means of averting cholera had been discovered. It is, however, obvious, especially in view of the general reticence of Dr. Ferrán, which has not been denied, regarding his methods of procedure, that much more evidence is wanting before a scientific observer can admit that the spores have been found which develop into bacilli, or that the guinea-pigs which died and the human beings which recovered were suffering from cholera; and we want to know more of the composition of the Barcelona Commission and its ability to follow and check such delicate experiments, open to so many fallacies from contamination and other *contretemps*, before we accept its conclusions, which appear to be the sole external support of Dr. Ferrán's allegations.

With respect to the practical results of the inoculations in a cholera district, there is a similar want of conclusive evidence. Even taking the statistics as accurate, which is a great admission in the case of a



country like Spain, where the official census of population is often under-stated, and where scientific precision is not to be too confidently assumed, it is not at all clear that the vaccinated and non-vaccinated classes were, as Dr. Cameron says, "under precisely similar conditions and exposed to precisely the same causes of disease." It is likely, on the face of it, that those who would submit to vaccination would not be the poorest and most ignorant; and that in Alcira, as in all other towns, there are some people who live carefully and are better situated than others, and some who from their circumstances are exposed to almost every morbid influence. It would have to be shown that inmates of houses in all parts of the town were chosen for the experiments, some of each family being taken for inoculation, and the others left. Such a procedure may have been followed; but the opposite method of inoculating in batches would be more expeditious, and was more probably employed considering the shortness of the time over which the whole experiments extended. This same shortness of time, again, is an important element in the insufficiency of the data on which these important conclusions are based; and for this reason, as well as those above alluded to, the comparative statistics of this recent inoculation for cholera, and the long-established evidence in favour of vaccination for small-pox are not in very telling conjunction.

Dr. Cameron further deals, but not satisfactorily, with the obvious objection that cholera is not a self-protective disease, and that therefore protective inoculation in a modified form is not to be thought of as likely. He quotes Surgeon-Major Murray's statistics of five years' experience of cholera in the Agra Gaol as tending to prove that cholera is self-protective: nearly half of the whole number of prisoners having been attacked, while out of 857 recoveries, only one in 13·6 suffered again. But no mention is made of the relative severity of the epidemic in the different years; and it is certainly to be expected that in the later years, as is generally the case, the virulence of the affection would subside. These Agra statistics show, moreover, that nearly half of those who suffered a second time died—a fact out of keeping with Ferrán's allegation, that inoculation reduces the severity of the cases when it does not prevent them. But this difficulty is evaded by the suggestion that it does not follow that the cholera-virus falling on organs damaged by a previous natural attack will prove as little dangerous as when the first attack has been artificially contrived to fall on a totally different portion of the system. These are only some of the points which seem to us to give to Dr. Cameron's paper the appearance of somewhat biassed advocacy, or at least of premature publication. It is not of course impossible that Dr. Ferrán's teaching may be true, and his practice sound; but both are based on the theory of the causative nature of Koch's bacillus, which has been more than shaken; and of the superstructure which Dr. Ferrán has raised thereon we have as yet had no full and accurate account. There is a strong *prima facie* case against him, but no definite decision can be arrived at till precision and outspokenness take the place of rumour and reticence on the matter.

In Dr. Burdon Sanderson's paper we have an admirably clear summary of what is known for certain about the modes of propagation of cholera, and the practical aspect of this certain knowledge is set forth with a definiteness that gives great value to the article. Dr. Sanderson points out that the unbiased intelligent reader of cholera history sees that the spread of cholera follows certain general laws: it loves great rivers, and particularly their deltas and estuaries; it can be conveyed over sea and land, and follows for the most part the lines of commercial intercourse. He declines to enter fully into the question of contagion or spontaneous origin; but teaches that it is specific in the sense of having a cause peculiar to it, which, though diligently searched for, has not been found. It is a tangible something, which can act at a greater or less distance, but remains an unknown quantity. This contagium, whatever it is, has a power of multiplying outside the body, rather than in the tissues (the disease is not directly catching from person to person), and the most important element in its production is the nature of the environment. The chief condition of its appearance in an epidemic form is probably a peculiar state of the soil, the cholera growth depending on certain physical characteristics and seasonal changes. Want of drainage is one great factor, and subsequent heat and drought another. The contagium may be swallowed or perhaps inhaled as cholera-dust, but of the latter there is no proof. The whole of this article, as being one of the clearest and most scientific expositions of our present knowledge of cholera that has yet appeared, we most warmly recommend to the perusal of those interested in the subject. To abstract it would be to spoil it.

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#### A THIRSTY LAND.

IF Royal Commissions were but half as fruitful in practical results as they as they are imposing in their composition and inception, the question of the national water-supply—its sources, management and waste—might fairly claim the consideration of such a body, with an urgency scarcely inferior to that of the Dwellings of the Poor, or the Depression of Trade. There are, indeed, good grounds for thinking that such a question would be more satisfactorily and profitably treated by submitting it to a powerful and despotic central authority, which could and would legislate for the country as a whole, than by relinquishing it to the tender mercies of local corporations too often influenced by mutual jealousies, always swayed by topical selfishness, and necessarily blinded to the true proportions of the whole problem. So long as the supply of a commodity is practically infinite in amount and uniform in quality, and while it is equally obtainable by all, it matters little by what means and to what extent the individual satisfies his needs. Waste, which is always a relative term, can scarcely be said to exist under such conditions, and extravagance may even be a virtue. Unfortunately these conditions do not apply to the supply of water, hygienically suitable for drinking and domestic purposes, which is now-a-days available for the length and breadth of this country. Year by



year as population has increased, the demand for a supply of pure water, ample for all emergencies and continuous under all conditions, has grown with a rapidity only equalled by the lessened facilities for meeting it. The exigencies of commerce, the waste products of un-natural manufacturing operations, and the depurative methods adopted by crowded humanity, have most effectually fouled the waterways which once served to bring man's natural beverage pure and limpid to the lips which need only stoop to drink in safety. And in the efforts to find an equivalent for the supply which their own acts have poisoned, it is only too obvious that permanent good has been often sacrificed to present advantage. Local needs have been satisfied at the expense of more distant neighbours, or by means which merely provided a temporary stop-gap with a prospective increase of future difficulties; while no sufficient thought has been given to the maintenance of the natural reservoirs which are thus being drawn upon, and no special care taken with regard to ensuring their regular replenishment. At least we may say that when these questions have of late received, or been forced upon, the consideration of thinking men capable of judging them fairly, the result has been astonishment that a recklessly ignorant waste has so long escaped its inevitable penalty, together with ominous forebodings as to the future, unless the magnitude of the problem be realised at once, and earnest endeavours made to cope with it *as a whole*.

It is no credit to Englishmen that the climate which their country enjoys is one—despite all its detractors may say—which makes a national water-famine appear a contingency almost impossibly remote. Famine is perhaps a specially unfortunate word to apply to a condition whose essence is thirst. The physiological needs expressed by hunger can be satisfied by bread; and this bread may be of very varying quality. But there is only one quality of water recognised by the sanitarian as suitable for quenching thirst—for which purpose all other kinds of water differ only as do the Dead Sea and the City Sewers. However large a man's income may be, he will be penniless if it be all squandered before it can come into his pockets; and though the yearly rainfall of this country may be more than ample for washing all the bodies of its teeming population, both inside and out, with an abundance of pure water, statistics of this sort will not fill the cistern, or flush the sewers. While the showers are hurried from the surface of the over-drained soil into ditches and streamlets, and carried off-hand to the sea by rivers suddenly flooded with storm water, the deep wells of water companies, breweries, factories, and private owners are lowering foot by foot and year by year the water-level of the great natural subterranean reservoirs. Hence it is that last year's drought was felt so severely and so widely; hence the fact that a comparatively dry winter and spring failed to fill the deep wells of the country—whose water-level indicates that of the deep strata which they tap—as was needed; and hence the threatening of a "water-famine" of at least equal severity during the present autumn.

So long as it is only country districts, always largely

dependent upon surface-pools and wells, which suffer, we might afford to regard the matter with selfish indolence. But the imminent peril incurred by such populous centres as Manchester and Bradford last autumn, was a warning that ought not to have been overlooked. At the present time the stock of water in the Liverpool reservoirs is calculated to last only a few weeks; and the new supply from Vyenwy will not be available for several months to come. It has been officially stated that Newcastle-on-Tyne can reckon upon barely another fortnight's supply from its reservoirs, and the necessity for pumping water from the Tyne itself for domestic purposes has to be considered. Many other towns must be in a scarcely less enviable plight; for Fortune never comes with both hands full, and the absence of the thunderstorm, which might have laid the farmers' corn, has at the same time withheld even that precarious moisture from the parched meadows and dried-up ponds. We would be no alarmists, though, at the present time, no one could think of one or more of our great sea-ports being absolutely deprived of its usual water-supply without feelings of the gravest apprehension. Even if we had not reason to remember that England stands before Europe as the champion of home and personal cleanliness *versus* sanitary cordons and protective inoculations, we might well be humbled that such things can be, and anxious for a remedy. The latter, to be of real and permanent efficacy, will perhaps imply the reversal of some of our present procedures. Certainly the source of the country's fresh water supply should be carefully studied; the method and the *locale* of its natural storage need to be better understood, and, as far as possible, mapped out for the whole country; care should be taken that these natural reservoirs are not tampered with or unduly drawn upon, and that their adequate and regular replenishment is not interfered with. The storage of rain-water should be encouraged, and in towns be made to a certain extent compulsory. And every large community, unless possessed of an adequate *permanent* water supply, should be compelled to provide itself with reservoirs of a certain capacity in proportion to its population, so as to allow of a supply ample for all probable emergencies, and the proportion of water-reserve to population should be subject to quinquennial revision. The matter should, in fact, be recognised as one of national importance, and it should be managed as such by a central authority, with the assistance of skilled local representatives. Water-works would then be less likely to fail at the very time when they are most needed; the river-water, which was regarded as dilute sewage during the winter floods, would not have to be resorted to as a beverage in the summer drought; and we should be spared the spectacle of a city in danger of thus drinking itself to death.

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#### THE GLASGOW SOUTHERN HOSPITAL.

It was announced a short time ago in the Glasgow newspapers that the Committee who have charge of the erection of this hospital have decided to commence building operations at once. The decision to erect a new hospital on the south side of Glasgow was taken at a public meeting, held



in April, 1881. It was stated at that meeting that considerable sums of money had already been promised for the building. A legacy was left for the same purpose by the late Mr. Cowper, of Cathcart. It would appear, however, that verbal support has been more freely given towards the project than pecuniary assistance; for, after more than four years, only 7,000*l.* have been accumulated to meet the requirements which, if the original proposal of a hospital of from 100 to 120 beds be carried out, amount to not less than 30,000*l.* In face of this, however, the Committee are taking plans for the erection of a part of the hospital capable of accommodating 60 patients, and mean to proceed with the work. The outlay involved in building the part contemplated, including the purchase of the site, is estimated at 20,000*l.*, but the Committee hope that the actual progress of the building will stimulate public interest, and cause the necessary money to flow in.

We venture to doubt whether the Committee are drawing the true lessons of time from these past four years. One would naturally be tempted to conclude that, if the public interest needs stimulating by the sight of a hospital rising up for the payment of which there is at hand only a third part of the money, and for the maintenance of which nothing is yet provided, the call for the hospital cannot be so great as was declared at the public meeting in 1881. Whether there is any great call for it, at least on the part of the public, we are not convinced. Glasgow has already two large hospitals on the north side of the river, the Royal and the Western Infirmarys, having between them 932 beds. The Western Infirmary has to-day 50 beds more than it contained in 1881, that is to say, half of the addition proposed to be made by the south side hospital. And since that date, the Hospital for Sick Children, containing 57 beds, has been erected. Thus, since April, 1881, an addition to the hospital accommodation of Glasgow, amounting to 107 beds, has been made. If the added accommodation of the proposed southern hospital was supposed to be sufficient to meet the requirements of Glasgow, and this was practically said at the public meeting, then that accommodation has been already provided without it. This does not, however, exhaust the total beds available. The Eye Infirmary, the Ophthalmic Institution, the Institution for Diseases of Women, and other smaller institutions have to be taken into account. Among them they contain altogether upwards of 1,100 beds. It must also be remembered that each one of these institutions has connected with it a dispensary for out-door patients. Between in-door and out-door patients it will be found that the number of cases receiving the benefit of medical charities in Glasgow scarcely falls short of 100,000. The population of Glasgow and suburbs, at the last census, was 704,436. In these figures no account is taken of the Corporation hospitals, the Belvedere Fever Hospital, for example, nor of the arrangements of the Parochial Boards.

If the question is looked at from the financial point of view, the propriety of proceeding with the new hospital seems still more dubious. In 1884 the ordinary income of the Royal Infirmary was 18,810*l.*, and the ordinary expenditure was 24,907*l.*, an excess of expenditure over income of 6,097*l.* This excess had, of course, to be met out of the extraordinary income, consisting of legacies, &c., and intended for the endowment of the hospital. The same tale is told by the Western Infirmary treasurer. The ordinary income was 13,359*l.*, and the ordinary expenditure 18,589*l.*, showing a deficit of 5,230*l.*, also met out of the legacies of the year. The only conclusion to be drawn from these facts is that the establishment of a third hospital is likely

still further to reduce the annual income of the two existing infirmaries, while it is not likely itself to be in a position to meet its expenditure. This is more than admitted by one of its promoters, who in 1881 said, "Existing infirmaries were greatly indebted to the gentlemen of the southern districts, not only for large contributions to their building funds, but also for their endowments and annual support. To go no further than last year, he would remind them that the late Mr. Dixon bequeathed 10,000*l.* for the sick poor on the south side of Glasgow, and that that money went to the existing infirmaries, because they at present attended to the sick poor of the southern districts." How Dr. Duncan, who made these remarks, conceived they were an argument in favour of the proposed southern hospital we do not understand. To our mind they afford a strong reason for refraining, at least in the present condition of affairs, from pressing forward the proposed new infirmary. Indeed it seems to us that, in view of all these facts, the wisdom of the committee is open to grave question. If additional hospital accommodation is required, and if an additional building can be maintained, we do not dispute the claim of the south side to have it erected in their midst. But we do object to a hospital being erected in the hope that the public will be stimulated to pay for it, when it can count on "no visible means of support," and when there seems no necessity for its establishment.

We would suggest, and we should be glad if the suggestion received some consideration from hospital managers and directors, that the time has come for some organization of medical charities in Glasgow and similar large cities. At present two or three persons only require to put their heads together and straightway establish an institution for the treatment of some disease or other, appealing to the public for funds. In large cities like Glasgow there are a multitude of medical charities working independently of one another, and often in antagonism. If some sort of co-operation could be arranged, and if all such charities could be brought under one central superintendence, the public would be more thoroughly, and at the same time more judiciously, served.

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## REVIEWS AND NOTICES OF BOOKS.

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*The Middlesex Hospital Reports of the Medical and Surgical Registrars for 1883.* London: H. K. Lewis, 1885.—This volume is decidedly late in appearing, but that is a fault not peculiar to the registrars of the Middlesex Hospital, and possibly if the matter were investigated it would be found that they were not at all behind their fellows in this respect. Dr. Pringle, the medical registrar, has expended his energies chiefly on a full and elaborate report on the epidemic of typhoid fever which prevailed in the year in question. During the progress of this epidemic, 115 cases were taken into the hospital, 62 males and 53 females; of the former 4 and of the latter 14 died; of 21 cases occurring in children under 10, none proved fatal; whilst of 42 cases in persons between 30 and 40, as many as 10 died. The Middlesex Hospital may be regarded at present as the home of the bath treatment of typhoid fever—at any rate, so far as the general hospitals are concerned—and Dr. Pringle devotes a considerable amount of



space therefore to an examination of the results of this treatment. His conclusions, which are put forward with all due caution, are decidedly in its favour; a table is appended containing a detailed report of the individual cases. The medical registrar also appends tables of the cases of acute tuberculosis, and of the more interesting of the cases of disease of the nervous system that presented themselves during the years. One of these illustrates the caution that is necessary in dealing with the succus conii; a man with spasmodic torticollis, who had suffered much at the hands of the surgeons without any permanent benefit, was being treated with this drug with somewhat heroic doses; 4 ozs. daily had been reached, when a sudden loss of power in the limbs necessitated the suspension of the drug for a few days; it was resumed in diminished doses, when, a week later, having taken his daily dose of 2 ozs. at 5 a.m., at 5.15 a.m. he called out that he was dying. "His face was pallid, beads of perspiration stood upon his forehead, the spasmodic movements of his head and arms were very violent. In ten minutes he became cyanosed, respiration ceased, his heart continuing to beat for a minute afterwards." The cause of death was recorded as doubtful. The Surgical Registrar's report is mainly taken up with tables of the various forms of cancer, sarcoma and other malignant growths of which the special beds at the hospital afford such an enormous number. This portion might, however, have been somewhat curtailed without any diminution of its scientific value; for instance, on page 245 there is a list of the previous diseases from which 37 patients with cancer of the uterus said that they had suffered, from which we glean the deeply interesting information that one of these unfortunate persons had previously been afflicted with dyspepsia, whilst another had had the misfortune to suffer from bronchitis. On the same page there is an equally valueless list of the cause of death of the father in 29 of the cases; and as if for the sake of spinning out his material, Mr. Williams makes a distinction between head injury and accident. It would be ungracious, however, not to recognise that the detailed reports of the cases in the several tables represent an immense amount of hard and good work, which will probably prove useful to some subsequent investigator of this subject. Dr. Fowler's pathological report, with which the volume closes, deals with 294 *post mortems*, and certainly does not err on the side of diffuseness, but it does not call for special comment at our hands.

*Tracheotomy in Laryngeal Diphtheria; After-Treatment and Complications*; by ROBERT WILLIAM PARKER, second edition. London: H. K. Lewis, 1885.—This is a very valuable little book on a most important subject, and we infer with great pleasure from the appearance of a second edition, that the public have realised the truth of these two facts. The book being mainly directed to one point in reference to the disease, the author is necessarily brief in dealing with the nature of diphtheria; but the chapter relating to this portion of his subject, which has been entirely remodelled, contains a clear and concise statement of current opinions. Of course, the chief part of the book is taken up more or less directly with the operation of tracheotomy. The reasons for the operation, the indications for it, and the contraindications to it are minutely discussed. The time for its performance and the several steps of the operation are separately detailed. The after-treatment, which, as the author shows, is of such extreme importance in helping to a successful issue, is fully considered, as well as the various complications that may arise, and the mode of dealing with them, especial reference being made to the difficulty sometimes experienced in removing the tube permanently. Mr. Parker's aphorisms on pp. 32 and 33 will meet with the entire approval of those who have had any experience of the operation. The printing and binding deserve a passing word of commendation, nor can we close this notice without referring to the very effective manner of emphasising important passages which Mr. Parker has borrowed from the Germans.

*Nouveau Dictionnaire de Médecine et de Chirurgie*. Sur la Rédaction du Dr. JACCOUD. Paris: J. B. Baillière et Fils. Vols. XXXVI., XXXVII. 1884, pp. 847, 906.—The regularity with which the volumes of this huge dictionary make their appearance is something to be recorded. Notwithstanding this regularity, a long time has necessarily elapsed since the work was commenced, but those who have been subscribing from the first will doubtless now begin to feel that there is every chance of a speedy completion of the work. Dr. Jaccoud and his many collaborateurs are to be congratulated on the near termination of their arduous labours. The first of these volumes is largely surgical, and contains articles on the trachea, tracheotomy, tumours, transfusion, and on the trephine and trephining. This volume likewise contains a very long detailed account of typhoid fever. The subjects dealt with in the second volume are even fewer than those in the first. The uterus occupies more than the concluding third of the volume; the urine in health and disease and diseases of the urinary passages taking a somewhat larger portion out of the middle of the book. These are preceded by a somewhat lengthy article on the urethra and its diseases, whilst articles on typhus fever and uræmia practically conclude the list of contents of the volume. It is impossible in the space at our command to attempt any critical analysis of such a series of monographs as is contained in these volumes. We need only say that each is written by an able author, who has spared no pains to enter fully into the "spirit" in which the dictionary was started, viz., that it was not to be a mere compilation, but "rather an analysis of the best French and foreign 'masters,' impressed with the critical yet enlightened individuality of the author." We may add in conclusion that the volumes are sold separately at 10 francs apiece.

*Surgical Delusions and Follies*; by Dr. JOHN B. ROBERTS. Philadelphia: Blakiston, Son & Co., 1884, pp. 55.—This is a revised reprint of an address in surgery delivered before the Medical Society of the State of Pennsylvania. The author, in a few short paragraphs, discusses "under the caption 'Surgical Delusions,' his personal appreciation of some of the doctrines held and taught by surgical practitioners of the day." Chloroform, value of styptics, delay in operating in strangulated hernia, in malignant disease, and a host of kindred subjects are discussed from a very original standpoint, and divested of the halo of tradition. To mention only one—the dose folly; our author says, "I should, perhaps, term it the *small* dose folly, for I refer to the practice of administering insufficient doses of medicine. . . . If any medication at all is required give that which will do the work and do it promptly. A few large doses will dispel the symptoms and cure the patient, when months of nonsensical drugging with emasculated remedies will bring nothing but discredit to the practitioner and obloquy to medical science." This quotation is a fair sample of the author's criticism on what in many instances, he is quite justified in styling "delusions and follies." We recommend this little book to our reader's attention.

*Modern Pessimism: its Cause and Cure*; by CHARLES WILLIAMS, Physician. Bodmin: Liddle & Son, 1885.—This is a well meant little treatise, and we hope it may do some good. Dr. Williams is mistaken in his belief that he is the first to call attention to the modern growth of the disease of pessimism, as he may convince himself if he will consult an article entitled "The Age of Melancholy," published in the *Medical Times*, January 12th of the present year. A still earlier account of the matter, however, may be found at p. 199 in Cheyne's "English Malady," published in 1733. According to Dr. Williams, the treatment of the disease properly comes within the province of the clerical rather than of the medical profession, and it would therefore be out of place to discuss it in the present notice. As the author has himself suffered from the symptoms he describes, and successfully recovered, his description of its symptoms may be read with interest.



## ABSTRACTS AND EXTRACTS.

### NEAVE *versus* HATHERLEY: OPINIONS OF THE LAY PRESS.

THE *Times* thinks that the action is not without its lessons in reference to the alteration of the Lunacy Laws, long promised, which cannot be much longer withheld. The law requires two certificates, signed by medical men who must examine the patient separately, and who ought not to be connected with the asylum to which he or she is to be consigned. In some of the actions against doctors which have lately been tried there have been facts suggestive of negligence or of collusion from which it was impossible to escape; and, under the present system, such instances must now and then arise. In the great majority of cases there is nothing of the kind. . . . It may be a question whether, if the medical certificate in some form is to be retained in future legislation, some protection ought not to be afforded to the doctors who are called upon to sign. Unless something of this kind be done, none but raving maniacs will be placed under restraint; and hundreds of so-called temper cases, with or without delusions, will be suffered to lapse into incurable insanity.

The *Daily News* says:—In all respects, except the Jesuit and some other crazes, Miss Neave appears to have been a person at least of ordinary prudence and intelligence. "Don't send her yet to a lunatic asylum, because it might topple her over," said Dr. Hatherley to Mrs. Neave some weeks before he signed the certificate. The very fact that Miss Neave did not "topple over" in consequence of her imprisonment among lunatics, idiots, and imbeciles, says something for the strength and soundness of her mind. The very worst that might be said of Miss Neave was that she stood somewhere on the border line between eccentricity and lunacy, and ran some risk of transgressing it. She was still on the right side when Dr. Hatherley warned Mrs. Neave against doing anything which might "topple" her daughter over; and the jury are of opinion that she was on the right side weeks afterwards, when the doctor formally certified her unsoundness. Yet the jury have acquitted Dr. Hatherley, from whom Miss Neave claimed two thousand pounds damages. We do not see how the jury could have done otherwise. There is not the ghost of a shadow of evidence to show that Dr. Hatherley could have profited by his testimony in any way whatsoever; or that he acted otherwise than honourably and according to the best of his judgment.

The *Standard* admits that, so far as the evidence went to prove, there was not the slightest ground for believing that in granting the certificate which deprived Miss Neave of her liberty, Dr. Hatherley was actuated by any motives of an unprofessional character. He believed, to the best of his judgment, that the lady before him was of unsound mind, and certified accordingly. As a matter of fact he was, in the opinion of the jury, wrong; but all the evidence adduced tended to show that he acted with due care, and could not, therefore, be held guilty. Any other decision would render the duties of a physician under the Lunacy Act too dangerous to be undertaken. The result would be either the abrogation of the present system altogether, or the certainty that the signing of the certificates necessary in these cases should fall into the hands of a class of medical men whose interference in such delicate matters is far from desirable. The first contingency, no doubt, is earnestly sought by the Lunacy Law reformers, and we are not prepared to say without good cause. But as the latter is the only one with which we have to deal at present, the acquittal of Dr. Hatherley, though to the non-legal mind somewhat illogical, was sound in law. . . . Mental disease is a specialty cultivated by a few practitioners, whilst the particular points to which they usually direct their attention come just as readily within the province of a shrewd lawyer or a common-sense layman as of a medical man. To shut up a sane person among madmen is a frightful responsibility to incur. It is a fate worse than death to the victims, and is very likely to precipitate what it is intended to cure. In the interest, therefore, of all

parties concerned, such a momentous decision ought to be relegated to a broader tribunal than two doctors, who, with the best of intentions, may be extremely unfitted for the task they have undertaken, or who, though nothing of the kind was suggested in the present case, may be unwittingly lending themselves to a criminal conspiracy.

The *Daily Telegraph* says:—Nobody can tell that at some time or other he or she may not in the eyes of some relative or some medical practitioner develop a strangeness of conduct which, unless the safeguards we have spoken of be sufficient and be rigidly applied, may be used as the ground for lifelong confinement. It is not in the least degree surprising that a great amount of public feeling hostile to private asylums, and condemnatory of the means taken to fill them, should exist, or that the public should be crying out for additional precautions to make sure of the lunacy of persons branded as insane. It is, of course, highly desirable that physicians should not rely on the reports of relatives, but should themselves make impartial and prolonged investigations; yet, after all, the public will never be satisfied until this duty of mental examination be thrown upon physicians of eminence who have made the brain a special study, and until the opinion of lunacy so formed be confirmed by the judgment of some impartial Board, consisting of shrewd men who are not doctors. The law of private asylums must also be radically changed, and the inspection of the insane must be frequent and thorough, while every possible opportunity must be given to patients to prove their sanity. Medical science is confessedly ignorant of the precise line separating sanity from insanity, and doctors cannot be offended when the public demands that the very strongest barricades be erected at the entrance gates of asylums, public and private, to prevent all but the really diseased in mind from having a chance of being admitted.

The *St. James's Gazette* hopes that the fate of Miss Neave may warn eccentric people who have been locked up in madhouses that mere proof of their sanity is not enough to entitle them to compensation from the doctors who signed certificates against them. Doctors are human, and we cannot ask more of them than that they should be reasonably skilful, thoroughly careful, and completely honest. If, as will inevitably happen from time to time, while fulfilling all these requisites, they make mistakes, it is a misfortune, but one which cannot be avoided. We are sorry for the victims; but we must not on that account compensate them at the expense of those who have done no wrong. For, if we did, the result would be that no doctor would sign a certificate, and that all lunatics would go at large; which would be a much greater evil than even the temporary undeserved imprisonment of such persons as Miss Neave.

THE SURGICAL TREATMENT OF CYSTS OF THE PANCREAS.—Of all abdominal organs the pancreas has been least frequently subjected to surgical treatment, for which the anatomical location of this organ, and the obscurity of its affections, furnish a sufficiently satisfactory explanation. Situated high up in the abdominal cavity, and hidden behind such important organs as the stomach, omentum, and transverse colon, it is the least accessible of all abdominal organs, and on this account its affections, wrapped in obscurity, have for the most part constituted objects for empirical medication. The relation of this gland to the surrounding organs, and its great distance from the anterior wall of the abdomen, the only point of approach, necessarily offer serious obstacles to diagnosis and direct treatment. From a diagnostic point of view another great difficulty is our want of positive knowledge concerning the physiological functions performed by this gland in the process of digestion. As the symptomatology of all affections of the pancreas is always obscure, and a probable diagnosis can only be made in cases where the gland has become considerably enlarged by disease, it is apparent that our present clinical knowledge is limited to diseases which increase the size of the organ to a sufficient extent to permit its detection by palpation. Primary malignant disease of the pancreas, when it has advanced to such an extent that its presence can be diagnosticated with



certainty by physical signs, will have invaded the adjacent tissues to such a degree as to preclude the advisability of an operation, consequently the efforts by the surgeon, for the present at least, must be directed exclusively toward the recognition and treatment of benign affections of this gland. Clinical experience does not extend beyond an imperfect knowledge of cysts of the pancreas. The pancreas, like other secretory organs, is prone to become the seat of cystic tumours, the result of obliteration or obstruction of the common duct, or one or more of its branches. Cysts originating in this manner are true retention cysts, containing the physiological secretion from the distal portion of the gland tissue, with perhaps accidental products, such as altered secretions, blood, and the products of inflammation. In a very valuable paper on the surgical treatment of cysts of the pancreas, Dr. N. Senn, of Milwaukee, in the July number of *The American Journal of the Medical Sciences*, presents a full report of a case of retention cyst of the pancreas which has recently come under his observation, and, at the same time, summarizes, in a compact form, the clinical history of similar recorded cases which serve as a basis for some general remarks. In recapitulation, Dr. Senn submits the following conclusions:— (1) Cysts of the pancreas are true retention cysts; (2) cicatricial contraction or obliteration of the common duct or its branches, and impacted calculi are the most frequent causes of cysts of the pancreas; (3) a positive diagnosis of a cyst of the pancreas is impossible, a probable diagnosis between it and some other kind of cysts amenable to the same surgical treatment is adequate for all practical purposes; (4) the formation of a pancreatic fistula under antiseptic precautions recommends itself as the safest and most expeditious operation in the treatment of cysts of the pancreas.

**LATERAL INCISION FOR THE PREVENTION OF RUPTURE OF THE PERINEUM.**—Drs. Credé and Colpé, of Leipzig, are the authors of a paper on this subject which appears in the *Archiv für Gynäkologie* (Band XXIV., Heft 1). They discuss the practice of incising the perineum laterally in order to prevent its tearing centrally. The objections brought against it are these: (1) That the incision becomes an ulcer, and disturbs the healthy course of the lying-in. This they prevent by bringing the edges of the incision together by suture, with the result that primary union almost invariably follows. They have devised an ingenious method for applying this suture, but without the assistance of diagrams it is difficult to make this understood; we must therefore refer our readers to the paper, where they will find illustrations that make it perfectly clear. (2) That germs of disease may enter through the wound. In this respect the prospect is no worse than that from a torn perineum. Injury to the perineum only to a slightly appreciable extent increases the lying-in woman's chance of disease or death. Out of 2,000 deliveries in Leipzig, among those with uninjured perineums the death-rate was .954 and the morbidity 2.94 per cent.; among those with torn perineums the mortality was .934 and the morbidity 3.24 per cent. (3) That the incisions do not invariably prevent perineal rupture. To meet this the authors give a table of the percentage of cases in which lateral incisions were made, and of those in which rupture of the perineum occurred, in the practice of five different assistant physicians; and the table shows that the frequency of incision and the frequency of rupture stood in inverse proportion to one another. They also state that since incision has been practised, not a single case of complete perineal rupture has occurred. (4) That the cutting is painful; to which the authors reply, that it is done when the patient is already in much pain, so that she does not notice it. (5) That it leads to subsequent gaping of the vulva. This our authors deny. They believe, in short, that the lateral incision is extremely useful and absolutely harmless. We may add, in order to give an idea of their practice, that in primiparæ, lateral incision was practised in 25.9 per cent., spontaneous rupture took place in 10.4 per cent., and rupture in spite of incision in 2.9 per cent. In multiparæ, the corresponding figures are: lateral incision, 1.2 per cent.; spontaneous rupture, 2.4 per cent. They give figures also which show the influence of perineal

ruptures in causing illness during the lying-in period. The percentage of primiparæ, whom it was necessary to keep in the hospital longer than a fortnight, was 23.1 among those with perineal cuts or tears, 11.4 among those in whom the perineum was uninjured. In multiparæ it was only 6.8 per cent. The authors recommend that the incision should be made just after the acme of a pain, *i.e.*, just as it is beginning to pass off.

**HYPODERMIC INJECTIONS OF ETHER.**—In adynamic pneumonia, when there is considerable depression of strength and the ordinary means having been exhausted, while the patient is menaced by asphyxia, Dr. Barth injects hypodermically a Pravaz syringe of sulphuric ether, repeating it a second, third, or even a fourth time in the day in bad cases. These injections render the cough easy and allow the bronchi to clear themselves. They may be inserted at the external side of the thighs, the back or sides; and they give rise to a sharp burning sensation which, however, soon subsides. Dr. Féréol employs these injections whenever he has to do with excessive debility consequent on hæmorrhage, typhoid fever, &c. He regards them as a valuable means of restoring life to patients who are exhausted and threatened with speedy death. Dr. Moutard-Martin has used them with success in the algidity and cramps of cholera.—*Union Médicale*.

**THE PNEUMO-COCOCCUS.**—It having been questioned whether the capsule surrounding the pneumo-coccus is constant, Foà and Rathone (*Giornale Intern. d. Sc.*, No. 4) have made a number of observations on the subject by means of injecting cultivations into the serous cavities and subcutaneously. They find that the coccus is invested by a capsule, which is capable of being stained while the coccus itself is not. They also found that the cocci were conveyed to distant parts of the body by the lymphatics, that meningitis was produced by infection of the Schneiderian membrane with a sterilised needle, and that abortion followed injection of the gravid uterus with abundant development of the cocci in the uterine sinuses.

**PARTHENIN IN MALARIAL NEURALGIAS.**—Neuralgias of malarial origin will, according to Dr. Esperon, writing in a Habana medical journal, often yield to a medicine named *parthenin*, extracted from an indigenous plant called *escoba amarga*, bitter broom. He describes cases in which all the ordinary drugs were useless, or produced only temporary benefit, while parthenin, as soon as it was given, gave great relief, and was followed by a lasting cure. The mode of administration is in pills, of which twelve contain two grammes of the drug, one being ordered every two hours. The cases mentioned include ovarian neuralgia, coccygodynia and facial neuralgia.

## NOTES ON FOREIGN HEALTH RESORTS.

### "NASSAU" (NEW PROVIDENCE).

A CHAIN of islands, Cays and rocks 600 miles in length, stretch from the coast of Florida, as far south as St. Domingo. They separate the waters of the North Atlantic from the Gulf of Mexico, and form a barrier to the mainland. They barred the passage of Columbus on his first voyage of discovery, and one of the Bahama group was the scene of his landfall. They are now English possessions, having long ago been wrested from the Spaniards, by whom they were reconquered, to be restored again. Their history is a very curious one, and not very edifying, as in the olden time the islands were the resorts of the pirates of the West Indian seas, and in late days they furnished a safe harbour for the "blockade runners" who availed themselves of the misfortunes caused by the great war between the Northern and Southern States of America. The formation of all the islands is the same, calcareous rocks of coral and shell, hardened into limestone, honey-combed and perforated with innumerable cavities, without a trace of primitive or volcanic rock. The surface is hard



as flint, and emits sparks when struck with steel. The shores are generally low, and the highest hill in the whole group is said to be only 230 feet in height, and it is remarkable that, with the exception of one island, no stream of running water exists, the inhabitants being supplied by wells which are sunk to a depth, where the rain filtering through the surface rests upon salt water, the contents of the well rising and falling with the tide upon the neighbouring shores. The timber of the Bahamas is valuable, and includes mastic, lignum vitæ, and mahogany. The fruits are abundant, in particular the pineapples equal any grown in any part of the world, and the fertile, although thin soil, will furnish crops of vegetables with extraordinary luxuriance. Tobacco flourishes as a link between food stuffs and medicines, and among the latter are to be found castor oil and cascarilla. The animal life throughout the Bahamas is restricted. When the Spaniards first arrived, they found no animals excepting a race of dogs that did not bark, and a small kind of coney. The birds of the islands are mostly birds of passage; they include wild geese, ducks, flamingoes, pigeons, hawks, green parrots, doves, and the beautiful humming-bird. As for the waters, they swarm with fish, and the turtle of the Bahamas is considered super-excellent. The reptiles of the sea or land are not numerous, and consist of the monstrous-looking lizard, "the Guana," and an occasional alligator sometimes found on the shore of some desolate Cay. In spite of the ugliness of the Guana, justice must be done to its good qualities, for it furnishes a pie of excellent flavour. Insect life is very busy, and the climate is very suitable to the tastes of spiders, chigoes, centipedes and mosquitoes. Of the Aborigines little is known, and none now remain, as the Spaniards coaxed all they could to be carried away to work the gold mines of St. Domingo, and those they could not coax they hunted down with bloodhounds.

Of all the Bahama islands, there is but one which can be noticed as "a health resort." It is the island of New Providence, and Nassau is the capital of New Providence, and of the Bahamas generally. It gained its position by accident, for it has no particular merit of its own, and it kept it by the lucky circumstance of having a long low bank stretching for three miles along its northern face, leaving a strip of harbour, from half to three-quarters of a mile in width, with an opening at either end, by one of which a pirate vessel could escape should a Government cruiser enter at the other. And at Nassau government was first established when the pirates were exterminated, and all that there is of commerce and of trade centres in the pretty little town. Not that there is very much of either. The islands might have been well-named the Unfortunate islands. Nature has done much for them, but somehow man has never been able to make use of her gifts. Cotton and sugar growing failed even in the old days of slavery, and although great efforts have been made of late years to introduce fresh industries, they have not been remarkably successful. Fruit preserving has not paid well. The sponge trade has not flourished of late, and the salt manufacture has not been remunerative. It is said that America looks with no favourable eye on the produce of the Bahamas, and puts a heavy duty on their exports, and this may be possible, for during the great war between North and South, the Northerners are credited with the threat that they would come down and shovel New Providence into the sea. It would have been difficult, for New Providence, which lies in 25° 29' North and longitude 76° 34' West, extends 21 miles from east to west, and measures 7 miles in breadth from north to south. It is not a beautiful island by any means, for it is nearly covered with pine trees and brushwood, intersected by marshes and lagoons, and traversed by a central chain of hills some 80 feet in height; but Nassau, the capital, is a bright and pretty little town. It is a quiet "sleepy-hollow" sort of place, with a bright sun always shining on its pure white streets, and the blue sea for ever sparkling and dancing in their front, and the harbour is generally alive with pretty little schooners just back from one wreck, or starting for another.

Nassau proclaims its maritime character unmistakably. Its stores are full of rope and pulleys, tar, red-herrings, and tinned provisions, while the street trade consists in the sale of sticky confectionery, pine apples, and sugar

cane, conducted by dusky-coloured women, wearing the brightest of turbans and the gaudiest of cotton prints. Towards evening the city brightens up; the one road along the harbour front, three miles in length, is gay with every variety of the "one horse shay," and the waters are studded with pleasure seekers, rowing or sailing, until sunset, for the night dews render it dangerous to take the air in the delicious moonlight. The population of New Providence in 1881 was 11,653, and as to race, 94½ per cent. were returned as natives, 3 per cent. as Africans, and the remaining few mostly either of English or American birth. The population of the whole of the Bahama group in 1881 was only 43,521, and the ratio of births per 1,000 was 36·44 and of deaths, 21·75.

The claims of Nassau to be reckoned as a "health resort" date from long ago. The first reference to the salubrity of the islands was made by Peter Bruce in 1732. He wrote: "The Bahama Islands enjoy the most serene and the most temperate air in all America; the heat of the sun being greatly allayed by refreshing breezes from the east, and the earth and air are cooled by constant dews which fall in the night, and by gentle showers which fall in their proper seasons, so that they are free from the sultry heats of our other settlements. They are as little affected with frost, snow, hail, or the north-west winds, which prove so fatal both to men and plants in our other colonies. It is therefore no wonder the sick and afflicted inhabitants of those climates fly hither for relief, being sure to find a cure here." And as it was when America was ruled by England, so is it now, and Nassau is the health resort of a goodly number of our cousins of the United States. The visitors are chiefly those who suffer from or have cause to fear pulmonary disease. Statistics were formerly rather loosely kept at the Bahamas, but there is no doubt that among the natives the proportion of deaths from lung disease has been always much smaller than in England, although the proportion of all deaths to population is unfavourable to the Bahama islands. There is one remarkable exception, in the fact that the African troops of the West Indian regiment suffer terribly from pulmonary disease, while serving in Nassau during the winter season. Staff-surgeon Watson noticed this as long back as 1827, and many medical officers have since referred to it. Some have attributed the disease in part to the faulty dress of the troops, but the principal cause is probably to be found in the habits of the African soldiers. When a black Zouave asks for a pass, it is pretty sure to be a night pass, and the night is passed in the slums of Grant's Town. For Grant's Town and Nassau, although adjoining, are two very different places, and have distinct climates. A second low range of hills divides the two townships, and civilisation occupies the northern portion, which is but narrow and bounded by the harbour, while Grant's Town is the home of the dusky races, half or wholly African, who herd together on the southern side in wretched hovels, huddled together on a swampy soil, poisoned by decaying vegetable matter, and rendered more impure by absence of drainage, and water contaminated by sewage. In Grant's Town, intermittent fever has its home and immorality is rife. But if there are two climates in New Providence, so also are there two seasons, and it is only during the winter that Nassau claims to be considered a health resort. If we examine the subjoined table, we can understand why Nassau may be a delightful place during four or five months

Month.	Thermometer at 9 A.M.			Wind at 9 A.M.				Rainfall on ground in month.
	max.	med.	min.	Four chief points in order of prevalence.				
January ...	75	70	66	N.E.	E.	S.E.	N.	2·4
February ...	76	71	66	N.E.	E.	S.E.	N.	2·4
March ...	78	72	66	E.	S.E.	N.E.	N.	4·5
April ...	81	75	68	N.E.	E.	S.	S.E.	2·4
May ...	84	78	71	N.E.	S.E.	E.	S.	6·9
June ...	88	81	74	S.E.	E.	N.E.	S.	6·4
July ...	88	82	75	E.	S.E.	S.	N.E.	6·5
August ...	88	81	75	E.	S.E.	S.	N.E.	6·7
September	86	81	75	E.	N.E.	S.E.	N.	5·2
October ...	82	77	73	N.E.	E.	S.E.	N.	7·4
November	79	74	70	N.E.	E.	E.	S.E.	2·8
December...	77	73	69	N.E.	E.	S.E.	N.	2·4

Heavy rains



in the year, and intolerable during all the rest. The table shows the temperature, the prevailing winds, and rainfall in each month, being the mean of daily observations on week days for ten years.

Sir J. Clark, when comparing the climate of Nassau with that of Barbadoes, remarked that the winter of the former is nearly 6° and the spring 2° colder than the same seasons in the latter island, while the summer of the Bahamas is 2° warmer than that of Barbadoes, the autumn temperature at both places being about the same.

The following observations with regard to the winds and clouds at the Bahamas are taken from Governor Rawson's reports. He observed, first, that the highest winds usually prevail in November and January, and the average from October to March inclusive considerably exceeds the average of the remaining six months. Secondly, that the differences between the observations as to the direction of the wind taken in the morning and afternoon are not of sufficient importance to disturb the calculations based on those of the earlier hour. Thirdly, that north-easterly and easterly winds are the most prevalent from September to February, during which months they blow during one-half or two-thirds of the whole time. Northerly winds seldom blow except during those months, and then only for three days in a month. In June to August, the average is less than a day. Easterly and south-easterly winds prevail chiefly from March to August; south-westerns are most prevalent in February and March, to the extent of two or three days in a month, and during the rest of the year of less than a day monthly, and from November to March about two days in a month. The density of clouds does not vary much throughout the year, but is rather greater from May to October than during the other six months. In the autumn, fogs in the mornings and evenings are common. The mean annual degree of humidity was recorded by a medical officer on the staff as 73.3 during the year that he was stationed there, and the mean height of the barometer for a series of years is given as exactly thirty inches. What curative effect is caused by a winter residence at the Bahamas is still a matter of doubt. Sir J. Clark said, "The climate is not suited for consumptive patients, on account of the rapid changes of temperature, and the prevalence of winds, often of a dry cold character." At the same time, he remarked, "Persons for whose cases a warm climate is indicated, may pass the winter in the Bahamas safely; and residents in the West Indies might derive considerable benefit by a change to these islands for a few months during the season."

A medical practitioner of high standing, long resident at Nassau, insists strongly upon the advantages afforded by the equable temperature and small rainfall of the winter months, and describes the general variations of temperature as little more than 10°, the absence of the land winds reducing the difference of day and night to less than four degrees of temperature. In former days when white troops were stationed at Nassau, they suffered terribly at times from malaria during the summer months, but were healthy during the winter season. However, no one would dream of selecting Nassau as a health resort, excepting during the winter months, and the balance of the evidence as to its value then is altogether favourable. The hurricane season lies between the beginning of August and the end of October, before the commencement of the winter season. The visitors may depend during November, December, January, February, and March, on fine weather and a warm and even temperature. The Americans know this well, and return year after year to kill the winter in the soft perpetual summer of Nassau. It is no wonder that English people so seldom visit the Bahamas, for it is a troublesome business to get there. It is easy enough for the Americans, for Nassau is only about 900 miles from New York, but there is no other steam communication excepting with Cuba, about 300 miles away. The journey from England to New York, and then to Nassau, is rather a serious undertaking, and few can afford to take a trip to the Bahamas, as Lady Brassey did in the "Sunbeam" in 1883. It is not likely either that a sojourn at New Providence would be very agreeable to people of moderate means. There is little to do on shore. There are no theatres or concerts, no walks, only one drive, and few

excursions to be made. There is, indeed, a very capital library, and the residents are very hospitable, and used to be renowned as whist-players. There is but one hotel, called the Victoria, worthy of the name, which is opened only during the winter season. At a certain date, the mail steamer brings from New York a manager, a band, and all sorts of stores, and they are soon followed by the invalids from America, who are then excellently catered for. Provisions in New Providence are plentiful enough, although the cattle of the out islands are of inferior quality. To those fond of the sea and able to indulge their taste, a winter at the Bahamas would be a delightful memory for ever after. The sponge and coral fishing, the hundreds of Cays and islands that might be visited, the curious insight to be gained into the ways of a semi-civilised African population, would be of interest, and if the lucky traveller could sketch what he saw, or write what he heard, we should get a book about the Bahamas which might prove to be the book of the season.

## GENERAL CORRESPONDENCE.

### AN APPEAL.

[To the Editor of the Medical Times.]

SIR,—The following case has come under my notice as treasurer of the British Medical Benevolent Fund within the last week. A medical man in practice in Australia lost his life through an accident. His widow and two daughters came to England expecting to find friends, but these were on the point of returning to Australia. Being without advisers here they were robbed of nearly all they had by a fraudulent trustee, and have had to strive for a maintenance by letting their house out in apartments, and by teaching. The mother, however, has been suffering for 18 months from gastric ulcer, and requires the constant attendance of one of the daughters, so that only one can go out to teach, and their resources have consequently run down to the point of exhaustion. A grant of 20% has been made from the Fund, the maximum that can be afforded to any single case, 10% of which has been given at once, while the remainder is to be distributed in monthly instalments. But this just falls short of what is required to give these poor ladies another chance. Twenty or thirty pounds more would redeem a valuable pianoforte which would enable the girl kept at home in attendance on her mother to earn something by giving music lessons, and this would probably suffice to maintain them. Under such circumstances I have felt justified in departing from my rule of not asking for aid for individual cases, and in placing the facts before the profession. I shall be happy to take charge of anything which may be sent for these ladies. At the same time I trust that the fund will not suffer, relieving as it does more than 150 deserving and urgent cases yearly, besides giving over 50 annuities to aged members of the profession.

I am, Sir, yours, &c.,

W. H. BROADBENT, M.D.

34, Seymour Street,  
Portman Square, W.

## MEDICAL NEWS.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary meeting of the Council was held on Thursday, August 6th. After confirmation of the minutes of the preceding meeting and the transaction of some routine business, the Report, dated the 24th ult., of the Building Committee of the Royal Colleges of Physicians and Surgeons was approved, adopted, and entered on the minutes; it was further ordered that authority be given to the Building Committee to carry out the proposed plans, that the College Seal be affixed to the documents, and that no alteration in the plans be permitted after signature of the contracts, without the sanction of the College. The Report, dated the 7th ult.,



from the Committee of Delegates appointed by the Royal College of Physicians of London and the Royal College of Surgeons of England, to consider the question of the advisability and practicability of granting the title of "Doctor" to persons who have received the Diplomas of the two Colleges, was then read. It suggested the desirability of granting the title of Doctor; but its further consideration was referred to a special meeting of the Council, to be summoned in October for the purpose. In order to give effect to the resolution of the Council of the 11th of June, 1885, it was determined that a meeting of the Fellows and Members be held on Thursday, the 29th of October, at 3 o'clock p.m., and that notice of such meeting be given to the Fellows and Members by advertisement in the medical journals and two London daily newspapers, not less than thirty days before its date.

Mr. Marshall then moved, Sir Spencer Wells seconded, and it was carried unanimously, "That, in recognition of the time and thought devoted by Sir James Paget, during many years past, to the revision and completion of the Catalogue of the Pathological Collection of the Museum, and of his many other important services to the College, he be requested by the Council to sit for a marble bust to be placed in some suitable position in the College Buildings, and executed at the expense of the College; and that the President and Vice-Presidents be asked to communicate with Sir James Paget, and to take the necessary steps to give effect to the foregoing Resolution."

The Council then adjourned until October 15th.

**VICTORIA UNIVERSITY, MANCHESTER.**—The following are the results of the examinations just held:—

**Final Examination for the Degree of M.B. (Part I.).**—

First Division—O. J. Kauffmann; Second Division—J. M. Clarke. Distinguished in Pharmacology and Therapeutics—O. J. Kauffmann.

**Final Examination for the Degree of M.B. (Part II.).**—

J. M. Clarke, E. Gordon.

**Intermediate Examination for the Degree of M.B.**—

First Division—G. F. W. Braide; Second Division—H. Sidebotham, J. H. Thompson. Distinguished in Materia Medica and Pharmacy—G. F. W. Braide.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—The following were admitted members on July 30th, 1885:—

John Anderson, M.D. St. Andrews, 105, Gloster Place, W.; Richard Hingston Fox, M.D. Brussels, 43, Finsbury Circus, E.C.; William Dobinson Halliburton, M.D. Lond., 135, Gower Street, W.C.; Arthur Shadwell, M.B. Ox., Brighton; St. Clair Thomson, M.B. Lond., 18, Gloster Walk, W.; Leonard Charles Wooldridge, M.B. Lond., Guy's Hospital, S.E.

The following were admitted Licentiates on July 30th, 1885:—

James Hugh Brodie Allan, M.D. McGill, 56, Gore Road, E.; Thomas Matthews Angior, Bootle, Liverpool; Herbert Ward Austin, Stoke, Devonport; William James Townsend Barker, General Hospital, Bristol; George Bent, 26, Charlwood Street, S.W.; Andrew Alexander Brockat, St. Thomas's Hospital, S.E.; Aubrey Durant Chapple, Leigham Court Road, S.W.; Thomas Hillier Chittenden, Whitwell, Welling; Frank Cecil Clarkson, Grove Road, Surbiton; Frederick John Clendinnen, 32, Calthorpe Street, W.C.; John Sadler Curgenvin, 12, Craven Hill Gardens, W.; Trevor Augustus Dagg, 36, Granville Square, W.C.; William Francis Dearden, Portland House, Bolton; Walter Henry Dodd, Sirhowy, Tredegar; Edward William Du Buisson, 46, Nelson Square, S.E.; John Morgan Evans, 89, Turner Street, E.; Alexander Grant Russell Foulerton, 16, Norland Square, W.; John Harley Gough, St. Mary's Hospital, Manchester; Duncan Gow, M.D. Toronto, 7, Nicholas Street, E.; William Habgood, Wimborne; Harry George Standish Hore, Guy's Hospital, S.E.; Alfred William Hunton, Royal Infirmary, Manchester; Habeeb Jabboor, London Hospital, E.; Hanna Jabboor, London Hospital, E.; Thomas Brander Jacobson, Guy's Hospital, S.E.; John Jarvis, Bury St. Edmunds; Arthur Jervis, St. George's Hospital, S.W.; Perceval Allen Lloyd, Manor House, St. Mark's Road, W.; George William Augustus Lynch, 48, Minford Gardens, W.; Walter Henry Bernard Moore, 5, St. Paul's Road, N.W.; John Oliver, 259, Friern Road, S.E.; Archibald Thomas O'Reilly, 24, Huntley Street, W.C.; Harry Compton Parsons, Hampton Wick; Frederick Arthur Pring, 47, Endell Street, W.C.; Joseph James Gauler Pritchard, Ferndale, St. John's Park, S.E.; Herbert Edward Rayner, 33, Great Charlotte Street, S.E.; Thomas Rushbrooke, 22, Rutland Street, N.W.; Gerald Schofield, Guy's Hospital, S.E.; Harry Winstanley Shadwell, 167, Hammersmith Grove, W.; George Francis Smith, 11, St. Anne's Terrace, N.W.; John Smith, 29, Cassland Road, E.; Walter Oliver Steinthal, 7, Rudall Crescent, N.W.; Thomas Hindle Sykes, Southport; John Philip Wagstaff, 61, Acre Lane, S.W.; Henry Secker Walker, Elms, Wakefield;

John Welpton, 81, St. Mark's Road, Leeds; Frank Faulder White, 35, Sussex Gardens, W.; Daniel Flockton Whiteley, 29, Great Percy Street, W.C.; Campbell Williams, 99, Gower Street, W.C.; Edward Lloyd Williams, 2, James Street, Buckingham Gate, S.W.; Albert Wilson, 131, Raiton Road, S.E.; George Justiu Woutersz, 1, Rankeillor Street, Edinburgh.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, July 30th, 1885:—

Josiah Beddow, M.R.C.S., Upper Clapton; Percy Reeves Traer Harris, Bethune Road, Amhurst Park, N.; Charles Gower Lermite, Sheen Park, Richmond; John McLachlan, M.B. & C.M. Edin., Lothian Street, Edinburgh; Edward Thornton, M.R.C.S., Shrewsbury.

On the same day

Francis William Jollye, Spalding, Lincolnshire, passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise.

**UNIVERSITY OF ABERDEEN.**—During the past year, the following candidates received Degrees in Medicine and Surgery:—

**The Degree of M.D.:**—

William Barron, Letham, Forfar; Clarence William Haig Brown, Godalming, Surrey; Alexander Campbell, Dundee; Robert John Collie, Aberdeen; William Cooper, Bellhelvie; Herbert William Tolver Crow, London; Francis Carteret Gayton, Surrey County Asylum, Woking; Alfred Hodgson, Rochdale; Andrew Hosié, Inverness District Asylum; James Leith Leslie, London; Alexander Macgregor, Aberdeen; Alexander MacLean, Deputy Surgeon-General, Thurso, Caithness; Thomas Marsden, Bridge-water; William Adam Michie, Cove, Aberdeen; James Thomas Mitchell, Port Adelaide, S. Australia; Charles Louis Isidore de Seilan, Bedale, Yorkshire; William Simpson, Buckie; William Henry Stewart, H.M.S. "Clyde," Aberdeen; William Stuart, Stratton, Cornwall; George Vincent, Worksop, Notts.

**The Degrees of M.B. and C.M.:**—

Alfred William Alcock, Bombay; Charles Spencer Anderson, Aberdeen; John Anderson, M.A., Marnoch; Matthew Ferguson Anderson, Dundee; William Robert Cheves, Longside, Aberdeenshire; John Christie, M.A., Old Aberdeen; David Macdonald Brown, Banchory-Ternan; Charles Alexander Butchart, Aberdeen; Alexander Gray Connan, Aberdeen; Andrew Hunter Cowan, Aberdeen; John Stuart Davidson, Mauritius; Edward Greaves Wooding Deane, Barbadoes, West Indies; John Duncan, M.A., Aberdeen; John Francis Scott Fowler, St. Helena; Frederick Arthur Foy, Cawnpore; David M. Gill, Grantown; Henry William Godfrey, Horncchurch, Essex; James William McKenzie Gunn, M.A., Reay, Thurso; Herbert John Hargrave, Hoveton, St. Peter; Albert Edward Henderson, Sheffield; George Nicol Henry, Macduff, Banffshire; John Watson Hutcheon, Aberdeen; John Charles Davidson Irvine, Udnay; James Eddington Jefferis, Sydney, N. S. Wales; Francis Grice Jones, Denbigh, North Wales; John Marshall Lamb, M.A., Aberdeen; John Mackenzie, Ardersier, Fort George; John Marsden, Banff; Alexander Milne, Huntly; James Black Milne, Huntly; James Shaw Milne, Laurencekirk; William Vincent Morgan, Narberth, Pembrokeshire; Thomas George Paterson, New Galloway; Arthur Edward Patterson, Aberdeen; Patrick Whyte Rattray, M.A., Aberdeen; George Scott, Aberdeen; David Simpson, M.A., Alvah, Banff; William Bulmer Simpson, Bedale, Yorkshire; John Rutherford Skinner, Ryde, Isle of Wight; Arthur Greatorex Smith, Marlborough; William Gordon Stott, M.A., Bonavista, Fyvie; Alexander James Stuart, Buxburn; Peter Alfred Sullivan, Carlisle; David Taylor, Cove, Kincardineshire; Andrew Whyte, Fraserburgh.

The following Candidates received their Degrees in Medicine and Surgery with Highest Academical Honours:—

John Marshall Lamb, M.A.; Alexander Milne; Patrick Whyte Rattray, M.A.; Arthur Greatorex Smith.

The following Candidates received their Degrees in Medicine and Surgery with Honourable Distinction:—

Alfred William Alcock; John Stuart Davidson; Henry William Godfrey; George Nicol Henry; Francis Grice Jones; James Black Milne; Thomas George Paterson.

The following Candidate received the John Murray Medal and Scholarship as the most distinguished graduate of his year:—

Patrick Whyte Rattray, M.A.

**UNIVERSITY OF GLASGOW.**—The degree of Doctor of Medicine has been conferred on the following graduates:—

William F. Gibb, M.B., Scotland. (Thesis: "General Paralysis of the Insane.")—John Glaister, M.B., Scotland. (Thesis: "An Enquiry into the necessity for Legislative Reform in Scotland in regard to Uncertified Deaths.")—Edward F. S. Green, M.B., Newfoundland. (Thesis: "Report of two cases of Cerebral Tumour, with an enquiry into the value of the Symptoms as to Diagnosis.")—James C. Herbertson, M.B., Scotland. (Thesis: "Typhoid Fever with five consecutive cases.")—\*John Yule Mackay, M.B., Scotland. (Thesis: "The Origin and Develop-



ment of the Larger Arteries.")—Peter Maclean, M.B., Scotland. (Thesis: "Cases of Epilepsy, with remarks.")—Donald Macleod, M.B., Scotland. (Thesis: "Alcohol; its effects.")—†William Macvie, M.B., Scotland. (Thesis: "Atrophic Infantile Paralysis.")—James Parker, M.B., Scotland. (Thesis: "The Testicle; its arrestment in its migration through the inguinal canal, the diseases it is subject to in that situation, and the method suggested for its restoration to its natural situation.")

The one marked thus \* was highly commended for Thesis, and marked † commended for Thesis. The degrees of Bachelor of Medicine and Master of Surgery were at the same time conferred on the 87 successful candidates whose names appeared in our last issue.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—At the July sittings of the examiners, held in Glasgow, the following gentlemen passed the final examination for the triple qualification, and were admitted L.R.C.P. Ed., L.R.C.S. Ed., and L.F.P.S. Glasgow:—

Andrew Alexander, Berwick; Henry Wm. Bryant, Edinburgh; Edward Clarkson, Darlington; Wm. W. Olegg, Leeds; James Blair Donaldson, Edinburgh; M. M. Gandevia, India; Thomas J. G. Garrett, Manchester; Walter Macgibbon, Edinburgh; Arthur R. Oust, Blackheath; H. N. Rademeyer, South Africa; David Sturrock, Edinburgh; John T. Winter, Manchester.

The following were admitted L.R.C.P. Ed. and L.F.P.S. Glasgow:—

G. C. Bezbaroa, Glasgow; Robert Kerr, Glasgow.

THE Library of the Obstetrical Society will be closed from August 17th to September 17th.

GUY'S HOSPITAL.—The library of this hospital will be closed on Saturday, August 8th, at 3 p.m., and re-opened on Tuesday, September 1st, at 9.30 a.m.

DR. GOODHART has chosen "Morbid Arterial Tension" as the subject of his Bradshawe Lecture, to be delivered before the Royal College of Physicians on Tuesday week.

THE Summer Medical graduation ceremony at Aberdeen took place on Thursday week, Principal Pirie presiding. The list of graduates "capped" is given above.

It is interesting to note that of the 87 students who recently took the M.B. and C.M. degrees of the University of Glasgow, 65 or just three-fourths are described as of Scotland, 10 as of England, 3 as of Wales, 2 as of Ireland, 1 as of the Isle of Man, while one came from each of the following countries: Australia, India, Jamaica, Portugal, Singapore and Tasmania.

A SAD OCCURRENCE.—On Wednesday last an inquest was held respecting the death of Dr. Maurice James O'Connor, late medical officer of the Infirmary attached to the St. George's-in-the-East Workhouse. The deceased had been much upset about an official inquiry that was taking place, and committed suicide by taking strychnia. A verdict was returned of suicide whilst of unsound mind.

VIVISECTION IN AUSTRIA.—A circular is about to be issued to the Austrian medical faculties restricting and regulating the practice of vivisection. The chief points in the decree are that vivisection is only to be performed in State establishments, and by properly qualified surgical practitioners, or by students acting under their supervision and responsibility. Anæsthetics are to be used whenever the nature of an experiment will allow of their adoption.

THE PARIS NIGHT SERVICE.—In his report for the quarter ending June 30th, Dr. Passant states (*Gazette des Hôpitaux*, July 21st) that there were 1,799 night-calls, 590 (33 per cent.) being for males, 916 (51 per cent.) for females, and 293 (16 per cent.) for children under three years of age. The visits averaged 19.77 per night, while in the same quarter for 1884 they averaged 19.10.

THE LATE PROFESSOR HENRI MILNE-EDWARDS.—This distinguished *savant*, whose death after a long and painful illness we briefly recorded last week, was born at Bruges in 1800. He repaired to Paris as a medical student, and obtained his diploma in 1823. After having practised a short time, and produced several works of an elementary character, he gave himself up exclusively to the cultivation of natural science, and in this he attained the highest position. In 1833 he succeeded Cuvier in the Académie des Sciences, and three years later was elected Professor of

Entomology in the Muséum d'Histoire Naturelle. In 1843 he was made Professor of Zoology and General Physiology at the Faculté des Sciences. He was also an Associate of the Académie de Médecine, Member of the Institute and Grand Officer of the Legion of Honour. The author of an immense number of memoirs and communications to learned bodies, his fame will chiefly rest upon his great work, "Leçons sur l'Anatomie et la Physiologie Comparées de l'Homme et des Animaux," in fourteen volumes, which, commenced in 1833, was only completed in 1881.

TECHNICAL INSTRUCTION IN PLUMBING.—We are glad to observe that the resolutions passed at a recent Conference of metropolitan and provincial plumbers, with the view of improving plumbing work in dwelling-houses, is likely to result in the adoption, by the trade, of such regulations as will tend to secure good, sound work. Bad, defective plumbing has been a serious public evil. A report was read at a meeting, held at the Guildhall on the 31st ultimo, to consider certain recommendations of the Plumbers' Company, which stated that they had decided to recommend the establishment of a system of registration of plumbers in London and seven miles round; and that the persons registered should be required to satisfy the Court of their competency and experience in the trade. Technical instruction was strongly urged by Mr. P. Magnus (Director of the City and Guilds Technical Institute). The recommendations were agreed to.

MR. ERICHSEN'S CANDIDATURE.—There has been issued to the members of Council of the Universities of Edinburgh and St. Andrew's a circular, signed by Professor Douglas MacLagan, of Edinburgh, and Professor T. S. Baynes, of St. Andrew's, as chairmen of Mr. Erichsen's General Committee. It states that for more than a third of a century Mr. Erichsen has devoted himself to the cause of science, and, as a surgeon, has risen to the front rank of his profession, and after enumerating the main facts in his career, continues:—"From these facts it will be seen that Mr. Erichsen's professional training, life-long experience and familiarity with most academic and educational subjects, render him in all respects singularly well fitted to enter Parliament, and to represent efficiently, not only the great interests of science, learning, and education, but more especially the great medical schools, upon whose future fame and progress the prosperity of the Scottish Universities so much depends." The chairmen have every reason to believe that his sound judgment, great experience, and judicial habit of mind will be of the utmost service to the Universities, and that their highest and best interests will be safe in his hands. A list annexed to the circular contains the names of about 450 graduates resident in Great Britain and Ireland, many of whom are men of great eminence in their several professions. With this circular there has been sent to the medical graduates a letter signed by Sir James Risdon Bennett, as chairman of the London committee, who remarks that Mr. Erichsen's career, character, and position in the profession are so well known and appreciated that it would be unbecoming to adduce any special proofs of his eminent fitness to represent medical science in Parliament. As upwards of 3,600 members of the General Council of these Universities—more than one-half of the constituency—belong to the medical profession, it is to them that they venture to appeal and to suggest that, on the present occasion, feelings of party politics should be made to give place to the higher considerations of the national advantage to be secured by the return to Parliament, as the representative of these Universities, of one so capable to represent science, especially in its medical aspect, as Mr. Erichsen.

THE ARMY MEDICAL SCHOOL.—The session of the Army Medical School at Netley Hospital was closed on Monday last, the prizes being distributed by Sir Arthur Hayter. Mr. S. Hickson gained the Herbert prize of 20l., with the prize in pathology, and also the prize presented by Sir Joseph Fayer. Mr. R. G. Thompson gained the Martin memorial gold medal; Mr. S. Powell gained the Parkes memorial bronze medal and the Montefiore second prize; and Mr. H. J. Dyson, of Her Majesty's Indian Medical Service, gained the Montefiore medal and prize of 20



guineas. The following is a list of surgeons on probation in the Medical Department of the Army, who were successful at both the London and Netley examinations. The marks shown are those which were gained at the London examination; the order of position is not affected by the marks gained at Netley in the first half session:—S. Hickson, 2540; H. J. Fletcher, 2480; S. H. Lindeman, 2445; E. Davis, 2430; S. Powell, 2410; F. W. C. Jones, 2335; J. Meek, 2320; A. E. Morris, 2310; E. Cormack, 2300; J. F. McMillan, 2290; C. O'Donel, 2275; W. A. Carte, 2270; A. O. Fitzgerald, 2270; F. D. Elderton, 2260; E. N. Sheldrake, 2230; R. E. Molesworth, 2220; J. W. F. Long, 2215; C. L. Josling, 2210; J. F. Bateson, 2180; W. T. Swan, 2180; J. Bullin, 2175; R. L. R. McLeod, 2145; J. H. Curtis, 2140; G. G. Adams, 2130; J. M. F. Shine, 2120; W. B. Day, 2110; D. R. Hamilton, 2100; R. G. Thompson, 2080; C. T. Blackwell, 2070; R. J. Power, 2070; C. R. Kilkelly, 2065; W. H. Bean, 2020; N. C. Ferguson, 2010; S. R. Wills, 1980; M. L. Hearn, 1960; S. L. Deeble, 1950; R. H. Hall, 1950; W. H. Bennett, 1940; J. H. Greenway, 1921; R. G. Hanley, 1880; W. H. Bell, 1875; G. Cree, 1850; S. C. Philson, 1850; J. M. Nicholls, 1830; F. W. H. D. Harris, 1800. Second half session:—J. F. McMillan, 2290; S. G. Allen, 1863; J. S. Green, 1847; G. H. Symes, 1840; C. A. Lane, 1775; P. C. H. Gordon, 1770; L. T. M. Nash, 1770; J. H. Brannigan, 1755; M. O'Halloran, 1745; C. S. Sparkes, 1740; W. H. Pinches, 1720; H. F. Horne, 1720; J. H. Daly, 1710; G. J. A. Tuke, 1710; P. de B. Skerrett, 1700; H. C. Dent, 1680; F. J. Greig, 1630; C. Hayden, 1630; H. D. Rowan, 1630; H. Carr, 1625; H. G. Hathaway, 1620; A. L. H. Dixon, 1610; C. G. Woods, 1610; P. J. Minnerly, 1600; B. A. Maturin, 1580; H. V. Dillon, 1570; T. Daly, 1550; M. J. Sexton, 1540; H. T. Baylor, 1530; H. E. Cree, 1520; F. L. Carter, 1520; W. H. Starr, 1500; A. A. Sutton, 1500; A. P. H. Griffiths, 1460; W. S. Boles, 1450; H. L. G. Chevers, 1440; F. J. W. Stoney, 1430; J. F. G. Burke, 1360; H. N. Kenny, 1350. In the course of his address, Sir Arthur Hayter said there had been attacks made upon the medical arrangements in connection with the Expedition brought to such a successful close at Tel-el-Kebir. These attacks were unjust. If there were any defects at Ismailia it was because the military hospitals were separated from the troops, and everything had to be sacrificed to the rapid advance, without even information being given to the principal medical officer, Sir James Hanbury. The experience gained, however, enabled them to place the more recent campaign under General Graham, in all its medical details, on a basis which seemed to him unassailable even by the most hostile critics.

**THE WASHINGTON INTERNATIONAL MEDICAL CONGRESS.**—The resignations by distinguished American practitioners of the places that had been assigned them in connection with the Medical Congress of 1887 still continue. The practitioners of Cincinnati who had been appointed to office by the Chicago committee have followed the example set them in Philadelphia, Boston, Baltimore and Washington, and have declined to accept office in the Congress. Dr. W. A. Hardaway, of St. Louis, has declined the Presidency, and Dr. J. Nevins Hyde, of Chicago, the Vice-Presidency, of the Section of Dermatology and Syphilis in the new organization of the Congress; Dr. E. Williams, of Cincinnati, declines the Presidency of the Section of Ophthalmology; and Drs. T. A. Reamy, of Cincinnati, and J. C. Reeve, of Dayton, Ohio, have declined Vice-Presidencies in the Section of Obstetrics and Gynecology. Drs. George M. Sternberg and R. W. Shufeldt, U.S. Army, E. Van de Warker, of Syracuse, N.Y., and William Lee, of Washington, J. M. Keating and George E. De Schweinitz, of Philadelphia, have also declared their intention to decline office. Dr. N. Senn, of Milwaukee, has resigned from the General Committee. At the annual meeting of the American Ophthalmological Society held at New London last week, the following resolution was adopted: "That it is the sense of the American Ophthalmological Society that the action of the American Medical Association at its late meeting in New Orleans, and of the enlarged Committee appointed at that time to make arrangements for the International Medical Congress, in overturning much of the carefully

planned work of the Original Committee appointed at Washington for the same purpose, was unwise and not to be defended, unless, possibly, upon technical grounds; and this Society hopes that none of its members will endorse the action of the enlarged Committee by accepting official positions at its hands."

**MEDICAL POLITICS IN THE UNITED STATES.**—A correspondent having asked us for information as to the celebrated code dispute which has caused so much heartburning to the profession in America, we cannot do better than reproduce the following cutting from a New York lay journal. It is the most concise and correct account of the fight we have yet seen. "The new code consists in a resolution adopted by the New York State Medical Society a few years ago, permitting its members to consult with any *legally qualified* practitioner of medicine, including of course homeopaths and eclectics who are recognised and certified by law as physicians. Nobody under the new code is *required* to do anything of the sort. The resolution is permissive simply. It merely makes the physician the custodian of his own professional honour. If he thinks that duty requires him in any case to consult with a homeopath, he may do so without being stricken from the list of his brother physicians. The new code is an affair of New York exclusively, no other State having taken up the question, except in the way of showing incidentally sympathy with or repugnance to the New York resolution, as in the present case." "It would be erroneous to assume," continues the same journal, "that the distinguished physicians of Philadelphia, Boston, and Baltimore were governed in the action they have taken altogether or mainly by a feeling of sympathy with the new code. It is most probable that they have looked upon the doings of the American Medical Association as simply unwarranted, irregular, and impertinent. The International Congress at Copenhagen appointed its own committee, as it had an undoubted right to do. It selected a committee, consisting of most eminent men, who performed the duty assigned to them without reference to the code question, but with strict regard to professional merit. The attempt of the American Medical Association to undo the action of this Committee and to subordinate the interests of medical science to their own notions of punctilio—practically, in this case, the notions of a majority of sawbones from Texas and Arkansas—might justly be considered by the physicians of the East as an intolerable usurpation, and this regardless of their individual opinions on the code question. It will be most regrettable if the proposed meeting of the International Medical Congress in 1887, the first one held in the United States, should be frustrated and turned into a laughing stock, as it now seems likely to be. There is still sufficient time, it appears to us, to save the profession and the country from such a disgrace. Let Dr. Billings and his committee go on under their original authority, carry out their own programme, ignoring all codes and eliques, and appeal to the public for the funds needed for the entertainment of their foreign visitors. It will be very strange indeed if they do not find a generous response to their call."

**THE LATE GENERAL GRANT.**—So much interest has been expressed in medical circles in the fatal illness of the late General Grant, and the reports of his condition, telegraphed over from time to time, have seemed to some so conflicting, that the following brief account of his case, which we have good reason to believe is entirely correct, will probably be appreciated by many of our readers. In June of last year, General Grant first felt a lump in the roof of his mouth and found swallowing painful. Being away from home he consulted Dr. De Costa, of Philadelphia, and was advised to see his own medical adviser, Dr. Fordyce Barker. When he consulted Dr. Barker in the following October, the trouble in the throat had increased to such an extent, that he found great difficulty in sleeping or eating, and Dr. Barker at once advised him to place himself under Dr. J. H. Douglas, a specialist in throat diseases. Some decayed teeth were extracted and the General was induced to give up smoking; he improved steadily till December 16th, when he had again to consult Dr. Douglas for acute pain in the throat. The gland at the right angle of the jaw was then found much enlarged



and very tender. There was a slight ulceration on the right tonsil, and at the junction of the hard and soft palates, the epithelium was very much thickened in three warty patches each a quarter of an inch in diameter. Muriate of cocaine was applied twice a day, and gave almost instant relief from the intense pain, and the ulceration in the tonsil was kept in a healthy condition by the application of iodoform. Under this treatment, combined with that of Dr. Barker, which was mainly constitutional, the trouble in the throat was relieved, so that by January 13th, of the present year, the General was able to eat and sleep with comparatively little difficulty. The patches in the roof of the mouth, however, refused to yield, but they were not painful, and the physicians, while fearing the disease to be malignant, had great hopes at this time of prolonging General Grant's life for a long time to come. A month later, however, their fears were confirmed; with the view of making a more satisfactory investigation of the nature of the disease, the throat was sprayed with a 4 per cent. solution of cocaine, and Dr. F. C. Riley removed from the ulcerated edge of the posterior pillar of the fauces a piece about as large as a small pea. This, on microscopical examination, was found to be largely composed of epithelial elements with a tendency to arrange themselves in concentric "nests." The conclusion reached by Dr. Elliott, who made the microscopical investigation, was that the more or less lobulated appearance of the epithelial mass, the actual existence of some cell nests, the great diversity in the shape of the cell elements, the marked evidences of epithelial proliferation, and the peculiar appearance of the stroma warranted the diagnosis of epithelioma of the squamous variety. On February 19, a consultation was held, and although the result of the microscopical examination was not then known, it was decided that the General was suffering from epithelioma, and that no possible good could result from an operation to remove it. From the time of that consultation the certainty of General Grant's death from the cancer was accepted by the doctors, and by such of the public as knew of its result. After that General Grant sank slowly but steadily, losing flesh rapidly. On March 8th, another consultation was held, when it was found that the ulceration of the posterior pillar fauces on the right side had extended, and that the perforation at the base of the anterior pillar which had been previously noticed had increased, so that its internal edge was converted into a small bridge of tissue. The entire soft palate was uniformly red and swollen, and the right posterior border of the tongue was indurated from a point just in front of the anterior pillar of the fauces as far back as could be reached by the finger. The most grateful local application to the throat, next to the cocaine spray, was hot salt and water, five parts to the thousand, used occasionally as a gargle. After the consultation, the ulcerative process in the anterior pillar extended to the adjoining side of the tongue, and the bridge of tissue bounding the perforation of the anterior pillar internally gave way. On March 15th another consultation was held with a view of discussing the expediency of a surgical operation for the removal of the cancerous growth. The operation would have involved the division of the lower jaw in the median line, the extirpation of the entire tongue and the greater part of the soft palate, together with the removal of the ulcerated and infiltrated fauces and the indurated glandular structures under the right angle of the lower jaw. This was decided to be mechanically possible, but the surgeons did not feel inclined to recommend the operation, as there could be no guarantee that the limits of the disease could be reached without immediate risk to life by severe shock to a constitution already much enfeebled. At a consultation held a week later, it was decided that there was no fear of any sudden failure of the vital powers, or of any encroachment of the ulcerative process on the neighbouring blood vessels, and that the death of the General might by proper treatment be postponed for some little time. For the next two months the local affection remained comparatively quiescent, though there were occasionally severe fits of choking from the accumulation of secretion, and on one occasion a fatal result was apprehended. On April 7th there was an attack of hæmorrhage from the

throat, which, however, appeared to relieve him. He began to work again at his book, and to drive out, but by the beginning of June the epithelioma had greatly extended and his voice was almost lost. In the third week of June, by the advice of his physicians he was moved into the country, and from that time his strength steadily failed until his death.

**COTTON SEED AS FOOD.**—M. Sacc, in a recent communication to the Académie des Sciences, calls attention to the result of his researches on the composition of the seeds of the cotton-plant. They contain a notable quantity of dextrine, sugar, fibrine and starch, which result in a nutritious flour of a yellow colour, which he believes is destined to play an important part in human alimentation. At present it has been used only for the production of oil and the feeding of cattle.—*Annales d'Hygiène*.

**BATHS OF LAURVIK, IN NORWAY.**—Dr. J. C. Holm has published a small pamphlet, recommending the baths of Laurvik, a town on the Laurviks Fjord, on the Skagerak, 5 hours by rail from Christiania. The baths are sulphurous and ferruginous, the soil dry and sandy, the water-works excellent. The sulphur is said to be twice as much in quantity as in the water at Aix-la-Chapelle. There are complete hydropathic departments with sea-weed baths, as well as sulphur and ordinary baths; from the pictures given, the place would seem to be very pretty and picturesque, and the terms appear very moderate.

**SECRET REMEDIES IN PRUSSIA.**—According to the Berlin correspondent of the *Allgemeine Wiener Medicinische Zeitschrift*, the Prussians are suffering as much from the prevalence of the use of secret remedies, as we are from patent medicines. The profession has taken up the question seriously, and has formed a joint committee of the Medical and Apothecaries' Societies in order to devise a remedy. This does not seem a very easy matter, and various suggestions were made, such as increasing the stringency of the present mild laws on the matter, and the application of a tax, &c. The resolution come to at last was mild enough, for it determined upon the presentation of a petition to the President of Police, requesting that his deputies should be requested to draw up instructive treatises on the subject for insertion in the daily newspapers, in imitation of what has been done in Frankfurt, Karlsruhe and other towns. Feeling, however, that this is but a means of doubtful efficacy, the joint committee adjourned to consider what more may be done to abate a grievance which is doing much harm to professional interests and the public welfare.

**THE INSENSIBILITY OF DECAPITATED HEADS.**—Dr. Bonnafont, writing in the *Revue de Thérapeutique*, No. 12, observes that after every decapitation which takes place in Paris the question is raised whether sensibility is not retained by the head one or more minutes after its removal; and that many writers on the subject have, from imperfect observations, maintained the reality of the occurrence. He thought that he had settled the point 50 years ago; for in a communication addressed to the *Académie des Sciences* in 1834, he narrated the observations which he had made with every possible precaution for the express purpose of testing his prevalent opinion. These were made on a marabout and a sheik who were beheaded in Algeria (no rare occurrence in those days), and the results were entirely negative—no effect having been produced by the voice conveyed through a speaking-trumpet, or by punctures made with a pointed instrument. He is not aware of any experiment of the kind having been since conducted with all the care which surrounded his own.

**POISONING BY PETROLEUM.**—In the *Gazette des Hôpitaux* for June 16th, Dr. Dugué, of the Lariboisière, relates the case of a woman, aged 48, who was brought into that hospital, 8th May, having just swallowed about a pint of the ordinary petroleum of commerce with suicidal intentions. She at once felt a strong sensation of oppression along the œsophagus, and especially at the stomach, together with a sense of burning, and was in a very agitated condition. She exhaled a powerful odour of petroleum, and on vomiting being excited by ipecacuanha, with large quantities of milk, a good deal of petroleum floated on the ejections as it did in those produced from the bowels by a



glyster. All the urine of the patient was carefully preserved, and that passed just before the emetic was given contained a floating layer of petroleum, 2 or 3 centimeters in thickness. On the next day after her admission the floating petroleum in the urine amounted to 21 cubic centimeters, but by the next day had diminished to 5 centimeters, and then gradually disappeared. Some albumen, which at first was present, disappeared with the petroleum. During the first four days the petroleum enabled the urine to be preserved without undergoing decomposition for ten days. No other feature of interest is recorded.

**PRIZE QUESTIONS OF THE ACADEMIE DE MÉDECINE DE BELGIQUE.**—(1) Prize of 1,500 francs: Determine, by new researches and new applications, the degree of utility of Spectrum Analysis in investigations in Legal Medicine and Medical Police. (Essays to be sent in by the 1st April, 1886.) (2) Prize of 1,500 francs: The physiological action of abstraction of blood, whether local or general; and the indications and contra-indications for this treatment of diseases. (31st December, 1885.) (3) A prize of 600 francs: A critical exposition of the various methods of antiseptic dressing and antiseptic treatment of wounds and surgical affections. (15th January, 1887.) (4) A prize of 600 francs: A study on carbuncular (*charbonneux*) erysipelas, or the *rouget* of the pig, as to its causes, manifestations, lesions, prophylaxis, and treatment; finally, establish its relation to carbuncular and bacterial affections. (15th January, 1887.) For the first prize the essays may be in Latin, French, German, English, or Italian, and for the others in French only. For information, applications may be made to the Secretary of the Academy, Palais des Académies, Brussels.

**ARE THE DOCTOR'S HORSE AND BUGGY HIS TOOLS?**—In reply to this query, the *Boston Medical Journal* (June 11th) gives the judgment of a court in New Hampshire, in a case in which the horse and buggy of a physician, having been seized to satisfy the claims of creditors, he pleaded that as the "tools of his occupation" they were exempt from liability to seizure for debt. The following is the decision under which the jury restored the property: "The Court cannot say, as a matter of law, that a wagon or a harness is a tool of a physician's calling, and so exempt all physicians; nor can they say it is not such a tool. The most that can be said is that it may be a tool of his profession if, in this particular case, it is reasonably necessary for him to use it as a tool. If it should appear that his practice was confined to his office, or that he was a physician or surgeon in an hospital, attending to no cases outside of the institution, or that he was a surgeon on ship-board, or that he went on foot or on horseback, or on the cars, to visit his patients, a wagon and harness would not be exempt under the statute, because they would be of no use to him as tools in his practice. They might be of use to him in other respects, as in going to church, or carrying his children to school, or as a means of recreation and pleasure; but these uses are manifestly not within the legitimate scope of the technical duties of a physician. But if it should be found that the physician claiming exemption could not practise his profession with reasonable success without a team with which to visit his patients; that he was located in a country town, for example, where it was necessary for him to ride a large part of the time, in order to accomplish anything professionally, a wagon and horses might properly be found reasonably necessary for him as tools of his occupation. But the finding would be one of fact, so far as the reasonableness of the act is concerned; and it could not be said that these articles are exempt to every physician, or to physicians generally, but only to the debtor in the particular case. If there is any doubt whether an article claimed as exempt from attachment is a tool under the statute, the question must be submitted to the jury."

**AN ENORMOUS GALL-STONE.**—At a recent meeting of the College of Physicians of Philadelphia, a gall-stone was presented which had been removed from the body of a woman who had died of colloid cancer of the omentum, in her 63th year. The cancer had been recognised, but the presence of the gall-stone had not been suspected. The gall-bladder was firmly contracted around the stone, and a small fistula at the fundus communicated with its cavity

and that of the peritoneum. The stone weighed 394 grains (or 25·6 grammes), and was 3½ inches (8·5 centimetres) long. The largest circumference measured 7·9 cm., the small end measuring 5 cm. and the large one 7 cm. — *Boston Medical Journal*, July 2.

**ADVENTURE OF A FALSE TOOTH.**—A lady in South Bend, Indiana, who had a false tooth, set on a pivot, sneezed it out one day while feeding chickens. An old hen thought that it was a grain of corn and swallowed it as soon as it struck the ground. After a long chase the hen was captured, beheaded, and its crop opened; the tooth was found and restored to the mouth, where it afterwards helped to masticate its rash devourer.—*New York Medical Record*.

**FOUNDLING AND DESERTED INFANTS IN PARIS.**—The *Gazette Hebdomadaire*, July 10th, produces some extracts from an essay by M. Leon Lallemand, to which a prize has just been adjudged by the Académie des Sciences Morales et Politiques, as illustrative of the wretched condition of these infants in the 17th and 18th century as compared with our own times. In 1670, 423 infants were brought to the Maison de la Couche, of whom 302 were sent to nurse (great numbers of them dying), and of the 121 remaining 118 died, so that only three survived. Of 5,012 infants received in 1758 1,470 died while awaiting the arrival of nurses, 2,278 died at nurse, and 124 were sent to the General Hospital. Of 42,750 children received during 6 years and 4 months, terminating in 1775, there died in the house 13,481, or nearly one-third every year—thrush being the disease through which the great bulk perished. According to M. Lallemand's tables, the deaths of these infants were 56·53 per cent. in 1504; 68·49 in 1751; 92·13 in An.V and 68·05 in 1818. In 1877 this mortality had become reduced to 33·55. Deaths under the first month occurred in the An.V in the frightful proportion of 3,129 out of 3,406 infants; while from 1877 to 1881, of 6,374 infants only 1,525 died—the mortality thus sinking from 94·30 to 35·67 per cent.

**PREMATURE PREGNANCY.**—Dr. Kinney, of Greensboro', Vermont, relates in the *New York Medical Record*, June 13th, the case of a young girl to whom he was called while she was in labour. The labour going on slowly, he delivered her with the forceps of a fairly well-developed child weighing seven-and-a-half pounds. Both mother and child went on well. The girl is rather large for her age, and would weigh probably not far from 110 lbs.; and the only point of interest in the case is her extreme youth, she being at the time of her delivery but twelve years ten months and sixteen days old.

**EXAMINATION OF POTABLE WATER.**—The method recommended by J. W. Gunning (*Chem. Centr.*) for the chemical examination of water consists in adding to a litre of the water enough ferric chloride to correspond with about 5 mgrms. of iron. The ferric chloride should be as nearly neutral as possible. Under these conditions, ammonia, nitrites and nitrates are left in solution, whilst other nitrogenous substances are carried down with the precipitate of ferric hydroxide. By heating this with soda-lime the nitrogen of these compounds is obtained as ammonia. By this treatment cloudy water is completely clarified and yellow moor-water decolorised. The process has been applied with success on a large scale in Holland for the purification of drinking water, especially during diarrhoea and cholera epidemics. In the bacteriological examination of water, the author prefers to develop a pure culture in a liquid medium rather than in the solid medium recommended by Koch. The water to be tested is mixed with a clear sterilised yeast decoction. By sterilising this again, certain bacteria are either killed or rendered inactive, while the others from their superior vitality survive and develop. By a process of progressive sterilisation, beginning at low temperatures and gradually ascending, pure cultures are obtained.

**LEPROSY.**—Dr. Beaven Rike's report on the Leper Asylum at Mucurapo, Trinidad, during 1884 shows that the beds there, especially on the male side, have been in great demand. There were 23 deaths, eight of which were due to some form of gangrene or ulceration, and a like



number were attributed to phthisis or kidney disease; swarms of the bacillus lepræ were found in the tubercles after removal. Gurgun oil was given as a matter of routine in nearly all the cases, but Dr. Beaven Rake does not think he has seen much real benefit from it; in the only instance in which any softening of the tubercles occurred the patient was taking chaulmoogra oil, and had not had any gurgun oil. Any good results that were obtained he is inclined to attribute to the careful dieting and nursing; in two cases, however, he found arsenic to be very beneficial. Twice amputation was performed for leprous gangrene, both cases ultimately doing well, though in each there was some sloughing of the flaps.

**THE REFRACTION OF THE HUMAN EYE.**—Dr. B. Alex. Randall, of Philadelphia, presents in the July issue of *The American Journal of the Medical Sciences* a critical study of the statistics which have thus far been obtained by examinations of the refraction, especially among school children. The results of his investigation seem to fully uphold the following conclusions:—(1) Myopia is almost unknown in infancy and very infrequent before the beginning of school-life. In the earlier school-years its percentage is still low, and it is only in the advanced classes, especially of the German schools, that it ever attains to a preponderance. It has been found in not more than  $39=2.54$  per cent. of 1,534 eyes of infants, in not more than  $28=7.86$  per cent. of 356 eyes of children under the school-age, and in only  $1,582=6.79$  per cent. of 23,315 eyes of children examined during the first three school-years—figures which more accurate methods might have made lower. Among 3,052 eyes of young men, upon whom the school influence had not been excessive, it was found in  $347=11.4$  per cent.—a percentage which probably oversteps the maximum which it is likely to attain outside of the schools. (2) Hypermetropia is the enormously preponderating condition in infancy and early childhood, and the first years of school life witness little reduction in its proportion. Outside of the schools it remains by far the most frequent refraction throughout life, and in the schools it is decreased by the change of eyes to the myopic refraction in a degree apparently varying according to the circumstances calling into existence that defect. It was found in  $1,400=91.26$  per cent. of the 1,534 eyes of infants examined, in  $291=81.75$  per cent. of the 356 eyes of young children, and in  $2,564=76$  per cent. of the 3,358 eyes of children in the elementary school years, among whom it was sought with adequate care. So also in the higher schools, it constituted at least 56 per cent. of the whole number of eyes studied by competent methods, being found in 5,587 of the 9,965 examined. (3) Astigmatism has been rarely sought with care, and the data with regard to its frequency are not sufficiently wide to justify definite conclusions. The findings of the studies where it has been well looked for, concur with the clinical work in indicating a measurable degree of astigmatism (0.5 D. or more) in the majority of ametropic eyes. (4) Emmetropia in a mathematically strict sense has probably no existence. Approximate emmetropia (Am.  $< \pm 0.5$ ) is infrequent in all ages, probably at no epoch exceeding 10 per cent. Its apparent proportion is swollen by the array of eyes *not proven* ametropic, and we have but few studies where the accommodation has been with certainty set aside and its existence fairly well known. Cohn among 299 atropinised eyes proved in no single instance its presence. Under homatropine Hansen found it in but 26 of 1,610 eyes, and Durr in 30 of 414 eyes; it constituted at most  $60=2.6$  per cent. of these 2,323 eyes. Among the infants and young children  $135=7.36$  per cent. of the 1,834 examined under atropine may have been emmetropic; and Roosa's brief study indicates that it is probably as rare in adult life, even when perfect function apparently proves its presence. (5) The question of what is the *normal refraction* of the human eye is still an open one, and further material on the subject and closer study of the data in hand will be necessary before drawing conclusions as to it. Much light will be thrown upon the question by studies like Risley's of the relations of normal vision, intraocular health, and functional comfort, to the refraction. For the present the conclusion of this author, whose work stands almost alone,

may be accepted. "The emmetropic is the model or standard eye, since emmetropia is shown not only to remain nearly constant in percentage throughout the school life, but that it is also the condition of health, and withal enjoys the highest acuity of vision and the greatest freedom from pain." Yet hypermetropia is the prevailing—almost the exclusive—condition of the refraction among most animals, among children, among uncivilised peoples, and among all eyes uninjured by the educational process.

**ANTI-PYRIN IN PHTHISIS.**—M. Rollet, an *interne*, furnishes to the *Lyon Medical*, Aug. 2nd, an account of the results obtained by Dr. Mayet's trial of this substance in cases of phthisis during the last four months. These are (1) That the medicine is well borne in half gramme doses to the extent of from two to four grammes per diem; (2) that in spite of its manifest anti-thermic power it exerts scarcely any influence on the general condition of tuberculous patients arrived at the last stage of the disease, in whom all the other symptoms then continue to increase in intensity; (3) it is especially indicated, and may lead to a certain amount of amelioration, in tubercularisation that is but little advanced, when fever is the principal cause of the debility.

### APPOINTMENTS.

- BARTON, GEORGE HENRY, M.R.C.S. Eng., L.R.C.P. Edin.—Medical Officer to the Tealby District, Calster Union, *vice* Mr. H. H. Turnour, deceased.
- BRUNSKILL, ROBERT DOVER, L.R.C.S. and L.R.C.P. Edin.—Medical Officer to the Cornforth District, Sedgfield Union, *vice* Dr. H. Clark, deceased.
- DYSON, W., B.A., M.D. Lond.—Physician to the Sheffield General Infirmary, *vice* H. F. Banham, M.D., resigned.
- FIRMAN, CHARLES GEORGE, L.F.P. and S. Glasg., M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Castor District, Peterborough Union, *vice* Mr. F. M. Brown, resigned.
- HAW, W. H., M.R.C.S., L.S.A.—Resident Obstetric Officer to the Charing Cross Hospital, *vice* W. T. Wallington.
- HEYCOCK, F. R., M.D., M.C., F.R.C.S.—Honorary Surgeon to St. Peter's Hospital for Stone, *vice* W. F. Teevan, F.R.C.S.
- HOOKE, CHARLES PAGET, L.R.C.P. and L.R.C.S. Edin.—Medical Officer to the South District and to the Workhouse, Cirencester Union, *vice* Mr. C. W. Wilson, resigned.
- JONES, J. H., M.B., M.R.C.S.—House Surgeon to the Clinical Hospital for Women and Children, Park Place, Manchester.
- MACLAREN, M., B.A., M.B., C.M. Edin.—House Surgeon to the Bootle Borough Hospital, Liverpool.
- SHIRLAW, JAMES L., M.B., C.M. Edin.—Medical Officer to the Ferryhill District, Sedgfield Union, *vice* Dr. H. Clark, deceased.
- STEDMAN, F. O., M.R.C.S., L.S.A.—House Surgeon to the Charing Cross Hospital, *vice* A. R. Jolliffe.
- TEEVAN, W. F., F.R.C.S.—Consulting Surgeon to St. Peter's Hospital for Stone.
- WILDING, WILLIAM A., L.K.Q.C.P. Ire., M.R.C.S. Eng.—Medical Officer to the First District and to the Workhouse, Church Stretton Union, *vice* Mr. T. J. Hughes, resigned.

### VACANCIES.

- ATCHAM UNION.—Medical Officer for the Pontesbury District, in succession to Mr. A. A. Gillittie, deceased. Area, 12,171 acres. Population, 4,275. Salary, £56 10s. per annum.
- COTON HILL LUNATIC HOSPITAL, STAFFORD.—Assistant Medical Officer. Salary, £100, with board and furnished apartments in the Hospital. Candidates must be duly qualified and registered. Applications, with testimonials, to be sent to the Medical Superintendent on or before August 8th.
- LINCOLN COUNTY HOSPITAL.—House Surgeon. Salary, £100, with board, lodging, and washing. Candidates must be unmarried, doubly qualified, registered, and under 40 years of age. Copies of testimonials to W. B. Danby, Secretary, on or before Aug. 15th.
- MARTLEY UNION.—Medical Officer for the Holt District, in succession to Mr. Hilary Hill, deceased. Area, 11,407 acres. Population, 3,345. Salary, £85 per annum.
- ROYAL BERKSHIRE HOSPITAL, READING.—House Surgeon. Salary, £90, with board and lodging in the hospital. Candidates must be members of one of the Royal Colleges of Surgeons of Great Britain and Ireland, and Licenciates of the College of Physicians or of the Apothecaries' Company, and be able to produce testimonials of good character. Applications, with testimonials, to be sent to the Secretary by August 15th.
- SROCKTON-UPON-TEES HOSPITAL AND DISPENSARY.—House Surgeon (non-resident). Salary, £200 per annum. Candidates must be doubly qualified. Applications, stating age, with recent testimonials or copies, to be sent to the Secretary not later than August 24th.
- TRURO UNION.—Medical Officer for the St. Just District, in succession to Mr. G. W. Hill, resigned. Area, 5,730 acres. Population, 2,351. Salary, £20 per annum.
- WHITBY UNION.—Medical Officer for the East District and for the Workhouse, in succession to Dr. E. M. Taylor, resigned. Area, 9,901 acres. Population, 5,921. Salary, £25 per annum. Salary for Workhouse, £25 per annum.



## DEATHS.

- CHAPMAN, RICHARD, M.D., F.R.C.S.—At Kirbymoorside, on July 28th, aged 83.  
 FRENCH, JOHN GAY, M.D., F.R.C.S.—At Ballygar, Connty Galway, on July 28th, aged 46.  
 HILL, HILARY, M.R.C.S.—At Worcester, suddenly, on July 25th, aged 64.  
 MILLIGAN, JOHN LAIDLAW, M.D.—At Hayfield Thornhill, Dumfriesshire, on July 26th.

## COMMUNICATIONS RECEIVED—

Dr. NORMAN CHEVERS, C.I.E., London; Prof. MCKENDRICK, Glasgow; Dr. CHOLMELEY, London; Prof. MACLAGAN, London; Dr. GOODHART, London; Dr. W. H. BROADBENT, London; Mr. W. J. SANBURY, London; OUR BELFAST CORRESPONDENT; Dr. WILLOUGHBY, London; Dr. RHYS GRIFFITHS, Cardiff; Dr. DONKIN, London; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; THE REGISTRAR-GENERAL FOR IRELAND, Dublin; THE REGISTRAR OF THE UNIVERSITY OF ABERDEEN; THE BEDSELL OF THE ROYAL COLLEGE OF PHYSICIANS, London; Mr. J. T. W. BACOT, London; Dr. CLIFFORD BEALE, London; OUR GLASGOW CORRESPONDENT; Dr. MAXWELL, Woolwich; Mr. NOBLE SMITH, London; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; Messrs. BING & SON, Canterbury; The Rev. G. HOWARD WRIGHT, London; THE SECRETARY OF THE OBSTETRICAL SOCIETY, London; Dr. A. FOXWELL, Birmingham; Mr. J. H. MORGAN, London; THE REGISTRAR-GENERAL FOR ENGLAND, London.

## BOOKS RECEIVED—

Pepper's Practice of Medicine, Vol. II.—Abstract of the Licensing Laws Amendment Bill of the Church of England Temperance Society—Speech delivered by John Eric Erichsen to a meeting of the Electors of the Universities of Edinburgh and St. Andrew's—List of Persons having obtained Certificates to Practise as Apothecaries from August, 1883, to December 31st, 1884—Die Neueren Fortschritte in der Therapie der Hautkrankheiten, von Dr. P. G. Unna—Observations on some changes in Form of the Prostate and Floor of the Bladder, by Reginald Harrison, F.R.C.S.

## PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—The Hospital Gazette—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—Revue Médicale—West Briton and Cornwall Advertiser—Sunday at Home—Boys' Own Paper—Girls' Own Paper—Leisure Hour—Biographical Series, No. 22—Friendly Greetings—Veterinarian—Archives of Pediatrics—Monthly Homœopathic Review—City Press—Brain—Vaccination Inquirer—Once a Month—Archives Générales de Médecine—Canada Medical and Surgical Journal—Daily Free Press, July 27 and Aug. 1—Glasgow Medical Journal—Analyst—American Eagle—Sammlung Klinischer Vorträge—Edinburgh Medical Journal—An Ephemeris of Materia Medica, etc.—The Australasian Medical Gazette—Birmingham Medical Review—The Maloja Chronicle—Revista de Medicina.

## HOSPITAL OPERATING DAYS.

- Friday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.  
 Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.  
 Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.  
 Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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 Mr. Reginald Harrison: On the Diagnosis and Treatment of Tumours of the Bladder.  
 Mr. C. B. Plowright: On the influence of Season upon Caliculous Disease in Norfolk.

## HOSPITAL REPORTS:

Guy's Hospital.

## EDITORIAL NOTES.

## LEADING ARTICLES:

- The British Medical Association.  
 Dr. Wilks' Cardiff Address.  
 The Homerton Hospital Enquiry.

## ESSAYS ON MEDICAL CLASSICS:

No. IX. Marshall Hall.

## REVIEWS:

Minor Notices.

## ABSTRACTS AND EXTRACTS:

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## REPORTS OF SOCIETIES:

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## SPECIAL CORRESPONDENCE:

India.

## GENERAL CORRESPONDENCE:

Medical Education; A New Phase of Listerism.

## MEDICAL CONSULTATIONS:

No. XVI. Medical M.P.'s.



# MEDICAL TIMES

AND GAZETTE.

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## ON MEDICAL EDUCATION.

AN ADDRESS DELIVERED AT THE UNIVERSITY OF EDINBURGH GRADUATION CEREMONIAL ON AUGUST 1ST,

By W. S. GREENFIELD, M.D., F.R.C.P. Lond.,  
Professor of Pathology in the University.

DOCTORS IN MEDICINE,—Many of you have already achieved success, and now, as always, the University is proud of her sons, and wishes them well. As with so many distinguished graduates of the past, may the work embodied in your theses be only a foretaste of what you are yet to accomplish. But I turn to those whose studies here have just ended, who have to-day received the final stamp of approbation upon their labours, and are about to leave the Alma Mater which has given them intellectual nourishment and training during the past four or five years. For my colleagues and myself I congratulate you on the well-merited degrees which you have attained. Some slowly and wearily, with prolonged pains and struggle and privations only known to themselves; some better endowed by nature or education, or more fortunate in their circumstances and time, with an easy, rapid, and brilliant march—you have all reached the goal,

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and we rejoice with you in your success. There have been times when, face to face with intricate problems or puzzling questions, we have seemed to you to be bent on barring your road. But you see now that these apparent obstacles have been stimuli to exertion, and that they serve to enhance your merit. If you do not as yet perceive it, you will some day, on looking back at your studies, recognise the fact that our one object has been to teach and help you, and to ensure that your attainments and capacity for professional work shall be in no respect inferior to those of any other medical graduates, and that so far as you may be capable, you shall be superior to most.

Far be it from me to make this the occasion for conveying to the world in general my views on the subject of University reform and University legislation. You have probably heard wholesale condemnations of the entire system of medical education and examination in this University. This is not the place or time to meet these charges. The statements which have been made, whether by those within or without the University, are made in a profound, and in large measure, I fear, a wilful ignorance of the actual conditions under which medical study is carried on here by teachers and taught. I have had large opportunities of observing the state of medical education in England, and I venture to say that nowhere is the instruction so thorough, so systematic, and so personal as in this University. I speak with all the prejudices of an Englishman, with the affection engendered by years



of study and work in London; yet I can honestly affirm that apart from the personal attachment and veneration which I entertain for my old teachers, if my student life were to begin again, I think I should prefer Edinburgh to London. For, apart from other advantages, nowhere is the teaching, viewed as a whole or in its several parts, so thorough as here; nowhere do the teachers devote so large an amount of time, energy, and pains to the development of all the methods and appliances of teaching, or take upon themselves so large a burden of work; and nowhere can a student become so completely trained in every branch of medical science. Gentlemen, it is not pleasant to say, even in self defence, so much, which may seem like undue laudation of my colleagues and predecessors who have made this University what it is. If I do so, it is only because I can speak, as it were, as an outsider, and can see and compare the merits of this and other schools; can see, too, how great have been your advantages. To those who would disparage the degree here, or, by assailing us, would injure your reputation, we say that all we desire is the calm and dispassionate judgment of those who have no interests of their own to serve, and who are capable of forming a sound opinion. Speaking to you who know us, and not through you to those who neither desire nor have the means of knowing us, we are content to stand approved or condemned in your judgment, and yet more in the results of the teaching as they develop in your future life-work.

If one attempts to define the quality which has distinguished this University in the past, I think one may say that it is the tendency to practical application of all learning and science, and the desire for progress. And especially will you find that in the history of medical science, a very remarkable proportion of those who have been eminent in discovery and in practical advance have been either professors or students of this University. I believe that a part of this has been due to the reaction of the various Faculties upon each other, to the practical interchange of ideas in all that is most advanced in literature and art, in science and philosophy, in theology and law; and to the varied academic training which many of the most distinguished graduates have received. But still more has it been due to the recognition of the essential necessity of a thorough scientific training as a basis for practice. It is this which has given to the world such men as Cullen, Gregory, Alison, Bright, Addison, Hughes-Bennett, Marshall Hall, and Murchison, Monro, Goodsir, and Sharpey, Christison, and Simpson, Charles Bell, Liston, Syme, and Ferguson, and the many others whose names are memorable in the past, or who still live to carry on the fame of the University. Addressing you, then, as graduates of this University, in which, as I have said, the scientific training is hardly equalled, and nowhere surpassed, in Great Britain, one may well express the hope that you will maintain and increase its scientific reputation. You have passed through your studies at a time when the teaching appliances of the University have undergone an enormous development, and you have enjoyed, as none of your predecessors did, the advantage of a thorough equipment for practical instruction in all branches of medical science. If, as we believe, this advanced scientific teaching is essential to the complete training of the medical man, those who enjoy it in the greatest perfection should be the most fitted for practice. There are many who view with mistrust or dislike this extension of scientific teaching, who long for the good old times, when the skilful compounding of pills and potions, and the aiding of a parish doctor to bleed, leech, and blister his poorer patients, constituted the portal to medical studies. Others, less sweeping in their condemnation, would

fain combine the new and old systems, and by working at once at the roof and the foundation, would ensure the stability and unity of the building. It is not for me to say that we have reached the perfect system or perfect curriculum. It is of the essence of advance that new systems and new methods of teaching should be developed with the progress of science. We may think that the present curriculum gives disproportionate time to certain preliminary branches of study to the detriment of those more intimately connected with practice, and that there is a tendency to become too technical in these earlier studies, and to fail to impress upon the student their direct bearing on the study of the human frame in health and disease. Yet, I have no doubt that in the future, the earlier training of all highly-qualified medical men will tend to become even more scientific, and that a more intimate knowledge of physics and chemistry, of comparative anatomy and physiology, and of botany will become essential with the further evolution of medical science.

But I must not linger on this topic, or endeavour now to rearrange the medical curriculum. You have profited by the application of this scientific training at a period in your mental evolution when the formation of habits of observation is of the greatest value. You have acquired some knowledge of important branches of science which you could not well have mastered at any other period of your lives, nor with such facilities for their study. You now go forth to put these studies into practice, and to begin to apply them to the personal investigation and treatment of disease. And if you would know in what respects we would have you to excel, and how you may best apply the training you have received, I should say that it is by becoming examples and exponents of the scientific method in medicine. For I take it that it is not the mere acquisition of knowledge, however extensive and varied, which will be of greatest value. It is the care and accuracy of your observations and practices, the sagacity of your inferences, the soundness and balance of your judgment which will alone enable you to use your knowledge to advantage. In other words, it is the application of scientific methods and a scientific mind to the problems of disease. Nor is this all, for one very important result of a scientific training of the medical man is to produce a capacity for advance, and for the assimilation of new discoveries. It may have seemed to you for a time that you had arrived at ultimate truth, solid and immovable, when you had gained a knowledge of certain chemical reactions or physiological laws. But you have long ago discovered that even as regards observation of facts of structure or function our knowledge is only provisional, and that the fact of to-day may be revolutionised to-morrow by some new appliance for research, or some fresh experiment. So that, whilst the old may remain true, it is so altered in its relations or importance that you no longer recognise it as the same. And if this is the case with regard to those physical properties which can be directly observed, how much more with those "laws" which result from inference and deduction? In all departments of medical science this truth holds good, and more especially in those more complex ones which deal with the nature and treatment of disease. A small discovery, or what seems at first a small one, in physiology may upset a score of explanations of the action of a drug, nay, may make that appear baneful which we have been regarding as inevitably beneficial. Yet we may say, with almost absolute certainty, that in twenty years we shall have a new physiology, a new pharmacology, and a new pathology. Why, then, you say, have we thus entered upon scientific study? Why, if the facts of to-day are to be the errors of a year hence have we



so laboriously acquired them? Why beckon us to what seemed solid ground, only to find it sliding away and carrying us with it? Because it is only by thus entering the stream of advance, that you can progress with it, or rather by allowing it to enter into your mental life that you can grow with its growth, and strengthen with its strength. If you have not begun to grow, I fear there is little hope of further development. But if you have begun, let me beg of you to continue to develop. And to do this you must retain a youthful and enquiring mind. The greatest men have always been the least fossilised. Take any man you please, who justly maintains a high position in the esteem of his professional brethren, and you shall find that his mind is open to advance with the progress of the times; that he is the keenest to follow out any new line of research, and the most ready to utilise new discoveries. The moment a man ceases to grow, he begins to degenerate. And, as you know, when proper repair and vitality diminish, there may be more than degeneration. The main periods of morbid growth are those of development and of commencing senility. And one sometimes sees painful examples of men who have in early life been active scientific workers, who at the age of senescence develop peculiar crotchets and hobbies, which not only use up and misdirect what vital energy is left, but form painful and unsightly excrescences, spreading acrid humours amongst the body medical.

But it will not suffice that you shall be open to the reception of new discoveries. It is for you to progress with the development of medical science, and to be capable of judging, testing, and applying the law. The marvellous discoveries which have been made of late years, although ultimately very beneficial, perhaps do more than anything else to encourage in the majority of people an unscientific habit of mind. The anticipation and desire of novelty make anything new credible. Probably in no age has there been greater credulity, more readiness to accept speculation for facts, or to jump at conclusions on the most imperfect data. This is true not only of medical science, but more or less of all science. Hence in no age has quackery been more successful. Do not be surprised if persons of high social position and great intelligence on many other matters crowd the consulting rooms of charlatans of all sorts who trade upon the discoveries of science to palm off their own counterfeits. The realities are so marvellous that it is not to be wondered at that those who have not had your advantages should be unable to distinguish the counterfeit from the true; and whilst we may pity those who imperil their life and health by an ungrounded trust, we may well ask if the attitude of the medical profession to scientific discovery is always a thing to boast of. For there is too often a strange lack of judiciousness in the acceptance or rejection of discoveries. A fact is discovered, which, if verified by future observations, may revolutionise medical science. It may chance to gain immediate acceptance, without enquiry, and to be made the basis of a new doctrine of disease of the most far-reaching import. As likely as not, it may receive the cold shoulder and have to endure years of uphill work. At the present time the tendency is to accept everything at first with the greatest facility, and afterwards to reject it with equal promptitude and as little reason. It is for you to correct this tendency by the cultivation of the scientific mind, a mind receptive to truth from all quarters, capable of appreciating its importance and its relations, and of testing it by research and by practical application. I have spoken of the discoveries of others; let me say a word as to your own discoveries. For it is you who are in the future to carry on the work of discovery and invention, to remodel our science and practice

and to make new conquests over disease. In one sense every man who works diligently and honestly is a discoverer. For by his observations he must extend the basis of certainty of present knowledge, and extended experience must modify and may entirely recast the presently ascertained truth, and lead to new views and new practice. But we expect even more than this from you. Every new generation clarifies the knowledge of the old. Starting where our predecessors left us, we may have risen after years of struggle to a certain point, and our time of strength fails us just at the crucial point of exertion which is needed to attain the result. Youth often sees the truth as it were of instinct. You receive certain ideas or groups of ideas or ascertained facts from different men who, each in his own sphere, has worked them out, and these, coming into contact in your minds, react as inevitably as two bodies having chemical affinity. That they do not so combine in our minds may be because the two sets of ideas never come into mutual contact, or because they are encrusted by habits of thought or scientific prejudice, from which very few are entirely free. If you have such ideas or discoveries germinating in your minds, on no account neglect or discard them. Many discoveries are really made when a man is young, although it may take years of patient experiment or observation before the seed truth develops into proved and accepted fact. Only do not let the combination of ideas take place with too great evolution of light and heat, far less with explosive violence. The product will be none the less stable for a quiet and governed reaction. It is of no advantage to a man that his discovery of a truth, however important, should for him destroy or overshadow all other truths, or shake to the foundation his hold of eternal verities. Do not be too hasty to promulgate half-established discoveries, nor expose your delicate growing plant too soon to the cold winds of opposition and criticism, lest you should find that your time will become occupied in embittered controversy which should be devoted to maturing your observations. Much harm is done to science by haste for distinction and priority. Few discoveries are made by one man alone, and scarcely any discovery is in the truest sense original. The discovery is the product of the time, and whilst it may be that he who is quickest, or most fortunate, or most popular, wins the credit, yet the palm is usually awarded to the one who combines the greatest ability with the greatest earnestness and diligence. If you will read the history of discovery in any branch of science, you will find that often simultaneously, and at the most distant places, the same discovery is made. Out of a multitude of instances of the kind, I cite such trite examples as those of Adams and Leverrier in astronomy, Virchow and Hughes Bennett in pathology, Priestley and Scheele in chemistry, and if there is no real rival, one is sure to be found or invented. Even the illustrious Harvey shall not rest in peace as the discoverer of the circulation of the blood, but literature in nearly all the languages of Europe shall year after year be poured forth to uphold the claims of one or other rival. Now, it is one thing for future ages to interest or amuse themselves with the investigation of these rival claims, quite another for a man to be so greatly concerned to establish his own priority. It is a most curious study of human weakness to observe how constantly this is done; how even for some most trivial modification of an instrument a man claims, as it were, a scientific patent, and demands that all the world shall pay him homage as an inventor. The smaller the matter the more need apparently that he shall blazon forth his merits, forgetful of that wise saying—"Let another man praise thee, and not thine own self." By all means let a man maintain and



promulgate that which he has discovered, which is for the good of humanity. That in so doing he shall have to encounter painful opposition and unkind criticism, is one of the bitters in the cup of that joy which must come to a man who makes a great discovery which is to benefit mankind. But let a man rejoice in the promotion of truth, whether of himself or by another. True science is ever humble, and the truly great discoverers, such as Newton and Faraday, have been amongst the humblest of men. Those who demand the acceptance of hypotheses as facts, of theories as discoveries, are in greater or less measure dogmatic, self-assertive, and devoid of humility, seeking by loudness of asseveration to cover the weakness of their case.

If I would bring before you for your imitation a living example of the medical discoverer, I could not do better than instance the name of one whom we all regard as one of the greatest discoverers of the present day, a man whose worth and reputation are indissolubly connected with this University, whose discoveries have revolutionised surgery, and conferred incalculable benefit on his race. Only those who have watched the slow acceptance of the antiseptic system, and who have seen the dead weight of prejudice and hostility which it has had to encounter during the past fifteen years, can appreciate the labour and self-sacrifice and the mental and moral trial which its discoverer has had to bear. And to those who know Sir Joseph Lister, the greatness of the man is increased tenfold by the magnanimity with which he has borne the attacks made upon him, and the infinite pains which he has taken to correct defects of detail, to establish every point upon a scientific basis, and to perfect to the utmost the practical application of his root idea.

I have said enough of the relation which you should maintain to the progress of discovery. And if it is well to be open to advance, be also reverent to the past. There may be a tendency to regard with compassion, if not with some disdainful sense of superiority those whose knowledge is not so recent or so scientific as your own. You may be brought into close relations with men who may be unacquainted with the terms you use, and who perhaps do not even know the names of diseases or remedies which are to you as household words. But beware of considering that they are behind the age, or have neglected their opportunities. Very possibly they are far abler and more scientific than you, although they have not had your more modern advantages. Certainly, they know far more than you of disease and its treatment, and if when you are fifty you, so learned in the wisdom of the moderns, are as skilled in practice as they, you may congratulate yourselves. Be quick to learn from them the practical lessons of their ripe experience, and communicate to them in return your new green fruits. Nor is it only to living ancients that you should respectfully listen; you will do well in the leisure of your early years to study the works of those great men of the past, whose marvellous sagacity in the observation of disease affords lessons for all time.

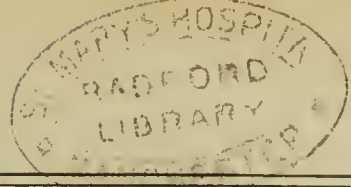
And if you would utilise the training you have received, carry with you into your practice that thoroughness and exactness of observation which you know to be essential to all experiment and research. If patient investigation, laborious work, and minute accuracy of record are needed for the elementary studies, far more are they requisite for the advanced study and complex study which fall to your lot in practice. If you do not continue to train to the utmost your eye and ear and touch, and acquire the use of the various aids to diagnosis, your training will have been largely thrown away. And if you do not acquire scientific habits of thought, and train your

reasoning faculties to the utmost, you will fall far short of what is required of you. No good work can be done in practice, medical or surgical, without some degree of scientific method.

But beyond and above all these we must place as the highest resultant of a true scientific training that capacity for observing and receiving truth, of perceiving its due relation and importance, and of acting upon it, which should be the outcome of all wisely directed study of nature. It is sometimes supposed that the study of science tends to materialism and to a rejection of religion. I cannot see how this can be so. The effect upon every open mind of studying the marvellous workings seen in nature, and especially in biology, should be to reveal the infinite mystery of life, and to impress the observer with the sense of his own extreme ignorance and littleness. Nor can I conceive a more unscientific attitude of mind than that of those who, professing to be humble observers of facts, and, so far as may be, interpreters of them, yet decline to observe or even see those facts in life which are more manifest than most physical phenomena, and more intimately connected with the welfare of the race than all discoveries in physical or natural science put together. Yet there are men who, because they think that some statement in the Bible is not in exact accordance with their views as to the modern physical sciences, will shut their eyes to all other statements, and will disregard the accumulated facts, teeming all around, of the effects of belief upon the life and character of individuals and races. What a strange spectacle to an unbiassed philosopher, of men professing to be seekers after truth, yet who will not see the light which is all around, because they are not sure whether their window is constructed upon strictly scientific principles. It is not true science which sneers at or rejects religious faith, but a parody of science; a one-eyed science and not a sound and healthy scientific mind. You have seen the effects of religious faith during your studies here, and I beg of you to observe and investigate with equal candour and openness of mind the facts of religion as you would of any other subject. For no man who humbly and earnestly seeks after the truth shall fail to find it.

It may seem to some of you that I have laid too much stress on the intellectual side of your work. If I have done so, it is rather because it is too apt to be neglected, not so much in words as in action. That there are many other qualities essential to success I am well aware. You will soon find that the race is not always to the swift, nor the battle to the strong. Nor is your future relative position to be gauged by class or University distinctions. Social ability and manners, business capacity, influence, money, and health will have much to do with determining your lot. And far beyond these, moral character, which is the most powerful agent for good or evil. Circumstances, acquirements, learning, and distinctions are but integuments, the framework is character, and it is that which mainly governs a man's career. And even if it does not ensure fortune, it makes the difference between happiness and misery, between honour and usefulness and the reverse. But remember that it is not of yourselves or your own success that you are henceforth to think first or chiefly. You take upon you to-day the character of medical men, and in so doing you take vows of self-denial and consecration to the relief of suffering. You take a position which demands and deserves your self-devotion, and which requires of you that you should seek to cultivate all that ennobles and purifies the character and life. Your relations to your patients will give to your character an incalculable influence over them and their friends for good or ill. Let it be such that they may not only experience your kindness, gentleness, and patience in sickness, and be





able to entrust to your confidence all that they hold most dear, but that your life shall react as an elevating power over theirs.

But it is time that we should part. Believe me that we cannot take leave of you without deep feeling. Your faces have become familiar to us in the lecture-room, we have worked with you in the practical classes, and you have given us invaluable aid in teaching. And, still more, you have with us entered upon the struggle with disease and death in the Infirmary wards, and we have been united by the common bond of sympathy with suffering humanity, and in efforts for their relief. To you we are indebted for that stimulus of contact with young and energetic and unprepossessed minds, which is essential for our mental activity and growth. We have watched your growth and development, a development not only of professional training and acquirements, but the unfolding of character and ability. Entering as many of you did, as mere lads, you have passed through one of the most critical periods of the formation of character, and you go out as strong men. We have formed with you a friendship which separation and silence will never break, and as we have rejoiced in your success in the past, so your future prosperity will be our happiness. We feel keenly the separation as with each returning year we part with those who have been our most familiar and intimate companions, who go to all the ends of the earth, knowing full well that on this side of the grave at least we shall see many of your faces no more. And at such a time no man need be ashamed of feeling—nay, he needs to be ashamed if he do not feel—what a solemn weight of responsibility rests upon him for the effect which his character and teaching may have had upon those from whom he is parting. No words can add to, nor regrets subtract from that; for good or evil it is done, and its effect will continue. Nor can we fail to entertain some solicitude for their future, for the honour or dishonour they may bring to their University, for the benefits which they may confer upon suffering humanity, and for their own peace and prosperity. At such a time one would, if it were possible, concentrate into one small word all the weighty councils and sage precepts of experience, so as to convey to each of you in parting that triple essence of wisdom, that nucleus of discretion around which all that is wise and right in thought and action should develop. But as one asks again that question, old as the ages, "Where shall wisdom be found?" there comes but one answer which satisfies the problem and has stood the test of generations. You know it well—"The fear of the Lord is the beginning of wisdom, and a good understanding have all they that keep his commandments." And commending that to you, I bid you "Farewell."

**CHLORIDE OF AMMONIUM.**—It increases the secretion of mucus from the alimentary canal, and is supposed to render the blood less plastic and coagulable, without impairing the structure of the corpuscles. Its habitual use causes emaciation, renders all the secretions freer and more abundant, and exerts an alterative and absorbent action, especially on the connective tissues, in hyperplasia and cirrhosis of many organs. It has even exerted some beneficial influence upon fibrous tumours of the uterus, and much more on chronic engorgement of that organ. Its slow but steady modification of the nutrition of the connective tissues has been seen in chronic enlargement of the liver, spleen, prostate, thyroid, &c. It cures many cases of gleet, and if any internal remedy will remove stricture of the urethra, this is the one most apt to do it. It cures some cases of neuralgia dependent upon thickening of the neurilemma, and is one of the best remedies in fibroid phthisis.—*New York Medical Record.*

## CLINICAL LECTURES

ON

### DISEASES OF THE URINARY TRACT IN THE YOUNG.

DELIVERED AT THE HOSPITAL FOR SICK CHILDREN,  
GREAT ORMOND STREET.

By JOHN H. MORGAN, M.A. Oxon., F.R.C.S.,  
Assistant Surgeon to the Hospital.

#### LECTURE III.

HÆMATURIA is a symptom of even wider signification in children than in adults. I have alluded already to some of those conditions under which it may occur, lithiasis, calculus, tumours or tubercular disease of the bladder. Speaking generally, hæmorrhage from the kidney is more profuse than from the bladder, and it may be caused by any of those affections which originate in that viscus. But besides these causes, blood may be found in the urine to be dependent upon general diseases. In purpura or scurvy, in addition to blood-cells, there may be found casts of the renal tubules, and the diagnosis is established by the presence of the characteristic hæmorrhages in other parts of the body, or from other mucous surfaces. In albuminuria the blood is seldom found in larger quantities than will give a slightly smoky tint to the urine, and the albumen exists in larger quantities than can be accounted for by the presence of blood. In intermittent hæmaturia or hæmoglobinuria, the blood corpuscles are destroyed and the symptoms appear after exposure to cold, and are usually ushered in by a rigor. These, then, are the causes of hæmorrhage which must be examined in the absence of any local indications.

Retention of urine in a child occurs only from impaction of a calculus in the urethra, or abscess pressing upon the walls of that canal. In most cases it is possible to pass a small gum catheter past the stone or even to push it back into the bladder, but should this not be readily possible it is necessary at once to open the urethra and to extract the stone. The small uric acid calculus which I here show you, was removed by lateral lithotomy from a boy aged 13, to whom I was called on account of retention of urine. The bladder was immensely distended, and the patient in very great pain. I succeeded in passing a catheter, and in doing so pushed the stone back into the bladder, from which it was removed on the following day.

With all those various sources of irritation which have been mentioned, it may be wondered that acute inflammation of the mucous membrane of the bladder, which is highly sensitive and vascular in children, is not more frequently met with. But though chronic cystitis may be induced by any of the causes which we have discussed, an acute condition is very rarely encountered. One instance occurred in a child under my care, upon whom I had operated for the cure of a spina bifida by the injection of Morton's solution of glycerine and iodine. Although there was no sign of constitutional disturbance, there was complete and obstinate retention, which persisted for over three weeks, during which a catheter had to be passed every few hours, and there ensued an inflammation of the bladder with mucopurulent urine and all the other symptoms of cystitis. These gradually disappeared, and a subsequent injection of the tumour caused its consolidation, and was not followed by similar symptoms. The child was aged eight months



and is now perfectly well. Before quitting this subject, I must mention one case of great interest which occurred here lately, under the care of my colleague, Mr. Owen, in which a tumour of the bladder was the cause of retention, for which it was necessary to perform cystotomy. The case is in some respects unique, and with his permission I give the notes.

R. S., aged three years, had always been noticed to strain in passing urine, but had done so to a greater extent during the last twelve months, and had complained of pain in the hypogastrium before micturating. He would often go sixteen hours without passing water. Blood had never been observed, nor had any stone or gravel been noticed. There was no family history of stone or of malignant disease. He was perfectly well until four days previous to admission, when complete retention set in which was relieved by the passing of a catheter on several occasions.

On admission he was fairly well nourished. The distended bladder reached up to the navel. He passed no urine, and under an anæsthetic a No. 4 silver catheter was introduced, not without difficulty, and pressure had to be made upon the walls of the abdomen in order to make the urine flow, showing the atonied condition of the viscus. Neither blood nor albumen were detected in the water.

On the following day Mr. Owen performed cystotomy on account of the increased difficulty of introducing the catheter, which caused acute pain and was followed by the passing of blood. The following day he developed a scarlatinal rash, and four days subsequently he sank with symptoms of peritonitis.

*Post-mortem Examination.*—The body weighed 26 lbs. In the peritonæal cavity flaky lymph was found on the peritonæal surfaces of the organs, the intestines were distended and considerably injected. Some creamy pus was loculated in Douglas' pouch by the adhesions formed around, but no communication was detected with the cellular tissue of the pelvis. The cavity of the bladder had about one-third more than its usual capacity, and its walls were flaccid. All the tissues around it and the rectum were easily broken down, and were infiltrated with thin purulent fluid, which seemed to spread upwards along the course of the vas deferens on each side. The track of the wound led into the bladder and admitted the index finger, and the parts about the neck were in a state of gangrene. On opening the viscus from above well-defined patches of a new growth came into view. It sprang from the region of the neck, and involved the inner aspect of the floor of the cavity as far back as the orifices of the ureters, each of which was surrounded by new growth, though neither appeared to be occluded. A better-defined and larger area of neoplasm arose from the inner wall behind the pubis. This was  $1\frac{1}{2}$  inches in diameter,  $\frac{1}{16}$  of an inch thick. The growth was soft and crumbling at the surface, but firmer in its deeper portions. Microscopically, it presented the ordinary characters of lympho-sarcoma in most parts; some of the superficial portions showed little fibrillar structure; in some portions round and spindle cells were massed, the whole exhibiting, therefore, the characters of a mixed celled sarcoma. There were no secondary deposits and no enlarged glands.

I give the particulars of this case as abridged from the careful record of our registrar, Dr. Chaffey, because it is the only instance to be found of a sarcoma affecting the bladder of a child. Tumour of this organ in childhood is indeed very rare, and the instances of it recorded go to show that it is generally innocent in character. In his work upon "Tumours of the Bladder," Sir H. Thompson alludes to eight cases of which specimens were preserved in London museums, and which had occurred in children. Of these six were in females, and most were examples of the simple mucous polypos

or myxoma. The growths are generally multiple, as in the case which occurred in a girl under Mr. Marsh's care in this hospital, and is described in the 25th Vol. of the "Pathological Society's Transactions." The child was aged two, and when one year old, a dark fleshy-looking growth projected from the vagina, which was tied and fell off. This happened to others, and when the case was seen by Mr. Marsh, six of these masses had been ligatured. Then came retention of urine, which was complete, with attacks of pain and straining, slight bleeding and offensive discharge. On examination under chloroform, a large bunch of growths like polypi were found just within the vulva projecting from the vagina and distending the urethra. They varied in size and in colour, some being pale and others darkly purple. It was thought advisable not to interfere, and death took place sixteen months after the disease had been first observed. On examination of the specimen, it was described as an overgrowth of connective tissue.

A somewhat similar mass of growth is shewn in specimen No. 2,000 in the Museum of the College of Surgeons, which was taken by Mr. Crosse from a boy aged  $1\frac{1}{2}$ , and is described and figured in his work upon calculus. The boy presented all the symptoms of stone, and the lateral operation was performed, when several small tumours protruded from the wound, some of which were removed. A case of great interest occurred in the practice of Prof. Billroth, where in a boy aged 12, with frequent painful micturition, a tumour could be felt in the region of the bladder, which was suspected to be connected with the back of the viscus. The lateral incision was made, and a tumour nearly the size of a fist, with an uneven surface, was found projecting from the posterior wall into the cavity of the bladder. Owing to its size it was found impossible to extract the tumour with the finger through the perinæum. A suprapubic incision was then made, both recti were cut across, and a transverse incision carried into the bladder. The tumour was then torn through near its base with the finger, and the pedicle dissected out. It appeared to take its origin from the muscular coat, and had not attacked the peritonæum. A drainage tube was passed into the bladder and drawn out at the incision in the perinæum. In a month the patient was discharged perfectly well. The tumour was principally a myosarcoma, and in some places a myocarcinoma. The case is quoted by Professor Humphry in a paper upon the successful removal, by the lateral incision, of a growth, about the size of an orange, from the bladder of a man aged 21.

Looking, then, at the great probability that a growth from the mucous membrane of a child is of an innocent nature, and remembering the position of the viscus in the young, which is mainly in the abdomen, I should be inclined at first to explore, by median urethrotomy, in the male, or possibly by dilatation of the urethra in the female, and if the growth could not be extracted by this means, to follow the example of Billroth and deal with it from in front, which would have all the greater chance of success from the ease by which the urine would be carried off through the lower opening.

Excepting that condition of dilatation of the pelvis of the kidney, and of the ureter to which the name hydronephrosis is applied, morbid conditions of the ureter rarely come under the observation of the surgeon. Occasionally, however, hydronephrosis is found in children to result from malformation of the ureter, and this may give rise to a fluctuating tumour which requires to be emptied, and the same condition has been the result of a blow upon the loin. The diagnosis of even so rare an affection is not so difficult as might be supposed, the question generally lying between cystic tumour and abscess in or around the kidney. In either case aspiration determines the diagnosis, and



the treatment of abscess should not be delayed, lest the contents should find an exit for themselves by way of the bowel, or as has on one occasion been noticed by the sheath of the psoas muscles. Free incision and drainage from the posterior part of the collection should lead to a good result, where the mischief has originated around the kidney, and where the gland itself is not materially injured. In hydronephrosis, removal of the ureter and kidney should only be attempted where the state of the urine warrants the assumption that the opposite kidney is sound, and capable of performing all its excretory functions.

The remaining conditions of the kidney under which operation may be undertaken are: calculus in the pelvis, tubercular disease and new growths in or invading the gland. To this subject attention has of late years been frequently directed, and it is probable that much success may attend future efforts. In all these conditions the great difficulty is to determine the state of the opposite gland, and upon this depends entirely the chance of success of removal of the faulty organ. But experience is gradually showing with what impunity an exploratory incision can be made to ascertain the state of the viscus to which symptoms are referred, and this is especially successful in cases of renal calculus, because when a stone exists in one kidney there is little probability of the other being affected. The new growths which affect the kidney are almost invariably sarcomatous, and generally originate in the tissue of the gland itself, although some interesting specimens have been shown by Dr. Abercrombie in which the growth commencing outside went on to invade the gland. The difficulty in dealing with them lies in the fact that it is not until they have attained considerable size that they can be detected, nor do they at first show any symptoms either by the urine or by swelling in the region of the loin. Later both these symptoms are evident, but by that time the growth has attained considerable size, and the glands or internal organs are probably affected. Add to this the extreme vascularity of these tumours and the loss of blood which their removal entails, and it may be doubted whether nephrectomy, under these circumstances, can ever be much resorted to. Still the operation has been successfully carried out, and if the diagnosis can be arrived at sufficiently early, it is only proper to make the attempt. The kidney has also been successfully removed in children for tubercular disease, but here, again, the great obstacle to success is the fact that when disease is advanced in one gland it is never entirely absent from the other, and exists probably more or less in other viscera. Still there are a few cases in which operation may bring relief, and we must wait for more experience on the subject to enable us to determine the points which should guide our action. Better results appear so far to have been obtained by the lumbar than by the abdominal incision, but the former in children allows so very little space that the latter must almost necessarily be resorted to if there be expectation that the parts to be removed are of any magnitude. The whole subject is one of the greatest interest, but here I am compelled to leave it for the present.

**INJURIES TO BLOOD-VESSELS IN DISLOCATIONS OF SHOULDER.**—The *New York Medical Journal*, June 12th, contains an elaborate paper by Dr. Stimson, Professor of Clinical Surgery in the University of the City of New York, which was read at the New York Surgical Society. Its precise title is "Injuries to the Main Blood-vessels in the Axilla, caused by efforts to reduce Dislocations of the Shoulder." It gives a very exhaustive criticism of all recorded cases, but is much too long for our pages, while it does not admit of abridgement.

## ADDRESS IN SURGERY,

DELIVERED BEFORE THE BRITISH MEDICAL ASSOCIATION  
AT CARDIFF.

By J. MARSHALL, F.R.S., F.R.C.S.,

Late Professor of Surgery, University College, London; Consulting Surgeon to University College Hospital.

(Concluded from page 177.)

**OPERATIONS.**—Five cases of lithotomy, four of herniotomy, and one of perineal section for laceration of the urethra, all successful, afford evidence of Liston's skill as an operator; and, as regards the duration of the cases, three of the lithotomies were cured within the month; one on the thirty-third day; and the remaining one, an elderly patient with large stone, on the fifty-third day. One of the hernia cases was discharged cured on the ninth day, one on the twentieth, another on the thirtieth, but one not until the forty-seventh day. The perineal section was closed on the twenty-eighth day. A case of phimosis, in a boy required twenty-four days to cicatrise; and another, in an adult, was followed by erysipelas, severe rigors, and bubo, and was healed only after thirty-nine days. *Fistula in ano* behaved as now; but one patient thus afflicted died, on the seventh day after the operation, from pulmonary complications. Two cases of extravasation of urine were unavoidably fatal, in one of which minute abscesses were found in both kidneys.

For the removal or excision of new growths, twenty-one operations were performed in the year 1844-5, eight upon men, and thirteen on women. They may be thus briefly detailed. Male cases: three—namely, a small epithelioma of the tongue, epithelioma of the lower lip, and a small thyroid cyst, healed by first intention, by the end of a week; two, namely, a larger thyroid cyst, and a broad epithelioma of the lower lip, healed with granulation in nineteen and twenty days; three, namely, a parotid tumour, a cystic sarcoma of the testis, and a large lymph-cyst of the neck, all attacked by erysipelas, were cured in twenty-nine, thirty-four, and fifty days respectively. Female cases: five fatty tumours; the wound in four healed by granulation on the twelfth, eighteenth, twenty-fourth, and fifty-seventh days; in the fifth, a succession of rigors, on the first, third, and fourth days, with offensive discharges, the patient was sent out of the hospital on the fourteenth day, and died seven weeks later; five mammary tumours; one a cystic tumour, patient left the hospital doing well on the fourth day; the others, namely, a painful tubercle, two sarcomas with cysts, and a scirrhus, healed by granulation and suppuration, twenty-one to twenty-eight days; a large parotid tumour, followed by abscess and profuse suppuration, thirty-two days; and lastly, a large thyroid body, seton inserted for ten days, suppuration, intense fever, fifty-seven days. To these cases, I must now add that of a very large ovarian tumour, of three years' duration, tapped once before; operated on, in the words of the case-book, "in Mr. Liston's usual manner," that is, "by a previous incision into the abdomen," and "the introduction into the cyst of a large trocar and canula"; "thirteen quarts of a dark-coloured glutinous fluid" evacuated, some more afterwards squeezed out, wound closed, next day pain and vomiting; on third day decided peritonitis; treatment by leeches, fomentations, opium, calomel, hydrocyanic acid, and creasote; incessant vomiting, exhaustion and death on the twenty-second day. *Post-mortem*: peritoneal cavity



contained "three pints of purulent-looking fluid, with portions of badly-formed lymph floating in it"; "cyst partly refilled," with "soft adhesions to adjacent parts." In Liston's "Elements of Surgery" (edition 1840) ovariectomy is denounced, from contemporary experience, as an "unjustifiable piece of butchery!" How this has all been changed by cautious, and, if I may coin a word, *precautious* surgery!

In two subcutaneous operations, one for a contracted toe, and another for displacing a loose body from the knee-joint into the areolar tissue outside the capsule, the wounds healed at once, without suppuration; but in a third, for directing the proper extensor tendon and the long flexor tendon of the great toe, abscesses and ulceration detained the patient 69 days in the ward. Of plastic operations, Liston's great pride, a divided hare-lip united before the end of a week, and an example of webbed fingers healed in a fortnight; but four operations on the face, for pendulous upper eyelids, cancerum oris, partial destruction of nose and upper lip, and complete loss of the nose, required for the healing process 33, 42, 43, and 66 days respectively. An operation on the scrotum, designed to cover a testis, exposed by gangrene, necessitated treatment for 50 days. Ten amputations and one excision of a joint are also recorded. First, four female cases: compound dislocation of finger, erysipelas, abscess in axilla, 30 days; diseased phalanges and joint of finger, erysipelas, abscess in axilla, 29 days; excision of elbow-joint, ends of humerus and ulna removed, abscesses and extensive burrowing of pus up and down the limb, eventual good result, 93 days; large "bleeding sarcoma," or "fungus hæmatodes," springing from integuments of the forearm, three or four years' duration, lately rapid growth, axillary glands sound; amputation above elbow, rigors on seventh day, discharges very offensive, abscess in axilla with similarly offensive pus, sweatings, emaciation, jaundice, made out-patient on sixty-ninth day, death one month afterwards. Male cases, seven: compound fracture of finger, healed in 16 days; badly crushed finger, so-called "erythema," abscess in palm, patient discharged on twentieth day; comminuted fracture of finger, cellulitis, deep sub-fascial suppuration along the forearm, 59 days; disease of tarso-metatarsal joint of great toe, removal with internal cuneiform bone, prolonged suppuration in foot, 92 days. There remain three major amputations, all fatal. First case, a buffer accident, compound fracture of tibia, and fracture of head of fibula into the knee-joint on the right limb, fracture of tibia with lacerated wound of leg on left limb, primary amputation of right limb above the knee; progress favourable for three days, then some hæmorrhage, left limb became much discoloured, rapid exhaustion, followed by death on the eighth day; *post-mortem*, collection of pus around cut end of femur, and extending as high as great trochanter, yellow line of demarcation on left leg; internal organs not examined. Second case: sarcoma of leg, originating in a cicatrix from burn; amputation above knee, profuse suppuration, separation of flaps, hæmorrhage, general oozing, death on the sixth day. Third case: sarcoma springing from front of tibia, amputation through knee-joint, patella and cartilage on end of femur left, good progress for five days; on the sixth day a slight rigor; on the ninth day severe rigors; on the eleventh day another rigor with profuse sweatings, discharges foetid, flakes of loose cartilage coming away; on the thirteenth day another rigor, subsequently several others less severe, and death on the seventeenth day. No *post-mortem* examination, but the case was typically pyæmic.

In the case of aneurysm of the femoral artery, in which the temperature of the two limbs was registered by aid of a thermometer, as the tumour reached above Poupart's ligament, it was necessary to tie the external

iliac artery. On the third day, swelling, and so-called "erythema," appeared around the wound; the patient had dyspnoea, a rapid pulse, restlessness, and delirium; the temperature between the toes of the affected limb, which became dusky, was gradually lowered to 84°, 72°, and 64°, as compared with 93°, 97°, and 78°, between the toes of the sound limb, the temperature of which, however, also fell; the patient succumbed, apparently septicised, on the sixth day.

The picture thus finished of the results of the surgical practice in Liston's wards in 1844-5 is full of instruction. The separate mention of individual cases, all of which I have read from beginning to end, serves to enforce the lessons they teach. In the light of present knowledge, the frequency of grave inflammatory complications must be attributed to removable or corrigible conditions, which would have been prevented or minimised by more effectual sanitary arrangements, by the isolation of infective disease, and by strict antiseptic precautions.

It will have been noticed that, in cases of injury or disease not involving a breach of surface of the body, and in cases in which, as in operations in the perinæum or ischio-rectal fossa, antiseptic dressings are not available, the results of the older practice are quite upon a level with those of modern experience. Even in regard to ulcers, this is also true. But in the case of recently opened abscesses, and especially of open wounds, whether accidental or intentionally inflicted by the surgeon in his operations, in which the delicate walls of divided and exposed blood vessels, the cut or lacerated surfaces of the interstices of the areolar tissue, and the torn and irritated lymphatics are helpless to resist the entrance into the system of infective fluids and organisms, we find that prolonged suppuration, erysipelas, cellulitis, lymphangitis, pyæmia, and septicæmia, as it were, dogged the footsteps and foiled the handiwork of the most skilful operator of his time.

We have seen that all abscesses, when opened, continued to suppurate freely; whilst in four cases (14 being the total number), grave complications arose, one case ended fatally. Again, of 27 cases of accidental wounds, only 5 healed quickly by the first intention, 7 by granulation and free suppuration, and 13 after prolonged suppuration, cellulitis, or erysipelas, whilst two terminated in death. Lastly, of 54 wounds made in operations, 8 only united by the first intention, 26 closed after granulation and free suppuration, 14 were cured after the occurrence of erysipelas or cellulitis, with secondary abscess, and, excluding two unavoidable deaths from extravasation of urine, four died of septicæmia or pyæmia.

It must be within the experience of every living hospital surgeon that no such calamitous results follow his own practice. It is unnecessary to quote here, in detail, the number and kinds of cases treated in my wards in the year 1883; but the facts relating to those cases, which are carefully reported, show indisputably that abscesses, both acute and chronic, treated by incision, proper drainage, and antiseptic dressings, heal with much less subsequent suppuration, and in less time, than under the open treatment; that accidental wounds, maintained in an aseptic condition, are far less frequently followed by serious complications than formerly happened; and that operation-wounds of all kinds heal more quickly and kindly under antiseptic treatment. By way of illustration, it may be mentioned that in 24 operations for the removal of new growths, the wounds were healed in five cases between the seventh and tenth days, in seven cases between the fourteenth and twentieth days, in seven cases between the twenty-fifth and thirty-fifth days, and in four cases between the forty-third and fifty-fifth days, and in one only, a case of a double operation on a cancerous penis, on the seventy-third



day. It must also be added that in no case was there more than a show of suppuration, and that no case of erysipelas, infective cellulitis, septicæmia, or pyæmia, arose, during the year in question, in the wards under my care; yet these diseases were not absent from the hospital, for three cases of pyæmia, one of septicæmia, and five of erysipelas originated in other wards, whilst sixteen cases of erysipelas, or infective cellulitis, were admitted from outside into the proper erysipelas-wards. It must, in justice to the older period when there were no isolation-wards, be granted that some of the cases of injury complicated with erysipelas were already so affected on their admission; but most of those cases, and all those following on operation-wounds, arose within the hospital, making a total of at least 24 cases of septic disease arising in Liston's wards in 1844-5, as against none arising in my wards in 1883. It is easy to trace, in these older records, that frequent and long acknowledged co-existence of endemic and hospital erysipelas, to which a recent joint Franco-German Surgical Commission of Enquiry into the effects of that disease has directed attention; and, indeed, it may be said that in Liston's time not only did inflammation, which, like fire, may be a good servant but is a bad master, attack every wound, and free suppuration, which, if not a combusive is an exhaustive process, run riot in the wards: but the demon of erysipelas, which so often gained an entrance therein, if it did not strike all the patients, at least hovered over every bed. Its vagaries were well understood; its advent took no one by surprise, and there was one bed in particular, in the corner of a certain ward, in which it most frequently seized its victim. This familiarity with it in hospital practice explains perhaps the promptitude, and, judging from the number of recoveries which followed it, the success with which it was treated when it occurred. But neither it, nor other septic diseases, nor the tendency to undue suppurative inflammation were efficiently prevented.

On general principles, every surgical patient was subjected, almost *in limine*, to the inevitable purge, consisting of the nocturnal dose of blue pill or calomel, with colocynth and henbane, and a choice between castor-oil or a black or white saline draught in the morning. Subsequent fever was met with salines, often combined, even in the later stages, with antimonial wine, and sometimes with the then new remedy, acorite; rigors, sweatings, and exhaustion were combatted with ammonia or mineral acids, administered in bark. In the meantime, complete purity of the surroundings, absolute surgical cleanliness, and the exclusion of all noxious substances, were not strictly aimed at, or attained. Sanitary vigilance was dormant, or did not exist; and the dressings, the famous water-dressings, alas! were doubtless the constant innocent, but not innocuous vehicles of infection. Liston, as is well known, denounced all resinous plasters as "dirty applications," and all ointments as "greasy abominations," prefixing to these appellations a strong characteristic epithet. Isinglass plaster, wet lint, and oiled silk, were no doubt neat, and to the eye cleanly; but they were not aseptic. Lint "stuffed" into open abscesses, sinuses, and carious cavities, or placed for a few hours between the flaps, after an amputation, would certainly contain organised or unorganised extraneous particles; and the water with which it was moistened, surely not previously boiled, would also contain them. The heat and moisture of the living tissues, and of the exudations from them, would favour the development of germs, as well as the formation of lifeless but injurious chemical compounds. To us, the consequences are clear. No change of dressings, however frequent, and no occasional use of chlorinated lotions, or iodised solutions, would cleanse effectually the

microscopic but Augean recesses of the injured tissues. Hence, more or less suppurative action ensued, and more or less deadly agents of infection gained an entrance into the vessels and the blood. Asepticised air, hands, instruments and sponges, together with all the varieties of aseptic ligatures, sutures, and dressings, form a remarkable contrast to Liston's means of treatment. It would be untrue, and calumny against Nature, to say that these and other antiseptic agents are everywhere and at all times indispensable necessities of surgical practice. As narrated to me by a French surgeon, an eye-witness to the facts of an African campaign, an Arab's cheek, all but sliced off and hanging down, may be stitched up in its place, and bandaged with strips from his own cotton garments, and then unite by the first intention, with scarcely a drop of exudation; and I have been told of a gentleman colonist in Australia, who cut open his knee-joint in felling a gum-tree, sewed up the wound himself, and put on a back-splint, before the nearest surgeon, who resided 60 miles off, could arrive, and was cured "straight off" without suppuration, preserving a perfectly useful limb. Union by the first intention occurred long before the antiseptic system was devised; and it occurs still without its aid. But in formidable operations anywhere, and in most operations in hospital, it is a safe and therefore an incumbent provision to adopt. In this view adequate hospital expenditure for antiseptics is fully justified. Their employment shortens the period of cure, limits the amount of suppuration, diminishes the drain upon the bodily strength, lessens the risk of complications and the chances of future organic degenerations, and thus contributes to a more rapid, complete, and lasting recovery.

As anæsthetics encourage patients to submit more frequently, willingly and hopefully to more and more serious operation, so antiseptics have emboldened surgeons to attempt, and enabled them to succeed in enterprises formerly considered hopeless and unjustifiable. When I remember Liston's grave and despairing looks at his too frequent disappointments, I welcome the confident glance and triumphant expression of many a modern operator.

Of the three great cavities of the body, the abdomen, with its membranous coverings, the one least protected and most accessible, containing parts less immediately essential to life, and yet, from its size and the extent of its lining membrane, the most prone to a rapidly fatal inflammation, was the first to be entered by the properly aseptic hand; next, the thorax, with its half-bony and half-membranous walls, and therefore better protected and less open to access, containing parts more immediately necessary to life, but lined by a membrane of smaller extent, and subject to less formidable inflammatory reaction, yielded entrance to the antiseptic method of procedure; and, lastly, the cranio-spinal cavity, the smallest, the most perfectly enclosed, the best protected, enclosing organs of vital essentiality, and yet lined by a membrane of moderate proclivity to disease, has been invaded by the new surgery, under the guidance of an improved diagnosis, in search of removable disease. Even the cervical region, which, though not designated a cavity is, nevertheless, a specially adapted part of the general cavity of the body, has become the field for the employment of aseptic methods.

It might thus seem as if surgical enterprise and skill, applied to the trunk as contrasted with the limbs, had reached their utmost attainable limits; but it cannot be so. Already, the cry is for still greater security against the consequences of irritant and septic influences. That this will be obtained in the future, no one can doubt.



Forty years since, Liston was deprived of our present advantages, and suffered accordingly; but his dexterity and fame as an operator, his desire to simplify all surgical proceedings, his lasting devotion to and sound knowledge of anatomy, and his interest in the then opening science of pathology, require no vindication at my hands. May the next forty years witness as great advances as have been realised since his death; and, in that future, may the reputation of British surgeons, and the triumphs of British surgery, be maintained by our successors with undiminished lustre.

## PRACTICAL NOTES ON THE ORDINARY DISEASES OF INDIA.

By NORMAN CHEVERS, C.I.E., M.D., F.R.C.S. Eng.,

President of the Health Department, Social Science Association.

(Continued from page 112.)

### DISEASES OF THE EYE.

My remarks will be almost exclusively confined to the chief of those peculiarities which distinguish Ophthalmic Disease in India.

It appears in the Report of the Sanitary Commissioner for 1881 that the admissions for Eye Diseases during that year were, among the European troops throughout India 14.1, and among the native soldiers 25.9 per mille. Among the jail population, the ratio was 13.7. The highest rate was among the women and children of European troops, of whom 30.2 per mille were treated for ophthalmic disease.

*Orbit.*—In December, 1880, Baboo Devendra Nath Dey brought before the Calcutta Medical Society a case of epithelioma of the orbit disorganizing the eye. On excising the eye, the growth was found to be attached by a broad and rugged base to the orbital plate of the frontal bone.

*Eyelids.*—The *Blepharitis* of the present day which I used to know as *ophthalmia tarsi*, being especially a disease of fair complexioned and strumous people in cold climates, is not common among the dark races of the plains of India. I watched for many years the cases of two aged gentlemen suffering from *Entropium*. They deserve notice for the benefit of those who may refuse to submit to cure by excision of skin. One of these individuals always wore a strip of black sticking-plaster which slightly everted the lid. The other, a medical man, who had suffered greatly from facial neuralgia and from *ophthalmia tarsi*, experienced years of mental torture from what he conceived to be malignant disease of the antrum, the inverted lashes occasioning great conjunctival irritation extending downwards through the nasal duct. All trouble ceased when the plan of keeping the lower lid free from ingrowing hairs, by the use of tweezers, was adopted.

Mr. Macnamara removed an *epithelioma* from the skin of the inner angle of the left eye of a clergyman in India, whose father was considered to have died of cancer of the face. No reproduction of the disease had occurred when the patient died of fever five years subsequently.

*Warts* growing from the skin of the lid and from its tarsal margin are frequent in India. I have usually twisted them off, but they generally disappear spontaneously when left alone.

Mr. Albert Leahy<sup>1</sup> removed a *dermoid cyst* from the

upper eyelid of a Brahmin, aged 33. It had grown with his growth. It lay mainly beneath the orbicularis palpebrarum. It projected backwards for about half an inch beneath the supraorbital ridge, and was attached to the periosteum at the margin of the orbit. It contained a quantity of dark green fluid loaded with albumen, and of the consistency of castor oil. The cyst wall was about a quarter of an inch thick, and was composed of layers of white fibrous tissue. Lying loose at the bottom of its cavity was a coil of hair about the size of a shilling. The coil was regular and the hairs composing it were about 2½ inches long.

I have noticed, at p. 400 of vol. ii, for 1884, the case, by Dr. Chatham Gray, of a native boy of 12 suffering from *molluscum*. The eyelids were especially affected. One eye was lost, the other was almost disorganised.

*Functional Ptosis* occasionally results in India from imprudently sleeping in the open air. In the following case ptosis was clearly an early symptom of rapidly destructive brain mischief. At the time of the Mutiny I saw too much of an intemperate officer in the prime of life, who gradually fell into a state of mental degradation which appears not to have been considered such as to justify his removal to the lunatic asylum. One very hot day I met him in a shop looking unusually clean and sharp; at a second glance, I saw that he had ptosis of one eyelid. In a day or two it was reported that he had died suddenly.

I treated for some time, but not to its termination, the case of a native suffering from paralysis of the seventh pair, resulting from exposure. The loss of contractile power of the orbicularis palpebrarum led to conjunctivitis, but the cornea escaped while he was with me. On a heatstroke-day, just after I had joined a new station, a native gentleman, born a Brahmin, residing two miles off, sent to me requesting that I would immediately visit his wife who "was attacked with disease of the eye." I went at once and told her that she had a *sty*. She replied that she was perfectly well aware of the fact, and gave me the Bengali name of the disease which, perhaps out of spite, I have always failed to remember.

In the work quoted above, Sir Joseph Fayrer has given a very instructive case of destruction of the eyeball and impetiginous eruption of the face in a Hindoo goldsmith. The lesions were attributed to peripheral irritation of the fifth nerve excited by a spark which flew into the external corner of his eye.

Valuable contributions to our knowledge of *Herpes Zoster Ophthalmicus* have been made by Dr. H. Garden<sup>2</sup> and by Mr. Scriven.<sup>3</sup>

Dr. Garden says that of six cases in his list the nasal branch was implicated in two: in one the eye was affected, in the other it was not. Of the remaining four cases, in which the eruption did not extend to the nose, the eye was also affected in one. In both these cases the patients were old and debilitated. In the first there was iritis and in the other conjunctivitis. Hence Dr. Garden infers that Hutchinson's law<sup>4</sup> as it is far too absolute; for not only does inflammation of the eye, &c., occur frequently when the nasal branch is not affected, but also when the first division of the fifth itself is untouched; though it may be accepted as a fair inference that the chance of serious damage to the eye is greater when the nasal nerve is affected than when it is not.

Mr. Scriven gives the case of a Hindu, aged 40, treated in his Medical School Hospital, Lahore, the only example of this affection which he had seen in India. At first there was periodic fever, occurring at night only.

<sup>2</sup> Reprint from the *Indian Medical Gazette*, 1874.

<sup>3</sup> *Ibid.* *Indian Medical Gazette*, Vol. iv., p. 139.

<sup>4</sup> "The eye scarcely ever suffers much when the nose is not affected, and the severity of the eruption on the one part is in direct relation with the severity of the inflammation on the other."

<sup>1</sup> *Indian Medical Gazette* for April, 1885, p. 15.



It was followed by severe left frontal headache, and, after a time, small vesicles appeared in clusters, at first on the forehead only, but within two or three hours on the side of the face also. There were two or three spots on the lower lip. On the fourth day of observation there was a good deal of swelling of the left upper eyelid and slight inflammation of the conjunctiva with chemosis. On the following day there was a small phlyctenula at the upper and outer margin of the cornea, and a little opacity near it. He was discharged on the twenty-first day, the report being "Cornea almost clear, vision perfectly good, no pain, slight vascularity of the conjunctiva." Mr. Scriven remarks that the case afforded an additional instance of the implication of the superior maxillary nerve. It also illustrated Hutchinson's observation that the side of the nose may show vesicles to its tip, and yet the eye may be only transitorily inflamed. He noted it as a point which he had not seen mentioned, that the eruption may extend to the cutaneous branches of the third or inferior maxillary division of the fifth, and show itself on the lower lip.

*Conjunctivitis Excited by Mechanical Irritation.*—At Cairo, I was called to see a fellow-passenger said to have been attacked with Egyptian ophthalmia. When I reached his hotel, the conjunctival irritation having passed off, he was quite well and dining heartily. Leaving in absolute darkness, I got upon broken ground where extensive building was going on, and was in great peril. At Bombay, I was summoned in haste to see an officer's child with an inflamed eye. The mother appeared frantic with terror, and desired me to recommend the best oculist in the place. Merely finding a little conjunctival inflammation of an hour's standing, I said that to take the child through the town in the heat of the day would do more harm than good, and recommended that the eye should be closed by a pledget of raw cotton, and that the little fellow should be allowed to go to sleep. This was done, most reluctantly. His recovery before evening brought me an elaborate apology and more than due credit.

The *ophthalmia of Egypt* has been attributed to dust and sun-glare. These excitants are only too prevalent in the Delta of the Ganges; but, there, the great atmospheric humidity probably exerts a counter-influence. At the station of Bellary (Madras Presidency), the marked prevalence of ophthalmia among the European troops was attributed<sup>5</sup> to the extreme dryness of the atmosphere, to the excessive glare and reflection from the numerous large masses of granite in the lower fort, the light colour of the ground and numerous white-washed buildings, and to the fine white sandy nature of the soil. The disease commonly appeared as a mild purulent ophthalmia, but occasionally the deeper structures of the eye were involved and the cornea became opaque. Rarely the organ became disorganised. Nitrate of silver and sulphate of copper were the usual applications.

In Paulghaut the "country sore eye" was noticed as being very prevalent in April and May, amongst Europeans as well as natives. In Dindigal, ophthalmia occurred annually as an epidemic during July and August, especially among children, the conjunctiva becoming highly inflamed with tumefaction of the eye-lids, and a purulent discharge. It was generally attributed to the effects of the hot winds. The best application was considered to be solution of lunar caustic<sup>6</sup>.

In his "Medical Memoir on the Plains of the Indus,"<sup>7</sup> Dr. Perceval Lord observed that the sandy and

saline deserts towards the south at once suggest the idea of ophthalmic affections, and he found them so common that he scarce met a man whose eyes were not more or less inflamed. At Khaispin, where he saw on an average a hundred patients a day, he examined more cases of pterygium, opacity of cornea, obstructed lacrimal gland, and other external affections of the eye, during the week he remained there, than a London hospital would present in several months.

In his valuable account of the "General and Medical Topography of Ajmeer," Dr. Robert Hamilton Irvine spoke of ophthalmia as very severe and common in the province. He considered that it is caused by the "hard particles of dust impinging on the eyes during the frequent high winds." He did not regard it as being epidemic or contagious. It was very amenable to treatment, but the natives frequently aggravated it into a severe lingering complaint.

In his report on the diseases of Ladak, Dr. Cayley notices that conjunctivitis is very common there, hardly ever appearing in the acute purulent form; but being generally of a very chronic character, the result of a low form of muco-purulent inflammation of the conjunctiva, and lasting weeks, months and even years, leading to great thickening and oedema of the lids, and extreme vascularity and roughness of their mucous membrane, causing opacity of the cornea, and often producing entropion, of which affection he cured several cases by operation. He found that treatment by astringent lotions, the application of sulphate of copper to the inner surface of the lids, and nitrate of silver painted on outside, was often effectual; but, in many cases, the disease was too confirmed for rapid amendment. He attributed many of the cases to exposure to the intense glare and dust, and to the heat of the sun in the barren sandy deserts which extend over so much of Ladak.

In the *Madras Medical Journal*, vol. iv, p. 333, Mr. Bucke published a report which may still be consulted with advantage on ophthalmia, as it existed in 1834, among the boys at the Military Orphan Asylum, Madras. Five hundred and seventy-two cases were admitted in eighteen months. The disease appears generally to have commenced as mild conjunctivitis, but, many of the boys being in weak health, there was a tendency to sloughing of the cornea. There was sometimes purulent ophthalmia with granular lids, at others pustular conjunctivitis. Corneal ulcers "were often factitious, from the application of *uchunam*" (lime) "or caustic."

It was reported, in 1842, that improvement in the ventilation and cleanliness of this asylum, the inmates of which were mostly Indo-Britons, had, in the two years ending 1838, reduced the cases of ophthalmia to 293, the admissions during the two preceding years having amounted to 1,057. Here we find a clue to the origin of most of the conjunctivitis which prevailed in military buildings for Europeans in old times.

Conjunctivitis used to cause a great deal of suffering among the European men, women and children cooped up in the ill-ventilated and often over-crowded barracks which existed before my time in the North-West Provinces of India. Perhaps those who attributed this to the practice of lime-washing the floors were partly in the right. It was a well-known practice of the regimental urchins to irritate their eyes that they might avoid going to school. Confinement in a cell containing a heap of quicklime has been mentioned as a torture practised in India.

Mr. Macnamara speaks of muco-purulent conjunctivitis occasioned by an insect finding its way into the eye. There is especially one insect, "the flying bug," which appears to be gifted with a large share of the venom of the *mylabris cichorei*, or blistering fly of India,

<sup>5</sup> "Madras Topographical Reports, Ceded Districts," p. 76.

<sup>6</sup> *Ibid*, Southern Division, p. 143.

<sup>7</sup> *Calcutta Medical and Physical Transactions*, Vol. viii., part ii., Appendix.



the contact of which produces a sensation like a knife-stroke through the eye, and a good deal of subsequent conjunctivitis with œdema of the lids. As it is black and large, it is easily removed.

There is still a great deal of "ophthalmia" in the armies of India. Bryden's tables show that, in ten years, there were admitted 17,561 men, of whom 569 were invalided; 2,181 women and 7,221 children. No deaths.

A medical officer in Fort William lost the sight of one eye, with considerable deformity, in opening a bottle of liquor ammoniæ. In very hot weather, a lady had fainted in a room near his dispensary. In his haste, he did not take care to hold the bottle, the stopper of which had struck, at arm's length; there was an explosion straight in his face. A similar accident, attended with far less serious results, occurred to my late friend Joseph R. Bedford.<sup>8</sup> Whilst on his passage to India, he was endeavouring to remove the glass stopper from a bottle of muriatic acid. It resisted, he applied force, holding the bottle incautiously too near his face; on a sudden the stopper was removed, the fumes rushed out. He experienced a sharp pain in both eyes, and made up his mind for life-blindness. Sweet oil was at once applied; and, on opening his eyes in about a quarter of an hour, he found to his intense joy that vision was unharmed. A slight conjunctivitis continued some days. I do not think that I have ever been more shocked than I was to see an old gentleman apply a strong Goulard lotion, mistaken for a zinc wash, to both his eyes. At first, the pain and redness were intense, but they soon abated under warm water sponging. No lesion followed.

I know of more than one case in which surgeons have been blinded by venereal matter in opening buboes, &c. Mr. J. D. O. Wild reported<sup>9</sup> the case of a Bengal hospital apprentice of irregular habits who, six days before coming under treatment, contracted inflammation of both eyes which he attributed to the accidental introduction of venereal matter while dressing sores. There was severe purulent ophthalmia of both eyes. Right much distended, its structure disorganised, sight gone. Left inflamed and swelled, but with a clear cornea. There was a tendency to delirium and coma, but, on being roused, he spoke coherently. Previous to the attack he was suffering from quotidian fever. He died in fifteen days with symptoms of meningitis. The right eye was totally disorganised. Meninges red and congested. A large patch of "ulceration" coated with pus occupied the surface of the left hemisphere.

My friend, Dr. Samuel Brown, showed me, before I went to India, many cases of *pustular conjunctivitis*, as it used to prevail among unhealthy-looking factory girls at Belfast. He used to cure it by a dexterous application of the stick of nitrate of silver. I never saw it in London or in Bengal, and Macnamara does not say that it occurs in India, but it used, as I have stated above, to prevail in the Madras Orphan Asylum. My friend Dr. Henry Cayley, in charge of the Calcutta Eye Infirmary, informs me that the "strumous" ophthalmia of children is not uncommon among natives and Eurasians in India. He thinks he has seen it in European children also, but of this he is not quite sure as he has not seen it, among them, in its most characteristic stage. European children, in India, are not generally of the class that are most liable to that form of ophthalmia. Judging from hospital experience, his impression is that scrofulous ophthalmia is much more common in large English cities than in Calcutta.

I watched very marked *Leprous conjunctival deposit* in an East Indian woman for some weeks and in a

*mheter* (sweeper) for many years. I could not perceive that it made any progress in either case.

*Pterygium*, in every one of its forms, is very common among the natives of India. Mr. Brudenell Carter observes<sup>10</sup> that "pterygium is especially apt to occur in persons who have lived in the tropics."

In a report on the medical topography of Orissa<sup>11</sup> Dr. Shortt mentions that pterygium is so very common throughout that province that, in almost every village, he met with two, three, or more cases. The growth extends over the cornea, producing blindness. In several cases he dissected away the corneal portion. A few drops of the solution of argenti nitras for a day or two completed the cure.

The number of pterygia successfully operated upon, in four years, by my late friend Mr. Martin at the Calcutta Eye Infirmary, was 58 in 44 individuals. I saw *epithelioma* of the conjunctiva, beginning at the outer canthus in an English officer. At a meeting of the Calcutta Medical Society held, in December 1880, a case of Dr. Cayley's was brought forward in which a growth, considered to be papillomatous, originated, like a pterygium, at the outer canthus. This, after ablation re-formed, spread, and extended over nearly the whole of the cornea, abolishing vision. The eye was removed, the growth was confined to the sclerotic and cornea, not penetrating the eyeball.

*Diseases of the Cornea.*—In 1858, my friend Dr. W. coming home one afternoon from a long round of visits in Calcutta, sat upon the edge of his low bed and opened a bottle of soda water. Slipping from his fingers the cork flew upwards and struck his cornea with its angular outer margin, producing a most painful shock and denting in the cornea as if the edge of the thumb nail had been strongly pressed vertically across the axis of vision. It appeared as if the superficial layers of the cornea yielding, the inner ones had been fractured. The sight of that eye was lost; the dent remained visible for years, a small opacity occupying the axis of vision.<sup>12</sup>

Mr. Macnamara gives an interesting case of a Hindoo boy with characteristic malformation of the incisors, suffering from congenital syphilis and *keratitis* of both eyes.

Extremely marked *arcus senilis* frequently occurs in India. I was consulted in the case of an English gentleman in whom this condition was regarded as a bar to life insurance. Another very active and healthy-looking Scotch gentleman had, in middle age, a singularly pronounced arcus. He lived for about 15 years after his return from India. A very remarkable case was brought into my ward and taken out again so quickly that I only saw him once. He was a respectable European who, although not much over 50 years of age, had an aspect of extreme senility. He had much the look of an albino, but I think that he had been a very fair red-headed man. His hair was snowy white and he had the arcus excessively developed. His feet were gangrenous; but, in the legs the anterior tibial muscles only appeared to have mortified up to their origins, showing lividly through the pale integument.

I have already described *Sloughing of the Cornea*, as it occurs most extensively among the native poor in Bengal, as a form of malarious cachexia (*vide* vol. ii for 1883, p. 736). Undoubtedly scorbutus is, in many cases, a factor in the causation of this tendency to sloughing of the cornea. I have already alluded to the fact that this death of the cornea precisely resembles

<sup>10</sup> "Holmes's Surgery," 3rd Edition, p. 705.

<sup>11</sup> "Indian Annals of Medical Science," No. 10, p. 508.

<sup>12</sup> A few years ago it was reported that a man was struck in the eye by a ginger-beer cork; the blow did not cause much pain at the time; but, after a time, he began to suffer so much in the eye that he was admitted to the Bristol Infirmary, where he died from "cerebral congestion."

<sup>8</sup> "Chemical Injuries to the Eye," *Finch's Indian Journal of Medical and Physical Science*, Vol. ii, p. 481.

<sup>9</sup> "Indian Annals of Medical Science," No. 8, p. 661.



the state produced by Majendie in dogs, by dividing the fifth nerve or by feeding them exclusively upon non-nitrogenous food. In an excess mortality in a native jail, attributed to a diminution in the dietary, which occurred in 1853, my friend, the late Mr. Bedford observed<sup>13</sup> cases in which the corneæ ulcerated and sloughed away previous to death. In the chapter on Scorbutus I have cited the narrative of my friend, Mr. Alexander Grant, to the effect that, in the expedition of 1840 to China, the 37th Madras Native Infantry, being ill-fed and miserably lodged, became thoroughly scorbutic; and then sloughing of the corneæ was rife among them.

In Lower Bengal, this destructive corneitis occurs frequently in patients worn out by jail diarrhœa, perishing from sheer inanition, often without any very manifest evidences of a scorbutic taint, although the presence of such a condition generally may be expected. When the Andamans were first occupied as a place of transportation for criminals engaged in the Great Mutiny, the malarial influence was intense and most destructive; and, nearly all food having to be brought in ships from Calcutta, scurvy became rife among the prisoners at Port Blair. Dr. Gamack observed, "Sixteen deaths are recorded amongst the patients admitted under Diseases of the Eye. These occurred from scurvy or diarrhœa, and it frequently happened that the scurvy patients became blind some time before death. A patient, in the advanced stage, would complain of violent pain in and around the eye; and, on examination, nothing could be detected but a slight haziness of the cornea; but inflammation would proceed so rapidly that, in 24 or 36 hours, the globe of the eye would become filled with pus; and, if both eyes were not affected at first, the other was almost sure to become affected after a few days. The sign was looked upon as fatal" (it is too often so in Bengal); "but two cases which occurred towards the end of the monsoon are still alive, and the men, although quite blind, are now well and have become exceedingly stout."

In those who survive, all the results of penetrating ulcer of the cornea *anterior synechia*, *prolapsus of iris*, *staphyloma*, &c., may occur. Mr. Macnamara recommends iridectomy in spreading eccentric ulcers of the cornea.

Mr. William Martin operated, at the Calcutta Eye Infirmary, upon fourteen cases of *staphyloma* in four years—not a large number considering how great is the prevalence of ulceration of the cornea in Bengal.

*Syphilitic and Rheumatic Iritis* occur in India nearly as in Europe. Dr. Robert Bird relates<sup>14</sup> the very noteworthy case of a European in whom daily attacks of feverishness with pains in various parts of the body, lasting from two to three hours, was followed by conjunctivitis and characteristically marked iritis of one eye. Being in a weak state of health and not improving under treatment, he went on a sea voyage to the Straits, and returned to Calcutta in five weeks as ill as when he started. He was very lean and weak, and, to all appearances, the sight of the eyeball was destroyed. Suddenly he was seized in the middle of the night with fever and ague, and, from this time, he steadily mended. Pain and morbid sensibility left the eye, which gradually recovered.

I was shown a patient who, having had solution of atropia applied to the eye, had marked symptoms of belladonna poisoning, and I know of two instances in which native patients, under the same influence, made their way out of the windows of an upper ward, but happily were not killed.

When I first went to India, I found *Chronic Glaucoma*, confined to the crystalline, in its first stage,

so very common among natives of Bengal beyond middle age, that I was in the habit of looking for it in men who did not complain of eye disease. The form of glaucoma most frequent among natives appears to be this first stage, which Mackenzie used to describe as often remaining stationary for a great part of life. Mr. Odevaine has recorded some valuable remarks in the *Indian Medical Gazette* for July, 1877, on the importance of making an accurate diagnosis between glaucoma and cataract.

Mr. Macnamara remarks, after giving illustrations of the syphilitic form, that non-syphilitic opacity of the vitreous commonly arises (excluding cases depending on disease of the choroid) from an impoverished state of the blood induced by malarious influences.

My late colleague, Mr. Cutcliffe described<sup>15</sup> the case of an East Indian, æt. 55, who was treated in our hospital for exophthalmos of both eyes due to syphilitic disease of the base of the skull. He died convulsed.<sup>16</sup>

(To be continued.)

## APPOINTMENTS FOR THE WEEK.

Tuesday, August 18.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 4 p.m.—Dr. Goodhart, Bradshawe Lecture, "On Morbid Arterial Tension: a Review."

# Medical Times and Gazette.

SATURDAY, AUGUST 15, 1885.

CHOLERA is still making fearful ravages in Spain, as the subjoined figures will show. During the first week in August the total number of cases was 29,612, with 10,832 deaths, and since then the daily figures have been:—

	Cases.	Deaths.
August 8th .....	4,338	1,638
" 9th ....	4,151	1,504
" 10th .....	4,688	1,690
" 11th .....	6,464	2,109
" 12th .....	4,433	1,648
Totals ....	24,074	8,589

The epidemic is spreading north and east, and showing signs of decline in the south, except at Granada. Up to the present, more than 610 different places have been attacked and sixty large towns. The province of Saragossa contributes about 1,000 cases a day, with a mortality exceeding 25 per cent., whilst the province of Teruel supplies the next largest number of cases, viz., from 400 to 500 a day, with upwards of 160 deaths a day. Of the large towns Granada, with a death-rate of between 30 and 40 per cent., has had over 100 deaths a day lately. Up to the end of the first week in August the total number of cases in Madrid is stated to have been 865 with 529 deaths; but it is believed

<sup>13</sup> "Indian Annals of Medical Science," No. 2, p. 688.

<sup>14</sup> *Indian Medical Gazette*, Vol. i., p. 56.

<sup>15</sup> *Indian Medical Gazette*, Vol. vii., p. 276.

<sup>16</sup> Vide Mr. Hutchinson's case of Proptosis in an Indian patient of mixed race, *Medical Times*, Vol. ii. for 1884, p. 59.



that many cases amongst the upper and middle classes are concealed, whilst amongst the lower classes many cases are put down as cholera which ought rather to be called cholerine.

It is stated by a Barcelona paper that Dr. Ferrán has been ordered by the Spanish Government to perform all the cholera inoculations with his own hands. The medical practitioners have taken offence at this, as implying that they are not competent to perform so simple an operation as the giving of a hypodermic injection. The Government has sent a commission with instructions to see Dr. Ferrán operate. Meanwhile we learn that the populace are losing faith in his inoculations, and in Albacete, Alicante and Saragossa the authorities and the people have refused to have anything to do with him. They are of opinion, doubtless, and so are we, that before any further experiments are tried some statement of the results hitherto obtained ought to be made. From France and Italy we hear a great deal of stringent quarantine regulations, of the futility of which we had abundant proof last year, but as yet the cholera has only obtained a footing at Marseilles, where some thirty deaths from it are daily recorded, in consequence of which the Pharo Hospital was re-opened last Monday as a special cholera hospital. We have no reason to be boastful, but we have every reason to believe that our sanitary authorities have done, and are doing their best to meet the cholera bacillus with a chilling reception whenever it wends its way to this country. The Paris Municipal Council is apparently of the same opinion, as it has sent a commission composed of its President (M. Michelin), M. Robinet, M. Straus and others to study our sanitary and general precautions against the disease.

OUR Paris Correspondent writes :—The existence of cholera at Marseilles having at last been officially acknowledged, the Minister of Trade, accompanied by Professors Proust and Brouardel, paid a visit to that city. The results of their investigations are contained in a report read by Professor Brouardel before the Academy of Medicine. The first case of death by cholera occurred on the 25th of June, the second on the 26th. No other cases took place till the 13th of July. The figures up to the 3rd instant are the following: July 14th, 1; 15th, 1; 19th, 1; 20th, 2; 22nd, 2; 23rd, 1; 24th, 3; 25th, 3; 26th, 2; 27th, 4; 28th, 8; 29th, 5; 30th, 15; 31st, 21; August 1st, 15; 2nd, 17; 3rd, 11. The death-rate of Tuesday marks 19 deaths from cholera in Marseilles. This is not a large figure for a population of nearly 400,000 souls. Still it seems that an epidemic has really sprung into existence. The low quarters of the city are in a lamentable state of filth and neglect. No water-closets exist in the houses, and the excreta of the population are either thrown into the streets, or collected in large open tubs, which generally overflow, and fill the neighbourhood with an intolerable stench. In some places the excreta are merely deposited on the stairs, and removed when large heaps have thus been collected. In a girl's school, situated behind the *Mairie*,

or Mansion House, a large court-yard receives through the windows of the house the fæcal matter of all the inhabitants, besides other kinds of refuse. The school-room is, of course, infested by a strong and penetrating odour.

THE old Port is the receptacle of all the sewers, and its waters are constantly black, and emit bubbles of foetid gas. Some of the sewers are open. This state of things, of course, prevails in the dirty and poor quarters of the town, which, in its better parts, contains some of the finest streets in Europe. But an epidemic raging in similar conditions has evidently strong chances of becoming exceptionally severe. Professor Brouardel demands an improvement in sanitary legislation, which will make improvements compulsory, and this in a limited space of time. Under present conditions a landlord who chooses to resist the operation of the law can argue the matter in court for months—nay, years: in one case the legal proceedings lasted seven years. Dr. Leroy de Méricourt is of opinion, like Professor Brouardel, that the sanitary condition of Marseilles ought to be the object of immediate attention on the part of the authorities. Still he contends that filth has no influence upon the outbreak and development of cholera. Marseilles is, and has been for centuries, in the condition described, yet cholera never broke out there before 1830. Nearly all the cities of the East are in a worse condition, yet cholera is infinitely less frequent there. On the other hand, cholera has often been known to break out on-board a ship, in which all proper hygienic conditions had been observed, and in which, of course, not a particle of fæcal matter was retained on board. Although the doctrinal questions which concern the origin and dissemination of cholera cannot be solved by similar investigations, one point is clear, viz., that the largest port of France, and one of its most important and wealthiest cities, cannot be allowed to remain longer in the infamous state of contamination which has disgraced it for centuries. Plenty of work will be found, no doubt, for sanitation to achieve in other cities, French and foreign; but the state of Marseilles is a stain upon the civilisation of modern Europe.

THE Criminal Law Amendment Bill has now passed through both Houses of Parliament and received the Royal Assent. There is little to be noted about its final stages except that members of each House had the opportunity of giving vent to their private views in regard to the action of the *Pall Mall Gazette*, and availed themselves of the opportunity. A few alterations were made in the House of Commons before the third reading, the only one of importance being the following proviso:—"Whereas doubts have been entertained whether a man who induces a married woman to have connection with her by personating her husband is or is not guilty of rape, it is hereby enacted and declared that every such offender shall be deemed to be guilty of rape."

On Friday last a Bill was introduced into the House of Lords, entitled "An Act to consolidate with amend-



ments certain Acts relating to nuisances, infectious diseases, and other matters concerning public health in the Metropolis," or more shortly, the "Public Health (Metropolis) Bill." It was not intended of course to proceed with it at so late a stage of the session, but it was introduced in order that its provisions might become known, and be subjected to public criticism before being seriously taken up next year. The Bill deals with the law relating to nuisances, infectious diseases, hospitals and mortuaries, &c., and gives power to local authorities to proceed in a summary manner against all persons who fail to abate any common or public nuisance; it also gives additional powers to medical officers of health with regard to the inspection and condemnation of unsound meat. In reference to infectious diseases, the Bill gives the local authorities additional powers to proceed against persons exposing others who have contagious diseases, and makes stringent provisions for the disinfection of houses where any such diseases may have existed. The Local Government Board is to have the power, when necessary, to prevent the spread of epidemic diseases; to alter its existing regulations, first with regard to the speedy interment of the dead, secondly with reference to house-to-house visitation, and lastly, with regard to the provision of medical aid and accommodation for the promotion of cleansing, ventilation, and disinfection, and guarding against the spread of disease.

THE controversy which was started on the occasion of the distribution of the Hospital Sunday Fund has opened up a question of paramount importance. The correspondence which has appeared in the *Times* has largely related to the merits or demerits of the present nursing system at University College Hospital, a matter which those in authority are quite competent to deal with, and with which we have no intention of interfering. The real question is, as was pointed out in a well-timed letter by Dr. Sieveking, are the authorities of the Hospital Sunday Fund to be allowed to exercise any control over the manner in which the nursing is carried on in hospitals which receive a share of that fund. If this question is not answered at once, and decisively in the negative, there is no detail of internal hospital management which the Sunday Fund Committee may not in time claim to alter. The money is subscribed by the public unconditionally, and must be handed over to the hospitals without any restriction on some generally accepted principle in proportion to the amount of work done. Many will be of opinion that State control of Hospitals would be preferable to their being subject to a self-elected and irresponsible body like the Hospital Sunday Fund Committee.

At the meeting of the Third International Otolological Congress at Basle, a prize of 3,000 florins was offered by Baron Léon de Lenval, of Nice, for the best instrument (easily carried), constructed according to the principle of the microphone, for improvement of hearing in cases of partial deafness. We are sure that our readers will join in our hope that the result of this competition will be an invention which will still further contribute to the alleviation of one of the

most cruel ailments to which mankind is liable. The instruments intended for competition must be sent before the 31st of December, 1887, to one or other of the following, who compose the jury, viz.: Professor Hagenbach-Bischoff, Basle; Dr. Benni, Warsaw; Prof. Burckhardt-Merian, Basle; Dr. Gellé, Paris; Prof. Politzer, Vienna.

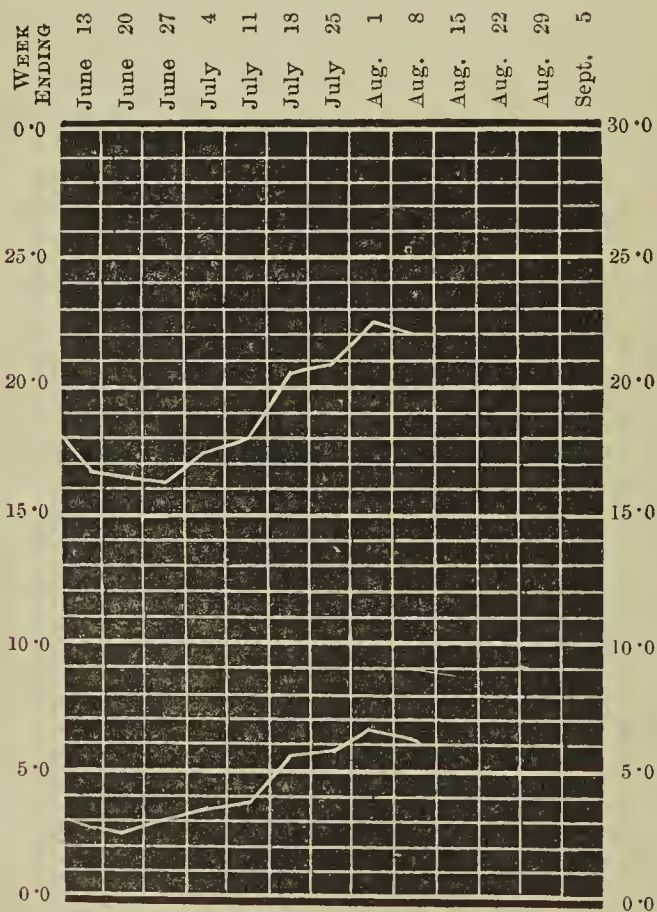
THE Annual General Meeting of the Medico-Psychological Association was held at Queen's College, Cork, on the 4th August, under the presidency of Dr. J. A. Eames. After a vote of thanks to Dr. Rayner, the retiring President, Dr. Savage, of Bethlem Hospital, was elected President for the next year. The Association considered and approved of a scheme for the granting of certificates in Psychological Medicine, and a paper was read by Dr. Hack Tuke on a case of Moral Insanity. At the adjournment for luncheon, a visit was paid to the Cork District Lunatic Asylum, which contains nearly one thousand patients, and which includes, among other well-ordered arrangements, a very complete system of Turkish baths. At the afternoon sitting an address was delivered by Dr. Eames, and the members of the Association afterwards dined together at Queenstown, which rising place, it was stated, had never before been chosen for a scientific association's meeting. On the following days excursions were made to Killarney and other places.

THE complete programme of the 58th Congress of German Naturalists and Physicians, which is to be held at Strasburg from the 18th to the 23rd of next month, has recently been published. The first general meeting will be opened on the 18th by Prof. Kussmaul, and in addition to general business, Dr. Rühle, of Bonn, will deliver an oration in memory of the late Prof. Frerichs. At the second general meeting Prof. Virchow will give an address on "Acclimatisation"; and Dr. Pechuel-Lösche, of Jena, will speak on the cultivation of tropical countries. There will be 24 sections, 14 of which deal with branches of medical science. The Section of Internal Medicine, under the joint-presidency of Drs. Kussmaul and Wiegner, has by far the fullest programme. Erb, Eichhorst, Eulenburg, Adamkiewicz, Jürgensen, and many other well-known clinical observers, will contribute papers. In the Gynæcological Section there are several interesting papers put down, including one by Dr. A. Martin, of Berlin, on Operations for Prolapse; and one by Dr. Bayer, of Strasburg, on the Ophthalmoscopic Appearances in Septicæmia. Dr. Zweifel, of Erlangen, will discuss the important question whether putrefactive germs exist in the healthy organism. In the Section of Pædiatrics, there are papers on Tracheotomy, its Results (Ranke), and Sequelæ (Jurasz), on Cerebral Paralysis in Children (H. Ranke), and on Tumours of the Spinal Cord (Kohts). In the Section of Ophthalmology, Dr. Ellinger will discuss the influence of writing on the eyes and the figure. In the Section of Hygiene, in addition to several papers of interest, three questions of great practical importance will be discussed, viz., Educational Over-pressure, the Causation of Cholera, and the measures of Sanitary Police which should be recommended in order to prevent the Cholera from



crossing the German frontier. In the Pathological Section, presided over by Von Recklinghausen, we notice a paper by Dr. Roy, of Cambridge, on the Pathology of Asthma. We have not space to give even the briefest details of the remaining sections, but all except that of Laryngology appear to have a full programme. There will be no Section of Dermatology and Syphilis, unless a sufficient number of members declare their intention to take part in it; but several papers dealing with subjects that would properly come under that section are distributed through other sections. We have only to add that a Museum of Instruments and Specimens is being formed, and that a variety of entertainments will be provided. As we have said before, no effort will be omitted to make this, the first visit of the Society to the conquered provinces, a striking success.

THE deaths in London last week numbered 1,720, being 30 less than last week. So far for the present quarter the death-rate is 20·8 per 1,000, as compared with 22·0 during the corresponding period of the previous nine years. Diarrhoea was not so fatal as in the preceding week, 309 deaths having been attributed to it, of which 251 were of infants under one year of age. There were 58 deaths from measles, a lower figure than has been recorded for three months past, whilst the 20 deaths from scarlet fever show an equally decided increase. The epidemic of small-pox is, we



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past nine weeks.

may hope, dying out, as only 14 deaths were recorded as due to it. There were no fatalities attributed to the weather, which is not to be wondered at, seeing that there were but 28·8 hours sunshine out of a possible of 105·9 hours. In the provincial towns

Leicester and Preston head the list with a general death-rate of 32·2 and 31·2 respectively, and zymotic death-rates of 12·3 and 13·0; in these towns diarrhoea caused 26 and 22 deaths, and from the same cause there were 40 deaths in Liverpool, 35 in Leeds, 28 in Birmingham, 28 in Salford, and 25 in Sheffield.

THE quarterly return of the Registrar-General for Ireland for the second quarter of the present year has just appeared. The death-rate was 20·5 per 1,000, which compares unfavourably with that for the same quarter during the previous five years, the average for which was 0·6 lower. The deaths of children under one year of age were at the rate of 11·7 per cent. of the whole. Zymotic diseases proved slightly more fatal than in the corresponding quarter of previous years, measles being chiefly responsible for the rise. There were 704 deaths registered as due to this cause, of which no fewer than 427 occurred in the Belfast Union, whilst there were only 21 in the whole of Connaught. The deaths from typhus, numbering 169, show a marked and satisfactory diminution. After an immunity of nine months, 4 fatal cases of small-pox have occurred. The price of provisions, so far as bread, potatoes, and beef are concerned, has been on the whole below the average, and the number of persons who received indoor relief shows a distinct falling off. As usual, in the special reports of the different registrars, the deaths of several centenarians are recorded, one person being stated to have attained the age of 107 and two others that of 104.

AN outbreak of diphtheria, which occurred in the early part of the present year in the Cheshunt Urban Sanitary District, has been the subject of a report to the Local Government Board,<sup>1</sup> by Mr. R. D. R. Sweeting. The outbreak occurred in two groups, separated by an interval of nine days. In the first group, 12 families and 30 persons were attacked, 25 of them being in children between the ages of 3 and 15; in the second group, 6 families were attacked, 11 persons suffering. In the first group there were 8 deaths, none of the cases in the second group proving fatal. A careful enquiry showed, that in the first group there was no common condition of sanitary circumstances, or of milk supply, but that the same school was attended by members of all the families invaded. Mr. Sweeting's investigations were naturally directed towards this school, but no local condition was discovered to which the diphtheria could fairly be attributed; it was ascertained that, after the closing of the school, no cases occurred for the above-mentioned interval. It was further ascertained, that during December and January (*i.e.*, about a month before the outbreak of diphtheria), several cases of simple sore throat (as they were termed) had occurred amongst the school children, and that several children thus affected had attended the school in various stages of their malady. In the second group no common cause could be found, and the cases all seemed traceable to personal communication, either

<sup>1</sup> These reports may be obtained from Knight and Co., 90, Fleet Street; Shaw and Sons, Fetter Lane; Hadden, Best, and Co., West Harding Street, Fetter Lane, E.C.; and P. S. King and Son, Canada Building, King Street, S.W.



with cases of their own or the previous group. The fatality of the cases in the first group, as compared with the second group, was evidently due to the former having so much more largely attacked children.

DR. PARSONS has lately made a report to the Local Government Board on the sanitary condition of the borough of Newark. This report is the outcome of an investigation instituted on account of a serious outbreak of typhoid fever during the summer and autumn of last year. The chief sewerage defects discovered were that the main sewers were mostly unventilated, the drain inlets of faulty construction, and the sink pipes often untrapped. In a considerable part of the town water-closets had been provided; but where this was not the case, the arrangements for disposing of the excrement from the midden privies and tub-closets left much to be desired. The water supply is partly derived from a company and partly from shallow wells; that supplied by the company was on the whole found to be good and free from contamination, whilst that taken from the shallow wells, whilst colourless and pleasant to the taste, was found to be loaded with chlorides, nitrates and phosphates, and other products of sewage decomposition. To this contamination of the water and to the defective sewerage arrangements Dr. Parsons attributes the epidemic of typhoid fever, and he reports that the authorities are taking steps to remedy the various insanitary conditions which he has pointed out.

A REPORT has just been made to the Local Government Board by Mr. R. D. Sweeting on the Sandal Sub-district of the Wakefield Registration District in reference of the prevalence there of scarlet fever, diphtheria, and "fever." The population of the sub-district in question is one-fourth of the whole district, but the mortality from scarlet fever and diphtheria during the five years ending 1884 was almost exactly the same as that in all the other subdivisions taken together. The area reported upon included the towns of Normanton, Altofts and Sandal Magna. The chief defect that Mr. Sweeting found was the existence of the ashpit midden system for the disposal of excrement, especially in the case of the Normanton division, the arrangements for the regular emptying of the middens being of the most unsatisfactory kind. No proper provision for the ventilation and efficient flushing of the sewers has been as yet provided, and no hospital accommodation exists either at Normanton or Altofts for infectious cases. Mr. Sweeting was unable to trace the cause either of the scarlet fever or the diphtheria epidemics, but the latter appeared to him to spread owing rather to direct exposure at school than to any insanitary conditions in the houses of those affected.

At a recent meeting of the Society of Physicians of Vienna, writes our Correspondent in that city, Professor Rosenthal showed two interesting cases which had been under his treatment as out-patients at the "Allgemeines Krankenhaus." The first case was one of lead poisoning, produced by the long-continued

painting of the face. The patient, an actor aged 37, had long noticed an emaciation of the fingers of his right hand. Professor Rosenthal found, on examination with the electric current, a loss of power and of Faradaic irritability in the common extensors of the fingers, and in the lumbricales as well as in the fourth interosseous; galvanic contractility was not lost. The supinator longus was not affected, but the irritability of the radial nerve was much diminished. The left hand was normal except that the power of abducting the thumb was somewhat impaired. The idea that it was a case of paralysis caused by pressure was abandoned in view of the slow development of the case, the implication of the fourth interosseous muscle, and the normal state of the supinator. Progressive muscular atrophy was also excluded, as the development and reaction of the muscles of the thumb were normal, and there was no muscular atrophy of the arm, though the irritability was diminished. The whole complex of symptoms, however, induced Professor Rosenthal to diagnose lead-poisoning. He therefore had the grey and red paint that had been used examined by Professor Ludwig, who found that both contained a considerable proportion of lead.

THE second case, which Professor Rosenthal declared to be unique, was one of hemi-paresis and hemi-anæsthesia following diphtheria. The patient, a girl aged 15, had suffered some weeks previously from an inflammation of the throat which got better after the use of a gargle without other medical treatment. The third week after her recovery she felt pains in the right arm and leg, the right hand was powerless to grasp anything, and she could not double her fist. About this time she began to talk through the nose, and the fluids which she took returned by the nostrils; even water could only be sipped occasionally. Diplopia was also complained of. Recently pains in the left leg also appeared, and the fingers of the right hand became insensible. When the patient was examined by Professor Rosenthal in the sixth week there was paresis of the right arm, the mobility of which was impaired, the grasp of the hand was feeble, and there was loss of power in the right leg. The Faradaic reaction was anywhere normal, and the tendon reflex was also unaffected. The skin on the right side of the body was insensible to electrical as well as mechanical stimulation. The application of the Faradaic brush to the arm, the mamma, the abdominal wall, the nates, the thigh and legs, the nape of the neck, and the back produced no pain, and the same was true of heat and cold. The palatine arch was displaced towards the left side, and both its right half and that of the pharynx, and, according to Dr. Chiari, who had examined the patient with the laryngoscope, the right half of the epiglottis as well suffered from impaired sensibility; besides which there was paresis of the right vocal cord. In the nerve plexus of the arm, and in the course of median and radial nerves on the right side, there were points which were tender on pressure, and the same was to be observed in the case of the peroneal nerve. The excitability of the fifth nerve and the sense of taste were impaired on the



right side. There was no symptom of hysteria; and menstruation was regular. All the symptoms pointed to a conducting anæsthesia in the region of the right spinal roots and posterior branches which had been preceded by a condition of irritation. Pierret and Déjerine had found an infiltration of the nerve nucleus and proliferation of neuroglia in the nerve roots and nerve trunks after diphtheria.

DR. BLUMENSTOCK, the Professor of State Medicine in the University of Cracow, has been appointed Dean of the Medical Faculty.

AMONG the many critical opponents of Dr. Koch's views with respect to the causal importance of the comma bacillus in the ætiology of cholera, Professors Finkler and Prior, of Bonn, have been the most determined. They succeeded, a year ago, in persuading themselves and some others that the comma-bacillus was not peculiar to cases of Asiatic cholera, but was to be found to an equal extent in the disease which they dubbed "Cholera Nostras." By means of the familiar methods of cultivation they were also able to reproduce it in forms capable of setting up intestinal irritation in the lower animals. By publishing the results of their labours in a lay journal, however, they called down no small share of professional abuse upon themselves and their doctrines alike. Mindful, perhaps, of the storm of unkindly comment to which they were then exposed, they have lately taken the precaution to publish their most recent views upon the subject of the bacillus in the columns of a professional *Centralblatt* to which no exception can be taken. As the result of a series of investigations made during the cholera epidemic in Genoa last year, they are able to confirm the presence of Koch's bacillus in the intestinal tissues and contents in cases of true Asiatic cholera. They found the comma-bacillus also in the excreta in cases of cholera nostras. Both these comma-bacilli they affirm to be vibriones which represent true spirilla. In cultivation, the two forms show but little variation. Relative, but not absolute, differences exist between them, and especially in the greater rapidity of growth and vitality of the vibrio of cholera nostras. Koch's vibrio, on the other hand, would appear to show greater pathogenic activity. The symptoms which they both set up in the lower animals bear a certain resemblance to those of cholera in man; but they are not specific, and, in guinea-pigs, can be brought about by other forms of inoculation or by chemical irritants. The causal connection between the comma-bacillus and Asiatic cholera is rendered most probable by the constant occurrence of the micro-organism, but cannot be looked upon as confirmed by experiments upon animals. The causal connection between the bacillus of Finkler and Prior and cholera nostras is probable on the one hand by the discovery of the micro-organism, and on the other by the extensive correspondence of the symptoms of cholera nostras and cholera Asiatica, and of the biological and pathological properties of the two forms of bacilli themselves.

CHOLERA enquiry formed the subject of Surgeon-General Cornish's address when retiring from the presidential chair of the South India Branch of the British Medical Association. Koch and the German Commission, in his opinion, fell into the error of forming hasty conclusions and drawing deductions from their experiments unwarranted by the evidence at their command; in like manner the work of Drs. Klein and Gibbes was too hurried and incomplete to settle the questions at issue. The difficulty hitherto experienced of proving anything definitely as to the communicability of the disease lies in the fact that the lower animals are not susceptible to it, and experiments on them are futile. Dr. Cornish holds that the question can only be settled by direct experimentation on human beings, and urges that condemned criminals should be utilised for the purpose, their own consent being first obtained; this is of course no new suggestion, and so far as we can judge of the tendency of modern ideas is less likely to meet with public approval now than it has been in the past, though so far as we know there is no argument of any real weight to be brought forward against it. Surgeon-General Cornish is unable to accept Dr. J. M. Cunningham's views on the causation of cholera by atmospheric conditions or some unknown force, and he contends that when such views are submitted for our acceptance the principal facts on which belief in them is based ought also to be given. Dr. Cornish has not made up his mind on the subject himself, but he considers that the question—whether anything given off from the bodies of cholera-affected persons will produce symptoms of cholera in healthy persons subjected to such emanations, either by contamination of their air, food or water—is one that ought to admit of a definite answer, and he holds that it is the duty of the State to supply the answer.

WHILE others quarrel the wise man acts. "The title of Doctor" continues to be an ever-suggestive theme of discussion; its recognition as a right, its bestowal as a courtesy, its assumption as a flourish, are all questioned, attacked, defended. This man values it as a reverend distinction: that decries it as a convenient but intrinsically worthless trade-stamp. And, behold! while disputants cover reams of foolscap and immortalise their opinions in pages of print, the practical country practitioner evolves order out of chaos, advertising himself in the columns of a daily paper as "A Medical Doctor" in search of a pupil; we may take it that the specific adjective was not intended merely to mark the distinction between himself and his brethren of Divinity and Law, since that is indicated with sufficient clearness by a statement of the advertiser's willingness to "give certificates in pharmacy, midwifery, and vaccination."

It has been pointed out that an important distinction is to be made between the Vomiting of Pregnancy and Vomiting in Pregnancy. Perhaps the Vomiting of Pregnant Women is a term which may serve conveniently to include both classes of cases. The affection is so common as to be within the cognisance of the mere medical tiro in some one or other of



its phases. Its course is often so severe and its results so serious as to tax the resources of the most experienced practitioner to the uttermost, and sometimes even to exhaust them. Since every organ of the body is more or less concerned in the underlying process of gestation, it is not surprising that almost every organ has, separately or conjointly, been held responsible; and, *per contra*, all sorts of remedies applied in all sorts of ways have been found sometimes satisfactory, and too often useless. The subject is one which may be recommended to the Collective Investigation Committee of the British Medical Association as worthy of their attention. We may be able to regard this and kindred puzzles from a stand-point more strictly scientific than any possible to our forefathers, but probably the actual state of our knowledge of the matter is pretty accurately indicated by a discussion lately held on the subject, in the course of which the following remedies were each and all stated to have proved successful in the experience of the several speakers:—small doses of ipecacuanha; hydrochlorate of cocaine: oxalate of cerium in two-grain doses ("You might" once said a distinguished British gynaecologist, "as well give oxalate of mud"); tincture of iodine applied within the cervical canal; calomel, in doses of one twentieth to one-tenth of a grain every hour; and the rectification of malpositions of the uterus by suitable pessaries.

ENGLISH practitioners and their patients owe a good deal to the conservatism with which the former are now-a-days often twitted. It is true that we have not yet altogether forsworn the use of chloroform in favour of that of ether; and most of us still think more of saving the life of our patient than of destroying all the micro-organisms with which he may be encumbered. We do not forget the case of the unfortunate German surgeon who was convicted on a criminal prosecution because his patient died from the effects of a slight wound which had not from the first been treated with what are understood to be strict antiseptic precautions; but we have no desire to be perpetually reminded of it in the routine of private practice. A recent American writer lauds the "popular enlightenment" which made such a verdict possible, and trusts that ere long public opinion will be sufficiently educated in his own country to make a minute observance of a rigid antisepticism obligatory upon all his professional brethren. Meanwhile, we note incidentally that Fränkel has reported fourteen deaths during the employment of corrosive sublimate on wounded surfaces; and Dr. Peabody, induced by this report to investigate the subject, found evidence of corrosive sublimate poisoning in eleven cases on the records of the New York Hospital during the last eighteen months, including seven deaths from this cause; the strength of the solution used was 1 in 1,000, and the wound surface was ordinarily large. On the other hand, a zealous Paris *pharmacien* the other day treated a little girl who was brought to him with a wounded finger by encasing the injured digit in absolute phenol, with the result that the finger was ultimately lost by gangrene. Certainly it would seem desirable that before committing ourselves to the unvarying

practice of antiseptic formalities as legally requisite in all cases, we should be better agreed as to what antiseptics are, how they act, how far they really secure asepsis—which is what we want—and how they are to be used effectually without detriment to the patient. One human life is worth those of a good many bacteria.

THE medical men of Boston, U.S.A., are disquieted at the increasing frequency of scabies. Dr. Greenough states that the percentage of scabies amongst the cases of skin diseases noted in the dispensary case-books stands thus: for the year ending June 30th, 1879, about 0·4; for 1880, a little over 1; 1881, 0·8; 1882, 2; 1883, 5; 1884, 8·5; while for 1885 it reaches nearly 18! During and just after the war, scabies was by no means uncommon; but the cases gradually diminished in frequency, and in the decade 1870–1880, a case of itch was exceptional enough to be of especial interest, even in skin practice. The disease, in fact, became so comparatively rare as not to be generally recognised; to this cause, and to natural contagion by contact in crowded centres, the spread of the disease is to be attributed. It is not due (primarily at least) to importation, as only a very small number of the patients are recent arrivals from abroad. It is seen, for the most part, in children who get infected at school, and amongst mechanics, with whom it is quite common for two young men to share a room together, besides coming into frequent mutual contact in the workshop. There is also increasing evidence that it is not confined to the lower strata of society; and it is suggested that school-teachers, police-station captains, and the visitors of the various benevolent and religious societies should be so instructed that all suspicious cases may be recognised and examined, and thus be subjected to prompt and efficient treatment if found to be infected.

It was not to be expected that the Professors of the University of Edinburgh would look with favour upon the recent movement on the part of the two Royal Colleges, in reference to giving their licentiates an M.D. degree, and the following observations by Dr. Greenfield at the commencement of his address, the rest of which we print elsewhere, support this foregone conclusion: "The growing number of those who seek the degree of M.D. is, I take it, a proof of the value of the degree both in the eyes of the profession and the public. At the present time, as you are aware, it is seriously proposed to give the title of Doctor of Medicine to all who succeed in attaining the diploma of the conjoined Corporations of Medicine and Surgery, whose examinations represent the minimum qualification. I do not know what will be the fate of this extraordinary movement, but I am very sure that the public will not be slow to distinguish between a degree which represents an academic training of high order and difficult attainment and one which is merely a common title to practice. When all are M.D.'s, the relative degree of estimation will depend upon the prestige of the body which confers the titles, and the thoroughness of the training



which they represent ; and I have no fear that the degrees of this University will cease to maintain their present high position. Much more might be said upon this subject—will indeed be said before such a scheme can be allowed to reach maturity. From the historical standpoint nothing could be stranger than the proposal to confer a title which is in all countries, and has been from all time, a University degree by such a body as two conjoined corporations, however important or powerful they may be, which, though nominally colleges, have no strictly collegiate function."

THE Medical School of Westminster Hospital, under the influence of its present zealous staff, will enter this autumn into more active competition with its hitherto better-found rivals. The new school-buildings in Caxton Street, close to the Westminster Town Hall, are rapidly approaching completion, and Mr. George Cowell, the Senior Surgeon, will deliver the introductory address there on October 1st. The new series of Westminster Hospital Reports, the appearance of which is announced in our advertisement pages, provides another sign of the earnest intention of the Staff to give fresh impulse and solidarity to their medical school.

#### THE DISSENSIONS IN AMERICA.

THE present medical situation in the United States has received less attention on this side the water than it deserves. But we may assure our American readers that all here who have mastered the question sympathise most deeply with them in the trouble that has befallen them. A disagreement like the present is, for many reasons, taken more to heart by our American kinsmen than it would be in England, assuming for the moment such a schism to be possible here. The American temperament differs perceptibly from ours. It is less insular and phlegmatic, more sensitive, we fancy, to the opinion of other countries, more concerned to make a good appearance before the world. Then the position of the medical profession in America is somewhat different from that which it holds in this country. Here we take a comparatively inferior place in the social hierarchy ; we are overshadowed by estates and professions of higher importance and prestige in the nation's estimate. Our organization too is more oligarchical ; there is more reverence amongst us for authority. Our leaders do lead, and if they are unanimous in any undertaking, as in the case of the London Congress, being able to count on the support of Royalty, and the City, and South Kensington, and other depositories of power, they can afford to be indifferent to the support of the mere privates in their army. Even if the Editor of the *British Medical Journal* and all his Council had made up their minds to control the London Congress or to wreck it, they would only have made themselves ridiculous. But in the United States the position of the profession is entirely different. There is nothing to overshadow it there. It holds a position as important and honourable in the State as that of any other calling ; so that an International Medical Congress in America may be expected to enjoy a higher dignity from a national point of view than it can

claim in older countries ; but, at the same time, it must depend far more largely for its ceremonial success on the harmonious co-operation of the medical profession itself. Now in the United States, the organisation of the profession is purely democratic ; there is no common link like that of our Royal Colleges, no recognized headship like that of our President of the College of Physicians, or our President of the College of Surgeons. According to the very political theory on which the State is founded, every man has as good a right to lead as any other, if he can only get that right admitted by his fellows, and for that purpose one vote is as good as another. Distinction in science and reputation abroad supply no reason to a practitioner in Texas or Colorado why he should follow a Wendell Holmes or a Weir Mitchell, in preference to a Shoemaker or a Beverley Cole. Hence a revolt of the "rump" in the United States threatens to prove a much more disastrous affair than it would be in England, and hence we especially ask our readers' sympathy for those well and widely known American practitioners, whose title to lead their profession is admitted everywhere except in the ruder and remoter States of their own country.

We have had an opportunity of seeing several letters from distinguished American practitioners, and they all concur in expressing the most bitter grief and disappointment at the pass to which their profession has been brought. In these letters we have met with scarcely one word of anger against the dissidents who have rudely torn up the first programme of the Congress. Indeed, if we may say so without impertinence, the spirit in which the "leaders" of the American profession, for we will still venture to call them so, have met the recent crisis is one which reflects the highest possible credit upon them. We hardly know which to praise most, their patient suspension of action until the Chicago meeting had confirmed the spirit of the proceedings of the meeting at New Orleans, or their swift and unanimous protest and withdrawal from the Congress when definite action was at length called for. The only hope for the Congress—the only possibility of maintaining the dignity of the profession—lay in such firm and united action on their part, and the effect of this action has been so favourable that there already appears to be a much more hopeful feeling in the States as to the prospects of a peace with honour. The organizers of the revolt are meanwhile making frantic efforts to prevent further resignations, and are even said to contemplate throwing over Dr. Shoemaker, on the score of his supposed unpopularity. But we may take it that no concessions on their part will be accepted short of unconditional surrender and full recognition of the authority and acts of the original Committee. These are the essential preliminaries to the holding of any International Congress at all, and every day increases the prospect of their general acceptance. The sooner they are accepted the better. There will then be still two years in which to bury the hatchet, two years in which to prepare a Congress which shall "whip creation." We had all made up our minds for that, and shall be disappointed with anything less.



## THE DIGNITY OF DIET.

THE address delivered by Dr. Roberts at Cardiff usefully attracts attention to a subject which suffers habitual neglect simply because it is so constantly brought under our notice. If it be true that an army "fights upon its stomach," it is at least equally certain that the present and the future of a nation is most closely dependent upon the how and the what its forefathers and their descendants have learned to eat and drink. There is nothing which mankind has done for so long, so often, so persistently, and so successfully as—eat. In a sense even higher than that commonly allowed, the successful peoples of the earth have eaten to live; and now-a-days—when the Goddess of Reason, recrowned with the titles of Intellectual Culture and Educational Progress, threatens to claim her victims as well as to reward her votaries—it is not amiss to be reminded that the nations who stand highest in the scale of a boasted Western Civilization have literally eaten and drunk themselves to that proud pre-eminence. "To be a good animal" is still the groundwork of a successful manhood, and even, we would venture to say, of a successful womanhood. And man would be, indeed, a despicable organism, from the evolutionary point of view, if the most successful specimens of his race had not by this time, after the lapse of countless ages of experiment, achieved something like practical success in managing the greatest essential of his material existence. It may be admitted, then, that the food-customs of the mass of civilized humanity are very admirably adapted to their needs in health; and when dealing with those suffering from the various degrees of ill-health, we may take it that some modification of the accustomed dietary is usually preferable to any complete and sudden change. Nor should we be too hasty in condemning usages which confront us as the outgrowth of æons of accumulated individual experience, hallowed with a fathomless antiquity, even though the physiological knowledge of to-day hesitates to sanction, and perhaps condemns them. There is more in the vital mysteries of our living body than the physiologist can pretend to know or his book to tell us of. For instance, before we conclude that a long-established customary article of diet is really pernicious, although pleasant to the taste, we should be able to understand why one simple kind of food agrees with this man and is prejudicial to his equally healthy neighbour. The facts of experimental physiology at present known are too rigid in themselves and too isolated to serve as a perfect chart amidst the shifting currents of clinical experience. The human body is not an inflexible machine working with mathematical precision, it is rather a collection of elastic force-generators. No one would dream of loading a hungry man with a meal as accurately apportioned as the shot which fits, air-tight, the tube of a Whitworth gun. And for the sick we must have regard to the same elements of variety in quality, quantity, kind and method—following the same general plan with an allowance for the same unknown quantity which is found to be essential for the healthy. His experience and customs in health are constantly appealed to when regulating a patient's

dietary during sickness. And, in broader fashion, the accustomed usages of healthy nations afford the student of dietetics a standard which, if not absolutely ideal, is eminently serviceable for purposes of practical utility.

It is, of course, in the severer degrees of illness that the greatest difficulty is found in modifying the ordinary diet of health in accordance with the decrease in digestive and assimilative vigour. No name is better known than that of Dr. Roberts in connection with therapeutic dietetics, and few have done so much as he in teaching how to provide food for the invalid which shall be at once nutritious, palatable and easy of absorption. It would be vastly better for the young practitioner's patients and much less puzzling to himself if a course of lectures on "Kitchen-Physic" were a recognised item in the medical curriculum. A person really ill needs to be dosed with food quite as regularly and as carefully as he is with drugs; and it is equally important that the ingredients of his food, their action and their amount, their suitability to his physiological needs and his digestive capabilities, should be clearly comprehended. Too often the "light, easily digestible food" recommended by the medical attendant is translated into an infusion of sapid extractives known as strong beef-tea, and a delicate glue called calves-foot jelly, at the bedside of the patient. A patient once remarked that he did not much believe in jelly until he found by experiment that a small cube supported a four-ounce weight, when he became convinced that it "must be very strengthening." Probably nothing would have shaken his faith in this *argumentum ad unciam*. And, despite the repeated exposure of its pretensions, there is probably no reputation so over-blown, so firmly believed in, and so little deserved, as that of domestic beef-tea as ordinarily prepared for the sick room. Though most valuable as a stimulant, and as a peptogenic adjunct to other proteid foods, its "refreshing effect" is an indication of strength drawn from the patient's reserve of potential force rather than a proof of vigour introduced into his system from without. Even when recourse is had to any of the numerous "foods," "juices," and "extracts" supplied by the purveyors of dietetic novelties, it is often extremely difficult to make sure that one is better off, and the purchaser is generally more influenced by considerations of convenience, added to the pleasant appearance of the article and the vendor's recommendation, than by any knowledge—or indeed, any power of knowing—its real suitability for the patient. A paper lately published by A. Stutzer in the *Berliner Medicinische Wochenschrift* is of interest in this connection. In all, nine varieties of meat-extracts were examined by him, four being of American manufacture, three English and two German. The nutritive value of these preparations is compared in terms of the easily digestible albumen and peptone which they were severally found to contain; and the list is headed by Reed and Carnrick's beef peptonoids, of which 100 parts by weight contain as much albumen and peptone as 178 of Johnson's fluid beef, 285 of Kemmerich's meat extract, 482 of Murdock's liquid food, 745 of Brand and Co.'s essence of beef, 764 of Savory and Moore's fluid meat, 898 of Liebig's meat



extract, 902 of Benger's peptonised beef jelly, or 966 of Valentine's meat juice. In this comparison Liebig's extract, for instance, takes a subordinate position, because it is found to be mainly an appetising and scarcely a nutritious substance. If, on the other hand, the same preparations be compared as regards the flesh-bases contained in them, it is found that 100 parts by weight of Liebig's extract contain the same amount of nitrogen (in the form of creatin and carnin) as 126 of Kemmerich's meat extract, 537 of Valentine's meat juice, 558 of Johnson's fluid beef, 1,844 of Benger's peptonised beef jelly, 4,161 of Murdock's liquid food, 5,053 of Brand's essence of beef, or 7,782 of Reed and Carnrick's beef peptonoids. From the above interesting analysis it is seen that such "medical comforts" possess a far different value according as they are regarded as nutritive or as appetising and peptogenic; and the indications in each case need therefore to be carefully considered before they are prescribed. Although we must cordially sympathise with Dr. Roberts in his objections to patented foods of secret constitution, we cannot imagine that preparations of this class, if good of their kind and of known composition, can ever be entirely replaced by home-made equivalents. The claims of portability and convenience will prevail as against the expenditure of time and trouble needed for preparing small quantities at home, to say nothing of the numberless cases of emergency and of those slighter ailments and less fortunate patients for whom the requisite attention is not necessary, or not obtainable. Of course there are many instances in which the use of a reliable pancreatic ferment is advisable; and our grateful thanks are specially due to Dr. Roberts for having simplified and popularised the methods of employing these agents with but little trouble and so as to secure excellent results. He has done real service, too, in now laying down the broad principle that as a healthy body is the same body still when ill, though working under altered conditions, so the diet of the sick should be founded on the same general principles, specially modified in detail in accordance with the changed circumstances, and even to some extent involving the same puzzles and apparent contradictions, as have been proved by the perfected experience of ages to be essential to the welfare of the best men in the best of health. "All knowledge begins in doubt, and much of it ends there." Until the finite *scientia* of man has blossomed into omniscience he must still be content to modify, and sometimes even to correct, his scientific conclusions by the results of a genuinely successful empiricism. The reflection that each meal we take is an element in the evolution of a perfected humanity as well as of a perfect dietary, confers a chaste dignity upon the pleasures of the table which may well content both the physiologist and the philosopher. But, whether in the sick room or at a civic feast, we cannot afford to forget that to "live well" is, in every good sense of the term, quite as much a matter of the cook as of the chemist.

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THE Library and Museum of the Royal College of Surgeons will be closed for the usual cleaning and repairs, during the month of September.

## REVIEWS AND NOTICES OF BOOKS.

### GOWERS ON THE DIAGNOSIS OF DISEASES OF THE BRAIN.<sup>1</sup>

IN this volume of less than 250 pages a really first-rate summary will be found of what is known concerning the anatomy, both normal and morbid, of the brain, and its relations to physiological function and the symptomatology of disease. The writer has set himself the task of guiding the student to a conclusion, in any case of presumable cerebral disorder which comes before him, as to whether it is cerebral or not, and, if so, as to what is its probable seat and cause. This task Dr. Gowers has performed in a manner which makes his book invaluable from its clearness and small compass not only to students of medicine in the narrower sense, but also to most of those who teach and practice. There are few who do not often stand in need of some handy book of reference on the application of the very considerable body of physiological facts of which we are now fairly certain, to the diagnosis and prognosis of cases of brain disorder and disease; and it requires a very extended and constant experience of such cases, however well the principles of diagnosis may have been learned and understood, to deal satisfactorily with each one as it comes before us. There are few, then, who will not have cause to thank Dr. Gowers for his very able *résumé* of this confessedly difficult and complicated subject. He is thoroughly equipped for the task he has performed so well, showing here, as he has done in all his previous work, an extensive and accurate acquaintance with the literature of his subject. But he has shown more than this—and perhaps even more markedly here than in his former books, he has made the subject especially his own by a wide experience and reflective criticism. The book is not a mere *résumé*, but is characterised throughout by remarks and cautions which can only be the outcome of thoughtful clinical work, and of knowledge far beyond the special subject-matter which gives it its title.

The plan of the work is to give first an account of the structure and functions of the brain; then of the symptoms produced by its diseases; and, lastly, of the relation of these symptoms to the seat and nature of the morbid change or disorder. In the first section, clear and succinct throughout, we would especially point out the account of the visual path from the retina to the convolutions, where what is known, and what is at present merely probable, is set forth perhaps better than in any other text-book. It is to be noted that Dr. Gowers states with great certainty, that there is no complementary decussation of the visual fibres at the corpora quadrigemina, as was suggested by Charcot. We are glad to observe Dr. Gowers' caution against the use of the word *paresis*—a term we have long regarded as of more than doubtful value—pointing as it does generally, in the student mind, to something different in kind from paralysis. It is altogether unjustifiable, as Dr. Gowers says, to assert that partial loss of power is not paralysis. Certainly the word is always superfluous and most often misleading. Another welcome instance of the author's dislike to the nebulous language which is popular with those to whom thought is an unpleasant labour, is his implied condemnation of the term *neuræsthenia*, "at once more alarming," he says, "and more gratifying to the weakened mind, than the older equivalent, nervous weakness." Speaking again of the numerous "sensa-

<sup>1</sup> "Lectures on the Diagnosis of the Diseases of the Brain." By W. R. Gowers, M.D., F.R.C.P. London: J. & A. Churchill, 1885.



tions" complained of by those of neurotic inheritance, and of the infinite number of impressions which must be always reaching the brain from the activity of various parts and processes, Dr. Gowers makes the remark that the conviction on the part of the patients of the existence of a grave organic cause for some of their sensations is easily to be understood. Examples of these are known to be extremely common; and it is equally well known that diversion of attention will cure many cases. How to effect this often puzzles the physician; but no one who tries can fail to be sometimes rewarded with success. Some, however, Dr. Gowers goes on to say, find it profitable to pander to these morbid tendencies by a diagnosis of some actual disease in harmony with the patient's fancy, such as congestion of the base of the brain; and he points out that there is a current manual in which the symptomatology of congestion of the brain has been largely written from such cases as are here alluded to. These are only a few examples out of many of this author's useful warnings. Every one expects from Dr. Gowers accuracy of knowledge and statement regarding the physiological explanation and symptomatology of cerebral disease; we therefore deem it unnecessary to enlarge on the excellence of the book from this point of view, or to quote examples of his erudition. It is rather the evidences which are so frequent of what may be called common-sense and extensive experience, that being comparatively rare in books of this kind seem more especially noteworthy in a review. Thus in his pointed and useful remarks on headache, worth in themselves many of the padded volumes of verbiage that have been written on this symptom, Dr. Gowers does not disdain to teach, what indeed most really practical men know, but is rarely enough taught in speech or in writing, that a not uncommon cause of headache is cough. He quotes a patient who came for treatment on account of headache, and complained of nothing else, when the headache was the result of cough, and the cough of phthisis. Anyone with a large experience of out-patient practice will recognise the truth of this remark; and will remember, too, how often headache is to be attributed directly to chronic bronchitis. The true physician is he who least often falls into a well while gazing at the stars, and this book, which is full of hints and reflections, such as we have quoted, owes no little of its value to the evidence it contains, that its author, while ably cultivating a certain class of affections, has, owing to his wide field of experience, successfully avoided the fatal error of over-concentration on one subject.

There are many useful remarks made in passing as to the import of certain symptoms in children with regard to possible brain disease. Thus in cases of vomiting, we are reminded that when indigestion causes this symptom, the child is usually ill; and that, when vomiting takes place frequently, the child not seeming otherwise indisposed, the assumption of indigestion must not be rashly made. Again, it is well for all to remember that a child may suffer from fever, headache, and vomiting, which may for a time simulate meningitis, but will soon pass away, and are often due to what is probably migraine. The early history of a migraine, as is well known when carefully enquired into in an individual case, is often lost in the obscurity of the years of childhood. We would quote, too, still under this head, the evidence that the author brings forward for thrombosis of a vein being a common cause of infantile hemiplegia and convulsions which may or may not persist. It is well known that children dying with such symptoms are often found to have thrombosis of the longitudinal sinus. Dr. Gowers, after fully discussing the question from the pathological stand-point, comes to the conclusion that in the cases which do not die, there is thrombosis in one of

the veins which ascend to this sinus. These cases are not infrequent; and the author teaches that such thrombosis is probably the cause of most cases of sudden cerebral disease in childhood, and of many instances of one-sided convulsions which date from infancy. In calling attention, lastly, to the useful and much-needed advice recorded towards the end of the work, that due consideration of the nature of the lesion of the nerve-elements in any given case of syphilitic brain disease should take place before recovery is promised to patients "if they are properly treated," and the consequent avoidance of discredit on the part of the medical adviser, we cordially commend to our readers this most recent work of a well-known authority, as one which will be studied with profit and pleasure by teacher and learner alike.

*The Climate of Canada and its relations to Life and Health*; by WM. H. HINGSTON, M.D., D.C.L. Montreal: Dawson Bros., 1884. Large 8vo. Pp. 266.—Believing that in emigration, State-aided, is to be found one means of relieving the present over-crowded condition of the market for unskilled labour, we have read this book with care, and notwithstanding some glaring faults of style and matter, with much interest. The first part, consisting of 94 pages, is devoted to a consideration of the climate or meteorology of British North America, which is essentially continental, though the vast extent of inland waters, the heavy rain and snow-falls, the interminable forests, and the absence of any wide area of subtropical continent to the south, render it more equable than that of the corresponding latitudes of Asia, and even the extreme cold is less destructive than elsewhere. Labrador is almost arctic, but the climate becomes less inhospitable as one proceeds westwards and even northwards in the interior, and on the western shores spring and autumn can scarcely be said to exist; in the short hot summer wheat has been reaped nine weeks after sowing, while the winter, though intensely cold, is clear and dry, and makes labour a pleasure, and out-door exercise a luxury. Not only for the strong is winter the healthiest season of the year, but throughout the whole Dominion the mortality is less than in summer, and in Montreal it is actually less than two-thirds of the summer rate. It seems almost incredible, though a well known fact, that the hardy *voyageurs*, and the Scotsmen in the service of the Hudson's Bay Company, will sleep out under a canvas tent or a canoe, or even in a single blanket, when the thermometer stands at  $-40^{\circ}$  or  $-50^{\circ}$  F., without seeing a fire for a whole winter! Except in some classes of the population in the larger towns where the habits and vices of American cities prevail, the extraordinary improvement in the height, strength, and physical development of every nationality alike, in each successive generation, is most conspicuous; while well attested feats performed by giants, where all are athletes, almost take away one's breath. The most interesting point in connection with the French Canadians especially, so vastly superior in physique to their cousins in the old country, is, that they marry at an unusually early age, and are extremely prolific, six children being the *average* of each family. In 1763 their number was but 60,000 or 70,000, now they are not fewer than a million and a half in Canada, and half a million more who have migrated to the States, and this notwithstanding a fearfully high infant mortality, 60 per cent. under five years, due to imprudent exposure. But the Herculean build of the *habitant*, as well as of the descendants in the second and third generation of English, Scotch and Irish settlers, effectually disproves the theory that early marriages *per se* tend to the degeneration of a race. Their longevity too, so far as we can judge from imperfect statistics, is high. Dr. Hingston discusses the probable effect of further clearing of the forests on the climate, and shows from various classical quotations that that of Italy, in the time of the Romans, was far colder in winter than it is now, and that the Seine, the Rhine, and the Rhone in ancient days were, like our Thames, frequently frozen. But we cannot conclude our favourable notice without some strictures on a style which is at once in-



flated and slipshod, and occasionally ungrammatical. We are also surprised, not to use a stronger term, that an M.D., D.C.L., &c., should talk of *motion* being essential to putrefaction, and cold preventing motion, of stimulating gases in the air, and above all, that he should imagine that air is a definite compound subject to the law of combining proportions, so that "any excess of oxygen must exist as an addition to, and not as a constituent part of the atmosphere;" or that Nature's lines of female beauty are "the same as we see in the new-born," the waist wider than the haunches and "forming the base of a cone, the apex of which is at the shoulders"! We should fancy that any boy in the modern side of our public schools, and many in our elementary schools, would smile at such ignorance of the first principles of chemistry.

*De la Coqueluche et de son traitement par la Résorcine;* par le Dr. MONCORVO. Paris: O. Berthier, 1885.—This is the second memoir from the author's pen on this subject, the former having been mainly devoted to supporting the view that whooping-cough is a local affection primarily attacking the entrance to the air-passages. Amongst the points on which he relies as telling in favour of his view he observes that there is an entire absence of any relation between the frequency, duration and violence of the paroxysms and the extent or intensity of the bronchial catarrh. This paroxysmal cough may be manifested without any sign of bronchial inflammation. It may be induced by emotion, fright, crying, or difficulty in swallowing; this does not occur in other affections of the respiratory tract. The absence of fever, its transmission by contagion and the immunity against a second attack provided by a first, all help to differentiate it from ordinary affections of the respiratory organs. Dr. Moncorvo altogether rejects the theory which would classify whooping-cough amongst the neuroses, and declares it to be a definite specific disease due to the presence of a germ which he holds will soon be identified. The results of treatment have, he contends, brought material support to his view on all points. Résorcine, whose use in whooping-cough it is one of the objects of this pamphlet to proclaim, is an aromatic substance closely allied to carbolic acid, but possessing certain advantages over the latter. It was first introduced by Dr. Andeer of Munich; it is an antiseptic of the highest order; it has no odour, and a taste pleasing to children, and has no tendency to provoke irritation of the pharyngo-laryngeal mucous membrane. The mode of using it is to apply a two per cent. solution to the orifice of the glottis by means of a camel's hair brush. Just at the first application it produces a paroxysm of coughing, but this effect soon passes off, and complete tolerance is very soon obtained. The author has adopted this line of treatment in a good many cases, and in every one with a good result.

## ABSTRACTS AND EXTRACTS.

### COMMENTARY ON SHAKESPEARE'S MEDICAL KNOWLEDGE.<sup>1</sup>

By WILLIAM WADD, F.L.S.

SHAKESPEARE has been allowed by every commentator and critic from Rowe to Douce the meed of a matchless knowledge of human nature; but while all agree in giving credit to the unrivalled power of his genius, some have questioned his learning and attainments.

<sup>1</sup> On the appearance in the *Medical Times* some months ago of a review of Dr. Chesney's laboured work on "Shakespeare as a Physician," one of our contributors called our attention to an interesting article on the same subject, published many years ago in Brande's *Quarterly Journal of Science*, No. X., and suggested that we should republish it. Space could not be spared at the time, but now that the vacation of the Societies leaves our columns more free, we think that our readers will be glad to make acquaintance with an article which, though not written by a medical man, deals with the subject in a far more satisfactory manner than the volume to which, in some way, we owe our knowledge of it.

Yielding to no one in my admiration of our great dramatic bard, and fully sensible of the services these interpreters have rendered him, I would crave leave to notice one point which seems to have escaped their observation, or if they have alluded to it in the abstract I do not recollect any practical illustration: I mean his decided knowledge of abstruse sciences. Let us take that of medicine, in all its branches, as an exemplification of this remark. One can easily understand how an intuitive knowledge of mankind might enable a genius like his "to hold the mirror up to Nature," and even to kindle into life new beings and new worlds:—

"Each trait of many-coloured life he drew,  
Exhausted worlds, and then imagined new."

Or further, that his nice discrimination might render him a faithful delineator of human passions and human actions; but that he should be versed in all "the thousand ills that flesh is heir to," and understand the proper treatment of those ills, and the niceties of medical and surgical practice, with which he exhibits in his writings so intimate an acquaintance—this is beyond what professional faith can allow to intuitive genius alone. If he did not indeed study medicine and surgery, we must agree with Pope, that "he gives ground for a new opinion, that the philosopher, and even the man of the world, may be *born* such, as well as the poet." The medical profession has undoubtedly furnished some geniuses of the first order; but it would be a grand acquisition to identify a doctor in our immortal bard. We should be proud to hail him as a surgeon; the Apothecaries Company and the general practitioners would probably be equally anxious to prefer their claims. The history of Shakespeare's life, however, does not give us any reason to believe that he was otherwise connected with the medical profession than by having a medical son-in-law (Hall). Whether he profited by this connection or not, we cannot tell; but we have as little ground to imagine that Hall was of use to Shakespeare by his medical talents as we have that Shakespeare assisted Hall, and yet the intimate knowledge displayed by "the bard of Avon" in physic and surgery, pharmacy and physiology, leads to the conclusion that he must have acquired his medical notions from practical experience. With singular felicity and discernment, he hits upon the particular point on which a medical or surgical argument would turn; it does not appear that he ever *walked the hospitals*; yet I can hardly conceive that the ordinary *walks of life* would furnish means for describing symptoms, as he does, with the technicality of Warren. He might challenge Sir Henry Hallford to define with greater accuracy the type of febrile exacerbations, and so nice is his discrimination, that with the correctness of a clinical lecturer, he notices an intermittent fever passing into a continued form, and makes a quotidian tertian and delirium tremens end the life of Sir John Falstaff, whose nose (as in such cases) became as sharp as a pen."—*Henry V.*, act 2, scene i.

With hyper-critical acumen, he makes a distinction between *distemper* and *disease*. In using the latter word, it is always applied to malady, or deadly sickness—

"What's the *disease* he means?  
'Tis called the evil."

Again—

"We're all *diseased*,  
And with our surfeiting and wanton hours,  
Have brought ourselves into a *burning fever*."

When, on the other hand, he uses the former word, it is lightly touched as—

"Little faults proceeding on *distemper*."—*Henry V.*

And in *Henry IV.*—

"'Tis but a body yet *distempered*."

Concerning hysterics, there is another practical refinement in *Lear*, act 2—"Oh, how this mother, &c."—by which application of the term he evinces a belief that this affection was not peculiar to women, but common also to men: a doctrine entertained by the best medical authorities of that period. What modern physiologist could give a more correct representation of the relative conditions of the organs of circulation than he does, where he describes the phenomena which they present in the gasps of mortal



agony, when the blood, for the last time, has retreated to its citadel?

"Oft have I seen a timely parted ghost  
Of ashy semblance, meagre, pale and bloodless,  
Being *all descended to the labouring heart,*  
*Who, in the conflict that it holds with death,*  
*Attracts the same for aidance 'gainst the enemy,*  
Which, with the heart there cools, and ne'er returns  
To blush and beautify the cheek again."

Sympathies he understood as well as Kenelm Digby; and how well he comprehended the influence of the mind upon the body is demonstrated by that masterly scene in which Henry VIII. hands over some papers, of no very agreeable import, to Cardinal Wolsey: "Read this, and this, and after, this—and then, to breakfast with what appetite you may." Abernethy could not have put it more pithily! Here was a touch upon the gastric nerves, with whose effect on digestion he was well acquainted, as also that produced upon the faculties by gross feeding; he knew how uncongenial *gastronomic* and literary pursuits must ever be—

"Fat paunches make lean pates, and grosser bits  
Make rich the ribs, but banker out the wits."

And, for this reason, he invariably abstained from composition when he retired to aldermanic fare at Stratford. Then, again, how ably and beautifully does he delineate the effects of suppressed mental emotions—

"She never told her love,  
But let concealment, like a worm i' th' bud,  
Feed on her damask cheek."

And in the same tone in another place—

"To keep it from divulging, let it feed  
E'en on the pith of life."

Nor was he ignorant of idiosyncrasies, or constitutional peculiarities—

"Some men there are, love not a gaping pig;  
Some that are mad, if they behold a cat,  
— for affection,  
Master of passion, sways it to the mood  
Of what it likes, or loathes."

When he asks whether the doctor can—

"Minister to a mind diseased,"

and evinces in mental aberrations his want of faith in physic, he only acts according to the opinion of his contemporaries; it is no proof of ignorance, for in other places he shows an intimate acquaintance with many of the leading features of the distempered mind, particularly the increase of muscular strength—

"My limbs, enraged with grief,  
Are thrice themselves."

*Henry IV.*, part 2, act i.

Now let us look to his surgical pretensions, and we shall find strong symptoms indicative of a minute knowledge of anatomy and surgery. Take, for instance, his repeated reference to the *pia mater*, and his notice of the epidermis. How honestly does he admit the impossibility of curing scrofula, when he describes those affected by it as—

"Strangely visited people,  
All swollen and ulcerous, pitiful to the eye,  
The mere despair of surgery."—*Macbeth*.

And from the manner in which he sneers at the rubbers and thumbers, we may conclude he would not have been a subscriber to modern quackery. His contempt for charlatanry seems proportioned to his scientific knowledge of surgery: indeed, he was fully informed of the use of the lancet and cautery. "We do lance diseases in our bodies," says he; and in *Timon of Athens*, act 5, scene iii., actually speaks of "cauterising the root of the tongue"; and cicatrice, a technical term, is of frequent occurrence. Podagram and Chiragram he also speaks of; and what has jocosely been designated *hipagram*, he correctly calls *sciatica*—*Measure for Measure*. And who out of an hospital ever heard such a list of surgical diseases as Thersites runs over to Patroclus?—*Troilus and Cressida*. In numerous instances, he seems giving a prognosis. "This apoplexy will certainly be his end!"—*Henry IV.* act 1,

scene ii. Sir Astley Cooper could not be more positive, nor could he describe it more appropriately, than by the words in *Coriolanus*: "A very apoplexy-lethargy, mulled, deaf, sleepy, insensible;" and there is no doubt that when in *Othello* he states that, "My lord had fallen into an *epilepsy*" (act 4, scene i), he could, had it been necessary, have defined that extraordinary disease with equal accuracy, for even such as result from sedentary occupations did not escape him, as he unequivocally states that "universal plodding prisons up the nimble spirits in the arteries."<sup>2</sup>—*Love's Labour Lost*, act 4, scene iii. Or had he studied the chylipoietic doctrines of our times, could he have given a more decided touch of practical experience than the following remark in *Coriolanus*: "Your affections are a sick man's appetite, which most desires what would increase the evil"? His knowledge of the liver is evinced in many instances, and in *Love's Labour Lost* he speaks of "the liver vein," in allusion to the ancient notion of its being the seat of love. The "red plague," which Caliban so kindly wishes may seize upon Prospero, was another term for erysipelas. And when he speaks of *serpigo*, he distinguishes the *dry serpigo*—

"Now the dry serpigo on the subject."

*Troilus and Cressida*, Act 2, Scene iii. From these critical niceties, his remark on stewed prunes, *Henry IV.*, part 1, and some hints about the tub fast, it is clear that he had studied Master William Clowes's "Surgery." And although he does not use the modern term "morbidity," perhaps thinking *all* poisons *morbidity*, or some other reason, yet from his joke about a French crown, *Measure for Measure*, his equivocal on the Corona Veneris, and the manner in which he alludes to the devouring power of the "goujeers," it is evident that he understood the action of animal, as well as vegetable and mineral poisons. He would have split a straw argument with John Hunter or Dr. Adams on yaws or sirvens, discussed the *pseudo* with Abernethy, and defined phagedena with the accuracy of Celsus. Of the sweating sickness, and the proposed remedies, he was perfectly master; there is abundant proof that he was equally versed in the symptoms of leprosy; and it is more than probable that he knew the difference between the cochineal leg and the elephantiasis of Aretæus. How minutely he was acquainted with the paraphernalia of surgery is curiously exhibited in the quibble on the word "tent"—bring in the "surgeon's box or the patient's wound." And he gives to Dr. Caius a *boitier verd*, which is a truly technical term for a case of surgeon's instruments. Had he served seven years apprenticeship to an apothecary his acquaintance with the properties of chemicals and galenicals could not have been more correct. He evidently knew the effects of belladonna; the "insane root," he tells us, "takes the reason prisoner," and he was equally master of the properties and effects of sedatives, for he explains a case where "poppy nor mandragora" would avail not, and in mixing a dose for Othello, he makes it "as bitter as Coloquintida," act 1, scene iii. Many curious and rare substances in the vegetable world are critically treated. The nettle of India, the *Urtica Marina*, a zoophyte in the Indian Sea, is even noticed—

"Yon dwarf of hind'ring knotgrass made"

shows a knowledge of ancient notions, this herb being supposed to have the power of stopping growth, and fern seed, that of making people invisible, as well as curing the rickets. Then the "Cuckoo-buds of yellow hue" is a remark of one skilled in botany. Gerard calls it, *Flos cuculi cardamine*.

In *All's Well that Ends Well* he makes Parolles notice Galen and Paracelsus in a manner that clearly proves he understood their different systems. He applies the term *learned* to Galen and *authentic* or *fashionable* to Paracelsus; and when he speaks of all the learned and authentic fellows, he uses the very words of the diploma, *authentic licentiatus*. He may be said to have been *bon Galeniste*, *et très bon Paracelsiste*. He seems to have considered the doctrine of Galen as *non mesprisable pour la pathologie, et propitable pour les boutiques*; while that

<sup>2</sup> The system of physic of those days gave to the *arteries* the office now given to the *nerves*.



of Paracelsus was *bonne à suivre pour la subtilités l'épargne, te pour la thérapeutique*. From the familiar manner in which he alludes to certain pharmaceutical operations, it is evident that he did not consider the apothecary the mere "Culler of Simples"; and when he states the courses quicksilver takes (*Hamlet*, act 1, scene v.) he proves himself acquainted with all the subtleties of its application, for though out of fashion now, the time has been when it was as common to take a drachm of quicksilver with a dish of coffee as it is now to take a *chasse café* in the shape of a dram of Maraschino. Then his observation about "the toad, ugly and venomous," and the "precious jewel in his head," shows that he was acquainted with the notion of the early naturalists, that the head of an old toad contained a wonder-working medical stone; and although a modern apothecary would not look there for a "most sovereign remedy to repulse poisons," yet Master Edward Fenton, 1569, tells us that "there is founde in the *heades* of old and great *toades* a stone called borax or stelon" (*As You Like It*, act 2). That he was skilled in comparative anatomy could be easily proved; and that he was abundantly stored with materials of natural history is equally true; even the building of the swallow's nest in a favourable aspect did not escape his observation. That he was also deeply read in Tuberville's book of hunting, and the noble art it treats of, cannot be disputed; and from the manner in which he alludes to the "staggers," as "the horse's apoplexy," and other diseases, it may fairly be inferred that he was not ignorant of the veterinary art. After all this evidence in proof of the medical attainments of Shakespeare, we are at a loss to reconcile such an unprofessional speech as "Throw physic to the dogs;" and that still more injurious one—

"Trust not the physician,  
He kills more than you rob."

It must be confessed that, having uttered such opinions, he could not, however qualified, have had the assurance to take out his M.D. diploma. As, however, in no one instance can he be accused of giving offence to *Surgery*, we may be allowed to indulge a hope that, had he not been contented with being one of the most renowned of that bright galaxy of genius who paid their court to the "Fair vestal crowned in the west," with being, in short, the pride of England to all succeeding ages, it was in his power to have been (as Hunter now is) the glory of the Royal College of Surgeons.

## MEDICINE.

**MALIGNANT PUSTULE.**—Surgeon A. P. Hart, M.B., records the following case of this disease in an appendix to the Army Medical Report for 1883. On the afternoon of July 24, 1854, Private H——, age 26, a healthy and temperate man, belonging to the Royal Inniskilling Fusiliers, came to the Station Hospital in Penang with his left ear red, swollen, and very painful; his ear sticking out, the result of considerable cedema behind the ear. On the upper edge of the ear was a black eschar from  $\frac{1}{2}$  to 1 in. in diameter, surrounded by the tissues in an acutely inflamed state, and behind the ear were two bullæ. He stated that two days previous he had been bitten on the ear by a small black fly, and that the next day it began to be painful, but he did not think it of sufficient consequence to come to hospital. He was ordered a purgative, and poultices were applied. July 25th.—Ear very painful; the cedema behind the ear still present. Ordered diaphoretic mixture, and put on milk diet. July 26th.—Temp. 103° 6', pulse 140. Ear not so inflamed and less painful. He had two 10 gr. doses of quinine, which reduced the temperature. July 27th, at 4.30 a.m.—His groaning woke a patient up, and he was found to be unconscious. Temperature was then 102°, pulse 120, skin very hot and dry, unable to speak, but partly conscious on being roused; head turned over to the right side, and it seemed to cause him pain if it was forcibly turned. The left side of the neck was hard, with brawny cedema. He swallowed with great difficulty, and had a little froth coming from the mouth. The pupil of the right eye was dilated and insensible to light. He was

ordered 5 grains of calomel and 10 grains of quinine, and had fomentations applied to the left side of the neck. At 11 a.m. his temperature was 103°, and remained at this till the time of his death. His bowels were opened after the calomel, and he was sensible enough to make a sign when he wanted to pass his excreta. He sent for a paper and pencil to write, but he was not collected enough to do more than make a few random strokes. At 7 p.m.—Low muttering delirium set in, with picking of bedclothes. There was a red, erysipelatous blush over the left neck. His head still turned to the right, and he was conscious enough to feel it if we put it straight. He was given Tine. Ferri Perchlor. in half drachm doses, and had flour sprinkled over his neck, and also two drops of tincture of aconite every two hours with a hope of reducing the temperature. July 28th.—Very restless all night and no sleep. Quite unconscious, head in same position. Temperature 103°, pulse 130. The pupil of his right eye was normal and acted to light. Skin very hot and dry. Had his head shaved and applied ice; mustard poultice applied over region of heart, as there seemed some cardiac disturbance, but no murmur. 10.30.—Began to suffer from dyspnoea, and became cyanosed; temperature went up to 104°, and his pulse became irregular, and he died at 1.30. No *post mortem* allowed. Rigor mortis set in within an hour. Hypostatic congestion very marked all over body. Blood taken from the femoral artery was found to be very dark, tarry, and viscid; numberless bacteria were found, but Dr. Hart could not say whether they were the bacilli anthracis. If on admission he had made a correct diagnosis, he believes this man's life might have been saved; but he looked at this eschar on the ear as caused by the bite of some insect aggravated by irritation from picking or applying something to the spot, and not as a malignant pustule, and so failed to excise and cauterise the place, and the man was put on a milk instead of an animal diet, which is recommended. At one time the case was judged to be one of erysipelas. The paralysis of the right eye was peculiar, as no other part of the face was affected, and this entirely disappeared within 24 hours. It was due probably to some local hæmorrhage or exudation in the brain which afterwards became absorbed, such appearance being very common in *post mortems* on bodies of persons who have died from this disease. As regards the ætiology of the case, it was probably caused by indirect inoculation through the medium of the insect which bit him. Large herds of cattle frequent the extensive grazing grounds around the barracks, and though Dr. Hart was not able to discover that any animal had died from this disease, it seemed most likely that the insect conveyed the virus from a diseased carcass. Investigations by Pasteur seemed to show that these bacilli contain such an extraordinary amount of vitality that the ordinary burial of a carcass is not sufficient, and that there is a possibility of their being brought to the surface by means of earth worms, and so contaminating the pasture on which cattle might afterwards feed.

**PARACENTESIS PERICARDII.**—In a communication read before the Medico-Chirurgical Society of Edinburgh, Professor Grainger Stewart described a case in which this operation had been performed. The patient was 17 years of age, in whom pericarditis had supervened upon inflammation of the lungs. Aspiration was performed in the fifth intercostal space towards the left margin of absolute dullness, and two ounces of a reddish blood-stained serum withdrawn. Two days later it was again found necessary to tap him, and four ounces of fluid were withdrawn. The patient made a rapid and complete recovery. Professor Stewart analysed all the recorded cases of this operation, finding 38 successes and 59 failures. He then gave the following answers to the question, What are the indications for its use? "1. It should be tried wherever life is imperilled by the copiousness of the effusion. 2. It should be tried, even if pericarditis be not in itself dangerous, in any case of considerable pericardial effusion in which the pulse threatens to fail, whether it be due to inflammatory or degenerative changes in the cardiac muscle, or to general debility from severe or prolonged disease." As to the best rules for operative procedure, he said: "1. Exploratory puncture should be made by means of a Wood's syringe or



other fine perforated needle, the needle being cautiously introduced at a point where there is absolute dulness and least likelihood of injuring the heart. 2. If serous fluid be found, the fine needle of an aspirator should be introduced at the same point and the fluid drawn off. 3. If purulent fluid be found, either aspiration, or what is probably better, free incision should be resorted to and the pus evacuated. The splendid results obtained by the latter plan of treatment by Dr. West and by Professor Rosenstein of Leyden must satisfy any one who reads their papers of the value of this method. 4. As to the quantity to be drawn off, opinions are somewhat contradictory. If the fluid be purulent, it is obviously desirable to remove the whole of it as speedily as possible: if it be serous, I think that this rule does not necessarily hold. While admitting that there is plenty of evidence to show that the pericardium may be emptied or almost emptied without danger to the patient, it appears to me that only a sufficient quantity to give relief should be removed. It is a sound principle that in dealing with vital organs only the minimum amount of interference acquired should be had recourse to, and especially in cases which threaten failure of pulse is this precaution necessary. It is conceivable that the sudden removal of considerable pressure from the surface of the heart might sometimes lead to a fatal syncope, while the removal of a small quantity of fluid would involve no such danger. You are familiar with the occasional occurrence of syncope when paracentesis of the pleura is being performed, and whatever may be the explanation of this fact, it seems quite as likely to occur in connexion with the pericardium. I therefore prefer, as at present advised, to draw off only a small number of ounces, and, if necessary, to repeat the operation rather than to adopt the method recommended by the majority of authorities, and draw off a large quantity at once. 5. At what point should the puncture be made? It is not very important what point is selected for puncture, so long as the operation is performed with caution. Obviously wounding the heart is to be carefully avoided, notwithstanding the fact that it has been wounded, and even penetrated, without seriously bad effect. I should insist upon the puncture being made where there is absolute dulness, and should prefer the fifth interspace as much to the left of the sternum as possible. By such a rule we must avoid risk of injuring the heart."—*Edinburgh Medical Journal*, August.

**OVER-PRESSURE IN SCHOOLS, NERVOUSNESS AND INSANITY.**—In the course of his presidential address to the Connecticut Medical Society, Dr. B. N. Comings attempted "in an unscientific and practical way to call attention to the extremely nervous condition of a large percentage of New England people, and to consider the cause." All medical men testify to the rapid and universal increase of nervousness: it is a condition that comes about from a great variety of causes that are often not dependent on any organic lesion. A great portion of our nervous patients are not insane, but they live very close to insanity at times, and in paroxysms of high excitement bear a close resemblance to lunatics. Nervousness is becoming more and more a characteristic of all persons whose health is generally below par, and complicates unpleasantly the symptoms of many real diseases. The cause is often to be found in heredity, and as New England stock is rapidly deteriorating and moving out, this is acting more powerfully. The children of great brain-workers are oftener below than above mediocrity—our best men generally come from sound stock in rather humble life—a parentage of good physical organisation, strong common sense, industrious habits, fair intelligence and a life free from excitement. Over-pressure in schools is a prolific cause of nervousness; from statistics specially obtained in relation to this subject, it appears that fully one-third of the children in the Connecticut graded schools suffer seriously from overstudy, become nervous and irritable at home, lose appetite, and run down in term time. Everything tending to overwork or unnecessary excitement should be pruned out. This necessitates giving up two factors now deemed essential, namely, competition and marking—with children under twelve one-half of the time now devoted to study should be given to physical labour or training. The speaker instanced the life-success

of noted men like Lincoln, Garfield, and Burritt, who acquired their education with a very large admixture of physical labour thrown in.—*Boston Medical Journal*.

**DIABETES IN ADVANCED LIFE.**—In a clinical lecture on this subject, M. Landrieux narrated five cases of glycosurie diabetes in persons over sixty years of age; three of whom were rheumatic, whilst none were gouty; they all had intermittent glycosuria. Were these cases of simple glycosuria or were they cases of intermittent real glycosuria? The lecturer was not inclined to admit the reality of any such distinctions. For him persistent glycosuria is glycosurie diabetes which may or may not be joined with other signs. The only indispensable accessory sign is a certain degree of polyuria. The distinction between glycosuria and glycosurie diabetes could only be made, then, if some organic lesion could be discovered belonging to diabetes and absent in glycosuria. The explanation which he offered of cases of intermittent diabetes, such as one of those he had detailed in his lecture, was that the organism was seized with a second attack of diabetes, before it had quite recovered from the former attack—that, in fact, there was a species of intercurrent diabetes. He concluded that there was no essential difference between glycosuria and glycosurie diabetes, that old age gave to glycosurie diabetes special characters, that senile diabetes usually presented itself in the form of intermittent or intercurrent attacks, that it was frequently associated with other disturbances of assimilation, and that these differences might be explained on the hypothesis of a sort of ataxy of nutrition.—*Progrès Médical*.

**BACILLUS OF SYPHILIS.**—At the Académie de Médecine, on August 4th, M. Cornil communicated the result of some work done on this subject in his laboratory by MM. Alvarès and Tavel. They arrived at the following conclusions:—(1) There exists in certain normal secretions of the human organism a bacillus which has not hitherto been noted; (2) this bacillus is identical in form and in colour reactions to that which Lussgarten has described as peculiar to syphilis; (3) it may be that the bacillus which Lussgarten has found in syphilitic secretions and sections of syphilitic products is none other than this bacillus; (4) our bacillus has a great resemblance in form to the bacillus tuberculosis, and presents several colour reactions hitherto considered peculiar to Koch's bacillus and that of leprosy. It is distinguished from the bacillus tuberculosis, apart from its lesser thickness and its less granular appearance (conditions difficult to appreciate in an isolated specimen), by its diminished resistance to alcohol after staining by fuchsin and treatment by nitric acid; and further, it is distinguished by the failure to stain it after Erlich's method with methyl violet. (6) In the clinical diagnosis of tuberculosis made from histological examination of the secretions these facts should be borne in mind. As this bacillus has not yet been cultivated, one must still be very cautious about admitting that the bacillus of Lussgarten is in reality the cause of syphilis.—*Progrès Médical*, No. 32.

**A HEAT-CENTRE IN THE CEREBRUM.**—More than a year ago Dr. Isaac Ott announced the existence of a heat-centre in the vicinity of the corpora striata, which was subsequently confirmed by Aronsohn and Sachs. In a "preliminary note" (*Medical News*, July 4th), Dr. Ott describes some attempts to ascertain more accurately the precise position of this centre. The experiments were made on rabbits, not fastened down, in a room at about 75° F. The temperature in the rectum having been noted, the skull was trephined, and punctures made with a coarse needle through the cerebrum down to its base, and the increment of temperature observed. A rise of temperature commonly ensues after injury to various parts of the cerebrum, but disappears in a few hours. If, however, the needle strikes a certain point in the anterior inner part of the optic thalamus near the corpus striatum, then the rise is from three to four and-a-half degrees, and the temperature remains at this height until next day. The injury to the cerebral cortex has nothing to do with it, for removal of the cortex in different places gives rise to only a transient pyrexia. It is possible that injury at the point named calls vaso-motor influence into activity and causes the increase of temperature. A few observations made with D'Arsonval's



calorimeter showed an increased heat-production, but more extended experiments are necessary to decide this point. Nearly twenty years ago, Tescheschichin found that section of the medulla oblongata where it joins the pons caused an increase in temperature, and concluded that physiological experiment and clinical facts pointed to a moderation-centre in the brain.

**RUPTURE OF THE AORTA.**—This occurrence is so rare in young persons that the following case, recorded by Mr. J. P. Bush in the *Bristol Medico-Chirurgical Journal*, No. 8, is worth quoting. A postman, aged 18, who had been rowing, but had ceased doing so for some considerable time, was noticed by his companions to be looking very ill, he lay back in the boat and appeared to sink. When landed a few minutes later he was found to be dead. He was not known to have been ill previously. At the *post-mortem* examination the heart and pericardium were found to be natural. A rupture through the internal and middle coats of the aorta was found starting from a point immediately above the anterior aortic valve; it had spread round the aorta in a somewhat spiral manner, terminating about a quarter of an inch higher than the level of its starting point; it had extended one complete circumference and a quarter. The rent passed through the elastic coats of the aorta, and dissected the fibrous coat to the extent of half an inch upwards, whilst downwards the separation of the coats extended as far as the origin of the aorta from the heart.

**A NEGATIVE SYMPTOM IN THE DIAGNOSIS OF GASTRIC OR INTESTINAL PERFORATION.**—Dr. Austin Flint has again drawn attention to a matter of diagnostic import which he originally noted in a paper published in 1882, "On the Physical Diagnosis of Perforation." He contends that persistent hepatic flatness on percussion in cases of diffuse peritonitis is a proof that perforation of the alimentary canal has not taken place. He has also demonstrated upon the cadaver that the injection into the peritoneal cavity of a small quantity of air causes the disappearance of flatness on percussion over the liver. The same thing occurs when, by perforation of the stomach or bowel, intestinal or putrefactive gases are liberated within the peritoneal cavity of the living. Dr. Flint does not claim originality in submitting this point for diagnosis, but he finds that it is noticed in scarcely any British or American works on practical medicine, although it has been referred to by some recent German writers.

## SPECIAL CORRESPONDENCE.

### INDIA.

(From Our Bombay Correspondent.)

*The "Break" of the Monsoon—Cholera—Assistant-Surgeons in Civil Hospitals—New Medical School for Bombay—Honorary M.B.'s—"Unemployed Pay"—Transactions of the Medical Society of Bombay.*

July 20th.

AN annual advent of considerable moment in this country—the setting in of the monsoon or rains—may now fairly be said to have taken place. Those of your readers who are unacquainted with the meteorology of India, may be reminded that here, unlike that in Europe, we have the rainfall periodically confined to a certain season of the year, and this season is immediately after the scorching hot weather to which the people of India are now gladly bidding a happy adieu. Heavy moisture-laden clouds are brought to these shores with regular periodicity athwart the gigantic Indian Ocean by what are known as the *trade winds*. These pass onwards with the direction of the strong prevailing wind, generally of gale-like intensity, and accompanied with a good deal of thunder and lightning. The rains are most welcome, because they not only cool the stifling atmosphere, afford water-supply, play an essential part in agriculture, but above all make up so potentially for sanitary shortcomings and neglect, by

washing away filth, cleaning and cleansing inhabited parts, diluting with pure water the contaminated potable waters of wells, tanks, &c. Hence, the sudden decrease of cholera and diseases of that class after the setting in of the rains.

I am glad to be able to record that the cholera which had been prevailing in Quettah and adjoining regions, has now abated to a certain extent, and it is reported that Mr. Hewlett is of opinion (as is your own correspondent, the present writer) that the cause is attributable to contaminated water-supply. In my duty as a journalist, I would urge the matter on the notice of the authorities at home and in India, and hope to see steps taken without delay, and remedial measures applied with promptitude.

The advocates of the scheme of employing honorary assistant-surgeons in the Bombay hospitals (which has so signally failed) had, it appears, appealed to Government against their resolution to the effect, that the system of employing them in the local hospitals cannot be expected to succeed in India as it does in England; with the result that the Government very rightly hold fast to their original decision, on the advice of the Civil Surgeon-General. The medical press may well congratulate Mr. Moore on his not being easily swayed by the pressure brought to bear on his view of the matter (which is the same as that of Dr. Beattie, his predecessor), by those personally and otherwise interested in the scheme, which is altogether unworkable. This resolution of Government came the other day before the local Municipal Corporation, when a medical member moved that he was sorry to see that the present head of the Medical Service had adopted his predecessor's view. He proposed that the Corporation should record the Government resolution, stating at the same time that they adhere to their opinion that the experiment had not had a fair trial. Another local practitioner, however, had the better sense to move an amendment, that the Government resolution "be recorded without any further comment from the Corporation." This was finally carried.

The agitation for the establishment of a new Medical School for Bombay, has continued since my last notice of the subject, and the *Bombay Gazette* has now closed its columns to the ventilation of the views for and against this proposal. I have already expressed the opinion that no necessity, so far as I can judge, has been made out to exist for a new school, though I allow that the present Grant Medical College needs to be enlarged, and its professional staff augmented. This would, I opine, meet the required wants, and should commend itself for adoption alike on utilitarian and on financial grounds.

I learn, on the authority of your contemporary, the *Times of India*, that the University of Bombay is introducing the degree of Bachelor of Medicine (M.B.), to be conferred on Senior Licentiates who had previously obtained the L.M. The degree of M.B. thus conferred by the Senatus is to be an honorary distinction and without examination. This certainly would appear unique, but, before criticising it further, we must await full details of the rules and regulations.

Owing partly to the exertions of the Indian Medical Service Defence Fund Committee, and partly to the matter being taken up by the medical and Indian press, and to a considerable measure to the powerful influence brought to bear on it by Mr. Ernest Hart, not merely in his capacity as a medical journalist, but as President of the Parliamentary Bills Committee of the British Medical Association, the subject of "unemployed pay," which was (and is to some extent) the bugbear of the Service, received some attention early this year from the India Office, which ruled that the junior surgeon, without any appointment, and doing the rough work of what is known as "general duty" with its liability of being shunted from pillar to post, should get, at least, the same rate of salary as his colleague in the Home Service in India. From the wording, however, of the original order, the rule would have applied to all officers—surgeons as well as surgeons-major—but the Government of India have now brought the pruning knife into operation, and have definitely stated that this apparent concession refers only to the rank of surgeon. This is all very well, so long as surgeons-major have permanent appointments, but directly they do not hold such the shoe



will begin to pinch and they will not fail to agitate for their rights. An order is also issued to the effect that a medical officer transferred from one regiment to another draws, during transit from station to station, only the grade pay of his rank, except when the transfer is made solely in the interests of the public service. This is an anomaly, as not only is no such rule applicable to the combatant officers, but the medical officers of the Home Service draw a rate of pay which is not affected by any move, and, moreover, they get their travelling done at the public expense. I would commend this matter to the notice of the able editor of your contemporary, the *British Medical Journal*, and of Mr. Gibson, M.P. for the Dublin University.

I have before me a copy of *Transactions of the Medical and Physical Society of Bombay*, No. v, for the half-year ending 31st December, 1884; Education Society's Press, 1885. This interesting volume gives evidence of the amount of work gone through in the Bombay hospitals, and the abundance of material available for clinical research. Pressure on your space will hardly permit of a notice at any length, and all I can therefore do is to lay before your readers the contents. Most of the contributions, I note, are by that indefatigable scientific worker in the domain of dermatology and micro-biology, Dr. Vandyke Carter, and these decidedly are of the greatest value. He has "Clinical Contributions" on a case of large nævus of the tongue; on "Quickly-growing Cancer of the Abdomen," autopsy and remarks (illustrated); on "Strumous Disease of the Head of the Humerus." In "some recent cases of Spirillum or Relapsing Fever," he publishes notes of three cases, and says that in one there was no difficulty in the diagnosis, while the other two, though more severe, "could hardly have been verified without the aid of the microscope." He remarks also that it is noteworthy that these cases go to show "the continued presence in Bombay of this typical zymotic disease, notwithstanding the generally prosperous condition of the local population." Dr. Carter notices Bowkett's "Clinical Thermograph," but does not speak favourably of it. He next describes a case of "Recurring Remittent Fever," in which he made microscopic examinations of the alvine discharges, and ascertained them to contain rod-like bacterial growths of varied aspect, but with a large form distinctly predominating. He tells us "doubtless these organisms mainly belong to the group classed as 'putrefaction bacteria,' one of which constitutes the so-called 'microphyte' of typhoid fever." He has also found bacterial vegetation in "some seemingly healthy stools." These, I learn, are in the shape of visible "clumps and masses." But in febrile conditions the rod-like configuration would appear to predominate, whilst in diarrhæas the "micro-cocci forms" are the most common. To those of your readers interested in the subject, I would specially commend the study of Dr. Carter's work on the subject, and side by side with it these other interesting cases. Mr. W. K. Hateh, M.B. (whose address is Breneh Candy, Bombay), is the Hon. Secretary, and will, I dare say, be glad to furnish copies of the *Transactions* on payment. The other papers are also of interest. There is one on a case of Traumatic Facio-brachial Monoplegia, by Mr. M. Collie, M.B.; on Ainhum, by Mr. W. W. Henderson; on Traumatic Cerebral Abscess, by Mr. K. R. Kirtikar, L.R.C.P.; on Vaccination, by Mr. Sakharan Arjoon, L.M.; on Cerebro-spinal Fever, by Mr. H. P. Dimmoek, and a few other papers.

## MEDICAL NEWS.

UNIVERSITY OF LONDON.—Intermediate Examination in Medicine.—Pass List.—Entire Examination.

*First Division.*—John Hill Abram, University College Liverpool; Evelyn Oliver Ashe, London Hospital; Percy Ashworth, B.Sc., Owen's College; Marmaduke Bannister, Owen's College; George Black, Guy's Hospital; Ernest Henry Brock, Guy's Hospital; Robert James Carter, King's College; Walter Stacy Colman, University of Edinburgh and University College; Samuel Bird Cook, St. Thomas's Hospital; Herbert Evelyn Crook, Guy's Hospital; Charles Percival Crouch, St. Bartholomew's Hospital;

Herbert Edmund Cuff, Guy's Hospital; Henry Percy Dean, B.Sc., University College; Edward Deanesly, University College; Horace Duncan, St. Thomas's Hospital; Frank Fawcett, St. Thomas's Hospital; Theodore Fisher, Guy's Hospital; George Taylor Gifford, King's College; Thomas Caspar Gilchrist, Owen's College; Cyril William Jecks, University College; Harold Johnson, St. Bartholomew's Hospital; Alfredo Antunes Kanthack, B.A., University College, Liverpool; George Herbert Lang, University College; Milton Prentice Ledward, Owen's College; William Job Maillard, Guy's Hospital; Hyde Marriott, B.Sc., University College; William Page May, B.Sc., University College; Brian Melland, Owen's College; Alfred Alexander Mumford, Owen's College; Geo. Hartley O'Reilly, King's College; Ernest Bidgood Randall, University College; George Edward Rennie, B.A. Sydney, University College; John Lloyd Roberts, B.A., B.Sc., Guy's Hospital; Harold Kennaway Roper, Guy's Hospital; Ernest Alfred Sadler, Queen's and Mason Colleges, Birmingham; Harry Arthur Sansom, St. Thomas's Hospital; Ramon Alexander Sawyer, Guy's Hospital; Arnold Scott, Guy's Hospital; William Arnison Slater, B.Sc., Guy's Hospital; Guy Bellingham Smith, Guy's Hospital; Reginald Vaughan Solly, St. Thomas's Hospital; Ernest Henry Starling, Guy's Hospital; William Percy Stocks, Owen's College; Henry Symonds, St. Bartholomew's Hospital; Frederick Howard Taylor, London Hospital; Alfred Herbert Tubby, Guy's Hospital; John Ogle Tunstall, University College; John Wilkie, St. Bartholomew's Hospital; William Griffith Williams, St. Bartholomew's Hospital.

*Second Division.*—Arthur Baxendell, Owen's College; James Thomas Bays, St. Mary's Hospital; Lewis Thomas Fraser Bryett, King's College; Solomon Bueno de Mesquita, Guy's Hospital; James Joseph Buist, St. Bartholomew's Hospital; Cyril Cecil Barrow Burt, Westminster Hospital; John Telfer Calvert, St. Thomas's Hospital; Henry Edward Leigh Canney, University College; Herbert Alfred William Coryn, Charing Cross Hospital; Rainsford Foster Gill, University College; Wilfred Thomason Grenfell, London Hospital; Nathan Charles Haring, Owen's College; Edwin Birchall Hastings, University College; Arthur Egerton Hensley, King's College; Henry Truman Keisall, London Hospital; Isabella Macdonald Macdonald, London School of Medicine for Women; Ludovic William Darra Mair, St. Bartholomew's Hospital; Enoch Moss, Guy's Hospital; Henry Alexander Lephairia Pope, King's College; Philip Nicholas Randall, Guy's Hospital; John Joseph Redfern, Queen's College, Belfast; Bernard Relton, St. Thomas's Hospital; Joseph Crofts Rossall, St. Mary's Hospital; Charles Frederic Routh, Guy's Hospital; Frank Percy Sarjant, Guy's Hospital; Ernest Hugh Snell, Queen's and Mason Colleges, Birmingham; Theodore Mayo Stiles, Bristol Medical School; Stuart Alexander Tidey, St. Mary's Hospital; Herbert Edmund Vincent, Guy's Hospital; Howard Percy Ward, King's College; Helen Webb, London School of Medicine for Women, and Royal Free Hospital; John Price Williams, Owen's College; Marcus George Yunge-Bateman, Guy's Hospital.

### Excluding Physiology:—

*First Division.*—Charles Frederic Manning Althorp, Leeds School of Medicine; Arthur Edward Giles, Owen's College; John Edwin Gould, University College; Frances Harris, London School of Medicine for Women; Berkeley George Andrew Moynihan, Leeds School of Medicine; John Alexander Shaw, University College; Christopher Peirson Spink, Leeds School of Medicine; Frank Arthur Sreat, St. Bartholomew's Hospital; William Elliot Tresidder, Guy's Hospital; Joseph Williamson Winterburn, St. Thomas's Hospital.

*Second Division.*—Frederic William Abbott, Charing Cross Hospital; George Barlow, Owen's College; Richard Oxley Bowman, Owen's College; Arthur Thomas Brown, Guy's Hospital.

### Physiology only:—

*Second Division.*—William Harry Kelson, London Hospital; Charles Pye Oliver, Charing Cross Hospital; William Newt Risdon, Guy's Hospital; Arthur Hastings Laufear Stewart, St. Mary's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examinations for the diploma were admitted Members of the College, at a meeting of the Court of Examiners, on the 30th ult., viz:—

H. S. Walker, L.R.C.P. Lond., Wakefield, of University College Hospital; Hanna Jabboor, L.R.C.P. Lond., Beyrout, Syria, of London Hospital; Ashton Street, Mirfield, of Leeds School of Medicine; C. E. Oldacres, Leicester; W. Barltrop Featherstone, Birmingham, of Birmingham General Hospital; Albert Carless, L.S.A., Richmond, of King's College Hospital; F. J. Knowles, L.R.C.P. Lond., St. Helens, Lancs., of Liverpool; A. N. Little, Bristol Infirmary; Herbert Lund, M.A., Cantab, Manchester, of Cambridge and Guy's Hospital; H. A. Haviland, B.A., Cantab, Cheltenham, of Cambridge and St. Bartholomew's Hospital; George H. Dodd, Wallingford, of St. Thomas's Hospital.

Four candidates passed in Surgery, and when qualified in Medicine and Midwifery, will be admitted Members of the College; 4 candidates was referred for 3 months, and 9 candidates for 6 months.

### Admitted on the 31st ultimo:—

Joseph Beddow, L.S.A., Upper Clapton, E.; Niell MacGillycuddy, L.S.A., Halsey Street, S.W.; and Raymond Johnson, Ladbroke Road, W., of University College Hospital; Benjamin Sumner, L.R.C.P. Lond., Crowndale Road, N.W., of Liverpool Royal



Infirmery; L. M. Gabriel, Gloucestergate Gardens; Edmond F. Trevelyan, Bath; Philip H. Dunn Stevenage, and William J. Gow, Hampstead, N.W., of St Bartholomew's Hospital; John E. Pantou, Horneastle, of Newcastle and St Bartholomew's Hospital; Samuel O. Prall, Reigate, and Francis R. B. Bishopp, Tunbridge Wells, of Guy's Hospital.

Two candidates passed in Surgery, and when qualified in Medicine and Midwifery will be admitted Members of the College; 2 candidates were referred for 3 months, 11 for 6 months, 2 for 9 months, and 1 for one year.

Admitted on the 3rd of August:—

Frank F. White, L.R.C.P. Lond., Sussex Gardens, W., of St Mary's Hospital; W. G. Spence, Bath, and E. M. Simpson, Lincoln, of St Bartholomew's Hospital; Leslie Powne, Swindon, of Middlesex Hospital; T. R. A. Harney, Victoria, Australia; J. H. A. Schade, Argyle Square, W.C., and Edgar H. Thane, Montague Street, W.C., of University College Hospital; William Rawes, Maer, Staffs., of the London Hospital; S. W. Owen, East Dulwich, S.E.; J. W. Washbourn, Gloucester, and F. W. Foster, Brixton of Guy's Hospital; A. F. Davenport, Hobart Town, of Edinburgh University.

Six candidates passed in Surgery, and when qualified in Medicine and Midwifery, will be admitted Members of the College; 3 candidates were referred for 3 months, and 5 for 6 months.

Admitted on the 4th August:—

E. Lycett Bond, Shrewsbury; Hubert Nicholls; Fernigh Stevenage, of Cambridge and St. Bartholomew's Hospital; A. R. S. Anderson, Sussex Place, N.W., of Cambridge and St. Mary's Hospital; E. C. Andrews, Hampstead, of Cambridge and Guy's Hospital; C. H. Upham, Kensington; T. M. Beale, Shepherd's Bush; H. B. Mathias, Minehead; and L. P. Shadbolt, Chislehurst, of St. Bartholomew's Hospital. F. G. O. Martin, L.S.A., Commercial Road, E.; George Hart, Bolton; W. G. Dreaper, Old Trafford; Joseph Whittaker, Eccles; J. E. Parker, Scholes, Wigan; and H. L. Williams, Altrincham, of Manchester Infirmary; W. Ivens Watson, Rugby; E. P. Mourilyan, Deal; L. F. Childe, St. Leonard's-on-Sea, and A. M. Sutton, Tunbridge Wells, of Guy's Hospital; W. H. Smart, West Kensington, of Cambridge and St. Thomas's Hospital; W. P. O'Connor, Weymouth Street, of University College Hospital; A. Sharland, Sydenham, of Middlesex Hospital; G. L. Travis, Leeds, of Liverpool Infirmary.

Thirteen candidates passed in Surgery, and when qualified in Medicine and Midwifery, will be admitted Members of the College; 1 candidate was referred for 3 months, and 5 for 6 months.

Admitted on the 5th August:—

Charles G. Lermite, L.S.A., Richmond; and H. B. Lavies, L.S.A., St. George's Road, S.W., of King's College Hospital; Aubrey D. Chapple, L.R.C.P. Lond., Streatham, S.W., and Trevor A. Dagg, L.S.A., Suttons, near St. Albans, of St. Bartholomew's Hospital; P. A. Lloyd, L.R.C.P. Lond., St. Mark's Road, W., of St. Mary's Hospital; Albert Wilson, L.R.C.P. Lond., Hnll, of St. Thomas's Hospital; G. W. A. Lynch, L.R.C.P. Lond., Minford Gardens, W., of Cambridge and St. Thomas's Hospital; H. A. Reed, L.R.C.P. Lond., Denmark Hill, S.E., of Guy's Hospital; Edmund Roghib, L.S.A., New Wandsworth, of Charing Cross Hospital.

Five candidates passed in Surgery, and when qualified in Medicine and Midwifery will be admitted Members of the College; 3 candidates were referred for three months, and 11 for 6 months.

Admitted on the 7th inst.:—

H. R. Codd, L.S.A., Leamington, of University College Hospital; T. A. Collinson, L.S.A., Granville Square, W.C.; and E. Suter Hasell, L.S.A., Isleworth, of King's College Hospital; F. W. P. Holton, L.S.A., Kilburn, W., of St. George's Hospital; Sydney D. Ashley, L.S.A., Leytonstone, of the London Hospital; J. L. T. Jones, M.B. Durham, Tremadoc, N. Wales, of Newcastle and St. Bartholomew's Hospital.

One candidate was referred for 3 months, 9 for 6 months, and 1 for 12 months; 8 candidates passed in Surgery, and when qualified in Medicine and Midwifery will be admitted Members of the College.

Admitted on the 10th inst.:—

Spence Hurlbutt, L.S.A., Chippenham Road, W., of St. Mary's Hospital; J. Douglas Hughes, L.R.C.P. Lond., Folkestone, of Guy's Hospital; A. C. Waters, L.S.A., Bow, E., of the London Hospital; P. C. Scott, Blackheath Park, S.E., of St. George's Hospital; Percy D. Bray, L.S.A., Bognor, of Middlesex Hospital; R. H. Barrett, L.S.A., Dulwich, of St. Bartholomew's Hospital.

One candidate was referred for 3 months, 12 for 6 months, 1 for 12 months; 4 candidates passed in Surgery, and when qualified in Medicine and Midwifery will be admitted Members of the College.

Admitted on the 11th inst.:—

Edward Thornton, L.S.A., Shrewsbury, of St. Mary's Hospital; W. H. Heffernan, L.S.A., Southsea, and A. E. Godfrey, L.R.C.P.

Lond., Northampton, of St. Thomas's Hospital; Charles Yeoman, L.S.A., Northallerton, of Cambridge and St. Thomas's Hospital; H. M. Morris, L.R.C.P. Lond., Percy Circus, of Charing Cross Hospital; H. G. H. Monk, L.S.A., Woburn Place, W.C., of King's College Hospital; Robert Wrigley, L.S.A., Glendow Place, S.W., of St. Bartholomew's Hospital; G. R. McIntosh Pollard, L.R.C.P. Lond., Clapham, of Guy's Hospital.

One candidate was referred for 3 months, 4 for 6 months, and 2 for 12 months; 11 candidates passed in Surgery, and when qualified in Medicine and Midwifery will be admitted Members of the College.

Admitted on the 12th inst.:—

S. P. Alexander, M.B. Glas., Belham Terrace, Glasgow, of the Western Infirmary, Glasgow; J. R. Isaac Raywood, L.S.A., Thorne, near Doncaster, of Guy's Hospital; Isaac R. Cory, L.R.C.P. Lond., Clarendon Road, W., of St. Thomas's Hospital; R. N. Wallinger, L.R.C.P. Lond., Brighton, and G. A. T. Inman, L.S.A., Kew Gardens, of King's College Hospital; H. K. Bradbury, L.S.A., Putney, of the London Hospital.

Two candidates were referred for 3 months, 6 for 6 months, and 1 for 9 months; 11 candidates passed in Surgery, and when qualified in Medicine and Midwifery will be admitted Members of the College.

THE SOCIETY OF APOTHECARIES, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, August 6th, 1885:—

Charles Denn Christmas, Welby Road, Hammersmith; Henry Robinson Codd, M.R.C.S., Willes Road, Leamington; Richard Tanner Finch, M.R.C.S., Rochester; Spence Hurlbutt, M.R.C.S., Chippenham Road, St. Peter's Park, W.; Angus Ross Kennedy, Glasgow; James Jesse Wm. Stevens, High Street, Strood, Rochester; Edward Reginald Tweed, 14, Upper Brook Street, W.

On the same day

Ferdinand Simeon Le Quesne, King's College Hospital, passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise.

The following gentlemen also, on the same day, passed their Primary Professional examination:—

Arthur John Briant, Liverpool Royal Infirmary School of Medicine; Astley Brodie Crowther, Manchester Royal Infirmary School of Medicine; William Ellis, St. George's Hospital; Naunton Wingfield Walford Meadows, Guy's Hospital; Francis Silva White, University College.

GLASGOW ROYAL INFIRMARY.—At the meeting of Managers of the Glasgow Royal Infirmary on the 10th instant, the vacancies in the staff, caused by the retirement of Dr. Scott Orr and Dr. Ebenezer Watson, were filled up by the appointment of Dr. J. Wallace Anderson as Physician, and Dr. W. J. Fleming as Surgeon. Both gentlemen belonged to the Dispensary Staff, on which they were the seniors, having each served for a considerable term of years. The probabilities of the appointments have been the topic of conversation in medical circles for the last few weeks; and it has been rather loudly maintained that the only just course for the managers to take was to promote those of the Dispensary Staff who had "served longest." Indeed, to some extent the fight for the positions has been regarded by some of the younger men as a test one, and we suppose the election will be claimed as a triumph of the promotion idea, though we do not doubt that in the present election the managers found other reasons besides length of service to determine their choice.

ST. GEORGES' HOSPITAL MEDICAL SCHOOL.—The prizes were distributed in the Board-room of the hospital to the successful students, by Sir Prescott Hewett, Bart., F.R.S., on Tuesday, the 28th July. The list of prizes and prizemen is as follows:—(1) The William Brown (40*l.*, Exhibition, with an Honorary Certificate), Mr. George Francis Smith; (2) The Treasurer's Prize (10*l.* 10*s.*, with an Honorary Certificate), Mr. Arthur Vernon; (3) The Brackenbury Prize in Medicine (32*l.*, with an Honorary Certificate), Mr. G. F. Smith; (4) The Brackenbury Prize in Surgery (32*l.*, with an Honorary Certificate), Mr. De Nyssen; (5) Sir Benjamin Brodie's Prize (6*l.*, with an Honorary Certificate), Mr. Russell Coombe; (6) The Henry Charles Johnson Prize in Anatomy (10*l.* 10*s.*, with an Honorary Certificate), Mr. A. H. Ward; (7) Sir Charles Clarke's Prize (6*l.*, with an Honorary Certificate), Mr. Arthur Jervis; (8) The George Pollock Prize in Physiology



18*l.* 12*s.* 6*d.*, with an Honorary Certificate), Mr. Lancaster; (9, 10, 11) Honorary Certificates for Proficiency in Anatomy, Mr. Lancaster, Mr. Parker, Mr. J. Wayte; (12) Three Years' General Proficiency Prize (10*l.* 10*s.*, with a Certificate of Proficiency), Mr. De Neysen; (13, 14, 15) Certificates of Proficiency in Medicine, Surgery and Pathology, Mr. Remfry, Mr. Pereival and Mr. W. L. Dickinson; (16) Certificate of Proficiency in Surgery, Pathology and Midwifery, Mr. Vernon; (17) Certificate of Proficiency in Medicine and Surgery, Mr. Goodale; (18) Second Year's General Proficiency Prize (10*l.* 10*s.*, with an Honorary Certificate), Mr. Lancaster; (19) First Year's General Proficiency Prize (10*l.* 10*s.*, with an Honorary Certificate), Mr. Le Cronier; (20) Honorary Certificate of Proficiency, Mr. Cyril Ogle; (21) Extra First Year's General Proficiency Prize (10*l.* 10*s.*, with a certificate), Mr. Herbert Higgins.

**SOCIETY OF APOTHECARIES.**—The following gentlemen have been elected Members of the Court of Examiners of the Society of Apothecaries of London for the ensuing year, viz.: Henry Bullock, F.R.C.S.; Henry R. Crocker, M.D. Univ. Lond.; Robt. Fowler, M.D. Univ. Edin.; F. de Havilland Hall, M.D., Univ. Lond., F.R.C.P. Lond.; Robt. J. Lee, M.D. Univ. Camb. F.R.C.P., Lond.; W. Withers Moore, M.D. Univ. Edin., F.R.C.P. Lond.; John S. Stoeker, M.D. Univ. Lond.; John C. Thorowgood, M.D. Univ. Lond., F.R.C.P. Lond.; Francis Warner, M.D. Univ. Lond., F.R.C.P. Lond.; Andrew Clark, F.R.C.S.; G. H. Makins, F.R.C.S.; W. J. Walsham, F.R.C.S.

**ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.**—During the month of July, 95 patients were treated. Sixty of these were in the Hospital on 30th June, and 35 were admitted during the month; 42 were discharged cured and eight were relieved. The average daily sick in the Hospital during the month was 48; 484 patients were treated at the Dispensary, and 18 were vaccinated, making in all 502.

**MEDICO - PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN.**—The adjudicators for the prize essay of this society have this year awarded their prize to Dr. T. Duncan Greenlees, of the asylum at Carlisle, for his essay on "A Contribution to the Study of Diseases of the Circulatory System in the Insane." This prize is open to the competition of all asylum assistant physicians. Dr. Greenlees is a graduate of Edinburgh University.

**THE BROMPTON CONSUMPTION HOSPITAL.**—The report submitted to the quarterly Court of Governors, held on the 6th instant, again exhibits the almost unexampled continuous flow of munificent donations and legacies to the institution. The donations amounted to 250*l.*, and the legacies to 810*l.* 10*s.* The whole of the 321 beds in the two buildings had continued to be occupied. The number of patients admitted since the 28th May was 362; discharged, many greatly benefitted, 321; died 37; new out-patient cases, 2,587. Drs. Green and Bruce have been re-elected for a further period of five years, and Mr. H. Herbert Taylor re-appointed assistant resident medical officer for another twelve months.

**WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, 73, WELBECK STREET.**—The annual meeting of the governors and subscribers of this hospital was held on Saturday, August 1st. During the past year the annual subscriptions have increased from 338*l.* to 384*l.*, and the attendances of patients from 7,914 to 9,489 exclusive of 1,253 attendances for electrical treatment.

**NORTH LONDON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.**—The Fishmongers' Company has contributed 50 guineas to the funds of this hospital.

**CHARITABLE BEQUESTS.**—The late Mrs. Martha Donohis, of Upper Gardiner, Dublin, has bequeathed the following sums to institutions in that city:—300*l.* each to the Mater Misericordiae Hospital and the Children's Hospital; 200*l.* each to the Deaf and Dumb Institution, Cabra; the Male Blind Institution, Glasnevin; and the Asylum for Blind Females at Merion; and 300*l.* to the Hospice for the Dying, Harold's Cross. Mrs. Lucy Eliza Lucy, late of 3, College Road, Brighton, leaves by her will 500*l.* to the Royal Free Hospital, Gray's Inn Road, London.

**CORK STREET FEVER HOSPITAL, DUBLIN.**—The monthly meeting of the Committee was held on the 6th instant at the hospital. The number of patients on the 30th June was 49; admitted during the month of July, 52; died, 3; discharged cured, 50; remaining in hospital, 48. The registrar reported that the two cases of small-pox which were admitted during the past month still remain in the hospital, but are now convalescent; there had been no fresh cases. The epidemic of measles, prevalent for the past few months, had almost disappeared. Scarlatina was slightly on the increase, and typhoid fever cases had been few in number.

**DEATH OF DR. NATHANIEL CAMERON.**—The deceased was a native of Abernethy, on Speyside, and had a distinguished career at Aberdeen, both in arts and medicine, carrying off high prizes in both departments. He graduated with the highest academical honours, and subsequently became Assistant-Demonstrator of Anatomy in Aberdeen University. After acting as resident physician at the Macleesfield Infirmary for a brief period, Dr. Cameron, in 1878, entered the Army Medical Department, and went out to Sierra Leone. His death, which was due to fever, took place on July 10th.

**THE BRITISH ASSOCIATION.**—At the meeting of the British Association which is soon to be held in Aberdeen, an interesting collection of rare books will form a pleasing feature. The Earl of Crawford and Balcarras, whose library alone is valued at 25,000*l.*, has kindly offered to lend some of his gems, in addition to the many rare works from the libraries of the University and those of gentlemen in the neighbourhood.

**THE IMPROVED INDUSTRIAL DWELLINGS COMPANY.**—The report presented at the 44th half-yearly general meeting, held on the 6th instant, shows that the average death-rate in their dwellings had been further reduced in 1884 to 14.27 per 1,000, as compared with 20.3 in the metropolis generally. The lower death-rate had been accompanied by a birth-rate higher than the general average of the metropolis.

**SURGEON-GENERAL ROGERS,** principal medical officer of the Egyptian Army, has, on the recommendation of the Commander-in-Chief of that force, been appointed president of a committee to enquire into the report upon the rations of the native troops.

**MORTALITY, HASTINGS.**—Dr. C. T. R. Shaw, Medical Officer of Health, in his quarterly report ending June last, states that with a population of 47,930, only 155 deaths had occurred, or at a rate of 12.98 per cent.

**WHOOPIING-COUGH, FINCHLEY.**—Dr. J. Turle, Medical Officer of Health, at the meeting of the Local Board, on Monday, stated he could not give the Board any approximation to the number of cases of whooping-cough in the district. Several local practitioners had informed him that the disease was so extremely prevalent in the locality, and the cases in their hands so numerous, that they had been unable to keep an account of them.

**TASMANIA.**—The Tasmanian Government in some statistics published, state that vital statistics for the past year also demonstrate that the health of the people is as good as ever it was, and that there are no signs of this climate, famous for its healthiness, deteriorating in any way.

**FILARIA SANGUINIS HOMINIS.**—It would appear that we are now within a measurable distance of completing the life history of this interesting and important parasite. At a recent meeting of the Sei-I-Kwai in Tokyo (*vide* Transactions of that Society, No. 6), Mr. W. de L. Estlake made an interesting statement as to Dr. Manson's latest views on the subject. Dr. Manson suggests that the *Paludina*, a large freshwater univalve, is the intermediary host. It will be remembered that Dr. Manson has already shown how the filaria is swallowed by the mosquito, and how the worm progressively grows in the inside of the mosquito until it has attained its full development; the mosquito then dies, and the worm is liberated into a stagnant pond. The *Paludina* inhabits stagnant water, and moreover it has a peculiar habit of crawling along the surface of the water



eating everything it comes across, and it certainly devours the eggs of the mosquito as well as the partially decomposed or dissolved body of the mosquito. This mollusc is largely eaten both by the Chinese and Japanese. Mr. Eastlake proposes to carry out the following experiments, which should be decisive as to the correctness or otherwise of Dr. Manson's theory. (1) To inject *filaria* into some large water-beetle. Put the beetle into a receptacle filled with stagnant water and containing *Paludina Stelmaphora*. So soon as the beetle dies, make periodical microscopic examinations of both water and *Paludina*. (2) To put *filaria* directly into water in which there are *Paludina* or inject them into *Paludina* and watch the result. (3) To let the patient be bitten by mosquitoes, collect these, and put them into water in which there are *Paludina*, and then carefully watch the result. Dr. Suzuki (who had just previously reported a case, with result of *post mortem* examination in which *filaria* had been present in the blood three months before death) observed that the mollusc in question was used as bait to catch a kind of fish which the Japanese eat raw. So that it is possible that the worm passes through two intermediary hosts before reaching the human stomach; anyhow we shall look with much interest for the report of the projected experiments.

**BRAIN NOMENCLATURE.**—Professor Wilder, the President of the American Neurological Association, has distinguished himself in this direction. He has founded a new science which he calls *neuronomy*. His industry in coining words is even greater than that for searching out new cells, nerve-tracts and blood-vessels in the brain, which is considerable. No one will dispute his title to the fame of having devoted more time to the naming the contents of the cranium than any other English-speaking man. One is inclined to exclaim: "Heaven forbid another from a like undertaking!" The study of the brain has now become so complicated that it requires a bold determination on the part of the student to undertake it. It is as if he had entered a primeval forest in which wanderers, according to their own sweet will, had blazed trees in every direction, until all the monarchs of the forest had received one or more instructing gashes, resulting in a wilderness more confounding than ever—the old traces becoming lost, and intermingled with the new. Could all the explorers in brain anatomy come together, settle upon a common basis, and adopt a universal nomenclature which should pass current everywhere, a great boon would be conferred. Possibly Professor Wilder could succeed in pressing his nomenclature to a universal adoption, but it will take more than one generation to receive it with a cheerful acquiescence, and to accord to it the credit which we to-day are so slow to give, and the appreciation which, justly or not, is withheld.—*New York Medical Record*.

**A FERTILE WOMAN.**—The *Lyon Medical* (July 12) cites the case of a peasant woman, who, at all events, has done her part in the endeavour to repair the deficiency of population of which the French statisticians are so bitterly complaining. She has brought forth 27 children, of whom 25 are alive and in good health, only six being girls. In one year five made their appearance, three on the 2nd January and two on 27th December. She is now 68 years of age and her husband is 73, and both continue their agricultural employment, assisted by six sons. All these children have received a good education, and three of the sons are in the army at Tonquin, two of them have attained high distinction. Two of the three married daughters seem disposed to follow in their mother's footsteps, one of them 3½ years of age having had nine children and the other five, two of whom are twins.

**DIRTY HANDS.**—Cleansing dirty hands would seem to be, according to Dr. Förster, of Amsterdam, if not an impossible, at least one of the most difficult of procedures. In a series of experiments which he has been pursuing, he finds that, after the most diligent washing with soap and water, with the aid of a nail-brush, following this up with the use of strong solutions of carbolic or boric acid, chloride of zinc or perchloride of iron, and having well dried them with napkins previously washed in scalding water, yet hands so dealt with remain impure. In fact, if, after

taking all these minute precautions, the fingers are placed in a solution of sterilized flesh-peptone, or are pressed on gelatine of Koch's second culture, these substances rapidly develop micro-organisms. Nor is it of any use trying to purify the hands with the carbolic acid solution of 2½ per cent. which is usually employed, or even with phenicated glycerine at 10 per cent. Happily Dr. Förster has found that these difficulties are to be met by the very simple procedure of employing one-half or one per 1,000 of corrosive sublimate, which at once removes all micro-organisms or their germs. But he adds, as a caution, that drying the hands afterwards with a towel which has not been previously disinfected, at once gives rise to a production of the micro-organisms. "Washing the hands" is therefore by no means the simple process that all the world believes it to be.—*Gazzetta Med. Italiana*.

**NEW TEST FOR CITRIC ACID.**—C. Mann states in the *Zeit. Anal. Chem.* that if citric acid be evaporated to dryness with glycerol, treated with aqueous ammonia and again dried it gives a deep green colour with peroxide of hydrogen. Nitric acid if similarly treated also yields a green colour, but this changes to dark blue on warming. Tartaric and malic acids give no reaction.

**DETECTION OF SMALL QUANTITIES OF SUGAR IN URINE.**—When urine containing less than 1 per cent. of sugar is heated with Fehling's solution, it becomes opalescent and greenish, or dark yellow, in colour, but does not deposit cuprous oxide. According to G. Buchner, this is due to the presence of uric acid and creatinine, which should be removed, by first adding to the urine a solution of copper sulphate, 1 to 10, then warming and filtering from the precipitate. The filtrate containing excess of sulphate of copper is next treated with Rochelle salt and potash solution, and warmed. Under these conditions the smallest quantity of sugar is indicated by the precipitation of red cuprous oxide.—*Chem. Centralblatt*.

**A CURIOUS COLLECTION OF SKELETONS.**—The celebrated doctor-naturalist Daubenton, who, in 1745, was nominated, at the recommendation of Buffon, one of the curators of the *Muséum d'Histoire Naturelle*, busied himself in forming collections of all kinds. Among these was a very curious, but also a very repulsive one. It was only known to have existed, but had disappeared and never could be found. Some days ago, however, one of the Museum assistants, in rummaging about in a loft, discovered, to his great astonishment, a number of skeletons of most extraordinary forms. He made known his find to the directors, MM. Fremy and Quartefages, and after an examination these *savants* came to the conclusion that this was really the famous collection of Daubenton, which had been sought for for nearly 80 years. The collection was made up of the skeletons of the inhabitants of the *Cour des Miracles* (since rendered so famous by Victor Hugo in his *Notre Dame de Paris*). For more than 40 years Daubenton, who lived until he was 84, made every effort to secure the remains of all the deformed and mutilated beings of all sorts who inhabited this locality; and a most singular collection has been the result.—*Lyon Medical*.

**ST. JOHN'S AMBULANCE ASSOCIATION.**—At the Guildhall, on Saturday next, the Lord Mayor presiding, the Princess Christian will present about 700 certificates to the City and Port of London District Classes.

## APPOINTMENTS.

- ACKLAND, W. R., L.D.S. Eng.—Demonstrator to the Dental Hospital of London, *vice* William Hern, resigned.  
 BERESFORD, CHARLES W., M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Flamstead District, Hemel Hempstead Union, *vice* Mr. G. P. Bernard, deceased.  
 BLAKISTON, AUBREY, L.R.C.P. and L.R.C.S. Edin.—Medical Officer to the Wareham First and Morden Districts, Wareham and Purbeck Union, *vice* Dr. Joseph H. Webster, resigned.  
 COOK, HENRY SAMUEL, M.R.C.S. Eng., L.S.A. Lond.—Assistant Medical Officer to the Workhouse of the Parish of Birmingham, *vice* Mr. W. C. Dendy, resigned.  
 DRESCHFELD, JULIUS, M.D., F.R.C.P.—Visiting Physician to the Royal Lunatic Asylum, Manchester.



GILMORE, RICHARD WHATELY, L.R.C.S. Ire., M.B. Dub.—Medical Officer to the Broughton District, Glanford Brigg Union, *vice* Dr. James Tittley, resigned.

HAWKINS, F. H., M.B.—Physician to the St. George's and St. James's Dispensary, Golden Square, W., *vice* F. Lucas Benham, M.D., M.R.C.P., resigned.

HINDLE, JAMES, L.R.C.P. and L.R.C.S. Edin.—Medical Officer to the Rillington District, Malton Union, *vice* Dr. Adam C. Lyon, resigned.

HOWE, J. D., M.R.C.S., L.S.A. Lond.—Assistant Medical Officer to Monsall Fever Hospital, Manchester, *vice* W. A. Evans, M.B. Lond., resigned.

JOHNSON, GEORGE H., L.R.C.P., M.R.C.S.—Honorary Surgeon to the Teignmouth Infirmary.

MOORE, EDWARD HEAD, L.R.C.P. Edin., L.S.A. Lond.—Medical Officer to the Mylor District, Falmouth Union, *vice* Dr. Greenwood, resigned.

SIMMONS, F., M.B. Ed.—Resident Physician to the Chelsea Hospital for Women.

SIMPSON, H., M.D. Lond., M.R.C.S., L.S.A.—Visiting Physician to the Royal Lunatic Asylum, Manchester.

SMITH, GEORGE COCKBURN, M.R.C.S. Eng., L.R.C.P. and L.R.C.S. Edin.—Medical Officer to the Middleton Cheney District, Banbury Union, *vice* Mr. F. C. Lawson, resigned.

THYNE, THOMAS, M.D. Edin., M.R.C.S. and F.R.C.S. Eng.—Medical Officer to the Millcorner and Cockfoster District, Edmonton Union, *vice* Dr. Livingston, deceased.

WEBB, THOMAS LAW, L.R.C.P. Lond., M.R.C.S. Eng.—Medical Officer to the Workhouse, Madeley Union, *vice* Mr. James Procter, resigned.

### VACANCIES.

ASYLUM FOR IDIOTS, EARLSWOOD, REDHILL, SURREY.—Assistant Medical Officer. (*For particulars see Advertisement.*)

FROME UNION.—Medical Officer for the Nunney District, in succession to Mr. W. H. Wood, resigned. Area, 13,831 acres. Population, 2,384. Salary, £77 per annum.

LINCOLN COUNTY HOSPITAL.—House Surgeon. Salary, £100, with board, lodging, and washing. Candidates must be unmarried, doubly qualified, registered, and under 40 years of age. Copies of testimonials to W. B. Danby, Secretary, on or before Aug. 15th.

NORTH EASTERN HOSPITAL FOR CHILDREN, HACKNEY ROAD, E.—Physician. Candidates must be Fellows or Members of the Royal College of Physicians, London. Applications, with qualifications and testimonials, to be addressed to the Secretary, City Office, 27, Clement's Lane, E.C. (from whom further particulars may be obtained), on or before August 31st.

REETH UNION.—Medical Officer for the Muker District, in succession to Mr. F. J. Turner, resigned. Area, 40,368 acres. Population, 2,003. Salary, £45 per annum.

ROYAL BERKSHIRE HOSPITAL, READING.—House Surgeon. Salary, £90, with board and lodging in the hospital. Candidates must be members of one of the Royal Colleges of Surgeons of Great Britain and Ireland, and Licentiates of the College of Physicians or of the Apothecaries' Company, and be able to produce testimonials of good character. Applications, with testimonials, to be sent to the Secretary by August 15th.

SHIPSTON-ON-STOUR UNION.—Medical Officer. (*For particulars see Advertisement.*)

ST. GEORGE IN THE EAST, PARISH OF.—Medical Superintendent for the Infirmary, in succession to Dr. M. J. O'Connor, deceased.

STOCKTON-UPON-TEES HOSPITAL AND DISPENSARY.—House Surgeon (non-resident). Salary, £200 per annum. Candidates must be doubly qualified. Applications, stating age, with recent testimonials or copies, to be sent to the Secretary not later than August 24th.

SUSSEX COUNTY HOSPITAL.—Assistant Physician. (*For particulars see Advertisement.*)

### MARRIAGE.

GILES—BISSILL.—On June 2, at the Parish Church, Sleaford, by the Rev. George W. R. C. Kent, Curate of St. Martin's, Salisbury, assisted by the Rev. A. G. Langdon, vicar of the Parish, Oswald Giles, Surgeon, Sleaford, late of St. George's Hospital, London, to Harriette Helen, younger daughter of J. H. Bissill, F.R.C.S., of Sleaford.

### DEATHS.

GRIGG, J. C., F.R.C.S., at 40, Bedford Street, Covent Garden, on August 4th, in his 50th year.

O'CONNOR, M. J., L.R.C.P., M.R.C.S., late of Eldon House, Mile End Road, on August 3rd, aged 62.

SMALL, T. G., M.D., of Dublin, at Albano, on August 3rd, aged 82.

### NOTES, QUERIES, AND REPLIES.

#### MACLEAN TESTIMONIAL FUND.

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WE have received from Dr. Jeffreys, of Chesterfield, the following first list of subscriptions to this fund:—Sir Wm. Jenner, Bart., K.C.B., Sir Henry Thompson, Mr. Lawson Tait (Birmingham), Mr. Marston Buszard, Q.C., M.P., £10 10s.; Sir Andrew Clark, Bart., Mr. W. Adams (Henrietta Street), £5 5s.; Sir Edwin Saunders, Dr. Robert Martin (Queen Anne Street), Mr. Geo. D. Pollock (Grosvenor Street), Mr. C. J. Wheelhouse (Leeds), £5; Mr. Lennox Browne (Leeds), Mr. Noble Smith (Queen Ann Street), *The Medical Press and Circular*, Mr. James W. Barry (Bournemouth), Dr. Francis McLoughlin (Londonderry), £3 3s.; Sir Wm. MacCormac, Mr. Jonathan Hutchinson (Cavendish Square), Dr. George Johnson (Savile Row), Dr. Martin D. Bartolomé (Sheffield), Mr. W. Favell (Sheffield), Dr. Keeling (Sheffield), Mr. Arthur Jackson (Sheffield), Dr. W. R. Thomas (Sheffield), Mr. Simeon Snell (Sheffield), Mr. Henry Sewell (Wimpole Street, W.), Dr. J. M. Kennedy (Petersborough), Dr. F. Richardson Cross (Clifton, Bristol), Mr. G. Booth, J.P. (Chesterfield), Dr. J. P. Smith (Lowestoft), £2 2s.; Dr. A. H. Eddowes (Market Drayton), £2; Dr. Balthazar D. Foster (Birmingham), Dr. Peter Redfern (Belfast), Mr. Bernard M. S. Roth (Wimpole Street, W.), Dr. P. H. Mules (Bowden), Dr. J. Lawrence (Darlington), Mr. D. B. Balding (Royston, Herts), Dr. J. Barr (Liverpool), Mr. R. Bowes (Richmond, Yorkshire), Mr. Frank H. Hodges (Leicester), Dr. W. P. Herringham (Bedford Square, W.C.), Dr. Roger Prosser (Bromsgrove), Dr. W. Collier (Oxford), Mr. Wm. Martin (Walkden), Dr. Geo. Brown (London), Dr. Wm. Benthall (Derby), Mr. A. H. Laver (Sheffield), Dr. H. A. Powell (Beckenham), Mr. H. Fearnside (London), Mr. Josh. A. Locking (Hull), Mr. Geo. Walter Tait (Knowle, Birmingham), Dr. Louchlan Aitkin (Bournemouth), Dr. W. A. Satchell (St. Servan, France), Mr. Jno. Bluet (Chesterfield), Mr. Richard Jeffreys (Chesterfield), £1 1s.; Dr. J. M. Finch (Boro' Asylum, Leicester), £1; Mr. J. Goodwin Shea (Chesterfield) Dr. Thomas Morgan (Montgomery), Mr. J. B. James (Bermanscy), Dr. Tom Nevill (Pimlico Road, S.W.), Dr. Grif Griffiths (Swansea), Dr. J. F. Fry (Swansea), Dr. J. B. Fry (Swindon, Wilts), 10s. 6d.; Mr. G. P. Francis (Bourton, Dorsetshire), Dr. De Vere Hunt (Bolton), Dr. Josh. Rogers (31, Montague Place, W.C.), Mr. Alfred Reckless (Sheffield), Mr. F. M. Corner (Poplar), Dr. J. W. Buckle (Storrington, Sussex), Dr. J. S. Johnston (Sheffield), 10s.



## AN APPEAL.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—I desire to acknowledge with sincere gratitude the prompt and liberal response to my appeal on behalf of the widow and daughters about whose case I wrote last week. I hope speedily to announce the restoration of the piano and the relief of these ladies from their difficulties:—Henry Smith, Esq., F.R.C.S., £3 3s.; Dr. George Johnson, John Colebrook, Esq., J. Lennox Browne, Esq., Henry Stear, Esq., £2 2s.; Sir Edwin Saunders, £2; W. B. Owen, Esq., Prof. Humphry, Dr. Van Vestrant, James Taylor, Esq., F.R.C.S., Nath. P. Blaker, Esq., Dr. Bull, Dr. Walter Satchell, £1 1s.; Prof. Joseph Bell, S. Carrick Steet, Esq., F.R.C.S., Dr. Connel, Dr. N. Henry K. Kane, Dr. Kealey, £1; S. Burrows, Esq., 10s. 6d.; Dr. Travers, H. S. G. (Eastbourne), Wm. J. Mackie, Esq., 10s.

August 12th, 1885.

I am, Sir, yours, &amp;c.,

W. H. BROADBENT,

Dr. H. De Sa, Dhola Junction, Dhola.—Letter and enclosure received with thanks.

C. Fitzgerald, Esq., Harbor Briton, Newfoundland.—Letter and enclosure received with thanks.

Dr. E. M. Eaton, Chattanooga, Tenn., U.S.A.—Letter and enclosure received with thanks.

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## BOOKS RECEIVED—

How to Prevent Cholera and Zymotic Diseases, by Moses Davis, F.R.S.A., F.R.G.S., etc.—Quarterly Return of Marriages, Births, and Deaths in England—Parks and Playgrounds for the People—Contributions to Pathology and the Practice of Medicine, by John R. Wardell, M.D.—Von Ziemssen's Handbook of General Therapeutics, vol. iii.—The Influence of the Sympathetic on Disease, by E. Long Fox, M.D. Oxon., F.R.C.P.—Unbelief, by Maurice C. Hime, M.A., LL.D.—The Saline Waters of Leamington, by F. W. Smith, M.D.—The Nature and Treatment of Sporadic and Epidemic Cholera, by Alex. Harkin, M.D., F.R.C.S.—Cholera Curable, by John Chapman, M.D., etc.—Report on the Health of the Borough of Birmingham for the Quarter ending July 4, 1885—London, Old and New; a Sanitary Contrast, by Ernest Hart—Annual Report on the Health of Salford, by John Tatham, B.A., M.B.

## PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—The Hospital Gazette—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—Revue Médicale—Journal of Cutaneous and Venereal Diseases—The Charity Record—La Cronica Medica—Popular Science News—Revista de Medicina—The Practitioner—The Diss Express, Aug. 7—The Daily Free Press, Aug. 11—The Medical Chronicle.

## HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guys, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

## SUMMARY OF CONTENTS, AUGUST 8.

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Mr. John Marshall, F.R.S.: Address on Surgery at the British Medical Association.  
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## FOREIGN HEALTH RESORTS:

Nassau (New Providence).

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MEDICAL TIMES  
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No. 1834

LONDON, SATURDAY, AUGUST 22, 1885.

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THE BRADSHAWE LECTURE.

ON

MORBID ARTERIAL TENSION.

DELIVERED BEFORE THE ROYAL COLLEGE OF PHYSICIANS, AUGUST 18TH.

By JAMES F. GOODHART, M.D., F.R.C.P.,

Senior Assistant Physician and Lecturer on Pathology at Guy's Hospital.

It falls to the lot of the Bradshawe lecturer of to-day, to deal with circumstances that are sadly peculiar, and which—young being the days of the foundation—no one has hitherto been called upon to handle. He is here to-day not in his own right, so to speak, but to fulfil the duty, to reap the pleasures, in this instance but sad ones, which are some of the obligations of friendship. In happier fate we should have listened to one of the most distinguished of the younger Fellows of this College, as he pointed, as assuredly he would have done, from the honoured and brilliant Past, to the hopes of a robust and seething Present, and then, perhaps, on to the

"What Now discovers not, Hereafter knows,"  
VOL. II. 1885. No. 1834.

and the boundless capacity of the Future, fit subject of discourse by one whose enthusiasm seemed as limitless as it was prodigal.

But Mahomed's destiny was not this ; his Presence has gone onwards, and we who remember its individuality and its vigour may well make it our business to enquire what of the Essence—

"The Living Power, if that which lived  
True Life, live on"

—of that lost individuality is here.

But, although thus fettered, as I think, in the choice of a subject upon which to lecture—for there are other matters upon which, as being more conversant with them, I would the rather dwell—when I come to examine them, my bonds are those not of restraint, but of freedom. For on the one hand, the memory of the most illustrious Past, although not dead, yet sleepeth, and the task of wakening may most gently and naturally come by Time's substitutions and the more vivid impressions of its latest finished effort, the more recent Dead. And on the other, in this particular instance, my subject happily embraces the work, not of Mahomed only—not of him first, far from it, though changeful fortune gives him now a courteous, sad, respectful precedence—but of such distinguished Fellows of the College past and present as Bright, Sibson, George Johnson, Owen Rees, Sanderson, Gull, Sutton, Dickinson, Broadbent, Galabin, and others. Indeed, when once the enumeration is begun, I know not where one is to stop, so many,



according to my idea of what arterial tension embraces, have worked at some branch or other of it.

The subject, therefore, is appropriate whether for a Bradshawe lecture in ordinary, or for one delivered under the, let us hope, long peculiar circumstances which attach to that of 1885, or whether for a lecture emanating from this College, for it concerns itself with a matter which by the work of many of its Fellows has been made, and still is, one of the leading pathological and clinical questions of the day.

I could not, of course, attempt in one short hour to review the whole history of arterial tension, a history practically concurrent with that of the circulation of the blood. Nor is anything of that soporific kind my purpose in this the middle of August. I am only concerned with the latest developments of arterial tension, the application of the idea to what, for want of a better term, I shall call the household explanation of disease. By that, I mean an explanation which can be made to apply to such multiform conditions that, from one point of view, it is a morbid agency the importance of which can hardly be over-rated; from another, it bears more the aspect of a faded Cambridge blue, so little of depth is there in the colour it contains.

These two alternatives will, I believe, fairly represent the value set upon the idea, or the fact, by practical men in the present day. I do not mean the conception of its value in the mind of the absorbed pathologist: he looks at things with an æsthetic severity of conviction that may chance to arrive at conclusions which are beside and beyond our everyday realities. He works for to-morrow rather than to-day. His mood must often seem to be:

"Yet still shall I speed  
On my way without heed,  
Nor mourn for the wreck that is doing  
For my calm, cold light  
Is my own delight,  
And I smile on the ashes of ruin."

The stress of the fight comes not on him, the upheavals produced by his dicta come upon the sons of men, and theirs is the stress in clambering the rugged crevasses of discovery.

Now, arterial tension and Bright's disease have danced so much together of recent years, that it is necessary to occupy much of the time with the aspect of the question derived from their association. Bright in his day noticed the hypertrophy of the left ventricle that occurs in chronic renal disease, and attributed it to the impurity of the blood, and to the extra work thus thrown on the heart, in consequence of the refusal of the tissues to allow a free passage to material of which they disapproved.

His words are these: "Either the altered quality of the blood affords irregular and unwonted stimulus to the organ immediately, or it so affects the minute and capillary circulation as to render greater action necessary to force the blood through the distant subdivisions of the vascular system." Dr. George Johnson in his earlier writings maintained much the same view, but abandoned it in deference to the teaching of modern physiologists, for what is now well-known as the stop-cock theory, which supposes, and no doubt justly so, that the function of the muscular coat of the arterioles is a controlling one, and that when blood is ill adapted to the tissues control will be increased, and the blood shut off more or less from the tissues. This must necessarily create obstruction behind, throw increased work upon the heart, and thus account for the hypertrophy of the left ventricle. Fully examined, there is not much objection to that way of stating the case, but there is just a touch of fancy in the stop-cock simile which provokes the criticism that it smacks too much of a purposive volition. The arteries might

seem to say to the heart you shan't, and the heart to retort you shall, or as Dr. Dickinson writes: "the heart and arteries are thus represented as acting in antagonism, and hypertrophied by the efforts each makes to get the better of the other, the arteries contracting beyond their wont in the endeavour to shut the blood out of the tissues, the heart using increased efforts in the attempt to overpower their resistance and drive it in, and both, like conflicting athletes, are increased in muscle by the exercise." Dr. Johnson takes exception to that way of stating the case, but it is a clear way of putting the issue raised by a too dogmatic insistence on the stop-cock analogy. In that light the theory does seem to me unphysiological. There is no strife in Nature, and if the hypertrophy of the vessels exist, as it surely does, then both it and the increase of the muscular tissue of the heart must be part of one common process, one purpose if you will, which is consistently and adequately explained by the effort of the entire muscular element of the circulatory system to forward a fluid to which the absorptive or appropriative powers of the tissues are ill adapted. I must say I find myself in complete accord with Dr. Dickinson, and Bright was probably well advised in confining himself to the facts. The bare supposition that the heart is large because it has more work to do is quite unassailable. Nevertheless, Dr. Johnson advanced us an important step by insisting upon the thickening of the vessels, because so little attention had been paid to it. Bright, however, had noticed it, and you will see at once that the knowledge of that time implied its existence. It *must* be so. An athlete uses certain muscles for a certain purpose, and he, perhaps, doubles their size. We don't question the cause or the nature of the hypertrophy; the heart does double duty owing to some impediment in one or other of its valves. Who questions the reason of its increase in size? If the stomach or the intestine have to overcome obstructions, and we find them thickened, again, who disputes the nature of the thickening. It goes without saying. In all these instances we see simple illustrations of a common physiological principle admitted by all. What reason, then, is there to discuss whether the muscle of the arterial coat hypertrophies? Of course it does, when excessive work is demanded of it, just as organic, or any other muscular fibre elsewhere. Therefore, to the question, Is the muscular coat of the arterioles thickened in chronic renal disease? I reply not so much by a demonstration of the fact, which is, perhaps, not so easy as might at first hand appear, but by an appeal to the entirely *a priori* ground that it must be so. And I do this with intention, in the conviction that the appeal to demonstration and to demonstration only in the present day is too absolute. No doubt it is on the whole the safest ground to tread, but appearances admit often of various interpretations, while, within such limits as its present use, I believe my argument to be unassailable.

Some particular feature will, I say, admit of various interpretations. Thus, Sir William Gull and Dr. Sutton write:—"As to the hypertrophy of arterioles we may say that, though the muscle in some of the larger arterioles especially seemed to be increased, yet we are still sensible of the difficulty of giving a true interpretation to such an appearance." They lay stress upon the possibility that irregular and unusual contraction of the vessels, and a want of constancy in the natural thickness of the layer in different arteries of equal calibre, may simulate disease; and those of us who are familiar with the pitfalls which abound, even for the wary, in latter-day microscopy may well be ready to admit that these are no mere captions reservations of the hostile critic. I, however, agree with Dr. George Johnson, Dr. Dickinson, Dr. Galabin and



others, that a comparison of comparable specimens is not so difficult as to throw doubt upon the reality of the hypertrophy.

As regards the existence or not of spasm, Dr. Johnson's position is to my mind inadequate by just so much as he rejects the function of the muscular coat of the arterioles as an auxiliary force in forwarding the circulation. I am aware of the difficulty of this question: that physiologists as a body are in favour of his position, and that demonstrable evidence against it is either absent, or indecisive. Nevertheless, I cannot conceive of the evolution of a circulatory system upon lines which, whatever name is applied to them, must be antagonistic. Dr. Johnson makes use of the term "an antagonism of forces." I would rather believe that, developed for a common purpose, and by a gradual evolution, heart and arteries so work together under natural circumstances that we cannot detect their harmony; and that when it is possible to study the action of the muscular coat it approximates to the conditions of disease. We say, for instance, that non-striated muscular fibre acts slowly and persistently, and that such an action is inconsistent with the lightning wave which would be necessary if the muscular arterioles were a propulsive power. But muscle, organic or other, acts as it is taught to do; the pupil, the oesophagus, the intestine, the uterus, the bladder, none of them act alike, and whether the aid to the circulation be vermicular or what not it cannot be but that the aid is positive. Some years ago, Dr. Charlewood Turner gathered the evidence on this head into a very able paper, his conclusion being entirely in favour of a considerable propulsive force being exerted by the muscular arterioles.<sup>1</sup> Dr. Dickinson also takes this view, and in withstanding the increased blood-pressure it surely must count for something if it be but the pigmy to the giant.

A pure control theory seems to me to bristle with difficulties in the direction I have indicated; but take the one case of digitalis, which will appeal as much as any to our practical interest in the question. Digitalis is said to increase the strength of action of the muscular wall of the heart on the one hand, of the arteries on the other.

If the muscular coat of the arterioles controls and retards the circulation, the undoubted diuretic action of the drug is not easy to explain; and if, as the control theory supposes, the stop-cock action is considerable, it would always be a question whether it would do more good by its action upon the heart than harm by its action upon the vessels. At any rate, the increased action of the latter might very conceivably, in a failing heart, bring about sudden dissolution.

It cannot be said with any certainty that this is one of the risks of its administration. The drug is not without its risks, but they are primary and central to the heart itself, and it would seem that the action of digitalis teaches that the muscular coat of the arterioles makes for propulsion rather than retardation of the circulation.

But there can be no muscle, and no physiological muscular action, without the risk of, probably, under such circumstances as these, the frequent exhibition of morbid muscular action or spasm. It is clear that a muscular action which leads to hypertrophy might easily pass into spasm under conditions similar to, but in excess of, those which have provoked the increased action. And indeed the assumption of some such spasm, if not necessary, is, at any rate, agreeable to many of the phenomena of Bright's disease. I may instance the headache and the renal asthma, both of which are sometimes much relieved by nitrite of

amyl and nitro-glycerine, drugs which unquestionably relax spasm, and promote dilatation of the peripheral vessels.

Thus far I have devoted myself to the opinions of Dr. Johnson—firstly, because they preceded others; and secondly, by the effective presentation and vigorous advocacy of their author they have done much to promote our advanced knowledge, and to widen the borders of their own field of interest. It requires indeed but little imagination to believe that without this stage of its growth the present conception of arterial tension would yet have to be developed. But be this as it may, the subject now expands in two noteworthy directions: by the hypothesis that chronic Bright's disease is an arterio-capillary fibrosis, or generalised tissue-change, on the one hand; and by the use of the sphygmograph on the other, and it is remarkable how these two lines of observation tend to support each other. As a direct recoil from Dr. Johnson's teaching we may take the former first, although both proceeded independently and concurrently. I said a direct recoil from the teaching of Dr. Johnson, but it was not that; in point of time, and in the position it assumed in the discussion, it seemed to be; but it was rather the outcome of an approach of the question of the nature of chronic Bright's disease from the clinical side, or from a general rather than a local standpoint. Epigrammatically stated from the paper of Sir William Gull and Dr. Sutton it is this: "Old age is not an entity, but a set of conditions predisposing to that state which is called chronic Bright's disease." And while to most this comes in natural order when the prime of life is run, yet to some old age is no matter of years and averages, but the running down of a spring set for an individual. It comes at times even to children. In the tints of summer, yes, even in those of spring, you can read old age if you will. And although chronic Bright's disease is in many cases associated with renal disease, it is not essentially a matter of organs, the generalised change in the tissues of the whole body is the essential, and to some this comes not by kidney chiefly, but by lung chiefly, by brain, by heart, and so on.

Now here comes a difficulty in dealing with the case. May I say that this is a magnificent scheme of decay, which, to discredit, would be to do for this line of thought what I understand is meant by the expression "taking the romance out of life"? Still-life has the equivalent of romance attaching to it, which to many of us is most attractive, suggestive, propulsive. We often hear it said in the present day this or that is mere sentiment, as if no solid worth attached to it, but I should like to know whether life would be worth living with all that is comprehended in the term "sentiment" cut out of it. What progress would be made in its absence? And I make bold to say before the Fellows of a College the reputation of which is based upon a firm foundation of fact laid by many generations of distinguished men, that pathology would lose much of its interest, much of the energy which characterises it and makes it so indispensably and helpfully the groundwork of medicine—physiology complete—if it chained us too subserviently to the march of facts. There are some, yes, many, happily, who are absorbed upon the foundations, but they do not comprise the whole body of workers, and we cannot and would not do without the soul-inspiring idea, the fond imagining of the more precise knowledge of the future, forecast and sketched by the hand of genius.

This is a digression which will be pardoned, in that it helps me to convey what is, I think, both the strength and the weakness of the argument of Sir William Gull and Dr. Sutton. The idea is a suggestive one, and it is largely true. Pathology is distinctly the richer for it, but it derives its strength less from the

<sup>1</sup> "On the Function of the Vessels in relation to the Circulation of the Blood." St. Thomas's Hospital Reports, New Series, Vol. vi, 1875.



labours of the histologist than from the bird's-eye view, the intuition, may I call it so, of experience. There is ground in plenty for the argument that we wear out by tissues or systems; there is, I think, a fair amount of evidence admitting of the opinion that chronic Bright's disease with contracted kidney is a generalised degeneration; but to base it upon the non-existence or unimportance of muscular hypertrophy in the arterioles, and to ascribe the thickening which exists to an essential hyalin fibroid degeneration, is equivalent to the unskilful selection of a battle-field.

How far, then, do I think it true? Perhaps an answer to that question may best be arrived at by continuing upon the other, how far it is not true. And going to the other end of the circuit, there are groups of cases which admit of no doubt, in which the disease in the kidney is certainly the cause of the changes in the heart and arteries. One of the first steps in the direction of proof of this kind was made by Dr. Galabin, when he showed that the heart and arteries are hypertrophied in a large proportion of cases of chronic parenchymatous nephritis (which, as a group, I may, perhaps, still call the large white kidney group, although the kidney is often contracted), and which are indubitably primarily renal. I have taken up the cases where he left off, and have collected from the *post-mortem* records all the cases of chronic parenchymatous nephritis that occurred in the ten years 1873 to 1882, amounting in all to 191. At the lowest estimate, taking the average of the healthy heart at twelve ounces, which is full high, 103 were above this and 83 below it. But the proportion claimed by hypertrophy is considerably higher than this, for in the minority are fifteen children under ten and seven more between ten years and fifteen, and others in which the left ventricle is stated to be thick or markedly hypertrophied, although the actual weights would not indicate this. I think the preponderance may fairly be put at two to one. It has been said that hypertrophy is less frequent in these cases than in the granular kidney. But figures do not show this well. I have tabulated also the cases of granular kidney, recorded in our Reports, a total of 342 cases, and taking the average again as 12 ounces 103 are below that line and 226 above it. But it is not easy to come to a positive opinion in this way. I think Dr. Dickinson makes the observation that some of the cases of parenchymatous nephritis are primarily cases of granular kidney, and in looking over a large number of cases like this, one cannot but be confirmed in the opinion, derived from clinical study, that it is quite impossible to separate too arbitrarily between the one form of disease and the other. The more acute form of disease is often far more insidious than is usually taught; the granular kidney frequently winds up with tubal or parenchymatous changes.

Perhaps I may remark, in passing, that a large series of observations of this kind may possibly throw some light upon the moot point, the rate at which the heart can put on muscle; for the heart has been found large in some cases in which there was every probability of the renal disease having existed but a few weeks.

Such differences as do exist between the two classes of cases are of more *practical* moment than of worth as distinctions. For in the first place it may be said that the failure of health and of nutrition will not infrequently combine, so to reduce the arterial tension, as to deprive the circulatory system of any excuse for hypertrophy. The damage, too, in these cases is much more severe at any one time than the granular kidney can show; the left ventricle has, in consequence, more tendency to dilate, and thus to relieve the excessive tension and forestall the hypertrophy by the death of the patient. I put it thus pointedly as a

fact of importance. In proportion as the renal disease is sudden and severe, so is the risk of dilatation of the heart. The more insidious it be the more likely is the cardiac hypertrophy to be present in greatest perfection. Serious acute renal disease means sudden increase of arterial tension, and the imposition of greatly increased labour on the heart, and rapid dilatation of its wall becomes a serious risk.

I speak with some diffidence before those of larger experience than my own; but surely this is corroborated by clinical observation. The most acute and sudden form of renal disease with which we are acquainted is undoubtedly that following scarlatina, and it is in just these that acute dilatation of the heart occurs most typically. That coming next in severity is the chronic parenchymatous nephritis, in which dilatation is common, and although it is more or less combined, it also closely competes, with the hypertrophy. The granular kidney which has small and inappreciable beginnings, and which drags its slow course through many years, while it cannot be said by any means to be ignorant of dilatation, is, nevertheless, the disease in which the well-known simple hypertrophy is most often found, and to a degree which is perhaps never so under other circumstances.

There is another fact of similar bearing. It is this: that while granular kidney often terminates in cerebral hæmorrhage (86 times in 117 cases of apoplexy<sup>2</sup>), the subject of chronic parenchymatous nephritis rarely dies by that means. Bartels states that he has never known death to occur in such cases from apoplectic effusion, and it is certainly a rare occurrence.<sup>3</sup>

At first sight this might seem to be agreeable to such as maintain that the disease, of the vessels is a peculiar one and independent of the nephritis, for here is a severe form of renal disease, and the large heart in most cases, yet seldom apoplexy. But the better explanation is probably that I have given: it is obvious that dilatation of the heart is unfavourable to the occurrence of apoplexy, it relaxes the tension at the centre which would otherwise be put on at the periphery, and death comes about by cardiac failure, and not by peripheral hæmorrhage.

I have only time to add on this point that it applies, of course, not only to parenchymatous nephritis, but to all cases, more or less, in which there happens to be dilatation of the left ventricle. It is worth remembering, for it cannot be unimportant, whether the risks of an individual are those of apoplexy or of the more gradual process of cardiac failure, and the undoubted value of a drug such as digitalis in many of these cases is a ready criterion of the importance of the point in the matter of treatment.

I have still something to add concerning the pathology of the arterial changes. Enough has been said about the reality of the muscular hypertrophy; but what about the excess of hyalin fibroid material and the atrophy of the muscular coat in the arteries that have been observed? I have no doubt of the correctness of the observation, and very little difficulty in explaining it. There is a general demand for extra labour and a physiological response represented by hypertrophy; but in the process not only does the muscle thicken, the other constituents of the arterial coats *must* thicken too, and thus the excess of hyalin-fibroid—of the connective of the coats of the vessels—is natural to the circumstances. But, further, when once a growth is started which operates impartially upon several varieties of tissue, high and low, if the

<sup>2</sup> "Guy's Hospital *Post-mortem* Records," 1873 to 1882.

<sup>3</sup> "Eight times in 191 cases, of which four admit of question, being not improbably cases of granular kidney with an acute parenchymatous change superadded. Cerebral hæmorrhage is still rarer in lardaceous disease, as Dickinson notes."



conditions for obtaining supplies are in any way prohibitory, as may be concluded is the case with the arterial coats, to judge from the frequency with which, even in otherwise sound bodies, atheromatous changes are met with, the least specialised, or less dainty feeders, are likely to have the best of it and to supplant the more highly specialised. There are plenty of instances in pathology of the ease with which embryonic or structureless tissue gets a living by the process which is popularly known as "sponging." There could not indeed be a more apt term, for these lowly organised tissues seem to live by a process of simple soaking. Take an *ante-mortem* polypus in the heart, or even those larger masses of thrombus which sometimes form in the apex of the left ventricle. In either case there are considerable tracts of clot which must have maintained themselves in this manner, and if you tell me that these things are dead, then so are we in great part (as has indeed been contended), for they are no more so than several of the parts of the living body; and I would have it that they thus live. But, perhaps, it may be said that the life of a clot is no fair evidence that definite structures will live after such a menial fashion. If so, there is the well-worn case of the dissecting aneurysm, with its false channel as good as the natural one, as far as its lining membrane is concerned; or there is the still more ancient question of the nature, true or false, of the coats of an aneurysmal sac. The largest sac we can take, and that is no mean limit, will show as irreproachable a lining membrane, even to its reproduction of disease, as the vessel from which it springs—so that, brushing aside the cobwebs of the intellectual Tarantula, it is impossible but that new coat has formed. Perhaps some may contend that it is formed by means of the legitimate blood-supply procured from the vasa vasorum. That may be allowed to be possible, but not the least of the advantages of holding such an office as this is, that one becomes entitled for one short hour to an opinion, and consequently I venture to adhere to the view (not by any means a novel one), that the internal coat of the vessel or sac, as the case may be, is derived directly from the blood-stream, by what may, perhaps, be described as a natural asphaltting process, the blood being asphalt, roller, and clerk of the works all in one. I dare not presume too much, or I should be inclined to investigate the mode of life of foreign bodies in the peritonæum and in the joints; of our natural cartilages and intervertebral substance, and even of tendon, notwithstanding the noteworthy observations of Dr. Mitchell Bruce upon its system of canals. I must, however, content myself with the statement that physiological and morbid phenomena alike appear to show that a perfectly natural tissue may not only *live*, but be the best of its kind in this easy way, while more highly-strung tissues, such as muscle, give way and disappear. Therefore I see no contradiction in the fact that in the tissues and vessels of chronic renal disease, the muscle may certainly be thick in some parts, wasted in others; or that the vessels can be recognised as well by the hyalin-fibroid thickening of the coats as by the muscle.

But stronger, and, perhaps, less fanciful ground in favour of the existence of degenerative changes in this disease may be found in what no one now questions, viz., that strain or overwork leads to disease. Nay, more, bearing in mind the observations of Dr. Moxon, upon ulceration of the aorta by friction, and on the nature of atheroma, it may be said that wear and tear lead to *inflammation*, and if there may be a question about this in the aorta, though I do not think there can be, there can be no question whatever in the pulmonary artery, where, when we meet with atheroma, there will generally be plenty of evidence that there has been obstruction in the passage

of the blood through the lungs. What is true for the larger vessels is still more so for the smaller, for inflammatory processes are certainly more luxuriant in them than in the starveling products which constitute atheroma. Hence as the direct outcome of the overwork, we might expect more or less hyper-nucleation of the coats of the arterioles, and ultimate fibrosis. This is a point of importance, very properly insisted upon by Dr. Dickinson, and I may add not only in regard to the changes attaching to chronic renal disease, but also in dealing with the question of the nature of disease in the smaller vessels.

But not only do these cases of chronic parenchymatous nephritis testify to the potency of renal disease in causing hypertrophy of the heart and arteries, there are instances of granular kidney in children and adolescents which are to be traced directly to scarlatinal nephritis, and occasionally to poisoning by lead. Degenerative changes of any kind, although not unknown, are not common at these periods of existence, and it is therefore by so much the more certain that the renal disease initiates the circulatory changes. The same may be said of the occasional cases where the kidneys are spoiled by chronic obstruction to the passages; and finally, there are the experiments of Gravitza and Israel upon the lower animals, in which it has been found that an inflammation of the kidney can be produced by the temporary ligature of the renal artery on the one side, which, if the animal live long enough, is followed in course of time by contraction of the kidney, and sometimes by hypertrophy of the heart also.<sup>4</sup>

The arguments that have been used against the renal origin of the cardiac and vascular changes, although based upon admitted facts, are by no means conclusive; for instance, it is said that the kidney may undergo extreme degeneration without being attended by any such ulterior effects, and this is about equally true as regards the heart, as has been shown, for both forms of disease, the granular and parenchymatous. But the argument which is held to explain the same fact in relation to lardaceous disease, will apply to *these* forms of renal affection also. It is only in such cases as the excretory area is disproportionately small for the body weight that the *effect* must be sought for. If the body wastes and the heart fails, the kidney may be small indeed, yet sufficient for its day, just as the chronic phthisic could not possibly have lived on had not the progressive wasting compensated the balance. It is also true that the general changes may be extreme, and the kidneys only a little granular or coarse; but this may mean much less than it appears to do, for very aberrant organs may look most meek to the naked eye.

These constitute the main points adverse to the contention of Sir William Gull and Dr. Sutton in its entirety. They show conclusively that renal disease will produce hypertrophy of the heart and of the smaller arteries, and this is indeed admitted by most pathologists, of whom I will specially mention Dr. Dickinson as having as long ago as 1877 said all that one can possibly say now.

But there is another aspect of the question, and this it is which provides ground for a belief in the existence of diffused degenerative changes such as have been described.

I suppose that ever since Bright's time, it has been felt by all that albuminuria must often be but a rough

<sup>4</sup> In looking over our *post-mortem* records for the purposes of this lecture, I have noted one case of one-sided disease, the other kidney being only hypertrophied in which the heart was enlarged. Dr. Galabin had previously noted two others in earlier years, and there are several in which one kidney having been long destroyed or substantially crippled, the other having undergone inflammatory changes in addition to the hypertrophy, characteristic disturbances have followed.



and a late test of disease—that there are conditions preceding it which, if we could recognise them, would tell us more; and one of the earliest of my medical experiences was the work of Dr. Owen Rees in the wards at Guy's, upon the detection by tincture of galls of morbid conditions of the urine which could not be reached by the nitric acid test. That line of research has been developed of recent years by tests of greater delicacy, and we now hear talk of physiological albuminuria, peptonuria, and so on. So far as my own experience has gone, I have not met with much encouragement in the field of pre-albuminuric precipitates, and all the less because it holds out hopes of great things as regards the early detection of disease. Peptonuria and physiological albuminuria do not seem to me at present to have shed much light on anything, not even on gout or indigestion, which are ever ready to coquette with novelty—yet ideas of this kind are beginning to colour our thoughts and our practice. Only the other day I saw a lady suffering much from headache, and with a variable but often copious albuminuria of seven or eight weeks standing to our knowledge. I need not go into the details of the case, it will suffice to say that although it was admittedly obscure, I thought that some serious organic disease of the kidney must exist. It was arranged that another opinion should be obtained, and one for which assuredly I am not wanting in respect. This resulted in the verdict that the headache was megrim (which was quite possible), and that the albuminuria was a functional one dependent upon malnutrition.

But I must not pursue this question. I have no wish to prejudge its issue—only at present its promise hangs back a little, and we have hitherto learnt more from sphygmographic observation.

And it is here that Mahomed entered the field. The way being prepared by Burdon-Sanderson, he improved upon Marey's instrument, and soon settled down to an elaborate investigation of the pulse tracings of disease, and he, more than any other, has familiarised us with the characteristics of the pulse of high tension. If others have treated the subject with a more philosophic delicacy of perception of the fallacies which strew the path of this method of investigation, as perhaps they have, it was a matter of earlier training and culture, not of spirit, and he was too enthusiastic to be self-contained.

I say this intentionally, because looking back upon the history of the sphygmograph, if it can be said as yet to have a history, I doubt whether the observations of Mahomed have received quite their due meed of estimation. Yet his was the work which kept the subject going, and of which our present knowledge is in great part the development.

If I were to choose from Mahomed's many papers that which has always seemed to me the most valuable, I should select one published in the "Transactions of the Royal Medical and Chirurgical Society for 1874,"<sup>5</sup> on the Pre-albuminuric stage of Bright's Disease. It bears directly upon the present part of our subject. In it, it was shown precisely that morbid conditions of the pulse (high tension) precede any evidence of disease in the kidney, and he draws the conclusion from a number of observations that the vascular condition is the cause of the albuminuria and not the converse, as had been generally supposed.

His observations and conclusions seem to be particularly worthy of credence, because they no more than state in terms of greater precision what had been long known. There was nothing new in the knowledge that the pulse is hard under certain circumstances—let the early and long day of venescence

attest that. There is no novelty in the assertion that careful purgation is the best means of preventing or combating the onset of scarlatinal dropsy—let the sheet anchor of the treatment of Bright's disease attest that. The sphygmograph but told us in one sense what we knew before, but it told its tale with a graphic interest which had much of the merit of a new discovery. It did not educate the finger, but it reduced the composite of the impressions derived from touch.

And this account of high tension, demonstrated by the sphygmograph, but not unknown before, leans obviously towards the hypothesis advanced and supported by Dr. Walshe<sup>6</sup> as early as 1849, that Bright's disease is not renal, but primarily a blood disease. It is fair to suppose that the blood is under such conditions as those of acute gout, lead poisoning, blood poisoning of some other kinds, some states of anæmia, and so on, in a condition which renders it repulsive to the tissues, and that the kidney only suffers in common with the other members. And it is quite possible—nay, there are grounds for believing—that under circumstances which apply to, and are imposed upon all, it may suffer more than the rest by reason of some disability inherent in its anatomical structure, for example; or an undue readiness of its glandular elements to undergo degenerative changes; or a disproportionate activity of function—for it is hardly to be supposed that there is no maid-of-all-work in a household so economically conducted as ours. At any rate, it is well known that diseased conditions of the kidney—of the epithelium chiefly, but not only—are common enough in the *post-mortem* room in all sorts of cases, which could not by any means be primarily renal, and such changes are probably far more common than allied ones in the liver. The greater frequency of the occurrence of lardaceous disease in the kidney might also be an instance in point. It must, however, be said that the apparent precedence of high tension does not necessarily carry the conclusion that the kidney follows the lead of the blood. It may still be that the excess of tension is compassed, if not by albuminuria, yet by some milder form of renal inadequacy, to adopt Sir Andrew Clark's happy, if somewhat gossamer term, as the initial fault. The pathologist has no right to be contemptuous of function. It cannot be but that it sometimes fails first; it cannot be but that it *often* fails before any appreciable structural change is manifest. So that in scarlatina, gout, and such like conditions, it may so be that the tension is responsive to the visceral failure.

But if this importance attach to function, as it surely must, it may be contended on the other hand that it supports the probability of the production of an arterio-capillary fibrosis by means other than renal defect. Can it be, with other excretory organs of probably no less importance, viz., the skin, the liver, and the intestine, that the kidney monopolises the power of thus rendering the blood distasteful to the tissues? Surely some of the many disorders of a huge viscus like the liver must be efficient, even if gout be discredited for being a trimmer; and it is possible enough, it is probable enough from the clinical side of the case, that certain morbid states of the nervous system, "worry," for example, when expressed in terms of nervous action, by their influence on the peripheral circulation, will bring about the same result. Indeed, Dr. Clifford Allbutt, in one of his many attractive and suggestive papers, has taken up this very question, and has narrated cases, if I mistake not, of granular kidney which have seemed to date their origin from prolonged anxiety; and Dr. Broadbent has alluded<sup>7</sup> to the increase

<sup>5</sup> On the *Ætiology of Bright's Disease and the Pre-albuminuric Stage.*

<sup>6</sup> "Bright's disease" not essentially a renal disease, but essentially and primarily a blood disease.—*Lancet*, 1849, vol. ii, p. 29.

<sup>7</sup> "On the Causes and Consequences of undue Arterial Tension," *British Medical Journal*, vol. ii, 1883, p. 357.



of tension that may be observed in states of nervous excitement in hysteria and other diseases of brain and spinal cord.

A good deal has sometimes been made of the occurrence of a general arterial disease with hypertrophy of the heart, without renal disease, in young people, but it is very exceptional. More common, but still rare, is the same combination in older people. Of the former class I cannot say that I have seen a single example, although for twelve years I have been on the look-out in our *post-mortem* room; of the latter I can count fourteen in the ten years collated. But I must say, that holding as I do to the probability of the existence of a general arterio-capillary fibrosis, I am for ever wondering at the small amount of tangible evidence that is to be obtained from the deadhouse. As a matter of practice, a thick sodden appearance of the arteries but rarely points wrongly to chronic renal disease. Some years ago MM. Bouchard and Charcot published some observations<sup>8</sup> upon the dependence of cerebral hæmorrhage upon the presence of miliary aneurysms on the cerebral arteries. Heschl, Meynert, Bastian, Douglas Powell, and Charlewood Turner have since then met with a similar condition. MM. Bouchard and Charcot consider the disease to be a sclerosis of the outer coat of the vessels leading to atrophy of the muscular coat, and thence to weakening of the walls and aneurysm. One cannot but suppose that here is the same change as that described by Sir W. Gull and Dr. Sutton, to the accuracy of whose observations independent testimony is thus afforded. They also contend for the special nature of the disease, although they would confine the sphere of its action to the vessels of the brain; but this lands us in a dilemma, for, on the one hand, it would seem to traverse the observations, too numerous to admit of the least doubt, that renal disease is the common associate of apoplexy (63 cases are given, a large proportion of which must have been, and obviously were, accompanied by renal disease and hypertrophy of the heart); and, on the other, if it be, as it must be, the change with which we have been so much occupied, it cannot be simply local, since so many other observers unite in saying that it is a generalised one, even though they differ as to the nature of the precise change.

But scant time remains to allude to what is perhaps the strongest evidence in favour of the generalised nature of the changes which include chronic Bright's disease. It is referred to by Walshe; Sir William Gull and Dr. Sutton depend much upon it; and it forms the subject of some of Mahomed's latest work in a paper on chronic Bright's disease without albuminuria.<sup>9</sup> I may say that I reject such a nomenclature as this. Bright's disease, if it means anything, means nephritis, and if it be true that it is but a part of a much larger subject, some more expansive title, arterio-capillary fibrosis for instance, must be found to incorporate it.

It is certainly a remarkable fact in the disease, if, being an affection of one organ, it should so frequently present symptoms apparently so remote that it is not difficult to overlook the primary disease altogether. There is no doubt that the urine is for long free from albumen in some of these cases (although I think myself that that feature has been rather strained); and perhaps the only tangible abnormality pointing to the kidney will be the low specific gravity of the fluid. Some die of apoplexy, some of asthma, some of cardiac failure, some of pneumonia. Of 100 cases given by Mahomed,<sup>10</sup> 74 presented the symptoms of diseases other than renal.

I will also make use of another fact, which seems to me to point in the same direction—it is the great frequency of granular changes in the kidney in the *post-mortem* room. There have been as many as 70 cases in one year out of a total of 490, or in a seventh of all the cases, and 463 cases in ten years; a number doubtless under the mark, as the slighter degrees are so common as sometimes to escape attention. This does, I think, tend to confirm the suggestion I have already put forward, that the life-history of the kidney is one of early senility, and that it runs in this respect with baldness, grey hair, and the atheromatous aorta, any of which *may* be the symptoms of essential disease, but which are more often milestones; and milestones, happily, with their faces blurred.

I had intended to have taken up, more fully than I can do now, another and somewhat neglected aspect of my subject: the frequency and practical importance of the effects of pulmonary arterial tension. I am, of course, well aware of Dr. George Johnson's work, in this direction *also*; and some of my hearers must have listened to or read his Lumleian lectures delivered here in 1877. But my own attention was called to it more particularly by a case that came under the care of Dr. Moxon, in Guy's Hospital, two or three years ago, which for some time was under my own observation. It must suffice to say of it that the only symptom of much obtrusiveness was a peculiar bruit in the pulmonary area, which upon the whole we thought not unlikely to be due to an aortic aneurysm, with possibly some communication with the pulmonary artery. It eventually proved to be an enormous dilatation of the pulmonary artery dependent upon a fibroid state of lung. The preparation is on the table before you. Since then I have been surprised at the frequency with which dilatation of the pulmonary artery, not of course always in this excess, has come under my notice. Now every case of chronic bronchitis and of mitral disease are more or less cases of pulmonary tension, and the indications of its presence in the alteration of the character of the second sound are to be found in every text-book. To such cases I am not alluding, but to a pathological and clinical extension of the subject which on both sides requires development.

Those of us who have been in the way of making numerous inspections will, I think, assent when I say that every now and then a puzzling case of this kind is met with: the symptoms during life have been those of severe bronchitis and emphysema, and yet the bronchial tubes are practically dry, and the emphysema, if it cannot be said not to exist, is, at any rate, not more demonstrably present than the fatty heart which is so often made to satisfy the unlightened conscience of a coroner's jury. But the pulmonary artery is dilated and perhaps atheromatous. It is difficult to say what the origin of these cases is; I only know that the lung has sometimes seemed practically sound, and I have been in the habit of explaining them by supposing that if some of us are born with large hearts, others are born with little ones, and some in like manner are provided at the outset with lungs which are inadequate to their requirements. But, however this may be, something has happened which has left the lung comparatively sound, and made dilatation of the pulmonary artery the main disease.

It has often happened to me in the *post-mortem* room to have to ask the question, in many cases, alas! without answering it—Which has been the more to blame, hypertrophy or dilatation of the heart and arteries? It is indeed impossible to mete out the relative share of each in a given result. But it is quite clear that the relative effects of the two cannot be unimportant. Extensive dilatation, for instance, of any of the cavities of the heart, while on the whole

<sup>8</sup> "Nouvelles Recherches sur la Pathogénie de l'Hémorrhagie Cérébrale." *Archives de Physiologie*, 1868.

<sup>9</sup> "Guy's Hospital Reports," Series iii, vol. xxv.

<sup>10</sup> The Clinical Aspects of Chronic Bright's Disease. "Guy's Hospital Reports," Series iii, vol. xxiv.



lethal, certainly has some compensatory aspects; while extreme hypertrophy, on the whole conservative and protective, as certainly hurries some lives on to a catastrophe. But, in this instance, observation tends to exalt the importance of dilatation, and I may remind you that there is *post-mortem* evidence that even in so common an ailment as anæmia the pulmonary artery may undergo dilatation (Russell and Bramwell).<sup>11</sup> I think, then, it is fair to conclude that the pulmonary artery sometimes dilates under certain transient conditions of pulmonary disturbance, and afterwards remains so permanently as the substantive disease.

I can only add that the clinical importance of these cases is neither small nor uninteresting. There is no need to intrude upon you the well-worn discussion of the nature of the hæmic murmur, but you will see that the ready dilatation of the pulmonary artery, if it be a fact, revitalises this question, and gives it fresh prominence and purpose.

This, thus hastily sketched, is the subject, such are the scenes, which occupied one of the hours of Mahomed's short but busy day. I know that they possess far more importance for some minds than for others. Some of us never think in terms of arterial tension at the bed-side. With some it is descent; with some the wear and tear of life; with some nervous action; with some blood; with some our environment lit by Professor Tyndall's beam that forms the more suggestive pose of the mobile Study, whose servants we in common are, but whose masters we, reverently all, might wish to be. Each of us has his ruling idea which lights his path and guides his hand in ways innumerable helpful, but unknown to any save himself. Yet though we must in this sense be negative to lines of thought not obviously in harmony with our own, we can always gauge their value justly by studying that line which best serves *us*.

It was said in my hearing the other day by one who, saying it, made it well worth the saying, that he did not feel altogether satisfied with his life's work. It was not enough for him to have been in the van of scientific medicine, he would have liked to have been able to say "This is my discovery." In more general way I have sometimes thought that medicine is less happy than painting or sculpture, which can have all a life's work visibly before it, and point with satisfaction to its numerous creations. There is something in the idea, but it wants in depth. One may be well content to have been in the van—it is a truer evidence of worth than the one discovery. Wherever I go I hear of Addison spoken of by his pupils, not as the discoverer of a disease, but as a master teacher whose hold still bends them to an almost reverential admiration. I hear of Bright, not so much as a name attaching to a disease, but as that of a man whose observations are worth attention whatever they relate to. I hear of Latham and of Murchison in like manner—we shall hear of those we may not mention in their presence. Such as these influence their fellows by a power quite independent of their additions to our knowledge.

Mahomed's name will not live upon discovery; dying unfortunately so young, it would be but a flimsy conceit of the hour to suppose that it will live in any sense beyond the lives of his own friends and the precincts of his school. Progress is as relentless as death, and although it is a glorious resurrection, it is none the less a grave. Even the gentle Emerson says: "What care we who sung this or that, it is we at last who sing." All the more, then, may we dwell upon a name to-day which, could one depict on

canvas or in the history of scientific medicine the individual elements in the wave of progress, during the last ten years, whether by the work itself, by the stimulus to thought which that work has proved, or by the *ζυμη* of personal contact, would certainly be largely represented.

Only this more. Pardon the personal tribute:

Then notes came pouring through the wicker bars,  
Climbed half a rapid arc of song, and stopped.  
\* \* \* \* \* I turned and passed along;  
But Time and Death, Eternity and Change,  
Talked with me ever, and the climbing song  
Rose in my hearing, beautiful and strange.

## ON THE TREATMENT OF CONTINUED FEVER, ESPECIALLY BY ANTIPYRIN.

By W. WILSON, M.D., F.R.C.P., of Florence.

TEN years ago, at the meeting of the British Medical Association at Edinburgh, Dr. Beddoe read an interesting paper on two cases of fever which he had observed at Bristol, these bore no resemblance to typhoid, but corresponded in their symptoms with the synocha of Cullen, or the continued fever of Murchison, save in their longer duration; the late Sir Robert Christison supported Dr. Beddoe's views, and afterwards in a conversation with me, stated that he had met with fifteen similar cases during a period of 25 years. The opinion of the meeting was almost unanimously opposed to the existence of simple idiopathic fever, lasting beyond a very limited period; holding that all those of long duration must be typhoid, though wanting in many of the special phenomena characteristic of that disease. No member quoted a case corresponding to that under discussion, and I myself had never met with a case; during the last five years, however, several have fallen under my notice, and it is generally recognised by Italian physicians. It might be objected that these also were cases of typhoid, but then comes the question what train of phenomena constitutes typhoid? One of the principal characteristics of typhoid is the inability on the part of the patient to assign the usual date of its commencement. He complains of having felt weak and languid with loss of appetite, nights more or less disturbed, for an uncertain time, and takes to his bed because "he could not get about any longer." He suffers from occasional chilliness, but no positive shivering, perspirations which do not diminish the temperature, and pains generally. The rise of temperature is gradual, not abrupt, and the general depression is not commensurate with the elevation of temperature. Murchison held that the most constant attendant on typhoid was enlargement of the spleen, then came diarrhoea, rose-coloured eruption, tympanites, &c., with more or less cerebral disturbance. I will now give shortly the history of two cases.

CASE I.—Miss S., aged 12, of very delicate frame, on the 23rd of April, when the heat was not excessive was taken by her father for a very long walk, and much fatigued; on the following day she was seized with shivering, followed by a temperature of 104.5° to 105°. Up to this time she had been perfectly well. There was throughout the attack no enlargement of the spleen, very little diarrhoea (purgative medicine had been given), no rash, or distension of the abdomen, no cerebral disturbance, tongue furred, but not characteristic of typhoid. My opinion was that it was not

<sup>11</sup> Bramwell on Diseases of the Heart, p. 197.



typhoid. The late Professor Buresi was called in consultation, who concurred with me, and regarded it as a case of simple continued fever, likely to last three weeks. The case was treated by cold compresses, ice and quinine, lasted three weeks, and the patient recovered perfectly.

CASE II.—Mr. M., aged 40, perfectly well up to the 24th March, on which day he assisted at a crowded tea-party, and rode home in an open carriage, without a great coat, exposed to a cold wind; that same evening he was seized with shivering, lasting half-an-hour, followed by a high temperature and quick pulse. Throughout there was no enlargement of the spleen, no abdominal affection or cerebral disturbance, and constipation, not diarrhoea; he suffered severely from pain in the head of a neuralgic character. The fever ran its course in three weeks, the temperature never rising above  $103.2^{\circ}$ . Through imprudence he had a relapse, which lasted two weeks. The most striking peculiarity out of many which I could mention, was the irregularity of the exacerbations, the acme of the fever occurring at any period of the 24 hours. He had lived during the whole winter on the third floor of an hotel which was perfectly healthy.

This was one of the first cases in which I employed the antipyrin. When first seen he was suffering from intense headache with a temperature of  $103.5^{\circ}$ . An ice-bag was applied to the head, and wet compresses round the body. It immediately became evident that he was intolerant of cold, the pain in the head increased, the pulse became intermittent and small, and there was severe shivering, though the temperature was but slightly reduced. Small doses of aconite every ten minutes were then tried, and then salicylate of soda. These failing, 20 grains of antipyrin were administered. The effect was most striking: in half-an hour he was bathed in a profuse perspiration, the pain completely disappeared, and ten grains repeated every hour for four hours reduced the temperature from  $103.5^{\circ}$  to  $99^{\circ}$ , and the pulse from 110 to 80. A return of high temperature was met by further doses of antipyrin. In this case the highest temperature occurred sometimes in the morning and sometimes in the evening. He also took quinine in large doses, which I believe to be always called for when there is marked intolerance of cold. I have formerly been often struck by the inefficacy of large doses of quinine with a high temperature; with a temperature over  $104^{\circ}$ , it could not be depended upon, and often produced unpleasant symptoms. Professor Körner, of Milan, maintains on the strength of experiments that the action of quinine is destroyed or nullified in a temperature over  $104^{\circ}$ , and I now invariably reduce the temperature before administering quinine, for it is reasonable to suppose that, as its action is destroyed by a temperature over  $104^{\circ}$ , it must be also modified or diminished by a temperature of lesser intensity, I therefore always take the precaution of reducing it within certain limits before giving quinine. It appears to me that one reason why quinine finds less favour in England than in Italy, is, that in the latter typhoid is so often complicated with malaria.

CASE III.—Miss P., who had arrived the day before from Naples, where her sister had been laid up with fever for three weeks, sent for me on April 18th. Her temperature was  $103.5^{\circ}$ . Pulse 108. She complained of violent headache. Compresses, with ice, were applied, causing great discomfort and severe shivering, without relieving the head or materially diminishing the temperature. There was no enlargement of spleen, diarrhoea or eruption. Twenty-five grains of quinine produced vomiting, relieved by ice pills. Nausea having ceased, a gramme of antipyrin was administered, and half that quantity every hour till the temperature was reduced. After the second dose

profuse perspiration ensued, and five hours after the temperature was normal, and the pulse 80. Instructions were then given to repeat the antipyrin on the temperature reaching  $100^{\circ}$ . The patient had been ill about a week or ten days before I saw her. Convalescent on the 1st May.

CASE IV.—Col. B. complained on the 22nd April of having felt chilly for two days; his temperature was  $104^{\circ}$ , and pulse 120. There was violent headache, his tongue was furred and slightly yellow, there was no enlargement of spleen, and no diarrhoea, the bowels, on the contrary, being constipated; 20 grains of antipyrin produced copious perspiration and immediate cessation of headache, and two further 10 grain doses brought the temperature down to normal. The temperature was kept down persistently by 10 grain doses, and the patient was convalescent in sixteen days.

CASE V.—Miss R. had been suffering from shivering, or rather chilliness, for two days (from Rome). The temperature was  $103.3^{\circ}$  and pulse 100. There was no enlargement of spleen, the bowels were constipated. Scruple and ten grain doses of antipyrin reduced the temperature when 20 grain doses of quinine had been given ineffectually. This treatment was persisted in, and the patient was convalescent on the 24th day. In this case equal parts of kairin and antipyrin were tried. The effect was more powerful; but the mixture was suspended on account of its nauseous flavour, and because it made the urine a mahogany red colour.

CASE VI.—A. M., seen on the night of 25th April. On arrival from Rome, he had been ailing for several days, and had been seized with shivering in the train, and violent headache. A draught of chloral and bromide of potassium was ordered and produced sleep, but no mitigation of the symptoms. On April 26th, temperature  $102.3^{\circ}$ , pulse 100, intense headache, pain in limbs, enlargement of spleen, the subsequent symptoms indicating typhoid. At 11 a.m., 20 grains of antipyrin were given, to be repeated in 10 grain doses every hour, till temperature reduced; ice compress with bag to head was tried, but not tolerated. The first dose of the antipyrin produced violent perspiration and cessation of headache in ten minutes. The patient declared he felt relief directly it was swallowed. Here quinine was badly borne, as well as cold, and the case was treated throughout with antipyrin. At the commencement there was great and persistent nausea; an emetic of ipecacuanha was given, followed by eight grains of calomel, according to the German system. Both were efficient, and afterwards all irritation of the stomach ceased; on the fourteenth day no antipyrin was administered by way of experiment, and as the temperature rose to  $102.3^{\circ}$  in the afternoon, the antipyrin was again resorted to, and continued till convalescence in four weeks.

CASE VII.—C. C.; this was a severe case of typhoid malaria. The patient arrived from Rome on the 22nd April; on the 24th he had shivering, followed by high temperature, intense headache, pains in the limbs, diarrhoea and enlargement of the spleen. Temperature  $104^{\circ}$ , pulse 120. Twenty grains of antipyrin produced profuse perspiration, and after four 10 grain doses the temperature fell to  $99^{\circ}$ , and pulse to 80. The following day the temperature again rose to  $103^{\circ}$ . Excessive nausea, tongue thickly furred. An emetic, followed by eight grains of calomel produced vomiting, and moderate purging (two evacuations). After this there was no further complaint of sickness, except occasionally from medicine (antipyrin and quinine), which was relieved by large doses of bismuth and  $\frac{1}{10}$  gr. of morphia. The malarious element manifested itself by the frequent high morning temperature. On the 10th there was a copious rash, and again on the 15th. After the first few days the antipyrin ceased to produce



perspiration, and the high temperature remaining more or less persistent, it had to be raised to half-drachm doses. On April 29th, 12.30 p.m., temperature 104°6'. Thirty grains of antipyrin were given to be repeated every hour, at 3.50 it had to be suspended on account of vomiting, temperature 101°6'; at midnight, the temperature again rose to 104°; after two full doses it fell to 100°8'. No perspiration. May 3rd, 8.20 p.m.—Temperature 104°2'. Thirty grains of antipyrin repeated at 9.50 and at 10.50. It was then suspended on account of nausea. At 12.20 the temperature had fallen to 98°. May 9th, 8.40 p.m.—Temperature 104°6'. After four doses of twenty grains each the temperature was reduced to 99°5'. This patient was at first most intolerant of cold, but by putting on the compresses warm, and gradually reducing the temperature with ice bags, it was finally borne without inconvenience; the temperature never again reached 103°, but it was the third week of fever. Large doses of quinine were administered, to the extent of 30 grains each dose, without effecting any great reduction of the temperature. The combination of 30 grains of antipyrin with 30 grains of quinine had the effect of producing nausea, but not of materially increasing the action. The attempt was made to inject 10 grain doses under the skin, but was suspended after two injections, as it produced considerable inflammation. The patient objected to the administration by the rectum.

CASE VIII.—A severe case of typhoid. Spleen three inches below the ribs. Diarrhoea, rose rash, meteorism, delirium for twelve days. Hæmorrhage from nose and bowels. At the commencement the antipyrin reduced the temperature of 104° in a marked manner, but then produced vomiting. An emetic was given; as the stomach was still intolerant of the remedy it was introduced into the rectum, 20 grains every hour, with good results, but after an attack of hæmorrhage from the nose to the extent of some 12 to 14 ounces. The pulse became so alarmingly weak that it was necessary to suspend the antipyrin and cold compresses, with ice bags, with port wine and brandy in full doses substituted. The patient is now (June 28) progressing favourably.

CASE IX.—Mrs. W., 65, fat and flabby. Suffered for many years from intermittent fever in Russia, and North and South America. This was a case of typhomalaria, with enlargement of spleen and liver. Severe hæmorrhage from the bowels thrice repeated, and profuse diarrhoea. Here the rate of the pulse, and the danger of hæmorrhage recurring, militated against the regular use of antipyrin. Once, however, when the temperature at 3 a.m. had reached 103°, fifteen grains were given. Violent perspiration followed, and in twenty minutes it fell to 99°. As there is suspicion of a fatty heart, the remedy was not exhibited further, the patient, on June 28th, being still in a critical state.

In these mixed forms of fever cold, as a rule, is not well borne. The action of antipyrin in cases of pure typhoid is most satisfactory in reducing the temperature and pulse, and relieving pain, but fails in fevers of the intermittent type. In the so-called typhomalaria quinine in large doses is indispensable. In all the above cases it was associated with antipyrin. Both are contraindicated where there is great depression of the circulation from whatever cause. The latter is most useful before administering quinine, and where this is given in divided quantities, 20 grains before the final dose frequently insures its full action. The effect is much more rapid and striking when it excites perspiration; in these cases a 10-grain dose is as potent as 30 grains where the skin remains dry. For many years I have been in the habit of giving an emetic under the circumstances already mentioned, but it was with fear and trembling that I first ventured on

10 grain doses of calomel. I do so now without hesitation if the patient is robust, and the disease in its first stage. In the cases of H. A. and C. C. there was a troublesome attack of urticaria, but whether this had any connection with the administration of the antipyrin I am unable to say. Quinine in large doses certainly will produce it.

In most patients of good robust constitution, antipyrin may be given with freedom, but it should be given with great caution when the reverse is the case. In spite of this, when it is of great importance to reduce the temperature before bed-time, I have not hesitated to combine the last two doses with brandy, and follow it with another dose two hours afterwards, and thus generally succeeded in securing a good night. It is prudent to begin with a gramme, followed by half grammes; if well borne, the quantity may be increased up to 3j. An intelligent nurse with experience of the pulse, and good cognac, are important factors in the treatment.

I do not claim for antipyrin or quinine the power of rendering abortive, or shortening the duration of a continued fever, but by careful watching and management the temperature may be kept as a rule within safe limits, thereby economizing strength, preventing complications and securing a better convalescence. It is a good plan to withhold food during its administration, and to instruct the nurse as to temperature at which it should be given, securing if possible a low temperature at night, which will be more effective in procuring sleep than the administration of any narcotic. The ice-bag to the head and cold compresses to the body, when well borne, are most useful auxiliaries.

Rheumatic fever is a rare disease in Italy, but in England with severe hyperæmia I should think it would be as valuable as it certainly is in pneumonia in private practice. The graduated bath for adults is impracticable, and any substitute for it is to be welcomed; but in spite of the potency of antipyrin, where cold is well borne I still bind my faith on cold compresses reaching from the chin to the hips, with half a dozen large ice-bags—one to the head, one under each axilla, and the remainder distributed over the chest and abdomen. There is no danger of deranging the stomach, and the patient can be plied with nourishment. The effect of antipyrin is certainly more quickly secured than that of quinine, but the intermission or remission obtained is more transient.

## CASE OF CÆCAL CARCINOMA.

By ARTHUR FOXWELL, M.B. Cantab, M.R.C.P.,  
Assistant Physician to the Birmingham General Hospital.

ON July 4th you reported a lecture of Dr. Bristowe's on two cases of malignant disease of the cæcum, both of which were admitted under his care during my tenure of his house physiciancy. Since then a third has come under my notice whilst resident medical officer at the General Hospital, Birmingham.

On December 12th, 1884, I admitted, under the care of Dr. Rickards, Matilda A., a widow 65 years old. Her family and previous histories were good, the latter containing no suggestion of dyspepsia or intestinal trouble. On May-day, 1884, she first noticed a tender lump in her belly which was the seat of smarting pains. At this time, too, she lost her appetite and suffered from flatulence. The lump had grown rapidly since; great loss of strength went *pari passu* with its growth, and the digestive troubles had continued,



irritability of bowel and occasional offensiveness of stool being added to the previous ones. There had been no vomiting of blood or food, and no melæna.

On admission she was a much wasted, worn, and weary-looking woman with an earthy complexion. She complained of flatulence, anorexia, and extreme weakness. The abdomen was tensely distended, though not very large; in outline almost hemispherical, but a prominent knob was visible to the right of the umbilicus which distinctly moved with respiration, though to a much less degree than did the liver. On palpation a hard escarpment was felt reaching from near the umbilico-pubic line at the junction of its lower and middle thirds up and out to the right nipple line, where it ended three fingers' breadth below the ribs, over which breadth of three fingers there was gurgling on pressure. From this escarpment a hard smooth plane sloped back into the right iliac and lumbar fossæ, filling up the whole of the former, but in the latter easily admitting one's fingers round, and, to some extent, underneath it. Quite superficially it was separated from the ilium by half an inch, but it soon seemed to join this bone. It allowed extremely little movement in any direction. On percussion the abdomen generally was tympanitic; between the tumour and the liver ordinary colic resonance existed, and resonance of similar quality extended round the upper half of the right lumbar region; over the tumour the note was uniformly dull; there was a narrow band of partial resonance between it and the ilium. The liver edge was felt one inch below the ribs in the right nipple line, and was separable from the tumour except in the situation of the gall bladder; its surface appeared smooth and hard. There was considerable œdema of legs, labia, and back. She gradually sank and died on December 29th. There had been occasional incontinence of urine. The stools were loose and watery, two or three in the day; sometimes, especially at night, they were passed into the bed; they never contained blood. There was no vomiting, nor did she complain of nausea. The temperature twice reached 100°, but usually varied from 97·8° to 98·2°. The urine contained a trace of albumen with an occasional hyaline cast, and had a specific gravity of 1020.

*Autopsy.*—Much emaciation; some œdema of legs. A hard nodulated lump, the size of a cocoa-nut, to be felt in the right iliac region. When the abdomen was opened, the tumour was found to be adherent to the anterior abdominal wall for about two square inches: when these adhesions were torn through, it moved freely on the iliacus. The growth involved the cæcum with the termination of the ileum and the beginning of the ascending colon. The ileum passed for two inches over its lower front part. On slitting up this gut all its posterior wall was found to be gone, its cavity opening directly into a deep sloughy chasm, which was continued into the cæcum. Here and there bridges of tissue were stretched across this yawning abyss, whose walls were ragged, black and irregular, with stringy tags of half decomposed tissue adherent to them. The cavity of the cæcum was considerably lessened by ingrowths, and the ascending colon, instead of arising from its summit, was placed by a slight rotation of the mass behind and more internally than usual. The opening into the colon was constricted, admitting only the tip of the forefinger. The vermiform appendix was behind the growth; its opening, though narrowed, was not occluded. No trace of the valve existed, and the whole of the lining of the cavity was similar to the growth near the ileum. In section, the tumour was white, opaque, and soft; it yielded a juice, and was easily destroyed by pressure. Under the microscope it proved to be the usual adenoid form of cancer, but no

well-formed columnar cells could be seen, not even in the outermost layers of the cell groups next the stroma. The nuclei were indistinctly seen, and the size and shape of the cells were very various. There was but little stroma, and the surrounding tissues were cancerously infiltrated. A "bird's nest" was, however, occasionally detected. The liver weighed 71 ounces. Throughout it showed secondary deposits varying from a pea to a walnut. These, under the microscope, exhibited a growth similar to that of the cæcum, the cells being especially clustered around the portal spaces, whilst the spaces themselves were almost free from the growth. In the neighbouring lobules the malignant cells had permeated everywhere separating individual hepatic cells, many of which latter had become large fat globules. There was very little inflammatory infiltration of small round cells. The right kidney lay close to the growth, but was not adherent to it. Both kidneys were granular and contracted. There were no enlarged mesenteric glands, nor was the spleen increased in size. The uterus had several pea-sized polypi on its mucous surface.

*Remarks.*—There could have been no doubt here that one was dealing with a malignant tumour which had involved the commencement of the large gut, but to decide where this tumour had first arisen was not so easy. Dr. Rickards looked upon it as a primary tumour of the cæcum, or near portion of the ascending colon. I, wrongly as it proved, was more inclined to regard it as arising primarily in the glands, and involving the gut secondarily by contiguous extension; its great size, the impossibility of defining its deep origin, and above all, its remarkable fixity inducing me to this diagnosis. The fixation was probably chiefly owing to the size of the tumour, wedging it in firmly between the right lumbar fossa and the tense abdominal wall; the adhesion to this wall most likely having been quite recent, since free movement during respiration was noted on admission. The complete absence of melæna and the small amount of bowel disturbance are remarkable, considering the large tract of gut involved and the amount of ulcerous erosion.

I have to thank Dr. Rickards for his kind permission to publish this case, and Dr. G. C. Bull, the hospital pathologist, for the *post-mortem* report.

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## THE PRACTICE OF ANÆSTHESIA, LOCAL AND GENERAL, WITH ESPECIAL REFERENCE TO THE MODES EMPLOYED AND THEIR PHYSIOLOGICAL SIGNIFICANCE.<sup>1</sup>

By DUDLEY W. BUXTON, M.D., B.S., M.R.C.P.,

Administrator of Anæsthetics at University College Hospital.

It was pointed out that the desiderata of a perfect or ideal anæsthetic agent, were an absolute analgesia without the invasion of other than sensory areas. It was proposed to enquire how nearly the various members of the group of anæsthetics approached this ideal. Upon these lines it was intended to show how far the physiological behaviour of the agents brought them into the category of safe or dangerous anæsthetics. The researches of Dr. Brown-Séquard were described, in which he asserts that local application of vapours to the mucous membrane of the trachea, larynx, posterior wall of the pharynx, and in some

<sup>1</sup> An abstract of the opening address in a discussion upon Anæsthesia, before the Section of Pharmacology and Therapeutics of the British Medical Association at Cardiff, 1885.



cases to the skin of the back, is competent to produce a lasting analgesia while consciousness is unaffected. The behaviour of chloroform was then passed under review. It was shown that experimental evidence existed proving that chloroform could kill: (1) by causing spasmodic apnoea, owing to the irritation by the too concentrated vapour producing reflex closure of the larynx and paralysis of the respiratory muscles; (2) by reflexly inhibiting the heart's action, through irritation of the pulmonary endings of the vagi; (3) by accumulation of the chloroform in the blood giving rise to toxic effects on the centres in the medulla oblongata; and (4) lastly, it was pointed out that chloroform is a protoplasm poison affecting the heart muscle and nervous substances directly. Admitting that the cases in which sudden death might occur were not capable of being diagnosed beforehand, or provided against, it was pointed out that if chloroform vapour was only given when much diluted the dangers of the (3) and (4) modes of deaths were minimised. Ether, too, was capable of causing sudden death through syncope, but such cases were very rare. The greatest danger of ether was over-dosage of the blood, which, when saturated beyond a certain point, gave rise to paralysis of respiration through poisoning of the respiratory centre. Even in these cases it was pointed out that (1) ether being highly volatile, and (2) not being a protoplasm poison save in huge doses, the patients usually recovered when the chest was freed from the ether vapour by a few minutes artificial respiration. There was a danger of untoward results following upon etherisation in some cases, due to catarrh of the bronchi and laryngeal irritation. Upon the whole, it was believed that chloroform was farther from the perfect anæsthetic because its influence rapidly spread, involving areas of the nervous system concerned in controlling vital function, and because it was an active protoplasm poison. Ether, although remote from the ideal, still was less dangerous than chloroform. Methylene was referred to, and the experiments of Regnault and Villejean were cited as showing (1) that the so-called methylene dichloride is a compound of chloroform and methylic alcohol; (2) that true bichloride of methylene or methene bichloride cannot be employed as an anæsthetic, since it produces choreiform and epileptiform convulsions.

The second part of the opening address, that devoted to local anæsthesia, was owing to the shortness of time at the disposal of the section curtailed. It was contended that rhigolene had been found of service only in very minor operations, as its influence was very slight, and non-permeating. The ether spray, it was pointed out, caused pain both in freezing and thawing tissues, while it so hardened and altered the appearance of parts as to cause inconvenience to the operator.

Cocaine certainly possessed valuable properties, and had won its way to a position from which it would hardly be ousted. Even cocaine, as its action appeared to be confined to a small area, failed in affording analgesia save in minor operations.

The speaker deprecated the idea that he did not attach as much importance to the practical as to the physiological aspects of anæsthesia; he had from the great extent of the subject been compelled to confine his remarks to the physiological, trusting others would enter as fully into the practical bearings of the subject.

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CITY OF DUBLIN HOSPITAL.—The financial exigencies of this hospital having rendered the closing of the greater part of it imperative, a commendable movement has been started by some philanthropic ladies to organise a bazaar in aid of its present urgent needs, which will be under the patronage of Her Excellency the Countess of Carnarvon.

# Medical Times and Gazette.

SATURDAY, AUGUST 22, 1885.

As a proof of the gradual enlightenment on the subject of cholera prevention which is taking place in France, it is satisfactory to learn that at the meeting of the French Association for the Advancement of Science, held last week at Grenoble, resolutions were unanimously passed condemning sanitary cordons and fumigations as useless and dangerous measures. The only precautions to be taken on the land frontiers were the medical examination of travellers, the examination of travelling carriages, and the disinfection by exposure to damp heat of linen clothes and bedding. The Association, however, declared its belief that the only way to intercept cholera was by stopping vessels from the East from entering the Red Sea. Meanwhile, there is but little abatement of the cholera in Spain. During the first fortnight of August there were 69,193 cases with 25,322 deaths, and since then the record up to the 19th inclusive of this month is 22,622 cases with 7,866 deaths. The effects of the disease have been most severely felt in the provinces of Saragossa, Granada, Madrid and Navarre, though the latest returns indicate a diminution of the number of cases in Saragossa. It is stated, and probably there is much truth in it, that owing to the excitement many cases of illness are diagnosed as cholera which present no resemblance to that disease. The strict regulations in Madrid with regard to the isolation of infected houses are causing much indignation. When a case occurs in a house no one is allowed to leave that house even to obtain food or assistance, and any friend or relative who enters an infected house is compelled to remain there and undergo seven days quarantine. Some much-needed sanitary reforms in the shape of pulling down over-crowded houses, &c., are said to be in contemplation by the authorities in Madrid. The latest advices from Marseilles show that from twenty to thirty fatal cases are recorded daily in that city, and the cholera has now undoubtedly appeared at Toulon.

DR. FERRÁN, undaunted by his rejection for the Bréant prize, is continuing his inoculations at Albacete. Dr. Ferrán appears to have misunderstood the reply of the Paris Academy of Sciences to his application for the prize, which reply was to the effect that they would require some statistics as to his results before adjudging the prize, for he undertook in the course of a week to have his statistics carefully prepared and forwarded. But this was not what was wanted, as is evident from the reply of M. Vulpian, in which it is stated that the Commission had not asked for M. Ferrán's statistics, but for official statistics emanating from the Spanish authorities. It is much to be desired that on a question like cholera, which concerns to so large an extent the whole human race, the Spanish Government should feel bound to enlighten all nations as completely as possible as to the value of M. Ferrán's vaccination.



OUR Paris Correspondent writes:—The Annual Meeting of the French Scientific Association at Grenoble has been marked, in the Medical Section, by a most interesting discussion. Dr. Chauveau read a paper on preventive inoculation of cholera, in which he loudly sounded the praises of Dr. Ferrán, whom he considers as being "placed above all criticism," as far as his personal sincerity is concerned. He attempted to dispose of the various objections raised against the principles and practice of the Spanish doctor, and concluded that "the inoculations performed by Dr. Ferrán ought to be followed with attention, notwithstanding the unscientific character of his previous studies and his present practice." Immediately after this, Professor Bouchard read a paper, summing up the data which arise from the experiments conducted in his laboratory and his hospital practice. He has ascertained that excessive contraction of the pupil is a familiar symptom of the later stages of cholera, and from this and other phenomena he draws the conclusion that uræmia has very properly been placed among the complications of cholera. He then proceeds to show that Koch's doctrine is absolutely untenable in presence of the results of clinical observation. If the morbid agent or microbe exclusively inhabited the intestinal tube, antiseptic injections ought to destroy it. Professor Bouchard administered, therefore, iodoform 1 gramme and naphthaline 5 grains daily to his patients, but without any beneficial results. He then injected into the veins of rabbits a large amount of cultivated liquid, containing an immense amount of comma bacilli: the animals died shortly, but without any symptoms of cholera, and millions of comma bacilli were found in their tissues. The death of these animals is therefore due to the presence in large quantities of this bacillus, but not to cholera poison. By heating the liquid previous to injection to a temperature of from 112° Fahr. to 212° Fahr., the bacilli are destroyed, and injections with this sterilized liquid prove innocuous. Now if any chemical poison existed in the injected substance, it would not have been destroyed by a temperature of 212° Fahr. On the other hand, the injection of the urine of patients affected with cholera kills rabbits, with all the symptoms of the confirmed disease, viz., diarrhoea, cramps, lowering of temperature, albuminuria, and lastly, suppression of urine. The diarrhoea, although similar in appearance to that of cholera, contains no comma-bacilli.

From these facts Professor Bouchard draws the conclusion that the poison of cholera is eliminated by the urine and not by the stools of the patient, and that Koch's bacillus has nothing to do with the production and propagation of cholera. An animated discussion took place between Messrs. Chauveau and Bouchard. The issue in point can only be solved by direct experiments, and, strange to say, Dr. Chauveau had not made any. He explained this by expressing the fear that he might have been charged with propagating cholera by experiments of this kind. Such an objection, if allowed to prevail, would knock the science of bacteriology on the head, and would do

more for the cause of anti-vivisection than all the labours of Miss Cobbe.

WHAT is the essential nature, and what are the causes of cholera? Dr. John Chapman could not have chosen a more opportune moment for once more laying before the public his views on the answers to the above questions than the present. In great measure this, his latest essay on the subject entitled "Cholera curable," is a recapitulation of what he has stated in one form or another on several occasions during the last twenty years, supported and endorsed by the accumulated experience of that period, and especially by the outbreak in Paris last year. Dr. Chapman's thesis is that all the symptoms of cholera are due to simultaneous and abnormal superabundance of blood in, and excessively preternatural activity of, both the spinal cord and the sympathetic nervous centres, and he maintains that this proposition affords a clear and consistent account of all the phenomena of cholera, and indicates how it may be successfully treated. Amongst the remote predisposing and exciting causes Dr. Chapman awards the first place to solar heat. This, in his opinion, acts directly by producing that condition of superabundance of blood associated with great excitement which is the immediate cause of the phenomena. The theory of some blood poison engendered by the heat does not at all commend itself to him. Among other causes bad food, eating to excess, alcoholic drinks, opium, purgatives, and impure water are all competent to conduce to cholera. Fear, again, as he says, is well known to be a potent cause of cholera, and this is intelligible on his hypothesis of its nervous origin, but quite inconsistent with the theory of an organic poison or a microbe.

DR. CHAPMAN is in entire accord with Indian authorities in believing that cholera is not a contagious disease, and he discusses at considerable length Koch's views on the comma bacillus, as well as those of the opponents of the bacillary origin of the disease. The way he disposes of the fact that Koch's comma bacillus presents differences in regard to cultivation from other comma bacilli, is not the strongest part of his argument, and he would have done wisely, perhaps, if he had left this subject alone, for he says a comma bacillus bred in and fattened on cheese, and one produced in the lower part of the human intestine, may so resemble each other in appearance as to be indistinguishable; "but they must need, I imagine, to be elaborately 'educated' before they can exactly resemble each other in manners and general deportment. Probably, however, appropriate 'cultivation' during two or three generations, would render them in all respects identical." Last year Dr. Chapman had the satisfaction of seeing his views confirmed by the Marseilles Commission, who arrived at the conclusion that the nervous theory of cholera is that which best explains its physiological pathology. In regard to prevention, the chief thing to be done is avoidance of all the enumerated causes at all seasons of the year, and, though he does not believe in its communicability from the sick to the healthy, Dr. Chapman gives a word of caution against



unnecessary exposure to insalutary influences which are more than ordinarily dangerous during a cholera epidemic. As regards medicinal treatment, Dr. Chapman holds that purgatives, especially castor oil and calomel, and sulphuric acid are positively dangerous, whilst from the bromides of potassium and ammonium he thinks some benefit might be expected especially during the algide stage, and, at any rate, he holds that they would not do any harm; but the treatment which he especially recommends, as based on his theory of the disease, consists in the application of ice to the spine by means of elongated bags. During the epidemic in Paris, by the courtesy of Professor Peter, he had the opportunity of trying this treatment in twelve cases with the very encouraging result that ten recovered. We earnestly hope that if any cases of cholera should occur in this country this very simple, inexpensive, and rational line of treatment will receive a fair trial.

THE *Lancet* has not taken up a wise line in reference to the Washington Congress. It has either been misinformed as to the facts and the importance of the unfortunate dispute now going on in America, or else it has wilfully shut its eyes to them. It is absurd, for instance, of the *Lancet* to attempt to minimize the differences which have caused the withdrawal from the Congress of almost every man of mark in America. The fact that nearly every medical journal of any repute in the United States has vigorously condemned the action of the American Medical Association, and given its warm support to the men who are contending for the freedom of the profession against the selfish designs of a clique, should in itself have induced the *Lancet* to give a little more attention to the question before taking the wrong side with such a light and careless heart. The sole fact that seems to weigh with the *Lancet* is that Dr. Flint has been appointed President of the Congress, or rather that his original appointment has been confirmed by the new Committee. Dr. Flint's is no doubt a powerful name to shelter oneself behind. He is incontestably one of the most eminent representatives of the profession in the United States, and it has been a source of profound sorrow to those who have felt constrained to withdraw from the Congress, that in doing so they have had to part company with him. But we cannot blind ourselves to the fact that Dr. Flint, eminent and honoured as he is, has in the present instance allowed himself to be made the instrument of a minority. The part which Dr. Flint would take in this lamentable strife has been foreseen and discounted. The men of Boston, Philadelphia, and Baltimore who withdrew from the Congress knew that he would not follow them. The fact is that Dr. Flint is bound up with the American Medical Association, and an honourable feeling of loyalty no doubt constrains him to accept its decisions, however much he may deplore them in his secret heart.

If the British Medical Association—a body five times more representative of the English profession than the American Medical Association is of the profession in the United States—had played the same part

in reference to the London Congress that the American Association is attempting to play in connection with the Washington Congress, the *Lancet* would not have been able to find language strong enough to use in condemnation of such action, and we are simply at a loss to understand the reasons which have actuated its present policy. Surely the *Lancet* cannot have realized the fact that the American Medical Association, *i.e.*, a body representing only 10 per cent. of the profession in the United States, has decided that no American practitioner shall be admitted to the Congress who is not either a member of the Association or a delegate appointed by a State or county medical society. In other words, if the American Medical Association has its way, between thirty and forty thousand American practitioners will be kept as much outside the Congress as if they were not medical men at all. Is the *Lancet* prepared to give its support to a narrow and illiberal innovation of that sort? Would our contemporary be surprised to learn that this question of principle will henceforward form the main ground of conflict? It may be answered that any American practitioner can purchase the right to become a Member of the Congress by joining the American Medical Association. True, but will the foreign visitors let the Congress be thus turned into an instrument for forcing men to join the Association who would not join it of their own free will? It is evident that on this question all the leading men who have withdrawn from the Congress will be on the same side with the thousands of practitioners who are at present outside the American Medical Association. And on the other side whom have we? Dr. Flint, the wire-pullers of the Association, and the *Lancet*.

WE are very sorry that our contemporary has committed itself to that side, which everyone who knows the facts and judges them with sobriety must admit to be the wrong one. Its American readers will scarcely welcome such ill-timed and ill-instructed advocacy. The only hope for the Congress lies not in a postponement of disputes till after it is over, but in an unconditional surrender by the American Medical Association of the position which it has so unwisely taken up, and in the rehabilitation of the original committee. On these points, we believe that the leading men who have retired from the Congress are unanimously determined, and will admit of no compromise. If they still stand aloof, there will be no Congress in spite of the *Lancet's* confident prophecies. Our contemporary seems hardly to realise the extent and importance of the withdrawals. To take one section alone, that of ophthalmology, not more than four or five men of any reputation are left on it. Dr. Agnew, Dr. Knapp, and Dr. Jones, of Chicago, have been removed from their offices by the new committee of the American Medical Association, while Drs. Thomson, E. Williams, Burnett, Derby, Norris, Seely, Theobald, Wadsworth, and H. W. Williams have all declined to hold office in connection with it. A similar state of things prevails in almost every other section, so that unless the practitioners who have withdrawn can be induced to return, the European guests who go to Washington in 1887 in search of



scientific discussion will have to provide it for themselves. Under such circumstances, we doubt if many will care to encounter the discomforts of the Atlantic passage.

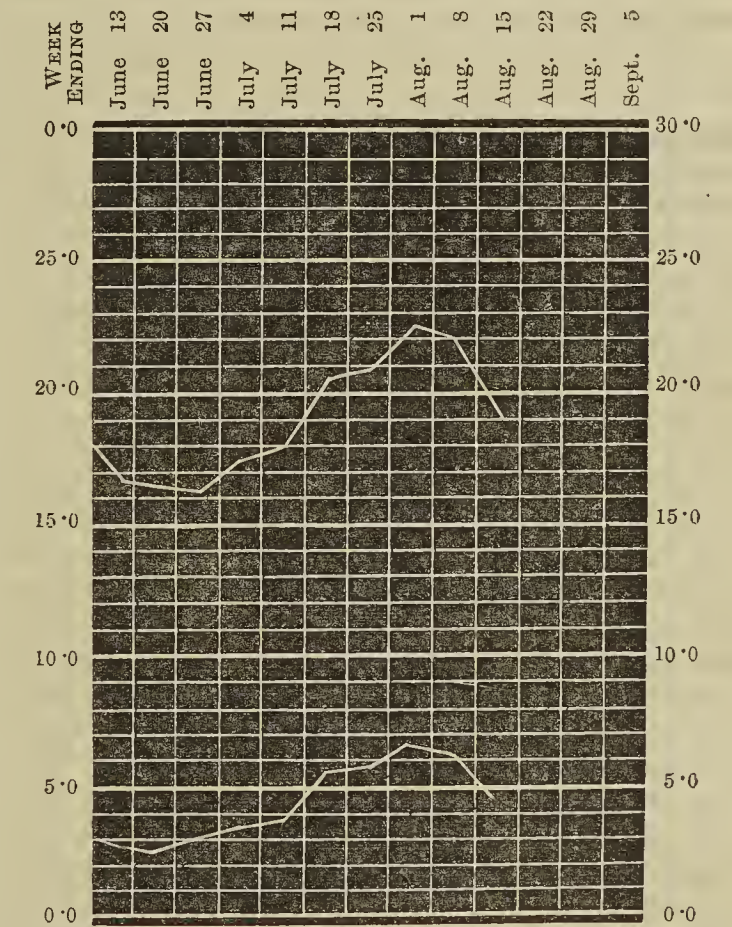
THE sanitary authorities of the Borough of Windsor have been much perturbed of late by the persistent publication of certain statements in a local magazine, edited by a leading clergyman in the town, with respect to the unsanitary condition of certain quarters of the borough. The Reverend Editor is trenchant in his attacks, and puts forward the facts which he claims to be able to support with a force and courage worthy of the Church Militant. In last week's number of the *Lancet*, there appeared the report of a Special Commission on the sanitary condition of Windsor, in which his statements are not only supported, but very considerably amplified and added to. The reception which this report has received in Windsor has been remarkable. The residents, jealous of the reputation of their town, would have their medical advisers combine to take action against such calumnies. The medical practitioners of Windsor, on the other hand, refrain from any such policy, and bid their indignant fellow-townsmen to look more closely into the matter.

By a report of a meeting of the Windsor Town Council acting as the Urban Sanitary Authority, held on August 12th, it is made clearly evident that the insanitary condition of those parts of the town to which their energetic pastor has called attention, has been known to that august body for several years past, and that the defects which have been repeatedly brought to their notice have never been remedied. The report is a gem of its kind. Written with the apparent object of utterly confounding the reverend gentleman's allegations, it remains to bless them altogether, substantially confirming them in almost every particular. We gather from it that in one road a collection of manure is rendering life unpleasant to the inhabitants, that in another the drains are of an old and obsolete pattern, and that some of the houses have been well known to be without closet accommodation since July, 1883, that a ditch which runs in the town has been for two years a proclaimed nuisance, that there are houses which have no back premises the inhabitants having to cross the street to the back premises of the houses opposite for all sanitary purposes, and many other unpleasant facts, all pointing in the direction of persistent and obstinate neglect, not on the part of the medical officer, who has evidently made numerous reports, but on that of the superior authority to whom such reports have been made.

It is only fair to Dr. Casey, the Medical Officer of Health in question, to note the following facts. During the last five years there has been but one death from enteric fever and an epidemic of measles only. The "poisonous ditch" to which reference has been made is upon Crown property, and was reported upon by him two years ago, but his report has been neglected by the Crown authorities. The by-laws and defective

water-closet accommodation have been for some time under consideration, and new regulations including the abolition of dustbins are in process of being enforced. No complaint as to impure water has hitherto been made, but he has condemned and caused several public wells to be closed during his tenure of office. The fact that the general death-rate has been about 20·0 per 1,000, and that the town has been singularly free from infectious diseases, must also be taken into consideration. In fact, the most substantial charge on the part of our contemporary seems to be the want of a fever hospital, and we understand that a piece of land has been acquired for this purpose for a temporary building in case of necessity.

THE deaths in London last week having been 151 below the average, there has been a proportionate drop in the death-rate, which has fallen, as will be seen from our chart, from 22·0 to 18·8. The chief cause of the diminished mortality is undoubtedly the lessened number of 'deaths from diarrhoea, under which head 222 deaths are recorded as against 348 and 309 in the two previous weeks. From small-pox there were 15 deaths, and the number of patients under treatment at the end of the week had fallen to 399. The fall in the number of deaths from



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past ten weeks.

measles continues, but they reached 49 last week, being only 8 more than the average. Diphtheria and enteric fever each claimed 13 victims last week, and scarlet fever only 9. The weather was on the whole fine, the mean temperature of the air was 59·6°, or 2·9° below the average, and 48·4 hours of sunshine were recorded. In the provinces measles still hangs about Liverpool, where 16 deaths were recorded. The diar-



rhœa epidemic has nearly exhausted itself at Leicester, but has made terrible havoc in Liverpool, Birmingham, Manchester, Salford, Preston, Leeds, and Sheffield.

At this season of the year, as a rule, complaints are wont to be made on the subject of river-pollution, and the present season forms no exception to the rule. This year it is the Wey which has attracted most attention. One of the complainants describes it as a filthy ditch, and speaks of the water as of an inky colour and highly offensive. This was too much for the Mayor of Godalming, who forthwith rushed into print to denounce the anonymous detractor of the Wey, and to assure his readers that on a recent occasion when a navigation commission had made their annual inspection of the river they had unanimously agreed that the water was free both from colour and smell. But so long as a considerable portion of the sewage from Guildford and other towns passes into it, and this is admitted to be the case by the Mayor himself, he must not be surprised if complaints of this kind arise, even though it can be shown, as in the present case, that most of the apparent contamination is due to chemical and mechanical impurities from tanneries and a paper mill.

THE pestiferous condition of the River Lea below Tottenham has been the subject of indignant comment in the daily press for some weeks past. Shortly before the close of the Session a question on this subject elicited from Mr. Balfour the encouraging, but scarcely satisfactory reply, that permanent works for so dealing with the Tottenham sewerage as to abate the nuisance had been sanctioned, and that in the meantime temporary measures towards the same end were being undertaken. Some idea of the abominable state of the water and of the exhalations which rise from it may be gathered from the fact that boating has been so generally abandoned that the boat-masters, who are compelled to pay a licence of ten shillings per annum for every boat they have afloat, complain that many have not earned that amount; while the members of the various rowing clubs declare that a race "cannot be decided on aquatic merit so much as on the capacity for existing in the atmosphere of a sewer." Nowadays, the utmost which can be reasonably demanded in the case of a river running through a populous district is that its water shall be clear, odourless and bright, and at least so little impure that fish can live in it. The state of the lower Lea is now a scandal and a danger, as well as a cruelty to the large number who have been accustomed to find a means of pleasant and healthy recreation on its waters. It is intolerable that the filthy steam which no one would think of drinking should be permitted to rise from its bed to poison the air that is breathed by those who are compelled to live in its neighbourhood, and who would fain enjoy the health-giving pleasures which it was once capable of yielding.

OUR Vienna Correspondent writes: The four candidates for the extraordinary professorship in the University of Vienna, whose election has occupied the

Vienna "Professoren Collegium" for a longer time than one might fairly have expected, on account of some formal objections on the part of the Minister of Education, have at last obtained their well-merited promotion from the Minister of Public Instruction. In other words, the election of Professors Wölfler, Hofinskl, Ultzmann, and Mauthner has been confirmed by the Minister of Education and the Emperor. I will take this opportunity of giving your readers some details of the career of the two younger of these new Professors, one of whom comes into close relation with those of your fellow countrymen who come here for improvement in practical surgery. I allude to Professor Anton Wölfler, the late assistant to Professor Billroth, and as he has been justly termed in your Journal, the distinguished Professor's right-hand man. Professor Wölfler is one of our youngest extra-ordinary professors, having obtained his professor's degree at the age of 34. He was for ten years assistant to Professor Billroth, a quite exceptional circumstance considering that the appointment of clinical assistant usually only runs for four years. In 1881 Dr. Anton Wölfler became Privat-Docent, and both as a simple assistant as well as a Privat-Docent he had the most crowded private courses; his propædæntic courses, his courses on operations and ligatures, attracted both Vienna and foreign students, who confessed that besides his technical skill and his sound knowledge he also possessed eminent gifts as a teacher. His literary activity dates from 1876. He has written on hydro- and pyonephrosis, proving that chronic hydronephrosis was caused by the formation of valves; on the treatment of the fistula of the stomach and on gastrorrhaphia, and, indeed, much of his later work deals with operations on the stomach and intestinal canal. When Billroth successfully performed his first resection of the pylorus, in 1883, Wölfler published a book on the subject which has been translated into English, Italian, and Russian. The method of suturing the stomach and intestine which is called by his name has been generally accepted and recently discussed by Gussenbauer. In cases where resection of the pylorus cannot be performed Wölfler has proposed to unite the stomach with the intestinal canal; in such cases he proposed making a communication between the stomach and the intestines, the so-called gastro-enterostomy which has since been carried out with success by Billroth, Rydygier, and Lücke in cases of cicatricial stenosis of the pylorus; the importance of this operation in stenosis of the intestine was discussed in 1883 at the Surgical Congress at Berlin. Your readers may remember that Professor Billroth, at the Society of Physicians of Vienna, recently described the operation as an "ingenious idea." In 1882 Dr. Wölfler published an elaborate monograph on the treatment of carcinoma of the tongue. The histology of the thyroid gland and goitre have also been dealt with by him in two large volumes; a third volume on the treatment of the goitre is about to appear. Recently Wölfler has devised a new method of suturing tendons which has been proved practicable, and another method of dealing with the amputated stump of the uterus after the removal of fibromata by laparotomy. These very important contri-



butions will be sufficient to illustrate the great and fertile services of our new professor who, as a pupil of Billroth's, may justly rank with other pupils of the eminent professor, Czerny, of Heidelberg, and Miculicz, of Crakow.

MEDICAL chemistry, which is taught in Vienna, in the "Pathological Institution" attached to the "General Hospital," is very well officered in Vienna by Professor Ludwig and by his assistant, the newly elected Professor Mauthner, both Professors of the Medical Faculty. Julius Mauthner was born in Vienna in 1852, and entered the University in 1870. As early as 1871 he obtained a post in the laboratory of Professor Ludwig, and in 1876 he became his assistant. Dr. Mauthner, having obtained the grade of "Privat-Docent" of medical chemistry, obtained in 1879 permission to make a year's tour through Germany, in the course of which he enjoyed many opportunities of enlarging his knowledge. He spent his year at the Universities of Strasbourg and Munich, working in the laboratories of Hoppe Seyler, and Voit, and attending their lectures and those of Professors Schmiedeberg, Kundt, and Pettenkofer. Subsequently, Mauthner returned to the laboratory of Professor Ludwig, whose assistant he is still. He also worked in the physiological laboratory of Professor Brücke, and, on being elected Privat-Docent, delivered lectures on a departmental medical chemistry which gave full satisfaction. The works he has published bear both on medical chemistry and on physiology: they are, "The Maternal Circulation in the Placenta of a Rabbit;" "Contributions to our Knowledge of Neurin," and on "The Effect of the Neurin on Albuminoid Bodies;" "Chemical Examination of the Springs of Carlsbad" (published with Professor Ludwig); "On the Influence of Ammonia on Chinon-like derivatives of Naphtol" (with Professor Ludwig); "On the Propion Bromide and Acryl Acid," and also "On the Methods of Detecting Prussic Acid in Legal Medico-legal Examinations" (with Professor Ludwig); "On the Rotatory Polarization of Cystin and Tyrosin;" "On the Behaviour of Naphtol in the Organism after its application to the Skin;" "Precautions against Errors in cases of Poisoning by Arsenic." Professor Mauthner has also written on the determination of the presence of atropine in a corpse which had been buried for eight months. The Vienna "Professoren-Collegium" has had it in its power to reward the services of Dr. Mauthner, awarding him besides his professorship a yearly grant of one thousand florins. The ability of Professor Hofinskl in general surgery, and that of Professor Ultzmann as a urologist is also well-known, so that it may safely be said that the Vienna Medical Faculty has considerably strengthened its hands by electing four such extra-ordinary professors.

OWING to recent changes brought about by death or retirement in the higher ranks of the German Universities, a considerable redistribution of professional seats has been taking place of late. The vacancy caused at Würzburg, by the migration of Professor Gerhardt to Berlin, has been filled by the appointment

of Professor Teube, of Erlanger. The chair of anatomy, so long occupied by Henle, at Göttingen, will for the future be taken by Professor Merkel, of Königsberg, who will be succeeded as Professor of Anatomy in the latter University by Dr. Stieda, of Dorpat.

THE medical and other students of Dorpat University have honoured Prof. Bunge on his departure for Basle by a torchlight procession and a farewell oration by Student of Medicine Epstein. The seniors acknowledged their interest in the departing professor by a farewell dinner.

PROF. STIEDA, of Dorpat, has been chosen (his being the first of three proposed names) as Professor of Anatomy at Königsberg.

THE arrangements for the opening of the Metropolitan Medical Schools appear to be now complete. At St. George's, the introductory address will be given by Mr. Timothy Holmes; at St. Mary's, it will be given by Mr. Pepper; at King's College, by the Bishop of London; at the Middlesex, by Dr. Fowler; at St. Thomas's, by Mr. MacKellar; at University College, by Professor Schäfer; and at the Westminster, by Mr. Cowell. At St. Bartholomew's, Charing Cross, Guy's, and the London, the session opens without any introductory address.

THE *London Gazette* of this week announces that Her Majesty the Queen has been graciously pleased to confer the Albert Medal of the Second Class upon Edward Charles Thompson, M.B. Univ. Dubl., Surgeon of the Tyrone County Infirmary, for conspicuous heroism displayed in endeavouring, on the 4th of April last, to save the life of a child named Herbert Mitchell, suffering from diphtheria.

ON Tuesday, the 18th instant, in the Belfast Police Court, John R. Thompson was brought up in custody, charged with having forged a medical certificate purporting to emanate from the Royal University of Ireland. The certificate represented that Mr. Thompson passed a matriculation examination as a medical student in the University in October, 1880, and was signed apparently in the usual way by the secretaries of the University. The Royal University was incorporated in April, 1880, but its first examination was not held until December, 1881, so that the non-genuineness of the certificate became at once apparent. The case is not yet decided, the accused having been remanded for a week on bail, himself in 200*l.* and two sureties in 100*l.* each. Meanwhile, we may direct attention to a very reprehensible practice which prevails in the secretarial department of the Royal University, of the official signature of the secretaries being made by means of a stamp. This should certainly be put a stop to.

By the death at an advanced age of Dr. William Walker, one of the most distinguished of our professional brethren in Edinburgh has passed out of sight. For 33 years he served as oculist to the Royal Infir-



mary, and he had the honour of being oculist to Her Majesty in Scotland. Some years ago he filled the office of President of the Royal College of Surgeons, and it was only a short time since that he finally retired from his hospital appointments.

THE latest, though probably not the last of the numerous lunacy trials that have recently arisen, has terminated as all must have foreseen who were at the pains to follow the evidence. The charges brought against Dr. Crosskey by Mr. Hillman were practicably reducible, as was pointed out by Baron Huddleston, to the one charge of want of due care in signing the certificate of his insanity. And yet when the facts were elicited it appeared that the very opposite was the case, and that Dr. Crosskey had exercised especial care in drawing up his certificate, and had not entered in it certain matters on which the plaintiff had spoken to him because he had no evidence as to their truth or falsity. No lack of *bona fides* was or could be imputed to Dr. Crosskey, who had known the plaintiff for many years, and could have had no possible motive for wishing to make out that Mr. Hillman was insane when he was really sane. And had the case rested there, with the unsupported evidence of plaintiff and defendant in flat contradiction, there can be little doubt that the verdict must still have been for the defendant. But seeing that Dr. Crosskey was able to produce nearly a score of witnesses, many of whom had known the plaintiff for a long time, and who all swore that they had independently from his acts and words arrived at the conclusion that the plaintiff was insane within a few hours of the certificate being signed, the prompt decision of the jury in his favour was natural. Of course this case is quoted as an instance of the need for the reform of the existing regulations as to lunacy certificates, but after all, in this particular instance, the medical man only gave effect to what was practically a popular verdict, and it is pretty certain that the same result would have been arrived at under any statutes where the decision was allowed to be influenced by common sense and not red tape.

A FORTNIGHT ago we called attention to a speech of Dr. Angus Fraser's, in which very serious charges were brought against the managers of the Aberdeen Royal Infirmary. The committee of management having demanded some explanation from him, that gentleman has lost no time in supplying overwhelming evidence in support of one of his charges, viz., that relating to the deficient nursing arrangements. Not to mention occurrences which took place some time ago, we notice that in the middle of last July one of the surgeons to the Infirmary received a message from the house-surgeon that secondary hæmorrhage had taken place in an amputation case. On arriving at his ward soon after the receipt of this message, the surgeon in question found the patient collapsed and pulseless, but no house-surgeon, or nurse, or anyone in charge of the patients. More recently still, Dr. Fraser paid a visit to the wards on a Sunday

morning between ten and eleven in the forenoon, and going through nine wards (six medical and three surgical), found a nurse present in only one. Such a state of things is scandalous, and if these facts do not justify a hospital physician in bringing forward charges of gross neglect against the authorities, we are at a loss to conceive of any degree of laxity that would do so. This mis-management is already bringing about its inevitable result, viz., that the poorer classes of the population are losing faith in the institution, for Dr. Fraser states that two of the largest employers of labour in the city have informed him that in consequence of the unsatisfactory internal arrangements of the Infirmary, they find the utmost reluctance on the part of their work-people to avail themselves of its benefits. Now that the managers have brought upon themselves this public condemnation and overwhelming proof of their shortcomings, we may hope for speedy and effective measures of reform.

SOME of the remarks made by Mr. B. Hicks in the course of an inquest held by him last Monday at Ham, will come as an unpleasant revelation to some local dignitaries. The corpse had been recovered from the Thames on the previous Friday morning in that advanced stage of decomposition which is usual after nearly three weeks immersion in the water at the present period of the year. It was carried for two miles on a grocer's cart, and was then deposited in the stable of a public-house, close by the road-side, on wooden trestles, without a shell, and covered only by a cloth, the nearest mortuary being at Kingston, some four miles distant. It was under these circumstances that the *post-mortem* examination was made. The body was viewed by a jury, who expressed the not astonishing opinion that its presence there "was enough to cause an epidemic in the locality." After commenting on these disgraceful revelations, and ordering the immediate removal of the body to the Kingston mortuary, the coroner pointed out that publicans are not bound to take in a body, and that when they refuse to do so the legal place of deposit is the house of the churchwardens; adding that "it would be a good thing for the parish when a body was taken to their house." It is very likely that churchwardens are not always the chief or the only opponents of sanitary reform within their district. But it certainly seems probable that, other and milder arguments failing, the bringing of an evil thus literally to their own doors would prove a very effectual means of rousing their energies and of directing their influence towards securing within their own neighbourhood adequate provision for treating the dead with decency, and for protecting both the feelings and the health of the living from needless outrage.

CAPITAL punishment possesses some Circean attraction for the amateur philanthropist. Those who are not prepared to abolish it altogether, are anxious to so modify its methods as to replace the deterrent image of grim death by the almost seductive oblivion of a judicial euthanasia. To this end the mysteriously subtle power of electricity has been oftentimes invoked.



An English surgeon recently recommended that as the condemned criminal left his cell "a powerful current should be turned on" to a brass plate let into the floor of the corridor, so as to substitute a rapid and painless demise for the horrors which have now and again even recently disfigured the ghastly operations of the hangman. The idea was doubtless conceived in a kindly spirit, but the directions are too vague to be of much practical value; and good authorities are as doubtful as men who have not themselves submitted to the *experimentum crucis* can well be, as to whether death by electricity is by any means the painless process which the popular mind conceives. A more merciful method is suggested by an American physician, who suggests the "hypodermic administration of morphine as a substitute for hanging in the execution of criminals;" taking the ground that while hanging is often rapid and painless, it is sometimes slow and cruel; and being of opinion that the medical profession should suggest to the State a method of killing free from objectionable features. This last idea is, we fear, impossible of realisation. The morphine plan would certainly fulfil some of its requirements; and it is scarcely probable that the most calculating criminal would set to work to contract and foster the "morphia habit" with the view of rendering himself physiologically unable to pay the last debt of justice in the manner legally prescribed. But it is not well that any suspicion of secrecy should enter into the administration of public justice; and the law of this country would assuredly and rightly look askance at the suggestion that it should even seem to adopt the methods of the prisoner.

TRAVELLERS by the underground railway have been almost daunted into accepting partial asphyxia as a part of the price which must be paid for a convenient means of locomotion; and custom, after a while, makes it almost tolerable to many. Yet even the most optimist of cockneys, if any such there be, is apt to be roused to temporary wrath when he journeys over that specially brumous section of the line which extends between Gower Street and Baker Street for the first time after his senses have been purified and strengthened by a few week's sojourn in real country air; and for the nonce even he realises something of the evils to which thousands of his fellow-creatures submit every day almost without complaint. The hardened frame of the adult may indeed bear repeated temporary exposure to these conditions without appearing to suffer very much therefrom. But this can scarcely be true of children. Perhaps it is only because their elders have become habituated to the evil that its influence upon the large and increasing number of young children who now regularly travel in this manner has hitherto escaped special comment. At certain hours of the morning and afternoon school-children from eight and nine years of age and upwards form a very large proportion of the passengers; not a few of them may be observed studying the school-books which they are carrying to or from home—and this, too, under anything but favourable optical conditions. Surely, if we have grown too lazy or too dis-

heartened to try to help ourselves in this matter, we might be stimulated to make some united effort for the improvement of conditions which we admit as injurious to ourselves, but which must be infinitely more pernicious for the young who are ignorantly and helplessly subjected to them. The condition of some parts of the underground railway is a reproach to the rich city which boasts of its possession. The difficulties which would attend its adequate ventilation are not so great as those which have been successfully solved in the case of many a deep and extensive colliery; and there is no sufficient reason why these should still be allowed to interfere with the comfort and to impair the health of a huge travelling population.

TWELVE months ago a new departure in medical literature was inaugurated by the establishment of an International Centralblatt, having for its object the record of *all* work published in the medical world upon the subject of Laryngology and of diseases of those other parts adjacent to the larynx which by silent assent have become recognised as appertaining to the range of the throat specialist. Edited by Dr. F. Semon in London, and published by Hirschwald in Berlin, the work which started with but modest pretensions has obtained a greater measure of success than was anticipated even by its editor. It is only when an attempt is made to collect together the complete current literature on a single subject that an idea can be obtained of the vast amount of writing that is continually being poured forth for the benefit, or otherwise, of those who are specially interested in it. Thus it happens that in the case of this Centralblatt, its projected size has in many monthly numbers been far exceeded, and still the mass of literature to be dealt with steadily increases. Although receiving a well-merited measure of support on all hands, it is obvious that the calculations which regulated the working expenses of a small work are not applicable to the maintenance of a great one. At the close of the present year, ending in June next, it is proposed to increase the price of the Journal in order to meet the extra expenditure which its size involves. We do not anticipate that the numerous subscribers, who by their co-operation have already endorsed the value of the work, will object to render this additional aid in the cause to which they are most of them devoted.

THE latest pamphlet of the National Health Society is from the pen of its chairman, Mr. Ernest Hart, and is entitled *London Old and New*. In it, Mr. Hart with his wonted felicity reminds us of the insanitary state, in so far as all domestic arrangements were concerned, in which for centuries our forefathers were content to live. A thousand years ago the houses were of the roughest kind, and the furniture, including the beds and bedding, of the most crude description. In the twelfth century the subject of drainage had already become a public question, and from that time onwards regulations were at various times passed for the efficient cleansing of the Wall Brook, the Fleet,



and the other streams that served to convey the surface drainage to the river. The refuse of the slaughter-houses appears to have been a source of nuisance from very early days, and many ordinances were passed with intent to repress it. Gradual changes in the system of drainage necessitated by the constantly increasing population led to the conversion of the Fleet ditch into a sewer, and finally to the establishment of the present system, whereby three main sewers on each side of the Thames carry all the sewage of London to be discharged into the Thames some miles lower down. In conclusion, Mr. Hart points to the comparative mortality as the best proof of the efficacy of the various measures for improvement. From 1620 to 1643 the mortality was 70 per 1,000, for 1728-1757 it was 52, for 1800-1810 it was 29, and for the four years of the current decade it is 20.9. Notwithstanding this, however, there is plenty of work for the National Health Society to do, in combatting dirt, disaster and disease in our over-populated metropolis.

At the Royal College of Physicians on Tuesday last, the interest of the Bradshawe Lecture and the personal attributes of the Lecturer combined to bring together into the small theatre an audience which would have been thought numerous at one of the Spring Lectures, but which was quite phenomenal during the latter weeks of August. But the endurance displayed by this audience was even more phenomenal than its numbers. For the space of 55 minutes these devoted gentlemen, including in their ranks the President and most of the permanent officers of the College, quietly submitted to a slow development of the early stages of suffocation without allowing a murmur of discomfort to escape them, and without any attempt to remedy the evil by the admission of some less polluted air through the medium of an open door. Dr. Goodhart must indeed be gratified that his earnest and thoughtful address was able to prevail against the feelings of approaching asphyxia under which all his hearers were labouring. But such a state of things is little short of scandalous. Why should the authorities permit within their own walls an evil which they are never weary of condemning when it is found within those of their neighbours? The Fellows, if it so please them, are at liberty to hold their meetings or lectures in an attic, which is only accessible on the one side by a circuitous back stair, and on the other by a chicken-ladder. But having invited the attendance of their Members and Licentiates they are not at liberty to deprive them of respirable air. It is not long since that the President took occasion to deplore the small attendance at the College Lectures. So long as they are delivered in the present den he might well congratulate himself that there is any attendance at all.

WE desire to call the attention of our readers to the announcement respecting medical registration, which appears in our advertisement columns. It contains the annual reminder to members of the profession that it is their duty to give notice of any change of address, and to reply to any letter of enquiry from the Branch

Office, under penalty if they neglect either of these things of finding their names removed from the Register. It must be obvious to anyone that it is quite impossible that the Register should be accurately kept, if those who are on it do not keep the Registrar duly informed of their whereabouts, or give any sign of continuing existence when appealed to by letter; and as the Register is the official roll of the profession, it is needless to insist on the necessity of its information being true in every particular. Those whose names have been removed in accordance with the above clauses, can be restored to the Register by making application to their Branch Registrar.

#### THE BRADSHAWE LECTURE AT THE COLLEGE OF PHYSICIANS.

THE lecture delivered on Tuesday last by Dr. Goodhart was true to its title, and well adapted to the occasion. Chosen to fill the place of the late Dr. Mahomed, whose early loss the profession so deeply deplores, Dr. Goodhart did well to select the subject of arterial tension which Dr. Mahomed so indefatigably worked at and advanced in no small degree. The lecture was strictly a review, and as such more suitable to occupy the single available hour than an attempt, however condensed, to present the result of any original work. Such a review could not have been in better hands than Dr. Goodhart's, at once a friend of Dr. Mahomed, a member of the Staff of Guy's which has contributed so much to our knowledge of the subject of renal disease, and a learned and thoughtful physician and pathologist. The shortness of the allotted time was enough to account for this review being almost entirely a criticism of the relationship between arterial tension and Bright's disease, rather than a consideration of such tension in its wider aspects; but if further justification were necessary, it would be found in the fact that it was especially in its connection with renal symptoms that this question was studied by Dr. Mahomed.

The lecture was introduced by an earnest tribute to the memory of Dr. Mahomed, marred only, in common with some other parts of the oration, by somewhat obscure and laboured rhetoric, quite out of harmony with the author's usually clear and simple style. Dr. Goodhart then addressed himself to a criticism of the two well-known theories as to the pathology of Bright's disease—the stop-cock or spasmodic hypothesis of Johnson, and the “general fibrosis” of Gull and Sutton. In rejecting the first of these notions, Dr. Goodhart, among other arguments, laid stress on the *a priori* unlikelihood of the action of the muscular coat of the arterioles being in antagonism to the cardiac function, and called the effects of digitalis to his aid in supporting the view that its function is that of propulsion, not retardation of the blood-current. This same *a priori* method of reasoning was adduced as favouring, in this instance, the view that the muscular coat is really hypertrophied in the affection under discussion. More work is thrown on the structure, urged the lecturer, and it *must* get thicker



whether it can be always demonstrated to do so or not. It is not everyone who can safely handle such a method of argument in pathology, and there are those whom we should distrust had they said, as Dr. Goodhart said, that the appeal to demonstration, and to demonstration only, is too absolute in the present day. But, within limits, and checked by sound knowledge, sober argument on *a priori* grounds is not only permissible, but even necessary, and we freely admit that Dr. Goodhart is justified for his enlightened use of it here. Similarly, when treating of the arterio-capillary fibrosis theory, and styling it "a magnificent scheme of decay" which the true romance of pathology cannot afford to lose, Dr. Goodhart said the idea was a suggestive one, and largely true. But it was true, not owing to there being much force in the microscopical observations on which it is but apparently founded, but rather from being based on what the lecturer somewhat riskily called the "intuition of experience." The excellent remarks which followed in criticism of this theory, showing how far it is applicable, and when it fails to be sufficient, must be read in full in order to be appreciated. That some cases of chronic renal disease are primarily renal was Dr. Goodhart's distinct opinion, which few, perhaps, will dispute. But he was equally clear that Bright's disease of the kidney is often a part of a general degeneration. Though much was to be said in favour of the view, expressed long ago by Dr. Walsh, and emphasized by Dr. Mahomed through his sphymographic observations, that Bright's disease is primarily a blood, not a kidney affection, and that an altered vascular condition precedes the albuminuria, it was urged that in some cases there might be a visceral failure at first, and that an undiscovered cause of "renal inadequacy" might possibly be the earlier link in the morbid chain. On the whole, the lecturer inclined to the theory of arterio-capillary fibrosis, on grounds more collateral than direct, and emphasized the fact that the subjects of Bright's disease were apt to suffer from many symptoms other than renal. On the other hand, he reminded his audience of the very frequent discovery of granular kidneys in the *post-mortem* room.

In some very short remarks at the close of his lecture, Dr. Goodhart touched on the subject of increased tension in the pulmonary circulation, and drew notice to the fact of dilatation of the pulmonary artery in cases of obstructed circulation in the lungs, whether occurring in emphysema, mitral disease, or other chronic affections. This may happen, he said, in various degrees; and the exciting cause may not always be discoverable *post-mortem*. This passing glance at a very interesting matter was almost disappointing, unavoidable as it doubtless was. But the subject is important enough, and not the least in its possible relation, as was suggested, to anæmia, for us to hope that we may hear Dr. Goodhart further upon it, perhaps at some future time when he speaks again to the College of Physicians.

## THE REPORT OF THE ARMY MEDICAL DEPARTMENT FOR THE YEAR 1883.

### [SECOND ARTICLE.]

WE are aware that many advantages have been claimed for foreign service now that short enlistment is the rule. Men and boys of all classes are supposed, for example, to benefit by travel, and the opportunities of seeing many cities and varieties of mankind. In the days of long service, soldiers hardly had much time, after getting their discharge, to avail themselves at home of the knowledge acquired abroad; since it sometimes happened that a regiment serving in India for twenty years or more on a stretch, brought back only half-a-dozen of the rank and file who were serving when the Corps marched down to Gravesend to embark for the East. But even under the present system, when men return still young to civil life, foreign service has its drawbacks. Epidemics are more frequent and more fatal than in England, sanitation is obstructed by the apathy and ignorance of native populations, and deviations in rain-fall and temperature produce outbreaks of fever, malaria, and scurvy in foreign stations, to an extent unknown in England. In time of peace, enforced idleness in hot climates plays mischief with the morality of soldiers, who fall a prey to loose women and bad drinks, and a campaign, although very welcome to the soldier, is often attended with privation, discomfort, and many elements of disease. The year 1883 was comparatively quiet, no campaigns are recorded, and the outbreaks of cholera were few in India, but it is sufficient to examine the returns of death and invaliding from abroad, and then compare them with those of the United Kingdom, to be aware that the defence of an Empire makes large demands on the lives and health of English troops. The death-rate per 1,000 in the United Kingdom was 6·28, while that of troops at home and abroad was 9·57. The mortality at different stations varies greatly, it is as low as 3·91 at Cyprus, and it is but 4·56 at the Cape, while it mounts to 15·46 at the Mauritius, and 12·03 for India generally. But we cannot be sure of the ratio of mortality to be confidently expected at any foreign station. The average at the Cape, so low in 1883, has been a very different thing at other times, and if we take the average for ten years, and compare the Cape with the United Kingdom, we find the former mounts to 40·63, while the latter is but 7·73 per 1,000. Cyprus, so healthy in 1883, was not so in other years, the death-rate there per 1,000, calculated on the returns for five years, ran up to 20·05. The mortality in India keeps pretty steadily the same.

The year 1883 was much healthier than usual, as the death-rate calculated for ten years is given as 17·93 per 1,000. Invaliding varies greatly, 84·71 per 1,000 were sent home from Egypt in 1883, and Canada, Ceylon, and the Cape furnished large proportions of sick men sent to England for change of air. Recovery, however, seems to have been tolerably rapid, as the ratio per 1,000 of men finally discharged only exceeded the United Kingdom rate, in the case of Egypt. We

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HEALTH OF HOVE.—Dr. Kebbell, the Medical Officer of Health, in his quarterly report ending June, gives the death-rate of the town at 13·3 per 1,000. The zymotic rate was as low as 0·5 per 1,000.



have noticed the variations in disease produced by abnormal rain-fall. In Bengal, at most stations, there was a great decrease in paroxysmal fevers in 1883, and the return remarks, "These satisfactory results are in great measure accounted for by the scanty rain-fall experienced during the year in the season of the periodical rains." In Madras, however, we find an outbreak of enteric fever, attributed to the same cause, and we are informed that at Bangalore, "The medical officers in charge of the station hospitals were not able to state definitely the cause of the disease in that station, but they both allude to the impurity of the water supply, and one states that in June, July, and August it was very bad, owing to deficient rain-fall." The scanty rain-fall may possibly have been indirectly the cause of the prevalence of scurvy, as the supply of vegetables seems to have been affected. At Gwalior, for instance, where scurvy was very prevalent, we learn that "for about three months of the year, the potato ration was very inferior, and at the time other culinary vegetables were not procurable." Lime-juice was issued generally for nearly three months. The medical officer recommended the use of a species of sorrel as an antiscorbutic food, but the men, always suspicious of innovation, refused to eat it. We find obstructed sanitation causing enteric fever at the Mauritius; the Report notices "the noxious vapours perceptible in some of the streets, and those issuing from house drains, are undoubted sources of danger, especially to new arrivals. It seems probable that both in town and country, the predisposing causes of disease are on the increase, and the soil which was formerly able to exercise a disinfecting influence is now, in the vicinity of settlements and villages, becoming overcharged with impurities. The principal outbreak of cholera occurred in Egypt, but we have already noticed it, in our issue of September 27th, 1884. In the present report we find it remarked, "That the experience of this outbreak does not bear out the assertion that those in attendance on cholera patients are *not* more liable to contract the disease than others, as the men of the Army Hospital Corps suffered out of all proportion to the other branches of the service."

With regard to diseases due to the conduct of the men serving abroad, we find dyspepsia and syphilis figuring largely. In the opinion of many medical officers, dyspepsia means the effects of over-drinking. The principal medical officer in Bengal, who doubted formerly the spread of temperance, is still more doubtful in 1883. He refers to his report for the previous year, in which he said, "On the assumption that the comparative prevalence of dyspepsia was in relation to the drinking habits of the men, the conclusion was drawn from the statistics of that year that there was more inebriety in it than in 1881. On the same assumption, it would seem that there was more intemperance in 1883 even than in 1882." With regard to venereal disease, we observe that while in England the rate for all forms amounted to 260.0 per 1,000, it swelled in the Mauritius to 389.3 per 1,000. Everything seems to have been favourable to foster the different forms of venereal disease. The senior medical officer states that "the infantry furnished by

far the larger portion of the cases, probably owing to their closer proximity to the town, and many cases are known to have been imported into the island by the detachment of Welsh Regiment." The type of disease was severe, and he remarks, "it is very prevalent among the lower Indian population." It seems strange that no sanitary measures whatever should have been adopted. The Indian women were beyond control, but surely the detachment of the Welsh Regiment should have been inspected on arrival, and soldiers suffering from disease might, at least, have been prevented from spreading it. We are accustomed to find the Contagious Diseases Act treated from a semi-religious point of view, but it is strange to observe it as a possible political question also. In Egypt, the foreign prostitutes are exempt from any but *consular* laws. We have noticed the result of foreign service in the case of English troops. What effect has climate on the wives who accompany the men abroad, and on the children who are born to them? The returns are exceedingly unfavourable. In the United Kingdom, the deaths among women were 6.27 per 1,000, while in Bengal the proportion increased to 20.26 per 1,000, in Bombay to 25.08, and at Madras the rate was 16.97 per 1,000. The deaths among children at the Indian presidencies were double those of the United Kingdom. In Canada, the ratio of deaths among children actually amounted in 1883 to 73.71 per 1,000. We have sometimes thought "a soldier is better accommodated than with a wife," and these statistics tend to strengthen our opinion, but looking at the possibility of the abolition of all preventive acts, and the enormous ravages of syphilis, we are almost inclined to advocate "permission to marry" to be largely extended. The appendix to the report contains some interesting papers. The account of the Conferences held at Geneva, on the invitation of the Red Cross Society, is deserving of notice; and so are the instructions given to the medical staff of the Suakin force. Altogether, the Departmental Yellow Book for 1883 is a well-arranged history of the endeavours of the medical staff to arrest disease.

## REVIEWS AND NOTICES OF BOOKS.

*A Manual of Dermatology*; by A. R. ROBINSON, M.B., L.R.C.P. & S. Edin. New York: D. Appleton & Co., 1885, pp. 647.—Dr. Robinson has succeeded in compiling a conscientious and fairly complete *résumé* of our present knowledge of dermatology. His reading and experience are obviously extensive, and he acknowledges his indebtedness to the works of Duhring, Hyde, Wilson, Tilbury, Fox, Hebra, Neumann, Kaposi and Ziemssen. Throughout the book an evident and perhaps justifiable bias towards the views of the Vienna school is perceptible, but, whilst due deference is paid to the work of English writers, little or no notice is taken of that of the French school, which, in England at all events, now attracts considerable attention, and exercises considerable influence. The classification of Hebra is wisely adopted, and pretty rigidly adhered to, with certain modifications rendered necessary by our increasing knowledge. The author's intelligent conception



of his subject is testified to by his recognition of the close relationship subsisting between the erythemata, the bullous non-contagious inflammatory diseases, and some of those conditions usually included under the designation of purpura, repeated mention being made of the occurrence of cases forming connecting links between these apparently widely separated classes of disorders. Throughout the work, prominent and warrantable attention is paid to the little-studied and interesting subject of the histology of skin lesions, the author's previously published works upon which are well known and appreciated. We cannot but think, however, that his microscopical researches have led him astray in some instances, especially in regard to Lichen ruber and Lichen planus, which he regards as totally distinct affections, classifying the former amongst the hypertrophies of epidermis, the latter amongst the papular inflammatory diseases. Clinically, no definite demarcation can be determined, and the majority of cases presenting themselves in practice are indeed intermediate in type, and might best be described in a separate group, as recently suggested by Unna. The assertions that Lichen planus is generally attended with very little itching, and that it is aggravated by the administration of arsenic, are certainly erroneous and misleading. Dermato-syphilis is treated of in a long and careful chapter on the lines laid down by Kaposi, but it appears to us that too many fine distinctions are drawn between the thirteen forms of syphilide described and minutely differentiated, and that clearer ideas would be imparted to the reader by a broader and more graphic treatment of the subject. Lichen circinatus is not recognised, but the author's description of seborrhœa corporis corresponds closely to the characters of the disease usually described under the former name. Impetigo contagiosa is classified among the acute contagious inflammatory disorders between vaccine and anthrax, in accordance with the views as to its nature originally enunciated by Tilbury Fox, but no longer maintained by dermatologists. Erythema nodosum is regarded as a disease distinct from erythema multiforme, and perhaps with reason, but it can certainly not be considered as synonymous with urticaria tuberosa. Again, herpes iris and herpes gestationis are described under the term of herpes, although both are almost indubitably forms of bullous erythema, and ought to be widely dissociated from herpes zoster, along with which they are classified. The identity of pompholyx is admitted with some justifiable reservations as to its relationship with herpes; with less reason ecthyma is described as a distinct disease. The statement that prurigo is practically unknown in England is too sweeping, although cases sufficiently severe to correspond to Hebra's well-known description are certainly rare here as elsewhere; the condition recognised in this country as Lichen urticatus, which presents many points of affinity to true prurigo, although hinted at, is not distinctly described. The assertions that the bronzing of skin in Addison's disease has been shown "to have no connection at all with degeneration of the supra-renal capsules," and that molluscum contagiosum "is in no way contagious," ought not to pass without notice and protest. The chapters on Lupus erythematosus and vulgaris are good, and the existence of an ill-defined group of eases, best described as scrofuloderma, is duly acknowledged. The description of rodent ulcer as a superficial and chronic form of epithelioma appears to us reasonable and consistent with facts. It is much to be regretted that throughout the work misspellings, typographical errors, careless writing and ungrammatical Latin should abound. The book is so well-planned, so exhaustive, and so thoroughly in touch with the spirit of modern dermatology that these faults are doubly conspicuous.

*Liverpool Medico-Chirurgical Journal*, No. 9, July, 1885.

London: H. K. Lewis.—This number opens with a paper on tubercular meningitis in children, by Dr. Martin Oxley, which gives a good account of the disease, but does not add to our knowledge on the subject; he mentions two cases of recovery after what he considered unmistakable signs of tubercular meningitis had declared themselves. Dr. Alexander, in an able article, defends excision of the

hip in certain stages of disease of the hip joint. He disapproves of the operation in the late stages, nor does he recommend it as an early procedure; the indications for the operation are the formation of abscesses and sinuses about the head of the bone. He never removes the great trochanter, and thereby avoids exposing the medullary canal, a point of the utmost importance in regard to the probable result. Mr. Reginald Harrison makes a valuable communication, illustrated by several woodcuts, on some changes in the form of the prostate and the floor of the bladder, in which he gives an account of two cases where the projecting third lobe of the prostate was torn through by forced catheterisation, the patient making a good recovery and the impediment to the flow of urine being completely removed. Dr. W. Williams analyses a series of cases of rheumatic fever treated by salicylate of soda, which he gives in ten grain doses every two hours; any toxic symptoms that arise he finds may be removed by diminishing the dose of the drug, but not the frequency of its administration, and the addition of a mercurial purge. Mr. Chauncy Puzey records a very interesting case of chronic pyæmia following an injury to the upper end of the shaft of the femur in which, following the law pointed out by Sir James Paget, all the secondary manifestations were confined to the shafts of the long bones. The last of the original communications consists of some notes of *post-mortem* examinations, made for coroners and in private practice, by Mr. F. W. Lowndes.

*Transactions of the American Surgical Association.* Vol. II. Edited by Dr. MEARS. Philadelphia: Blakiston, Son & Co., 1885, pp. 531.—We spoke of the first volume of these Transactions in terms of almost unqualified praise, and we are pleased to welcome a second volume of nearly equal merit with the first. The Association was only founded in 1880, in order to allow men who practise surgery in its truly comprehensive sense to come together for consultation and social intercourse from every part of the great American continent. Quite apart from the social aspect of these gatherings, they are useful to advance surgery not among the members of the Association only, but by the publication of such volumes as the one now before us, in the world at large. We find valuable papers on subjects of current interest, as well as the opinions and criticisms of those who listen to the papers, and the one and the other acquire additional value from this fact. In the present volume, among the more interesting papers, may be mentioned those on Wounds of the Intestines, by the late Professor Gross, probably one of the last, if not the last, of the numerous contributions made to surgery by this veteran author; on Traumatic Cephalhydrocele, by Dr. Conner (a subject quite recently discussed before the Clinical Society by Mr. Thomas Smith and Mr. Godlee); on Opening and Drainage of Abscess Cavities in the Brain, by Dr. Fenger; Surgical Interference in Cerebral Abscess, by Dr. Nancrede; besides many others too numerous to mention. We shall hope to see many succeeding volumes, and we trust they may all prove equally interesting with their predecessors.

## ABSTRACTS AND EXTRACTS.

THE RED CROSS.

A REPORT on the Conference held in September, 1884, at Geneva, by the representatives of various Governments and National Aid Societies, is furnished and commented upon by Surgeon-General Longmore, in the "Yellow Book" of the Army Medical Department for 1883. It may interest our readers if we select some of the passages which treat of the past history and future prospects of the "Red Cross" movement, which owed its origin to Mr. Henri Dunant, a Swiss, who had seen the horrors of "Solferino" in 1859. The first International Conference took place at Geneva in October, 1863, and fourteen Governments were then represented, whose delegates



almost without exception signed the Convention. England formed a branch under another name in 1870, soon after the breaking out of the Franco-Prussian War, and the Queen became the patron of "The National Society for Aid to the Sick and Wounded." All the world knows how liberally this Society behaved when supplying gifts of money and stores both to the German and French soldiers. Three International Conferences were subsequently held, one at Paris in 1867, a second at Geneva in 1868, and a third at Berlin in 1869, and at these meetings additions to the original articles of agreement were proposed; but they were never ratified, nor grafted on the original Convention of 1864. The Conference of 1884 was determined upon, because 20 years had elapsed since the original Convention, and much experience had been gained in the meantime by the National Aid Societies, as well as the International Committee of Geneva. Twenty-two States were represented at the Conference under notice, and the "United States" were included in the list. The work undertaken may be classed under three heads. In the first place, an alteration in the "principle" of the organisation was considered; in the next, the evils which had infected the original system were denounced; and lastly, many important matters of detail were proposed, calculated to extend and improve the work of Red Cross Societies. The programme of subjects originally proposed for consideration contained 23 questions, of which 14 were discussed, those which bore on any important matter being grouped together. The organisation of the International Committee was proposed to be improved by the subordination of all nationality. The question was put: "Should not the International Committee devote itself by preference in time of war to the sick and wounded of the retreating army without distinction of nationality?" The Central Committee of the Red Cross of Russia expressed itself convinced that there was an absolute necessity for an international institution perfectly neutral, whose authority should be recognised by the Powers who had accepted the Geneva Convention of 1864. Two other questions were considered bearing upon this proposal, namely, the general principles which should over-rule the relations of the National Committees, and also the best way of correspondence with the Aid Societies of an enemy's army. No conclusion was arrived at with regard to centralisation during the Conference of 1884, and this matter was postponed for consideration at the next meeting. But it seems to us the question of international central control was to a great extent answered by the reply given to another question, which ran as follows: "What are the proper relations to be established in time of war between the Military Authority and the Aid Societies?" It was answered by a resolution "That no international regulations can determine the relations between States and their Voluntary Aid Societies." We pass on to the evils which had sprung up since the formation of Red Cross Societies. We find a strong feeling of indignation was evinced against many persons who had dishonestly employed the special marks of the Red Cross Association. Some had displayed the emblems for the mere purpose of gratifying curiosity, others had used them to carry on the work of spies, and traders had paraded the insignia as a mere "shop mark" to advertise their wares. The Committee, however, found it impossible to put a stop to this degradation of the "Red Cross" by legal means of an ordinary kind, and confined themselves to denouncing these nefarious practices. It seems to us that the military authorities have a remedy at hand in the case of spies, and they are not likely to approve of a central international authority which might complicate matters by an assertion of separate jurisdiction. We perfectly agree with the opinion of Surgeon-General Longmore "that there is only one principle on which a system of voluntary aid can be adapted to military organisation in time of war, and it is, that the voluntary must for the time become incorporated with the military establishment." In other words, the philanthropists must sacrifice all foolish notions of independence, and become a subordinate portion of the army to which they have attached themselves. The suggested improvements in matters of detail were numerous, and sometimes not practicable. A desire, for instance, was expressed "that the dimen-

sions of 'ambulance stretchers' be rendered uniform in all armies." We agree with Surgeon-General Longmore "that the change in the dimensions of stretchers would not infrequently involve changes in other parts of the ambulance *materiel*, in some cases even of railway conveyances." We imagine the War Office would look coldly on any proposal of the kind made even by the British National Aid Society. We are glad to see the "Conference" declared its opinion that "the concurrence of Committees of ladies with the work of Red Cross Societies is indispensable," and it recommended that Aid Societies should develop in time of peace the instruction of ladies, to whose charge might be committed the superintendence of local ambulances and stationary Red Cross hospitals. The Central Committee at Berlin proposed the question: "In what way, in default of an international convention on the point, can the assistance of military surgeons at the disposal of non-belligerent powers be obtained for service on a theatre of war?" The Conference came to the conclusion that the Governments who have subscribed to the Geneva Convention should be asked to accept a proposal, that non-belligerent States should place all the Medical Staff they can spare at the disposal of belligerents. We agree with Surgeon-General Longmore that peace establishments would have few doctors to spare.

The Conference also recommended "That professional associations of men employed in the service of sick persons should be formed." Such a step, we are glad to know, has already been taken in England by the formation of a Medical Staff Corps for the Volunteers, and it is perhaps possible to connect the training of ladies with this wise development of Volunteer organisation. Papers were read at the Conference on many interesting subjects, and there were demonstrations of means of help for wounded men, and also an exhibition of the application of electric lighting to fields of battles. One special question was sent from the Central Society at Berlin: "What measures have been or ought to be taken by aid societies in order that the identity of the dead and wounded may be established?" The difficulty appears to have arisen chiefly in the French and German armies. We learn from the Report, "It too often happens that identification tablets or small distinguishing metal plates, when such are worn suspended from the neck, as they are ordered to be in French and German armies, are removed by strangers and kept as relics." Baron de Holleben, President of the Central Prussian Committee, stated "there were some who attached a sinister significance to the identification plates, to which they had given the name of 'Todt-marken' or death-marks, and had therefore superstitiously thrown them away, or had even exchanged their own plates with others belonging to comrades." The Conference could not determine upon any satisfactory plan which would obviate such perverted ingenuity as this, and simply voted "That each National Aid Committee ought to procure the adoption of a mark of identification for use in the army of its country." A few subjects not included in the programme were submitted for consideration, and we observe with regard to dressings for the wounded, that the Conference recorded its desire, that antiseptic dressings may be employed, as a rule, in the surgical service of all armies in the field. The next Conference is fixed to take place at Karlsruhe in 1886 or 1887. Much good may arise from these meetings, in the adoption of practical suggestions, of all measures calculated to alleviate the sufferings inseparable from war, and not a little good may follow the exposure of sentimental shams, and the desire of independence on the part of well-intentioned but foolish persons who, confident in their own pure motives, would rather rule than serve in military hospitals.

AN ECHINOCOCCUS CYST IN THE RIGHT AURICLE.—Dr. Ignatief, of Moscow, reports a case of death from impaction of an echinococcus cyst in the right auricle, which occurred during an operation for evacuation of the sac in the liver. The patient was an unusually well-grown and healthy girl, 18 years of age, the daughter of well-to-do peasants, and housemaid at the country seat of a gentleman where a number of dogs were kept, with which she was fond of



playing. Some months before admission to the hospital she had noticed a tumour in the epigastrium, which speedily attained the size of a fist, and then appeared to cease growing; she had no pain, but complained of shortness of breath and a sense of constriction at the chest on running upstairs or any exertion. Examination of the abdomen showed about two inches above the navel the sharply notched margin of a tumour, the dulness over which was complete, and occupied a trapezoidal area, the wider end of which was towards the left. The heart's impulse was felt outside the nipple line, but beyond the mechanical effect of the tumour in raising the diaphragm and displacing the heart, there was nothing to notice. The tumour moved with respiration, but fremitus was absent. Every function, digestive, hepatic, renal, menstrual, &c., was normal, and the nature of the case did not admit of doubt. In view of the increasing interference with the action of the heart, and of the possible rupture of the cyst, which was already very tense, an operation was resolved on with the entire concurrence of the patient. This was undertaken by Dr. Kusmin, chloroform being administered by Dr. Sakov. The operation, conducted under antiseptic precautions, consisted in an incision three inches long in the linea alba, the vessels being seized with Pease's forceps and tied with catgut. When the peritonæum was reached, it was carefully opened with the scissors and the flaps secured by silken ligatures, so as to expose the tumour to view. The next step was to have been the connection by sutures of the peritonæum covering the cyst with the parietal layer, so as to prevent the escape of fluid into the abdominal cavity. But while the fourth suture was being inserted, the patient's pulse was observed to stop suddenly, and without any warning, she made two, and two only, gulping inspirations, and rapidly became cyanotic. Sylvester's method of artificial respiration, tracheotomy and faradization of the phrenic nerves were tried without the least success, the cyanosis rapidly increased, and after half-an-hour the case was abandoned. During the whole of this time not a single pulsation of the heart had been felt. At the *post-mortem* examination made by Dr. Rosenberg, the whole left lobe of the liver was found to have been converted into a cyst, from the anterior wall of which all parenchyma had disappeared, it was collapsed, the fluid having escaped into the abdomen. The vena cava having been tied and thoracic viscera removed entire, the right auricle and part of the vena cava were found to be filled by a sausage-like body, which proved to be an echinococcus cyst, ruptured and rolled on itself. It was this that had so suddenly arrested the heart's action. Where the inferior vena cava and the walls of the liver cyst were in contact and adherent, a small irregularly circular aperture was seen communicating between the two, through this the collapsed echinococcus cyst had passed into the vein. The lungs, &c., presented the usual appearances seen in death from asphyxia. Apart from the unusual circumstances of the fatal termination, it is interesting to observe that nearly all cases of echinococcus in man have been those of persons who, like this young woman, have been in the habit of allowing dogs to lick their mouths, or otherwise to play freely with them.

**THE PNEUMONIA-COCCUS OF FRIEDLANDER.**—Dr. George M. Sternberg, U.S.A., in a paper which appears in the July number of *The American Journal of the Medical Sciences*, calls attention to the so-called pneumonia-coccus of Friedlander, which he claims is, in fact, identical, specifically, with a micrococcus which he previously described, and which is found in normal human saliva, and with that found by Pasteur in the blood of rabbits which had been injected with the saliva of a child which died of hydrophobia in one of the Paris hospitals. This micrococcus he names *Micrococcus-Pasteuri*. The capsule, or mucous envelope, which sometimes surrounds this micrococcus, described by Friedlander in 1883, and photographed by Sternberg two years previously, cannot be accepted as a distinguishing character of this species, inasmuch as it is not constantly present, and the circumstances upon which its development depends have not been accurately determined. It is established that this is a pathogenic organism, as far as certain lower animals are concerned, and that its pathogenic power varies under different circumstances. It

seems extremely probable that this micrococcus is concerned in the aetiology of croupous pneumonia, and that the infectious nature of this disease is due to its presence in the fibrinous exudate into the pulmonary alveoli. But this cannot be considered as definitely established by the experiments which have thus far been made upon lower animals. The constant presence of this micrococcus in the buccal secretions of healthy persons indicates that some other factor is required for the development of an attack of pneumonia; and it seems probable that this other factor acts by reducing the vital resisting power of the pulmonary tissues, and thus making them vulnerable to the attacks of the microbe. This supposition enables us to account for the development of the numerous cases of pneumonia which cannot be traced to infection from without. The germ being always present, auto-infection is liable to occur whenever from alcoholism, sewer-gas poisoning, crowd-poisoning, or any other depressing agency, the vitality of the tissues is reduced below the resisting point. We may suppose also that a reflex vaso-motor paralysis, affecting a single lobe of the lung, for example, and induced by exposure to cold, may so reduce the resisting power of the pulmonary tissue as to permit this micrococcus to produce its characteristic effects. Again, we may suppose that a person, whose vital resisting power is reduced by any of the causes mentioned, may be attacked by pneumonia from external infection with material containing a pathogenic variety of this micrococcus having a potency, permanent or acquired, greater than that possessed by the same organism in normal buccal secretions.

**ON THE SIGNIFICANCE OF OSSEOUS LESIONS IN THE DIAGNOSIS AND TREATMENT OF INHERITED SYPHILIS.**—A paper on this subject, by Dr. R. Lomer, of Berlin, appears in the *Zeitschrift für Geburtshilfe und Gynäkologie* (Band X., Heft 2). It refers to the disease of the bones described by Wegner. Dr. Lomer holds that the presence of these changes in a well-marked form is proof of syphilis; and applying this test, comes to the conclusion that the large majority of cases of premature labour are due to this disease. General practitioners, in Dr. Lomer's opinion, know very little about these bone lesions. They are to be demonstrated by exposing the femur and making a longitudinal section of it. In a healthy bone, the junction of cartilage and bone is a simple line, either straight or undulating, but sharp and well defined. In a syphilitic bone it is a broad layer, from which irregular processes project into the cartilage. The epiphysis is either quite loosened, or there are deep fissures in the bone below the line of ossification. In some cases these changes can be easily seen with the naked eye, but in others they may be so slight as to need microscopical examination of carefully prepared sections. Although this disease indicates syphilis, yet a normal condition of the bones is not proof of the absence of syphilis. Dr. Lomer puts before his readers the following generalizations, based on the examination of 43 fetuses which had died in utero. When the bone disease is well marked, the liver and spleen are abnormally large. It makes no difference in the degree of the changes present, whether the syphilis is derived from one or both parents, whether in the parent the disease is one year old or ten, whether secondary symptoms have persisted or not, whether the parent has been treated or not, or whether the child be large or small. Syphilitic fetuses differ in appearance from non-syphilitic. The latter are brown and mummified, the former flesh-coloured and more oedematous. In the non-syphilitic the mother can commonly assign a date for the infant's death, and the weight of the fetus corresponds to the period indicated by her statement. This is not the case with the syphilitic; and in them the placenta is commonly unusually heavy in proportion to the weight of the fetus.

**THE REMOVAL OF TUMOURS OF THE ABDOMINAL WALL, WITH THEIR PERITONÆUM.**—Dr. M. Säger, of Leipzig, contributes to the *Archiv für Gynäkologie* (Band XXIV., Heft 1) an interesting paper on this subject. It deals with the removal of tumours of the belly wall so closely and extensively applied to the peritonæum, that this membrane can only be preserved uninjured by a difficult



dissection, after which a large thin sheet of peritonæum free from its main vascular connections, will be left. In such circumstances, some operators have adopted the easier course of cutting away the tumour with its peritonæal covering, and taken great pains to bring together the edges of the peritonæal wound, leaving the skin which covered the tumour as a large loose bag over the stitched-up incision. Others have filled up the gap by stitching omentum into the wound, without great success. Säger here publishes a case in which he simply stitched together the margins of the incision through the skin and muscles, leaving the large surface from which the tumour had been removed uncovered with peritonæum; so that after closure of the wound a great part of the anterior abdominal wall was left bare of peritonæum. Three similar cases have been published before, one by Esmarch, two by Sklifossowsky. All four were successful. In only one of them (Esmarch's) was drainage employed. In order to determine the behaviour of the parts affected when this course has been adopted, Dr. Säger has made experiments upon animals; and he finds, that just as after a destruction of skin, healing takes place, and fresh epidermis is formed, so after removal of part of the peritonæum new endothelium is produced. The paper concludes with a general survey of all the cases of tumour of the abdominal wall known to the author.

**RUPTURE OF THE VAGINA DURING COITUS.**—In the *Boston Medical Journal* for April 30th, an instance of this rare occurrence is recorded. The woman, æt. 44, was of ordinary size and well-developed; she began to menstruate at 15, and ceased to do so at 38. She had been for six years married to a sailor, and there had been no dyspareunia; she had never been pregnant. Senile atrophy of the vagina appears to have proceeded rapidly during her husband's last voyage, of four months' duration, and on his return coitus was affected with difficulty; it was accompanied with intense lancinating internal pain on the right side, and followed by a profuse hæmorrhage. Examination revealed a recent longitudinal rent in the upper third of the vagina on the right side about an inch in length and opening into the cellular tissue to the depth of half an inch. A case is quoted from Zeiss, in which coitus six weeks after delivery produced a deep rent in the right vault of the vagina; the uterus was greatly retroflexed, and the cervix adherent to the right side of the pelvis, but the dimensions of the vagina seemed normal. In a later number of the same journal, Dr. Mundè relates two cases of dangerous hæmorrhage from rupture of the vagina during a first coitus; in neither case was there any disproportion of organs, and the vagina appeared perfectly healthy. In both the rent was truly one of the vaginal walls, and not of the hymen merely. In one case the fissure was an inch in length, in the other it extended for fully two and a half inches, and was quite half an inch deep. A firm tamponade of alum-cotton discs was successful in controlling the bleeding. These records are of interest, since the possibility of such an accident has been denied by some writers.

**CASE OF DOUBLE UTERUS AND VAGINA WITH UNCOMPLICATED LABOUR.**—An interesting case of double uterus and double vagina was seen for the first time in the Alexandrov Hospital in Kharkov, by Dr. Kemarski, after labour had commenced. (*Vratch*, May 23, old style.) The existence of a furrow above the umbilicus, on the right of which there was a strongly contracting uterine portion, while another portion contracting less forcibly was situated on the left of it, together with the discovery of a vaginal septum torn and rolled up into a cord, sufficed to call attention very early to the nature of the case. The labour only lasted three hours, and was perfectly normal. After it was over an examination was made, and it was found that a tough vaginal antero-posterior septum existed in the upper and middle thirds, the posterior attachment was perfect, but the anterior border of the septum had been torn away from the anterior wall of the vagina. The os uteri was single, but within the cervical canal an antero-posterior septum was found, which divided the uterus into two unequal, but apparently independent divisions. The case is interesting as showing that this abnormality, which has been said to give rise to difficult, dangerous or prolonged labour, so as

usually to require operative interference, does not necessarily cause any difficulty whatever. The mother and child did perfectly well.

**FÆCAL FISTULA AFTER OVARIOTOMY.**—Dr. C. D. Palmer, of Cincinnati, lately communicated to the Ohio State Medical Association a case in which, while the patient was recovering from ovariectomy, a fæcal fistula formed, communicating inwardly, it was believed, with the lower small intestine, the external opening presenting in the median line midway between the umbilicus and the symphysis. This continued to discharge a small quantity of fæcal matter. In the subsequent discussion it was mentioned that fæcal fistula had occurred to several operators, and it was the general opinion that this would probably close.—*Cincinnati Lancet*.

**OPERATIVE MEASURES FOR THE RELIEF OF PYLORIC STENOSIS.**—Dr. Randolph Winslow, in an able paper in *The American Journal of the Medical Sciences* for April, 1885, has collected and analysed all the recorded cases, 85 in number, of operative interference for the relief of pyloric disease. He fully discusses the technique of the different procedures, and presents the following deductions:—(1) In cancer of stomach not producing stenosis, anodynes should be given in quantities sufficient to relieve distress, and no operation should be performed. (2) Pylorotomy for carcinoma is followed by 76 per cent. mortality, hence it should only be very exceptionally performed in those cases where, with marked stenosis, the pylorus is not adherent to the neighbouring organs, and the patient is young and fairly strong. (3) In other cases of carcinomatous stenosis, as only very temporary benefit can be obtained, gastro-enterostomy should be performed. (4) In cicatricial stenosis digital divulsion should be performed, but if this is impossible owing to great thickening of the walls, resection in those who are well nourished, and gastro-enterostomy in the debilitated, will both be followed by good results. (5) Hæmorrhage or perforation from ulcer or other cause than stenosis, does not present indications for pylorotomy. (6) Duodenostomy, gastrostomy for the passage of a tube, and complete gastrectomy should all be replaced by gastro-enterostomy.

**A TEETHING SYRUP.**—M. Paul Vigier recommends (*Gazette Hebdomadaire*, July 24th) what he terms a *sirop de dentition* to assuage the pain suffered by infants while cutting their teeth, especially the canines: hydrochlorate of cocaine 10 centigrammes, simple syrup 10 grammes, tincture of saffron 10 drops. The painful gums should be gently rubbed with some of this several times a day.

## MEDICAL NEWS.

**UNIVERSITY OF LONDON.**—Preliminary Scientific (M.B.) Examination.—Pass List.—Entire Examination.

*First Division.*—George Thomas Congreve Barber, Queen's and Mason Colleges, Birmingham; Stephen Henry Bates, University College; \*Arthur Bousfield, King's College; \*Charles Richard Box, St. Thomas's Hospital; Arthur Norman Boycott, St. Thomas's Hospital; \*Herbert Caiger, University College and Birkbeck Institution; \*John Alfred Codd, Pembroke House, Lytham, and Private study; William Marshall Davidson, St. George's Hospital; Frances May Dickinson, Clapham High School and Bedford College, London; \*Thomas Archibald Dukes, Epsom College; Gabriel William Stabel Farmer, University College; James Howard Green, Owens College; Elias George Hall, University College, Bristol; Richard Tanner Hewlett, King's College; \*George James Hill, Normal School of Science and Birkbeck Institution; Herbert Henry Horden, University College; Charles McGowan Kitching, Guy's Hospital; Arthur Colborne Lankester, St. Thomas's Hospital; Arnold William Warrington Lea, Owens College; \*Randle Leigh, University College, Liverpool; \*Joseph Johnston Macgregor, St. Bartholomew's Hospital; Arthur Manknell, Yorkshire College, Leeds; Geoffrey Colley March, Owens College and Giggleswick Grammar School; Edward Percy Paton, St. Bartholomew's Hospital; John Edward Platt, Owens College and Private study; Hugh James Moore Playfair, King's College; Charles Henry Powers, University College and St. Mary's Hospital; Herbert Ramsden, Owens College; Joseph Stewart Richards, Guy's Hospital; John Robertson, Guy's Hospital; Henry Stephen Sandifer, King's College; Amy Sheppard, University College, London, and Mason College, Birmingham; Mary Louisa Sprigg, University College and Private tuition; Mary Darby Sturge, Mason College, Birmingham; Robert Edwin Williams, Guy's Hospital.



**Second Division.**—Albert Ashton, Owens College; Robert Cozens Bailey, Private tuition; Albert Brook Batley, Yorkshire College and St. Thomas's Hospital; Ellen Margaret Tinné Berthon, University College and London School of Medicine for Women; Samuel Victor Johnson Brock, University College; Frank Calder, University College and Medical School Bristol; Henry Albert Caley, University College; David Cannan, University of Glasgow and St. Bartholomew's Hospital; \*Lionel Vernon Cargill, King's College and School; Richard Henry Carlisle, University College, Liverpool; Blackwell Charles, University College; Alfred Clark, University College and Middlesex Hospital; William Adams Clark, St. Bartholomew's Hospital; John Tertius Clarke, St. Thomas's Hospital; Archie Tillyer Collum, Epsom College; Frank Septimus Colton, University College; Victor Albert Louis Edward Corbould, Epsom College; Albert Corner, Epsom College; Howard Distin, King's College; Edward Miall Dobinson, Guy's Hospital; Percy William Dove, St. Bartholomew's Hospital and Private study; \*Edward Robert Charles Earle, University College; William McAdam Eccles, University College and School; Percy Charles Evans, University College; Edward Desmond FitzGerald, St. Bartholomew's Hospital and Private tuition; Charles John Girling, Guy's Hospital; John Guest Gornall, The Leys School, Cambridge; Frank Grange, Charing Cross and St. Thomas's Hospital; John William Geary Grant, St. Thomas's Hospital; Joseph Green, Owens College; John Harvey, University College Liverpool and Private study; \*John Sydney Hicks, London Hospital; Leonard Erskine Hill, University College and Private study; Thomas Walter Hinds, Cranbrook Grammar School and University College; John Armistead Home, Marlborough College and St. Bartholomew's Hospital; \*Ernest Wickham Hore, University College; \*William James How, University College and Private study; Edward Victor Hugo, St. Bartholomew's Hospital; \*Charles Imray Kirton, Chatham Hospital, Ramsgate, London Hospital, and Private study; Henry Brunton Kitchen, University College; Mary Adela McCulloch Knight, University College and University of Adelaide; Harry Lambert Lack, Belle Vue House, Eaton, and Private tuition; Frederick Lewis, Epsom College and St. Mary's Hospital; Thomas Lissaman, University College and St. Bartholomew's Hospital; Alice McLaren, University College and Private tuition; Samuel Francis Mawson, Owens College; Charles Carter Moxon, Yorkshire College, Leeds; Harry Augustus de Beauvoir Nelson, University College; Samuel Nicklin, Queen's and Mason Colleges, Birmingham; William Nuttall, Owens College; Frederick Layton Orr, University College; Harold Burgess Osburn, King's College and St. Thomas's Hospital; Charles Reginald Palmer, University College, Liverpool; Edwin Stephen Pasmore, University College; Reginald Spencer Pearson, Owens College; Eric Leonard Norman Pridmore, University College; George Lancelot Rolleston, Marlborough and University Colleges; Henry Roscoe, Owens College; \*Gerald Allpress Simmons, University College and Private study and tuition; John Herbert Sykes, Huddersfield and Owens Colleges; Albert Edward Tebb, Guy's Hospital; \*Benjamin Pope Viret, St. Bartholomew's Hospital and St. Paul's School; Wilfrid Brougham Warde, St. Bartholomew's Hospital; Ernest Edwin Ware, St. Thomas's Hospital and Private tuition; John Alfred Waring, University College; Garibaldi Watson, Anderson's College and Royal Infirmary, Glasgow; \*Samuel Williams, University College, Cardiff; Alfred Field Henry Wray, St. Bartholomew's Hospital; John Young, University College.

#### Honours Candidates recommended for a Pass:—

James Macdonald Gill, Nonconformist Grammar School and Guy's Hospital; Orestes Victoriano Pisani, Private study; \*Thomas Frank Ricketts, Guy's Hospital and University College; Joseph Watts Roberts, University College, Liverpool and Private study.

#### Two Subjects of the Examination†:—

Henry Moore Bowman (C., B.), St. Bartholomew's Hospital; Joseph Richard Buckley (C., B.), Owens College and The Leys, Cambridge; George Flam (C., B.), University College and Private study; John Fawcett (C., B.), Dulwich College; Alfred Edward Prest Hughes (C., P.), St. Thomas's Hospital and King's College; Theodore Henry Ionides (C., P.), University College and Private tuition; Ernest Courtenay Lomas (C., B.), Owens College; Algernon Wilson Lyons (C., B.), King's College; Arthur Ernest Madge (P., B.), University College and St. Bartholomew's Hospital; Hugh Fraser Mantell (C., P.), University College; William Penberthy (C., B.), London Hospital; Joseph John Perkins (C., B.), Owens College; Arthur Gordon Reid (C., B.), Dalhousie and Edinburgh Universities; William Henry Townsend Storrs (C., B.), King's College.

#### One Subject of the Examination†:—

Annette Matilda Benson (Z.), Private tuition; William Jenner Best (P.), Cavendish College and London Hospital; Frank George Bushnell (C.), St. Paul's School and University College; Charles Sempill De Segundo (B.), St. Bartholomew's Hospital; Philip Rashleigh Dodwell (Z.), University College; Douglas Drew (C.), University College and Private study; Henry Augustus Edmonds (Z.), Guy's Hospital; William Charles Ellis (C.), St. Thomas's Hospital and Private study and tuition; Gerald Dudley Freer (P.), Private study; William Britain Morton (C.), Richmond School, Yorkshire and University College; Edward Herbert Robinson (P.), Owens College; Henry Albert Thorne (B.), University College; George Cecil Trask (C.) Somerset College, Bath and Private tuition.

The Candidates marked \* have also passed in the Mathematics of the Intermediate Examination in Science, and have thus become admissible to the B.Sc. Examination. The subjects taken up by the Candidates marked † are

indicated by initials after the name,—C.=Chemistry; P.=Physics; B.=Biology; Z.=Zoology. N.B.—The names of Candidates who have obtained Honours do not appear in this List.

**ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.**—At the July sittings of the examiners of Glasgow the following candidates passed the First Examination for the triple qualifications:—

H. H. H. Addenbrooke, William Armour, William Bell, Robert Boyle, John Henry Brice, Joseph Cantley, Michael Casey, H. Chadwick, W. G. Dick, Charles Doherty, G. H. Douthwaite, M. H. Eames, Charles A. Fergus, David L. Hamilton, H. L. Homer, Alfred E. Huband, C. B. Humphreys, Samuel Hunter, L. P. Jackson, John R. Jones, John A. Jones, E. R. Kavanagh, William S. Kidd, James M'Cartney, Michael M'Laughlin, William Magee, Henry B. Maunsell, Patrick O'Gorman, Robert W. Roberts, John Rogerson, Edmund Ryan, George H. Walker, William Williams, George T. Woods.

The following students have passed the Second Professional Examination:—

Richard Ambler, Dugald Buchanan, Edward Brooks, Edward Clarkson, Edward H. Corder, James Gordon, Edward Gray, A. H. Hoffman, John Hoyle, John Owen Jones, John Kennedy, Walter H. Large, Walter M'Gibbon, Alexander D. M'Lean, Alfred J. M'Lean, J. A. H. Mogg, Robert D. Poichard, George Thomas Woods.

The following gentlemen passed the Final Examination for the triple qualification, and were admitted L.R.C.P. Ed., L.R.C.S. Ed., and L.F.P.S. Glas.:—

Andrew Alexander, Berwick; Henry William Bryant, Edinburgh; Edward Clarkson, Darlington; William W. Clegg, Leeds; James Blair Donaldson, Edinburgh; M. M. Gandevia, India; Thomas J. G. Garrett, Manchester; Walter Macgibbon, Edinburgh; Arthur R. Owst, Blackheath; H. N. Rademeyer, South Africa; David Sturrock, Edinburgh; John T. Winter, Manchester.

The following were admitted L.R.C.P. Ed., and L.F.P.S. Glas.:—

G. C. Bezbarow, Glasgow; Robert Kerr, Glasgow.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on Thursday, August 13th, 1885:—

William Scott Tebb, M.R.C.S., Albert Road, Regent's Park.

On the same day

Alfred William Hill, Adelaide, South Australia; John William Pugh, Llannan, Cardiganshire,

passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise.

**REFORM AT THE COLLEGE OF SURGEONS.**—At a very full meeting of the East Anglian Branch of the British Medical Association, held at Bramtree on August 7th, Mr. Abbott read a paper on the Association of Members of the Royal College of Surgeons. He briefly explained the objects of the Association, and the reforms in connection with the election of Members of the Council of the College which the Association wished to bring about, and concluded by moving, "That this meeting protests against the conduct of the Council of the Royal College of Surgeons of England in refusing all the demands of the Members." This was seconded by Dr. Kellett, of Halstead. The President (Dr. Elliston, of Ipswich) said:—"I may say I have not felt very warmly on the subject, except that I thought every Fellow of the College should be allowed, at all events, to vote on the election of Members of the Council. The question is now whether that privilege should be extended to all the Members of the College. I am open to conviction, but I always thought that it would be sufficient if Members who have attained the distinction of Fellows of the College should be allowed to vote by papers instead of being compelled to be present in London. This, I think, would be an important reform. We have now to consider whether that should be advanced a stage further, and every Member should have the privilege now accorded to a Fellow, and the more I think of it the more I feel that we should have more power. College matters, as we are all interested in the College of Surgeons and the schools of the medical profession. It is for you to decide whether we shall pass the resolution, as Mr. Abbott seems to have convinced me that it is necessary we should claim the



privileges to which the resolution refers." Mr. C. B. Keetley said, "I feel sure that all the Fellows who wish an alteration in the constitution of the College would like the whole of the Members to have as much power in the management of affairs as they themselves had. Of course I am only speaking for myself. I am a Member and a Fellow as well, and I do not consider that when I became a Fellow I became better able to form a reasonable opinion on the matters which come before the College than when I was a plain Member. If the subjects which came before the College were pure surgery, there might be some excuse for keeping matters in the hands of the Fellows; but as a matter of fact, all the subjects which come before the Council are purely business and general matters, upon which it is not at all impossible for a Member to have as good an opinion as a Fellow. In analysing the difference between a Fellow and a Member, if you take the money that has been paid it seems to me it would be impossible for the most ingenious person to prove that an individual who has paid 20*l.* to the College has not a right to have a voice in the management of its affairs as well as an individual who has paid 40*l.* or 50*l.*, and if one were to go through the whole of the differences I think there can be only one conclusion, viz., that Members have a perfect right to a voice in the management of the College. Lately the agricultural labourers have been added to the franchise, and the great argument was that they had the right. I won't say whether I think they are qualified, but surely no one will say that an independent medical man is not able to express an opinion upon the questions which come before the College. I hope this meeting will support the resolution, or some such resolution as that proposed by Mr. Abbott." The resolution was carried unanimously.

NAPLES AND THE CHOLERA.—A correspondent of the *Times* sends the following:—"The great disaster of Spain had filled Neapolitans with apprehension, but the news from Marseilles has added immensely to it. It was about this time last year that the arrival of cholera in Naples was officially announced, and it had come *via* Marseilles, as nearly as it was possible to ascertain; nothing less surprising than that it should come again. The Syndic, in a telegram to the Ministry of the Interior, well interprets the public feeling:—'We are assured by commercial authorities that the cholera is in Marseilles. The alarm of this population, not yet recovered from recent suffering, can be readily imagined. I am entreated to beg you to put all vessels arriving from that city in quarantine at Asinara.' Their request was immediately complied with. Vessels arriving from Marseilles, Corsica, or Algiers with clean bills of health will be subjected to seven days of quarantine, but when they suspected they are to undergo a quarantine of 21 days. Happily Nisida is closed, and Asinara will be the receiving place for all suspicious vessels. That cholera has been in Marseilles for some time there can be no doubt, though doctors have denied it and the Press has been silent. People have, as usual, been blinded by reports of the malady being only cholérine, the common summer malady; and in the interval cholera has been seeking out all the snug corners, and there are many of them in which to nestle. The same thing happened in Naples last year; cholera had slain many before its presence was officially announced, and then came the terrible panic and the awful destruction of human lives. In truth alone there can be safety. Both in Marseilles and Naples it was well known that the plague was there, but black was called white, and white black, and people were put off their guard by official concealment. What the state of Marseilles is I cannot say, but what that of Naples is the public Press informs us. The *Pungolo* says that 'our grandsons will have to gut the city,' and the *Roma* and some other journals are never weary of speaking of the filth and pestilential smells. And all this after the hopes that were raised by the magniloquent declarations of the Government and our local rulers. A vast deal of time was lost in sending up plans, and a great deal of time was lost before they were returned under sentence of condemnation. They were too grandiose, as is everything Italian—the practical and the useful are overlooked—and it was pointed out that while the plans were calculated to make half Naples a paradise, that part

which had been most afflicted with cholera, and which was inhabited by artisans and the poorer classes, was comparatively neglected. One positive good has been done in the introduction of a supply of excellent water, but little else. The cholera is at our doors—and it knows where it will be well housed—and we have the hottest summer that has been known for several years." A few days later the same correspondent writes:—"All are surprised," says the *Roma*, 'at the official and officious denials up to the 5th instant, of the existence of cholera in Marseilles. Those denials are inexplicable. The Government was either aware or not of the facts. If it was aware, why deny them and take precautions later? If not, why not dismiss the Italian Consul at Marseilles?' From the statements of the Press I gather that the first case happened there on June 26 in the Rue Tamaris; the second on the next day in the Rue Roquebrune. In July there were many cases, yet neither the doctors nor the Press spoke of them. Meetings of the Consular body were held, and everything was reported to be all right. 'They were merely sporadic cases—cholérine.' Yet the people died. Now that the reappearance of the malady in Marseilles is assured, the greatest alarm prevails, and the authorities are awakening. Our Syndic telegraphed an entreaty that quarantine should be imposed on all vessels arriving from France. Next it was requested that crowds of Italian operatives, being fugitives, should be stopped on the frontier. This was followed up by another telegram from the Syndic to the Ministry of the Interior, as also to the Prefects of Cuneo and Porto Maurizio, asking to be informed of the names of those who, after having undergone a medical inspection, were bound for Naples. With all the precautions taken, however, a 'caso sospetto' was met with at Voltri. The poor fellow had come from Marseilles, was taken ill at Savona, was rejected at every station, and died in the railway carriage. His two companions continued their journey, but on arriving at Genoa were placed under inspection in a hospital. With this exception, the public health on the Ligurian Riviera is declared to be 'ottima,' as it is said to be throughout the whole kingdom, but no one gives credence to official assurances, and this is one of the sad consequences of the system of concealment and deception which has constantly been adopted. The municipal authorities of Naples are active enough, it is to be hoped not too late. At a meeting of the Sanitary Commissioners three or four days since, it was ordered by the Syndic to flush all the sewers and drains of the city at night; but hitherto, despite the arrival of the waters of Serino, the urgent request to have the hot, dusty streets watered has been neglected." On August 13th, he wrote, "Whether it arose from a consciousness of negligence or inactivity during the last year, our local authorities are now making every effort to meet and repel a possible enemy. The Assessor of Public Health has ordered 2,000 wells containing impure water to be closed. Why was not this done before, when a separate commission was appointed to examine the wells of this city and a report was issued as their condition? The order has been given, but we have to wait for the execution of it, which is a widely different thing. The closing of wells will create a dearth of water in many parts of Naples, and therefore the Syndic, at a meeting of the Council on Monday, announced that the number of fountains will be increased from 160 to 200. He promised also 'that the watering of the city should be provided for, and that on the distant supposition of a choleraic invasion directions had already been given for the formation of gratuitous kitchens, to which the Government would contribute largely.'"

THE WASHINGTON CONGRESS.—Up to the present writing, we have (says the *New Orleans Medical and Surgical Journal*) heard of six resignations from the original committee of seven—Drs. Flint, Billings, Johnston, Brown, Hays, and Engelmann. Other resignations will surely follow; a list of those who have so far resigned all connection with the Congress, including the adherents of the New Code who have been displaced, contains many historical names, that would be sadly missed in an international gathering of representative medical men. Already it is painfully evident that it is simply impossible to organize the



American meeting of the International Medical Congress upon the plan adopted by the Chicago Committee. Truly, we stand to-day a divided household, and unless some reconciliation can be effected, the failure of the Congress is inevitable. The present situation is deplorable beyond expression. A mighty responsibility rests on the present committee of organization. The members must realize the impossibility of organising the Congress in further pursuance of the policy recently adopted. For the sake of harmony, through which alone the Congress can succeed, and the profession escape a national disgrace, the committee should make concessions to the gentlemen who feel aggrieved by their action; and such concessions to those who have resigned, as well as those who have been displaced, should meet only friendly responses and pledges of harmonious co-operation. We favour the organization of a National Committee of peace-makers, composed of representatives from the States and Territories, to be appointed by the Presidents of State and Territorial Societies; from the district of Columbia, to be appointed by the President of the District Society; and from the Army, Navy and Marine Hospital Service, to be appointed by the ranking medical officer of each service. It is contemplated that a committee, constituted as above suggested, would be very potent in reconciling the differences now existing between the committee of arrangements, on the one part, and, on the other, the gentlemen who have been displaced and those who have voluntarily resigned all connection with the organization as now proposed. This committee failing in its purpose, we suggest that it is better to appeal the matter, as it now stands, to the American Medical Association for final adjudication. The *Medical News* of August 8th, writing on the same subject says: The profession recognizes that on account of recent events there is imminent danger of its not being able to meet the obligations which it incurred by the invitation extended in its name at Copenhagen, and its members naturally look around to see what means can be found to avert the impending disaster which threatens to defile its good name. The clearest and cleanest way out of the false position into which the profession has been entrapped by the plotters at New Orleans is for all appointees to discredit them completely by declining to accept office at their hands, and thus their organization must, of necessity, collapse. Already this has been largely done, and upwards of one hundred of the most eminent of their appointees have declined to be tools in their hands, and the sooner the remainder follow suit, the sooner will the way be opened to the profession to redeem its plighted honour. . . . Rapid disintegration still characterizes the new organization of the Congress. This week we are called upon to chronicle more resignations, and the list includes one Vice-President of the Congress, three Vice-Presidents of Sections, and several Members of Councils. The very large number of appointees who have declined to accept office under the New Orleans committee are all Old Code men, both in principal and practice, and for the most part they are members of the American Medical Association. They recognize the falsity of the issues which were raised at New Orleans, and they have promptly placed their emphatic seal of condemnation upon the most disgraceful piece of intrigue which has yet marred the history of that body, and which is in imminent danger of placing an ineffaceable stigma upon the good name of the whole American medical profession.

**THE SANITARY STATE OF BATH.**—"F. G. S.," writing to a daily contemporary on this subject, thus describes the state of the river Avon: "The river, as far as the city is concerned, consists of two elongated millponds, undisturbed by a ripple except at flood times. These ponds, receiving the sewage of 50,000 persons, are at the present time simply settling tanks for sewage, the river constituting an open drain with the disadvantage of possessing little or no fall. Fortunately, in ordinary seasons, the whole valley of the Avon being narrow in its course, heavy rainfalls produce floods which, while they inflict injury on some of the low-lying districts, flush the river and save the city from the natural consequences of a bad system of drainage. It must be borne in mind that the Avon as it enters the city has already received the unpurified drainage of Chippenham, Trowbridge, Bradford-on-Avon, and other places. Still, in a

run of some miles, much of this impurity is neutralized, and if the Bath sewage were taken out of the river probably no danger would arise. The authorities are aware that to cast their drainage into the stream that runs for over two miles by their streets and villas is scarcely in accordance with sanitary science, but the difficulties and expense of a change naturally have delayed action. I now write to urge on the authorities, by the publicity of your columns, to be wise in time, and by arrangement with the millowners to flush their river, or deodorize the sewage, or adopt such other measures as some independent expert may advise. I do not hope much from local authorities, ever adverse to expenditure, but I do hope those members of the State who have charge of the public health may supply the needed impulse, and so avert what may possibly become so great a danger." To this letter Dr. Brabazon replied as follows: "As Medical Officer of Health for the city of Bath, I may be permitted to speak with some authority on the sanitary condition thereof, and a perusal of the health statistics for the quarter ending July 1st, and applicable to present date, will be a brief and practical refutation of any present insanitary conditions; and, while humbly acknowledging, in common with all cities and the inhabitants thereof, 'our sins and weaknesses,' I trust that the sanitary record of Bath may never be worse. Extract from quarterly report of Medical Officer of Health for city of Bath for the quarter ending July 1st, 1885:—Mortality from all causes, per 1,000 annually, 19·3; ditto, deducting deaths in hospital, 15·9. Zymotic mortality, 0·0. Mortality from all causes, England and Wales, 19·3; ditto, 28 great English towns, London included, 20·6. Zymotic mortality of these 23 towns, 2·80. For sake of comparison, which is in no way intended to be 'odious' or invidious, I have ventured to subjoin to the health statistics of Bath those of other towns collectively. It must be remembered that Bath is 'heavily handicapped' in comparative mortality statistics. Her population is considerably composed of invalids, and largely, in proportion to population, of those aged from 60 upwards; but when, under these disadvantages, in a population of 51,835, the annual average mortality from all causes is 19·3 per 1,000, and the zymotic mortality for four months *nil*, it may safely be inferred that no special insanitary causes exist to alarm the public or excite misgivings of 'F. G. S.'"

**TYRO-TOXICON: CHEESE POISON.**—At the meeting of the Michigan State Board of Health, July 14th, 1885, Dr. Vaughan presented a report of his investigations on poisonous cheese. It is well known that cases of severe illness follow the eating of some cheese. Such instances are of frequent occurrence in the North German countries and in the United States. In England they are less frequently observed, while in France, where much cheese is made and eaten, these cases are said to occur very rarely. A few years ago the reputation of a large cheese factory in northern Ohio was destroyed by the great number of cases of alarming illness arising from eating its cheese. Dairymen know this cheese as "sick" cheese. . . . Dr. Vaughan has succeeded in isolating the poison, to which he has given the name tyro-toxicon (from two Greek words which mean cheese and poison). It is a product of slight putrefaction in the cheese which probably occurs in the vat, as the curd has been known to poison a person. By this slight putrefaction, or excessive fermentation as it may be called, a large amount of butyric acid is formed, and this in the presence of the casein of the cheese is capable of developing a poison. Different samples of poisonous cheese contain different amounts of the poison. The same weight of cheese from one cake furnished three times as much poison as that from another cake. The poison was obtained in long needle-shaped crystals which are freely soluble in water, chloroform, alcohol and ether. The smallest visible fragment of a crystal placed upon the end of the tongue causes a sharp stinging pain at the point of application, and in a few minutes dryness and constriction of the throat. A slightly larger amount produced nausea, vomiting, and diarrhoea. The poison is volatile at the temperature of boiling water, and for this reason even poisonous cheese may be eaten with impunity after being cooked. The substance has also a marked, pungent odour, and through the nose one can obtain sufficient of the volatile poison



to produce dryness of the throat. This is true, however, only of the isolated poison. In the cheese the taste and odour of the poison are both modified to such an extent that they would not be recognised as has already been stated.—*Weekly Medical Review*.

IS PEPSIN AN ALBUMINOID?—A German chemist has come to the conclusion that pepsin does not belong to the albuminoid group. His method was as follows: The stomach of a calf was beaten up, with the addition of common salt, in a mortar, and sufficient water added to form a saturated solution with the salt. After allowing the solution to remain three days, it was drained away, slightly acidulated, and subjected to dialysis. The resulting solution, freed from salts, was then digested for 7-14 days at 40°, and the pepsin further purified by adding calcium chloride and precipitating the calcium as phosphate, collecting the precipitate and isolating the pepsin by redissolving in hydrochloric acid and dialysing the solution. The product, which was highly peptic, did not give any reaction with tannin, mercuric chloride, platinum chloride, or lead acetate. The only precipitant found by the author for the pepsin was alcohol.

EXPERIMENTS IN HORSE-FLESH FOOD.—M. Deeroix, a retired veterinary officer of the French army, and a renowned hippophagist, in a paper presented to the Academy of Medicine, and printed in full in the *Annales d'Hygiène* for June, while rejoicing in the progress which the employment of horse-flesh as food has made in France, now seeks to carry the matter a step further by demonstrating, as the result of numerous experiments performed upon himself and friends, that the flesh of animals suffering from disease is not obnoxious to the health of its consumers. He believes that in the present state of public and professional opinion a vast quantity of what might form a most valuable source of supply is now lost. In the first place, the movement, first started by Isidore Geoffroy St. Hilaire about 1850, and so energetically pursued by an energetic committee, has completely succeeded, for horse butcheries now exist in all the great towns of France. In Paris, there are about 100, which, in 1884 disposed of 14,548 horses, 346 asses, and 32 mules, or a total of 14,926 animals. Disabled horses fetch now about 100 francs more than they used to do, while more than three millions of kilogrammes of a wholesome food becomes attainable by the poorer classes. But M. Deeroix now details a long series of experiments which he has conducted during many years, first in Algiers and afterwards in Paris, with the object of showing that the employment of the flesh of horses which have suffered from various diseases is not injurious to health, and he believes that it is a great error to exclude such from the market. After describing the various modes of cooking horse-flesh, he passes in detailed review his experiences in eating the flesh of horses which have suffered from various diseases, among which may be mentioned pleuro-pneumonia, typhoid pneumonia, glanders, farcy, &c. Thirty of these trials are minutely detailed. But he has also taken another step, and performed numerous experiments (19 instances of which are given in detail) of eating the flesh of animals that had been condemned in the public markets as diseased and unfit for food. Until 1870 he did not speak publicly of the investigations in which he was engaged, but during the siege of Paris he not only affirmed the innocuity of this kind of food, but distributed large quantities of meat furnished by regimental horses dying of disease. The soldiers also seeing their veterinary surgeon consuming such flesh, after awhile readily partook of it. This memoir presented to the Academy, is, however, the first occasion on which the facts of the investigation have been detailed. The following are the conclusions which M. Deeroix arrives at:—(1) Hippophagy is alike advantageous to those who have horses which would otherwise be sold to the knackers, and to those desirous of obtaining at a low price wholesome and highly nutritious meat. (2) In case of necessity, as in a famine, we may employ the cooked flesh of animals who have either died or been slaughtered on account of any disease whatever. (3) Under ordinary circumstances, flesh which may contain virus capable of being transmitted to the human species

should be excluded from consumption. (4) Medicinal substances administered to sick animals do not render the muscular flesh (there may be some doubt concerning visceral flesh) unwholesome, although some of these, especially turpentine, may render its taste detestable. (5) Persons who accidentally partake of the meat of animals which have suffered from cattle plague, glanders, or rabies, need be under no uneasiness on discovering the mistake. (6) The best, and the only efficacious guarantee against contagious diseases, is the thorough cooking of the meat. (7) As regards other diseases, the inspectors should be more circumspect in their seizures. It is better to obtain meat of an inferior quality, but harmless, than to get no meat at all.

INFLUENCE OF HOT DRINKS ON DIGESTION.—Dr. W. Noschel has made some observations on the action of hot drinks and hot food on the stomach, and finds that hot tea given after dinner in quantities not exceeding three beer glasses full had no effect on the digestion; but when given in still larger quantities, it usually retarded the process. He could not detect any special effect from the use of hot or cold solid food. When the stomach-sound was used, he found that it could be introduced with great facility after applying a 5 per cent. solution of cocaine to the pharynx with a brush.

OPERATIONS IN MISSION HOSPITAL IN CASHMERE.—Cashmere contains, in addition to its numerous shawl manufactories and papier maché and silver industries, an admirably conducted hospital attached to the mission of the Church Missionary Society, the present medical officers of which are Messrs. Arthur Neve, F.R.C.S.E., and H. D. McCulloch, M.B., C.M. In the report of last year's work just issued, they say: "Although the number of out-patients is not larger than last year, the wards have been much fuller, and the operations more numerous and more severe. There have been 5,366 out-patients who paid 13,700 visits to the hospital. About 1,000 other patients were treated when itinerating in the valley or on a journey to Ladak; 1,054 operations were performed, of which 339 were major. Only 6 deaths occurred. During 1883, with 890 operations, we had only 1 death. Last year growing experience and the increasing confidence of patients has allowed bolder measures. No cases in which operative relief seemed possible were turned away. Many patients have come over 200 miles for treatment. One man totally blind was brought 250 miles and over snow passes. Both his eyes were successfully operated on. He walked back seeing." In the detailed list of operations we notice 32 successful cases of nerve stretching for leprosy, 3 excisions of the hip, and 344 minor eye operations.

WATER SUPPLY, ARBROATH.—An addition of considerable extent has been made to the Arbroath Water Works. The public water supply of the town, since September, 1871, has been procured from a well sunk in Nalt Loan. About two years ago, a larger and deeper well was sunk in proximity with the other, and in order to provide additional storage space, and to give such a pressure to the water as would send it to the top of the highest house in the town, the Commissioners of Police decided to erect a water tower on Keptie Hill. This building has just been finished. It is to contain three water tanks. Two of these have been erected, and the third will be proceeded with at once. Their holding capacity is 250,000 gallons, and this quantity may be held in reserve, as the mains can be supplied without the water entering the tanks. There are still a number of private wells in the town, but the public supply is largely used for domestic purposes. For manufacturing purposes, the water of the Brothbeckburn, is the chief source of supply. About 8,000*l*. will be the cost of these new works.

OUR ANCESTORS.—A weekly contemporary publishes the following letter from an anonymous correspondent: During eight centuries—say to the time of the Norman conquest—one's direct ancestors amount to a far greater number than would at first be contemplated. Taking three generations to a century, one has father and mother (2), grandparents (4), great-grandparents (8). At the end of the second century the number of ancestors springs to 64. Following



the calculation you will find that at the end of eight centuries one is descended from no less than 16,000,000 ancestors. Intermarriage, of course, would reduce this estimate, and there is no doubt it must have largely prevailed. But the figures are so enormous that, in spite of all, I venture to suggest that the words "All ye are brethren" are literally true.

**HELMHOLTZ ON PHYSIOLOGICAL OPTICS.**—A second edition of Professor von Helmholtz's "Handbook of Physiological Optics" will shortly be published, and a public appeal is made by the editor, Dr. Arthur König, Nene Wilhelmstrasse, 16, in Berlin, to all writers upon the subject for references to their respective publications. As the work is intended to be comprehensive in its scope, and to contain a complete bibliography of the subject, the editor desires especially to receive references to any monographs or dissertations that may have appeared in other than the special medical journals. The subject is one with which many English workers have associated themselves, and it is desirable that in a work appearing under the ægis of Professor v. Helmholtz's name, their labours should not remain unrecognised.

**A HEALTHY DISTRICT.**—The Sanitary Inspector reported to the last meeting of the Liberton Parochial Board and Local Authority, that the district was free from epidemic disease, and the health of the parish was satisfactory. In view of the cholera on the Continent, the Medical Officer and the Sanitary Inspector were instructed, in regard to sanitary arrangements, to take all necessary precautions in the district.

**THE CITY AND PORT OF LONDON DISTRICT AMBULANCE SOCIETY.**—At the Guildhall, on Saturday, the Princess Christian presented the certificates to the successful pupils. The District Secretary read a brief report of the work of the district for the past year. During the six years they had been at work, the total number of persons who had received instruction in the classes of the district was 4,497, and the total of certificates granted was 3,300.

**VACCINATION GRANT.**—Mr. W. D. Jefferson, No. 1 District of the Ripon Union, has for the second time received a vaccination grant of 14*l.* 4*s.*

The Local Government Board has decided to prohibit the importation into England of rags from the districts affected with cholera.

**UNIVERSITY OF GLASGOW.**—Our attention has been drawn to the fact that the name of Mr. Leonard Williams was omitted from the lists published by us of Candidates who had passed the Final Examinations for M.B. and C.M. in this University last month.

**CORRIGENDA.**—On page 231, col. 2, last line, for "propitable" read "profitable"; and on page 232, col. 1, first line, for "subtilités l'épargne" read "subtilté, l'épargne."

**REARING PREMATURE INFANTS.**—Prof. Tarnier presented at the Académie de Médecine two children born at the sixth month, whom he had succeeded in rearing by the aid of the couveuse, and forcible feeding with woman's milk. Eight grammes of milk were injected through a caoutchouc tube into the stomach every hour for the first three days, and then 16 grammes were injected every 3 hours. It is necessary to begin with small quantities, or the child becomes swollen by an acute œdema through hypernutrition. The couveuse is used at a temperature of 30° to 37° C. The younger the infant, the higher the temperature employed. Dr. Blot observed that he regarded the couveuse as a useless procedure, as the same results are attainable by the employment of cotton and bottles of hot water. M. Tarnier said that during the employment of the couveuse he had on several occasions been astonished at the rapid disappearance of the sclerema of infants.—*Compte-Rendu Général.*

**DETECTION OF ARSENIC IN PRESENCE OF ANTIMONY.**—For the detection of arsenic in antimony salts, as tartar emetic, H. Hager recommends that half a gramme of powdered tartar emetic should be mixed with five or six cub. centim. of solution of potash and a few pieces of zinc

and magnesium riband added. This mixture is then to be heated until gas is abundantly evolved, when a few more pieces of metal are to be introduced together with a bit of ammonium chloride, the upper part of the tube or flask is now to be loosely plugged with cotton wool, and a slip of paper soaked in nitrate of silver solution placed over the mouth, the tube is then to be immersed in water at from 50° to 70° C. If arsenic is present the paper becomes darkened by the reducing action of the arsenious hydride evolved.—*Chemical Centralblatt.*

## APPOINTMENTS.

**BATHO, WILLIAM, M.R.C.S. Eng., L.S.A.**—Medical Officer to the Amesbury and Winterbourn District and to the Workhouse, Amesbury Union, *vice* Mr. C. J. Pyle, resigned.  
**BEEVOR, E. C., M.D. Lond., M.R.C.P.**—Physician to Out-Patients to the Great Northern Central Hospital.  
**EVANS, ROBERT, M.R.C.S. Eng., L.R.C.P. and L.M. Edin.**—Assistant Medical Officer to the Workhouse and Infirmary, Hackney Union, *vice* Mr. Arthur Fuller, resigned.  
**JOLIFFE, A. R., M.R.C.S., L.S.A. Lond.**—Sen'or House Surgeon to the Cheltenham General Hospital, *vice* Dr. Power, resigned.  
**MACKELLAR, A. O., M.Ch., F.R.C.S.**—Chief Surgeon to the Metropolitan Police, *vice* Mr. T. Holmes, resigned.  
**MCCURE, HENRY, M.D., M.Ch. Ire.**—Medical Officer to the Cromer District, Erpingham Union, *vice* Mr. R. McKelvie, resigned.  
**MEARS, ROBERT, M.R.C.S. Eng., L.R.C.P. Edin.**—Medical Officer to the Atherstone District and to the Workhouse, Atherstone Union, *vice* Mr. Thomas Handford, resigned.  
**RODWAY, EDWIN AUGUSTUS, L.S.A.**—Medical Officer to the Hamsterley District, Auckland Union, *vice* Mr. C. Alworthy, deceased.  
**SMITH, LLOYD G., M.B., C.M. Edin.**—House Surgeon to the Deaconesses Institution and Training Hospital, Tottenham.  
**TAIT, LAWSON, F.R.C.S.**—Consulting Surgeon to the Samaritan Hospital for Women, Nottingham.

## VACANCIES.

**ASYLUM FOR IDIOTS, EARLSWOOD, REDHILL, SURREY.**—Assistant Medical Officer. (*For particulars see Advertisement.*)  
**COVENTRY AND WARWICKSHIRE HOSPITAL.**—House Surgeon. (*For particulars, see Advertisement.*)  
**NORTH EASTERN HOSPITAL FOR CHILDREN, HACKNEY ROAD, E.**—Physician. Candidates must be Fellows or Members of the Royal College of Physicians, London. Applications, with qualifications and testimonials, to be addressed to the Secretary, City Office, 27, Clement's Lane, E.C. (from whom further particulars may be obtained), on or before August 31st.  
**SHIPSTON-ON-STOUR UNION.**—Medical Officer. (*For particulars see Advertisement.*)  
**STOCKTON-UPON-TEES HOSPITAL AND DISPENSARY.**—House Surgeon (non-resident). Salary, £200 per annum. Candidates must be doubly qualified. Applications, stating age, with recent testimonials or copies, to be sent to the Secretary not later than August 24th.  
**WESTON-SUPER-MARE HOSPITAL.**—House Surgeon. Salary, £70 per annum, with board, lodging, and washing. Candidates must possess a registered Medical and Surgical qualification and be unmarried. Applications and testimonials to be sent to the Honorary Secretary on or before September 5th.

## DEATHS.

**ADAMS, R. S., M.R.C.S., L.S.A.,** at 33, High Street, Lymington, Hants, on August 11th, aged 52.  
**BECKINGSALE, J. E., F.R.C.S., J.P.,** at Newport, Isle of Wight, on August 10th, aged 75.  
**GOODACRE, Rev. F. B., M.D.,** Rector of Wilby and Hargham, Norfolk, on August 14th.  
**NASH, JOHN PEARSON, M.D.,** Surgeon-Major of H.M. Madras Army (retired), at 41, Portsdown Road, Maida Vale, on August 17th, in his 57th year.  
**TURNOUR, C. C., M.D.,** at Perth, West Australia, on June 30th, aged 33.  
**WALKER, WILLIAM, F.R.C.S.,** Surgeon Oculist to the Queen in Scotland, at 47, Northumberland Street, Edinburgh, on Aug. 16th, aged 71.

## NOTES, QUERIES, AND REPLIES.

### BRADLEY FUND.

DR. JEFFREYS writes to us as follows:—I have received the following additional subscriptions towards the Bradley Fund:—Mr. Eric Erichsen (6, Cavendish Place), £5 5*s.*; Dr. Dyson (Sheffield), Dr. William Richardson (Deputy-Inspector General, R. N.), Mr. C. N. Macnamara (13, Grosvenor Street, W.), Dr. Clifford Allbutt (Leeds), Mr. John Hall (Sheffield), £2 2*s.*; Dr. Van Vestrant (Birmingham), Dr. Martin (Sheffield), Mr. J. F. F. Parr (Sheffield), Dr. R. E. Burgess (Kettering), Mr. J. F. Churchill (Chesham), Mr. Matthew Leach (Sheffield), Dr. J. Swain Scriven (Belper), Dr. Robertson Mutch (Nottingham), Dr. Samuel Mitchell (Wadsley,



Sheffield), Dr. G. P. Hadley (Birmingham), Dr. Johnston (Tow Law, Darlington), £1 1s.; Mr. Henry Steare (Saffron Walden), Mr. John Baines (Summerhill, Birmingham), Dr. W. H. Higgins (Leicester), Mr. Henry Heywood (Dulwich, S.E.), £1; Mr. W. H. Booth (Sheffield), Mr. William Dale James (Sheffield), 10s. 6d.; Dr. Henry Denne (Edgbaston, Birmingham), Mr. W. Maxwell Burman (Wath), 10s.

Also would you kindly correct two mistakes in the list which appeared in your issue of August 15th. Dr. Balthaser Foster's subscription should have been £2 2s. instead of £1, and Dr. Francis McLoughlin should have been Dr. Thomas McLaughlin.

### AN APPEAL.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—I enclose a further list of the subscriptions sent in answer to my appeal on behalf of the widow and her two daughters, and am thankful to say that I have already received more than the amount for which I asked, so that no further contributions are required.

As usually happens in genuine cases, the worst was not told until the feelings were unlocked by the arrival of unexpected relief. These poor ladies "have often known what it is to eat dry bread for three days, and not much of that."

The piano has been restored and all immediate necessities provided for; other arrangements will be made on my return to town. I trust that any inaccuracies in the list which may occur, in consequence of my being away on holiday, will be excused.

I remain, Sir, your obedient Servant,

W. H. BROADBENT.

Mrs. Ritchie, £7; Dr. Bowles, A. E. Cumberbatch, Esq., The British Medical Benevolent Fund, £5; Sir William Gull, £3; Dr. Tuckwell, John Ferry, Esq., F. Le Gros Clark, Esq., £2 2s.; A Friend, (per Dr. Bowles), J. S. Bartrum, Esq., Mrs. Jelly (Valencia, Spain), C. H. O. (Bristol), £2; Surgeon-Major Roe, A Friend from Yorkshire, J. F. Churchill, Esq., S. G. Sloman, Esq., Sir George Burrows, T. Corbett, Esq., Dr. Sutro (for Medical Benevolent Fund), £1 1s.; C.E.C. (M.D.P.), Dr. E. Jackson, Dr. Maxwell, £1; R. E. Burges, Esq., 10s. 6d.; Dr. S. Thompson, Dr. Atkinson, 10s.

### COMMUNICATIONS RECEIVED—

Prof. GAIRDNER, Glasgow; Dr. GOODHART, London; Dr. DONKIN, London; Mr. J. T. W. BACOT, Seaton, Devon; Dr. MAXWELL, Woolwich; Dr. WILLOUGHBY, London; Dr. CLIFFORD BEALE, London; Dr. GIBBONS, London; Dr. CASEY, Windsor; Dr. J. H. PACKARD, Philadelphia; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; Messrs. WOOLLAMS & Co., London; Mr. JOHN COLAM, London; Mr. H. G. HILL, London; Dr. J. F. EASMON, West Africa; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; THE SECRETARY OF THE EAST ANGLIAN BRANCH OF THE BRITISH MEDICAL ASSOCIATION; THE REGISTRAR-GENERAL FOR ENGLAND, London; THE REGISTRAR OF THE GENERAL MEDICAL COUNCIL, London; Mr. T. MOIR, Glasgow; Mr. W. D. JEFFERSON, Ripon; Mr. JEFFREYS, Chesterfield; OUR PARIS CORRESPONDENT; OUR DUBLIN CORRESPONDENT; OUR VIENNA CORRESPONDENT; OUR EDINBURGH CORRESPONDENT.

### BOOKS RECEIVED—

Report on the Sanitary Condition of the Wandsworth District during the year 1884—Sanitary Suggestions, by Sampson Low, Jun., B.A. Cantab., Etc.—Some Personal Observations on the Work of Lawson Tait, by A. Vander Veer, M.D.—The Treatment of Mastitis by Bandaging and Rest, by P. A. Harris, M.D.—Annual Report of the Board of Works for the St. Giles' District—The Climate of Llandudno, by James Nicoll, M.D.—Report of the Commissioners in Lunacy to the Lord Chancellor—Chronic Pulmonary Phthisis, by Hermann Weber, M.D.—Annual Report of the Medical Officer of Health for the Borough of New Windsor for 1884.

### PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—The Hospital Gazette—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—Revue Médicale—Revista de Medicina—North Carolina Medical Journal—The New Orleans Medical and Surgical Journal—The Chemist and Druggist—Annales Medico-Chirurgicales—The Dublin Journal of Medical Science—The Medical World—Revue de Médecin—Revue de Chirurgie—Indian Medical Gazette—The Journal of the British Dental Association—The Canada Lancet—The Detroit Lancet.

### HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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MEDICAL TIMES  
AND GAZETTE.

No. 1835

LONDON, SATURDAY, AUGUST 29, 1885.

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CLINICAL REMARKS ON PERITONITIS.

CHRONIC PERITONITIS IN THE YOUNG—"TUBERCULAR PERITONITIS"—"TABES MESENTERICA"—CASE OF APPARENT RECOVERY.

By W. T. GAIRDNER, M.D., LL.D.,

Professor of Medicine in the University of Glasgow.

(Continued from page 397, Vol. II, 1884.)

I HAVE for some time had it in view to take up again a subject which occupied us a good deal last summer, by using for your instruction the remarkably contrasted cases of two little patients now in the female ward, viz.:—Jane M., æt. 8, and Mary Jane S., æt. 10.

These two cases, both in their likeness, and in their differences, illustrate in various ways the phenomena (in their clinical aspects) of diseases which form a distinct pathological group under the various names of "chronic peritonitis," "tubercular peritonitis," "tabes mesenterica," &c. Not that these cases are by any means so rare as to makes those now before us very specially worth recording on this account;

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but in making some general remarks upon them, I wished to have data to which I could appeal as absolutely within the compass of your own actual experience, and so to proceed not from general statements; such as you may easily read in your text-books, but from precisely observed facts in detail leading upwards towards such general statements.

You will find, before we have done, that the study of these cases after this fashion is not without its advantage, and may lead us to modify somewhat the general doctrines, both as to diagnosis and prognosis, which you are apt to derive from the more apparently systematic, and therefore complete, way of looking at the subject. At all events, there is no doubt that the clinical way is the more impressive, and must, if you are careful to follow it closely, leave some definite results or conclusions in your minds which will be of great service to you in the course of general practice; and I may further assure you that you will find such cases as these much more frequently brought under your notice in ordinary practice than they ever can be in the wards of a general hospital.

I ask you, then, for the moment to dismiss from your minds all such ideas of general medical doctrine or nomenclature as I have just referred to, and to look personally into the facts of the case of Jane M. in the first place, as they have been under observation from April 10th, the date of her admission, until now (July 10th); that is, for a period of fully three months. I may mention that during the latter part



of this period Jane M. has been on the whole so well that I have thought it consistent with my duty to submit her, on almost an indefinite number of occasions, to the scrutiny of individual candidates during the clinical examinations; on one day, indeed, fully eight or nine candidates examined her in succession, more or less minutely, in our presence; nor was she at all the worse of so much handling, but took it as a part of her amusements, being as little like a *patient* as it was possible for a little girl in such circumstances to be. With the other case I felt obliged to be much more chary in submitting her to observation; but in both of these typical instances my lips have been sealed, by my position and duties as an examiner, for more than a month; and it is only now that I am free to discourse upon them in such a way as to convey to you the impressions I have been deriving from a lengthened course of study of the details now to be brought before you.

From the father of Jane M. we ascertained that the child had been "always somewhat swollen in the belly"; but it was only towards the end of March (three weeks before admission) that she complained at all of any pain in the abdomen, or that the tension became such as to excite alarm. Her appetite during this period was much diminished, but she never vomited her food, and the bowels were always regular, except, perhaps, in connection with an attack of measles which she had at the beginning of the year, when they tended to be loose. We have every reason to believe that these details (though not under our own observation) are correctly enough stated; for her parents seem not only to be in a general way trustworthy, but have had their attention quickened in this instance by the fact that an elder sister of this girl is under treatment in the country for "consumption of the bowels"; having been removed from the family on this account for about a year. Jane M. had whooping-cough at six or eight months old, and measles, as above reported, within the present year. At two years old her legs bent a little, as from rickets, but soon straightened again. Now and then she would "catch cold" during bad weather, but she never had any permanent or troublesome chest affection, and was always, with these exceptions, regarded as a healthy child. The family history seems good, with the one serious and very notable exception above-mentioned; there are three sisters and one brother, all, except the oldest, regarded as quite healthy.

Now, as to this girl's state since admission, I can tell you quite positively, and without a shadow of doubt about it, that during the fortnight after admission (10th to 25th April) the circumference of the abdomen, evidently much too great from the first, increased from 25 to 28½ inches, and during only eight days of that period the greater part of this increase took place under our observation from day to day, with every sign of the presence of fluid in the peritonæal cavity; the absence of such fluid effusion (or its very small amount) having been carefully ascertained on admission, even although the abdomen was regarded as "much enlarged, and the umbilicus prominent." But that is not all. Not only was this rapid accumulation of fluid very carefully traced, but we were able to make out distinctly, and to demonstrate repeatedly, that although the usual gravitation of the fluid took place to a certain extent, the small intestines, which were at first close to the anterior wall of the abdomen in the recumbent posture, ceased to be so afterwards; their *levitation*, in the same posture, being evidently interfered with, to a more or less considerable degree. For the details (as they are not now under your observation), I must refer you to the journals; but the inference I drew from the whole facts at the time was that this fluid effusion was not a mere ascites, but

some more or less fibrinous exudation which hampered the free movements of the intestinal coils among the fluid, and prevented them from following the physical law which in moderate ascites, or serous dropsy of the peritonæal sac, usually causes them to float up towards the higher levels according to the position of the body at the time; and therefore, in the recumbent position, gives a frankly tympanitic note over the whole umbilical region. Moreover, palpation, though by no means to be trusted alone, concurred in this case with percussion in giving indications of slightly increased resistance, or diminished elasticity in the umbilical as compared with the sub-umbilical regions of the abdomen; as you will easily infer from the details stated under the date of May 6th, when the abdomen had just begun to diminish, after attaining its maximum circumference some time between April 27th and the above date. The abdominal superficial veins, too, were decidedly increased in volume at this date.

What was the general state of the patient during these local changes?—which, it may be remarked, were limited to the abdomen throughout. There was little or no obvious suffering; but (our report adds) "the ward sister has occasionally heard her complain of pain on handling. There is now (May 6th) no fretfulness nor acute suffering; but it is quite evident that although she is not too weak to sit up for three or four hours every day, there is none of the usual playfulness proper to a child. She sits quietly with her picture-book and doll, not complaining, and not seeming to feel the want of more active employment. It is rather remarkable that even during the period when the changes mentioned have been going on, there has been an increase in the weight of the body, which, on the third day after admission, was three stone three-and-a-half pounds, at nine days three stone four-and-a-half pounds, at sixteen days three stone seven pounds; and at or about this point, according to latest evidence, it has continued." [This increase in weight we regarded as purely factitious, depending upon the fluid effused, and probably coinciding with a real loss of tissue-weight, or relative emaciation.] The appetite was, on the whole, well preserved; the diet being chiefly milk and farinacea, but also beef-tea, and occasionally small quantities of minced collops. The urine, relatively scanty during the period of active effusion, increased from a daily average of seventeen ounces to twenty-four ounces after the close of this period. The temperatures indicated only slight febricula (max. 100·4° F.). "The period most characterised by these slightly abnormal temperatures was from 19th to 26th April, when the morning temperature during eight days averaged 98·6°, and the evening 99·6°." Both before and after this period the differences were insignificant, and, after the 1st May, no abnormal temperatures at all were noted.

I ought perhaps to add in general terms that the lungs were throughout entirely devoid of râles, and even on the most critical examination could not be said to give any positive physical signs of disease. The heart sounds, and the percussion signs were alike normal. The liver and spleen were normal in volume. The bowels were regular throughout the period of observation, and the tongue was absolutely clean, the only fact noted being a slight increase in the size of the papillæ during the most active period of the disease.

Here, then, is the exact history of this little patient, so far as known to us, up to the date (July 10th), at which you have her now under your observation. Bear in mind that not only has there been a very considerable effusion of fluid, but that the physical signs of this were so manifest and typical, that up to nearly the beginning of the present month, not one of the clinical examiners, nor, so far as I know, of the



candidates who were found competent in other respects, and who were examined on this case, had the slightest difficulty or doubt in detecting it. Yet if you examine this girl now according to exactly the same methods, and with every possible precaution, you will find it to be almost doubtful if there is any gravitating fluid at all. [Details here demonstrated and reported.] In other words, the fluid, which at one time since her admission amounted at least to several pounds, influencing the whole body-weight of the little patient, and which we know to have been scarcely, if at all, recognisable on admission, has been for the most part, if not entirely, absorbed again during the last fortnight. And throughout a much longer period than this, probably since the very end of April or beginning of May, Jane M. has been gaining in flesh, in colour, in cheerfulness, in childish vivacity, so that in the course of June she quite ceased to think of herself as ill at all, and during the whole month she played in and out of the ward, and came up with a smiling face for the mere fun of being repeatedly examined, returning to her play again as contentedly as ever. These are the little indications which, especially in children, ought always to be most carefully observed, because although the question—*What the disease is?*—is most often and best decided upon the physical signs commonly so called; the questions of *worse or better*, to *die* or to *live*, aye, even the diagnosis in the first instance of *the presence of disease at all*, depend upon those commonplace details which a young man, proud of his special knowledge recently derived from the schools, is, perhaps, rather apt to overlook. Observe too, that in this instance the circumference measurement of the abdomen is to some extent a misleading fact, because the absorption of bulk depending on fluid and perhaps also on gas, has been counterbalanced by an increase of muscular flesh and fat in the abdominal wall, so that this child is now only  $\frac{2}{3}$ ths of an inch less in girth than when admitted on the 10th of April with an only too obviously enlarged and tense abdomen, for which she came to us to be treated. Her extreme abdominal circumference then was 25 inches; it increased from fluid effusion to  $28\frac{1}{2}$ , and has now declined to  $24\frac{1}{2}$  inches; yet no one now would think of calling the abdomen "much enlarged," as on the 10th of April. It is now almost, if not quite, in due proportion to the rest of the body. The note most characteristic of these cases in infancy and early childhood is the *swollen abdomen with shrunk limbs and face*; sometimes along with these you have a relatively large head, which, though not absolutely *per se* characteristic, is strongly suggestive of tubercular meningitis, or still more of congenital chronic hydrocephalus. This child has been absolutely free from this last suspicion.

But is she, however well in appearance, cured? No, she is not cured; if by "cured" we are to be taken as meaning that she is physically and organically, *i.e.*, pathologically as well as clinically, sound. Although she has gained  $2\frac{3}{4}$  lbs. in weight since the latter part of June, when the absorption of the fluid ceased to be a counterpoise to the putting-on of flesh: although her temperatures have for many weeks together been altogether normal, her functions well-performed, and her sensations those evidently of health in the main, I am able to show you physical facts in the abdomen which, taken in connection with those which have preceded, are still quite typical of the disease from which our little patient has been suffering. She is not, therefore, "cured"; only we trust she is *being cured*. But, after all, if her disease is to be called by any of the names I gave you out of the Nosology at the beginning of this clinical lesson, it must be admitted that the facts of this case tend to qualify considerably the ordinary book-descriptions of the prognosis, and to cast a ray of hope into the dark

regions occupied by "tabes mesenterica" in the older nosologies, and by "chronic" or "tubercular peritonitis" in works from the time of Louis downwards. It is well that you should learn this lesson of hope in the first instance, if possible, from a case which leaves no kind of doubt as to the essential facts. I therefore abstain from comment of a more general kind in the meantime, and ask you simply to observe with me the points which bear now upon the diagnosis of *thickening of the great omentum*, the most obvious, and often the only, physically discoverable fact which, in the absence of fluid effusion, makes it certain that the peritonæum has been the subject of a morbid process. I shall have more to say as to the general questions, both of diagnosis and of prognosis, here involved on another occasion.

[Demonstration in detail followed, with results as recorded, in a condensed form, in the report.] "At present (July 10th) it cannot be said that the abdomen is absolutely normal, inasmuch as there is distinct, though not very great, dullness to superficial percussion, easily penetrated by a slightly stronger stroke in the umbilical region, and especially to the right side of the umbilicus. Following up this line of enquiry, Dr. G. succeeds in demonstrating (1) the *stomach region* nearly, if not absolutely, normal to percussion; (2) *transverse colon*, slightly obscure, but still quite definitely distinguishable to the right, just over the costal cartilages, and  $2\frac{1}{2}$  inches from the insertion of the xiphoid; (3) *small intestines* on both sides, but more distinctly on the left, between the umbilicus and Poupart's ligament, quite superficial in the lower part of these areas and in the hypogastrium. Between the various points indicated above (*i.e.* in the middle region of the abdomen, verging toward the epigastric and hypochondriac regions) lies an area of distinctly more dull percussion superficially, easily definable on the left side, not so easily on the right, and extending to about  $2\frac{1}{2}$  inches above and  $1\frac{3}{4}$  inches below the line of the umbilicus. As this area exactly corresponds anatomically with the probable position of a thickened omentum, Dr. G. invites several members of the class, as well as Dr. Middleton (clinical tutor) to perform palpation of the abdomen, with the result that although there is no change which, apart from the percussion, could be securely reported, there is a very general coincidence of opinion that on the left side (perhaps not on the right) a slight relative loss of elasticity, corresponding with the region above indicated as dull to percussion, can be made out by the most delicate handling. At the same time it is only right to remark that the abdomen, although still inclined in the direction of undue fulness, might easily enough pass for a normal abdomen, on a rapid examination without knowledge of the previous incidents."

[On July 14th, Jane M. left for a stay in the country, looking and feeling perfectly well.]

The treatment was exceedingly simple; it consisted mainly of inunction with cod-liver oil, the use of extr. hordei, pancreatic emulsion, and careful regulation of the diet, as above indicated. Cold compresses were employed up to April 25th, but were then found to be unnecessary, and the oleaginous application was substituted. Gastric tonics, &c., did not appear to be required at any time.

(To be continued.)

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COTTAGE HOSPITAL, LLANDUDUO.—Lady Penrhyn has opened in the Pavilion a fancy fair in aid of the funds of the Hospital, which has been erected on a site given by Lord Mostyn.



## CLINICAL LECTURE ON A CASE OF SYPHILITIC OPTIC NEURITIS.

GIVEN AT THE MOORFIELDS OPHTHALMIC HOSPITAL ON  
JUNE 13TH, 1885.

By E. NETTLESHIP, F.R.C.S.,

Ophthalmic Surgeon to and Lecturer on Ophthalmology at St. Thomas's Hospital; Assistant Surgeon Royal London Ophthalmic Hospital, Moorfields.

GENTLEMEN,—The patient whose case we will discuss to-day is a man of 30, pale, nervous, with a stutter in his speech, by trade a hair-dresser. He comes for an opinion on his left eye which, he says, went nearly blind, for some time, several years ago, but recovered almost completely. At present his right eye is normal in every respect; the left sees  $\frac{6}{9}$  partly, the pupil is natural, the optic disc shows signs of having been inflamed some time ago, for it is not so pink, its texture not so transparent, and its border not so clear as in the other eye; the veins also are larger, and are bordered by white lines; all the other parts of the eye appear healthy. The movements of both eyes are perfect.

He says that when in New Zealand in 1879 he had gonorrhœa. About a year later he had a chancre, followed by a bad sore throat, but without rash; he was treated with "mercury," and soon got, as he supposed, quite well. Within four or five months, however, of the primary sore, the sight of his left eye failed, and he again (in March, 1880) put himself under Dr. Wilkins, of Dunedin, whose notes of the state of the eye he is fortunately able to show us. Dr. Wilkins states that on March 7, 1880, there was "optic neuritis" in the left eye, the disc "quite obscured," and sight "nearly gone, cannot see  $\frac{20}{200}$  or 12 J. at any distance;" the state of the vitreous is not noted. There is no actual statement that the disc of the other eye was unaffected. We find that Dr. Wilkins prescribed iodide of potassium and bichloride of mercury; that in a few days the sight of the defective eye began to improve and the disc to clear, and that on April 19th (six weeks from the commencement) Dr. Wilkins notes that the vision was  $\frac{20}{20}$ . He had no pain from beginning to end, nor any "head symptoms." About this time the man says he had an "abscess" in one leg which was soon well, and which need not concern us. Several weeks later he suffered from some degree of weakness, with numbness and tingling, in the lower extremities, probably due to a mild, but acute, syphilitic lesion of the cord. This symptom, whatever its meaning, soon passed off, the vision of the left eye reached in time its present state, and he continued quite well till October last (1884). Then he "lost power over the right eye," and, being in England, came to this hospital, and was treated by one of my colleagues for paralysis of the right third nerve. The notes state that there was ptosis and diplopia, and that the visual acuteness was (as it is now)  $\frac{6}{6}$  with the R. and  $\frac{6}{9}$  with the L. The nerve soon and completely recovered under anti-syphilitic treatment. At the present time therefore he has no symptoms; his left eye is well, his right third nerve is well, and his legs are strong. But as he wants to return to New Zealand he is anxious to know whether his sight is safe, or whether it is likely to fail again as it did 5 years ago. The case therefore is worth a retrospective examination, particularly as to the precise cause of the optic neuritis which for a time almost blinded the left eye in 1880.

Optic papillitis is very uncommon in secondary syphilis, except as a complication, and probably a result, of choroidal and retinal inflammation. In many such cases all the hinder intraocular tissues, choroid, retina, and vitreous suffer, and the disc suffers too, sometimes badly, sometimes mildly. But, as you are aware, cases of syphilitic choroido-retinitis run a very long course, are liable to recur, usually leave permanent changes in the choroid, retina and vitreous, and often cause lasting damage to sight; whereas the attack in our patient ran a quick course, and has left no ophthalmoscopic traces except at the disc, where we know that violent changes took place. We may therefore put away the suggestion that the papillitis was consecutive to disease of any other part of the eye; and may assume that it was the result of inflammation of the optic nerve. The question then arises was this optic neuritis dependent upon acute intracranial mischief (syphilitic meningitis), or was it from beginning to end a purely local affair? Our patient never had a symptom of intra-cranial inflammation, and besides, acute meningitis in secondary syphilis is, of course, exceedingly rare; moreover, had meningitis been the cause, it is most unlikely that the other optic nerve would have escaped.

By exclusion, therefore, we are obliged to assume that the disease was primary in the optic nerve or its immediate surroundings, and that the starting point was somewhere between eyeball and skull. The complete absence of pain, both before and during the attack, though it does not entirely negative acute gummatous periostitis limited to the bony optic canal, makes that diagnosis improbable, and the escape of the second eye precludes us from appealing to the morbid state of the blood as a possible cause of the optic neuritis. I think, therefore we shall be right in supposing that a true syphilitic inflammation, a gumma if you will, occurred in the optic nerve between the eye and the apex of the orbit, and that it was rapidly resolved by treatment, leaving a little, though very little permanent damage.

Perhaps you will ask why, as syphilitic inflammation of other cranial nerves is so common, it is necessary in the case of the optic nerve to beat about the bush so long, instead of taking you straight to the point? Simply because, if you go carefully into the cases in which disease of the optic nerves is a consequence of syphilis, you will not find many which can rightly be spoken of as "syphilitic optic neuritis" in the same direct sense as the present one; and this is almost as true of the later periods, as of the secondary stage of syphilis. This being so, it is worth noting that the patient seems to have a strong tendency to early syphilitic disease of his nerve tissues, as shown by the previous occurrence, at intervals, of slight paraplegia and of paralysis of one third nerve. If we have found the true explanation of his optic nerve attack, we may safely assure him that his prospect, so far as sight is concerned, is very good indeed; neither relapse nor progressive failure are at all probable.

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THE IDENTIFICATION OF THE DEAD.—Hitherto, the course adopted by the Police authorities has been to issue a written description of the body, and have it pasted up outside some of the police stations, but instead of this, or in addition to it, it is proposed to photograph each unclaimed body prior to decomposition setting in, and have the likeness circulated, and placed outside each station. The many unclaimed bodies which are continually being found in the rivers, and canals, and in the streets of London and its suburbs, render some further endeavours to procure identification necessary.



## NOTES OF A CASE OF BLACKWATER FEVER,<sup>1</sup> WITH REMARKS.

By J. FARRELL EASMON, M.D.,

Acting Chief Medical Officer, Gold Coast Colony.

CASE of J. H. N., Foreman of Works, Accra.—*Diagnosis*.—Fievre bilieuse melanurique de moyenne intensité.

*Result*.—Cured.

*Previous History*.—This is his second tour of service on the Gold Coast, and he has been out six months; was invalided last time to Europe in consequence of anæmia and general debility, resulting from several attacks of endemic fevers. Since his return to the Colony, six months ago, his general health has been far from satisfactory; has had slight attacks of fever. A fortnight before his present illness, he broke out in boils all over the head and face, one of which assumed a carbuncular character, and gave him much pain. His general health gradually, but steadily failed, and although he was taking quinine daily in small doses, he fell ill on the morning of the 3rd June, 1885, with fever. A dose of purgative pills (pil. hydr., pil. coloc. co. aa, grs. v) administered the previous night, had acted satisfactorily, his tongue was only slightly coated and skin acting gently. Mist. diaph,  $\bar{z}$ i every two hours ordered. Seen later at 5 p.m., he had had two stools since the morning. Skin was acting freely; temperature 101·6°, pulse 85; to continue mixture every three hours and a dose of quinine mixture early in the morning.

June 4th, 1885, 9 a.m.—Temperature 99·2°, pulse 82. Patient slept well last night; bowels acted twice this morning; has had 12 grs. quinine. Urine passed this morning = 8 ozs.; highly febrile in colour, but calls for no other remark. His conjunctiva and face and skin are slightly bile-tinged. To repeat quinine at 11 a.m. Beef-tea diet, rest in bed.

*Onset of Melanuria*, 3.40 p.m.—Temperature 100°, pulse 106. Half-an-hour ago, the patient passed "black" urine for the first time, and I was sent for. Up till then he was feeling all right. At sight of it, however, he became considerably alarmed. Urine =  $\bar{z}$ iiss dark port wine colour; strongly acid. Albumen by precipitation =  $\frac{1}{5}$ th. Specific gravity not noted, quantity being insufficient. The patient is in a high state of excitement. No local pains or tenderness over abdominal organs. Neither spleen nor liver enlarged; pulse quick and slightly irregular. Says he feels certain he must die. He had not taken his second dose of quinine mixture; the jaundiced tint of conjunctiva and skin generally has deepened; has vomited twice.

R Hst. quiniæ (grs. xij) statim.

R Quin sulph grs. xxx

Calomelanos grs. xij

Ft. pil. xij—ij om. horâ sum.

R Potass Nit.  $\bar{z}$ j Sp. Ether Nit.  $\bar{z}$ iij

Syr. Scillæ.  $\bar{z}$ vj Tinct. Digitalis  $\bar{m}$ xx

Aquam. ad  $\bar{z}$ vi —  $\bar{z}$ j tertiis horis.

To have beef tea, weak brandy and soda. Carnick's beef peptonoids *ad lib.*—7 p.m.—Temperature 104°, pulse 102. Has had only two doses of pills, both of which he has retained as well as a dose of mixture: vomited after the quinine draught and once since; pale clear green fluid with particles like chopped spinach floating in it; intensely acid; says he felt better after second vomit. Does not like brandy and

soda, to have champagne instead. Urine passed =  $\bar{z}$ iij darker than last note. Alb. =  $\frac{1}{4}$ th roughly.—12.45 p.m.—Temperature 104°, pulse 110. Has been perspiring freely since last note; had one copious stool and passed much flatus; no vomiting; has not had any more quinine pills since 9 p.m., has had two doses of mixture since last note. The pulse is still weak and irregular; slight singing in ears; has had one tin of Brand's chicken essence since the afternoon; jaundice deepens. To continue mixture and pills as before.

June 5th, 4 a.m.—Temperature 101°, pulse 110 (?105). Has had a dose of pills and mixture since last note and snatches of sleep. The pulse is better in strength and not so irregular. Just now after vomiting on taking a cup of tea, it is 110; vomited matter, characteristic; no headache, no backache, no local tenderness; Urine =  $\bar{z}$ iv; not so dark as last quantity passed. To continue as before.—7 a.m.—Temperature 102·2°, pulse 108. Had one stool since last note. Skin had been acting till half-an-hour ago, when he again vomited; now feels dry and parched. To have fifth dose of mixture at once and R Quin. Sulph. grs. L Colomel grs. x, Pulv. Opii grs. iss., Ft. pil. xxiv; every hour till cinchonised, jaundice deeper, and tongue more furred, but moist: no pains or local tenderness; can retain teaspoonful doses of chicken tea, any larger quantity brings on vomiting.—10·15 a.m.—Temperature 102°, pulse 112. Had a stool shortly after last note, and two others since. Passed some urine each time with the stools, colour of which is less marked; had sixth dose of mixture, and has been sweating; had one dose of pills; no vomiting since last note; seems more cheerful. Passed just now urine =  $\bar{z}$ ij, Continue

Pil. Quin. c Cal. et Opio, om horâ;

R Potass Nit.  $\bar{z}$  iss Sp. Eth. Nit.  $\bar{z}$ iv

Syr. Scilla  $\bar{z}$ iiss Inf. Digitalis  $\bar{z}$ iij

Aq. Camp ad  $\bar{z}$ vi —  $\bar{z}$ i tertiis horis.

1.15 p.m.—Temperature 100·2°, pulse 111 (after vomiting). Has just vomited; had one stool since last note, had two doses of pills and one dose of last mixture; feels sick and sleepy, and deaf; pulse is rather weaker than heretofore. To take only two pills every two hours and continue mixture as before.—6 p.m.—Temperature 100·8°, pulse 108. Had two stools since last note; has been quiet, but feels sick; urine passed is much lighter in colour.

Applic. Emplast. Sinapis Epigastric.

11 p.m.—Temperature 99·8°, pulse 110. Has been quiet since last note, and had two hours' sleep (from 8 to 10), after waking up from which he began to feel sick, and has since vomited twice the characteristic vomit. Skin feels cool and is acting gently; no headache, no tenderness over liver, but pressure in pit of stomach increases nausea.

June 6th, 1 a.m.—Temperature 99·8°, pulse 106. Nausea has increased since last note, and now he is unable to retain anything. To take nothing by mouth, keep as quiet as possible.

Empl. Sinapis Epigas. Applic.

The urine passed two hours ago, shows a brownish red deposit =  $\frac{1}{6}$ th.—6 a.m.—Temperature 99·8°, pulse 105. Skin gently acting. Nausea still marked. Urine much improved in colour, light claret =  $\bar{z}$ vi. Strongly acid. Specific gravity 1032. Brown mucoid deposit =  $\frac{1}{8}$ th; albumen  $\frac{1}{10}$ th; tongue moist, lightly coated, no headache or local aches of any kind. Bowels have not acted since 7 p.m.

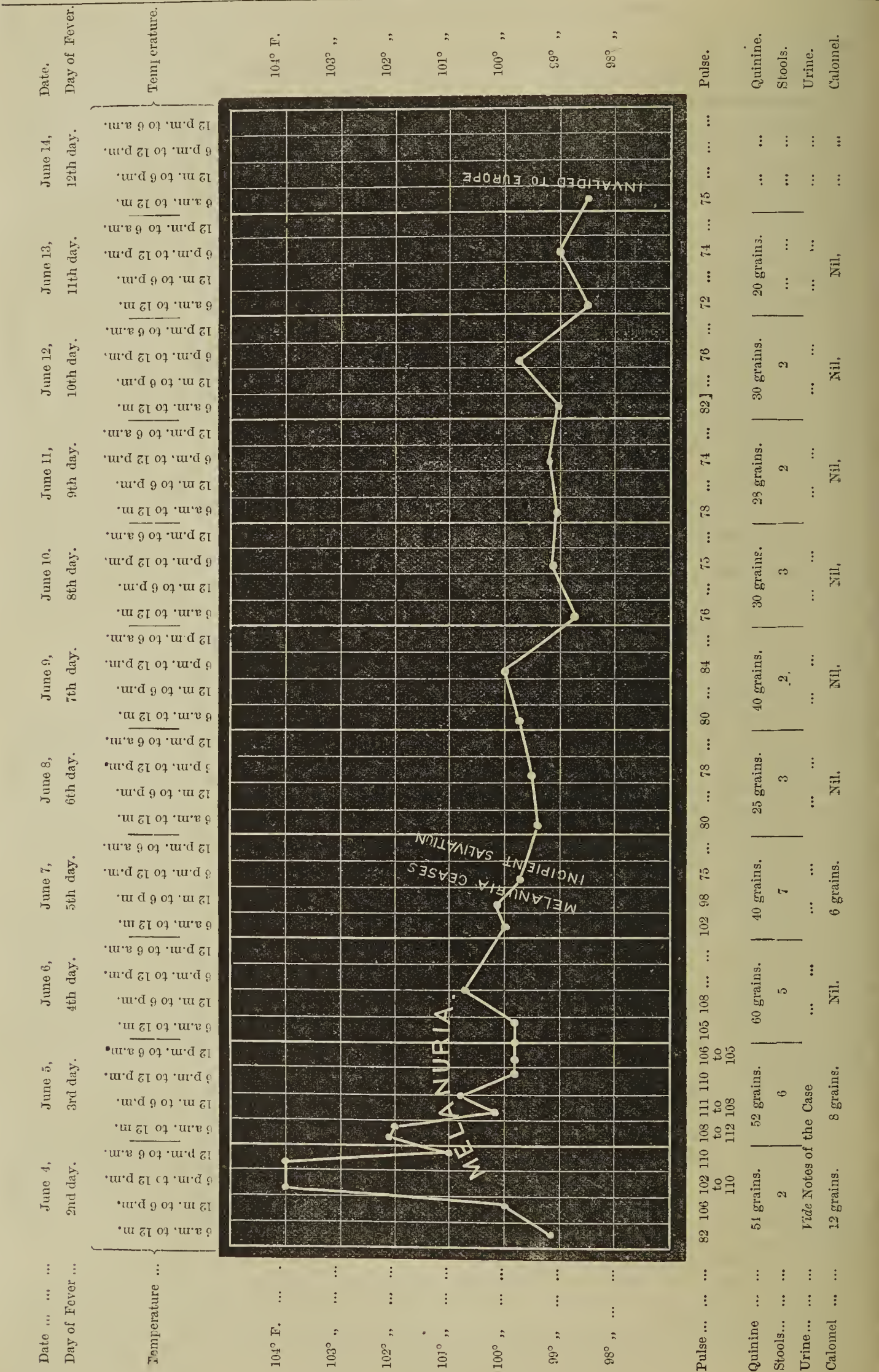
R Enema Simplex c Quin. grs. xx.

and whiskey  $\bar{z}$ ij statim. To keep quiet, take nothing by mouth except teaspoonful doses of Brand's essence of chicken.—11 a.m.—Temperature 99·8°, pulse 105. Has been very quiet since last note; slept a little; one stool after action of enema; passed urine on both occasions; now  $\bar{z}$ vi much lighter in colour simply

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<sup>1</sup> The so-called Fievre Bilieuse Melanurique or Hematurique, of French writers.







highly febrile, but with a decided reddish tinge; tongue is more coated, but the patient feels altogether better; nausea less.

R Pil Quin (Simplex) grs. iiss — ij om horâ.

Begin mixture as before. Stop brandy and champagne. Patient to have some still hock and water in small quantities occasionally.—6 p.m.—Temperature 100·8°, pulse 108. Has been doing very well since last note. Nausea all gone; one stool; no abdominal tenderness. The quality of urine continuing to improve; he has had two little snatches of sleep; tongue more coated than in last note; no local aches or tenderness.

June 7th, 8 a.m.—Temperature 100°, pulse 102. He has had a very good night. Slept twice, once for three hours consecutively. Since mid-day yesterday he has had 40 grains of quinine, two stools since last note. The fur on tongue is deeper, and on the whole he seems more yellow about the body and face, but the pulse is decidedly better in strength and volume, and has lost its irregularity. He says he feels better—he certainly looks better—no longer despondent. Skin acting gently.

R Q. grs. iiss Cal. grs. ss. Ft. pilula, ij om horâ.

Continue chicken-tea and Hock.—1 p.m.—Temperature 100·2, pulse 98. Has had three doses of pills, now about to take fourth. One dose of mixture—two stools, now being about to have third. Seems clearer in skin generally, and certainly the icteric tint of conjunctiva is less marked. Skin acting gently. Urine,  $\frac{5}{3}$  v (exclusive of the quantity passed with stools). Strongly acid, s. g. 1·027, dark amber colour, clear, alb. =  $\frac{1}{10}$ th (roughly). Continue as before.—6.40 p.m.—Temperature 99·8, pulse 75. Has had two or three stools since last note. Complains of hunger. Skin and conjunctiva much clearer. Urine of ordinary febrile tint, breath foul. His gums are tender and sore. Has had two more doses of pills and one of mixture. To stop calomel pills and continue. Simple quinine pills grs. iiss, ij every two hours, and next dose of mixture at 2 a.m. Borax and alum wash for mouth. Beef tea.

June 8th, 8 a.m.—Temperature 99·4°, pulse 80. Had a very good night. Slept from 11 to 3, and 4 to 6. Had two doses of pills and one of mixture during the night. Since 6 a.m. has had five pills = 12½ grs. quinine. Bowels acted once. Mouth still sore. To continue quinine pills.—6.50 p.m.—Temperature 99·6°, pulse 78. Has been sitting up during the afternoon. Feels weak and exhausted, bowels have acted twice. Has had altogether 35 grs. quinine since 6 a.m. Character of urine continues satisfactory.

June 9th, 8 a.m., temperature 98·8°, pulse 80. Did not rest well during the night, which was a very close and stifling one. Bowels have not acted, and he complains of sense of fulness in abdomen which is slightly tympanitic. Frequent eructations. Pulse is slightly excited and skin dry. R hst. salina purgans statim to be repeated at 2 p.m., if at least two stools have not been obtained. Quinine grs. v. every hour till fully cinchonised.—2 p.m.—Bowels acted twice. First time copiously, no necessity for second draught.—7 p.m.—Temperature 100°, pulse 84. I find the patient sitting up and having some soup. Seems much stronger and altogether better than this morning; lost the dusky hue of countenance he then had. Has taken altogether 30 grs. quinine since last note. To take 10 grs. more by 10 p.m.

June 10th, 8 a.m.—Temperature 98·8°, pulse 76. The patient had a very good night, and the prolonged sleep has been productive of much good. He seems altogether clearer. The gums are still tender. To continue liquid diet and hock and take quinine in five gr. doses every two hours till cinchonised.—7 p.m.—Temperature 99·2°, pulse 75. Has had 30 grs. quinine,

and is slightly deaf. Has been sitting up for a short time during the afternoon. Had one stool during the day. To take a dose of effervescent citro-tartrate of soda early to-morrow morning.

June 11th, 8 a.m.—Temperature 99°, pulse 78. Not such a good night as the previous night. Has had the saline, which has acted once, since when patient has been feeling more comfortable. To continue quinine as yesterday, and repeat dose of saline at 2 p.m. if a second stool has not been obtained before.—7 p.m.—Temperature 99·2°, pulse 74. Has had 25 grs. quinine. Three stools without second saline draught. Able to leave his room and walk about his parlour in an overcoat.

June 12th, 8 a.m.—Temperature 99°, pulse 82. Night close and sultry, patient did not sleep well. Sense of fulness in the stomach, very irritable. Pulse slightly irregular. Tongue cleaner than heretofore, and soreness of gums very slight. His skin has a dusky hue which it is difficult to describe. To continue his quinine as yesterday, and to go on again with the mist. potass. nit. c digitalis.—7 p.m.—Temperature 99·8°, pulse 76. Has had 20 grs. quinine, and three doses of mixture, been perspiring freely. Felt very unwell about mid-day, but this feeling disappeared as soon as the skin began to act. He is now perspiring freely. Pulse is more regular and steady. To take 10 more grs. quinine by 9 p.m.

June 13th, 8 a.m.—Temperature 98·5°, pulse 72. Patient has been up and out of bed, as he was feeling so well when he woke up at 6 a.m. Says he feels hungry. He has lost that duskiness of the skin, and is in very good spirits knowing that I have invalided him to Europe for a change of air. To continue mist. ter die and quinine grs. v every four hours.—7 p.m.—Temperature 99°, pulse 74. Has had 20 grs. quinine, and been able to pick the bone of a broiled chicken.

June 14th, 8 a.m.—Temperature 98·6°, pulse 75.—7 p.m.—Temperature 99°, pulse 75. Took 20 grs. of quinine this day.

June 15th.—Left for England. To continue quinine 15–20 grs. daily till he has passed Sierra Leone, and then to continue in 5–10 gr. doses daily till a week after his arrival in England. A tonic of arsenic, strychnia and calumba also ordered.

Remarks.—This case illustrates several features of interest characteristic of this form of malarial poisoning. In attacking an individual whose health had been gradually but steadily declining; in being preceded by attacks of intermittent fever; in its rapid onset, and with this a train of symptoms which at once modified the clinical aspect of the case into one of the greatest gravity; in the peculiarity of the urine and vomit; the uniform diffusion of a rapidly developed icterus, and in the absence of conjunctival injection, this case agrees with all the others that have come under my personal observation.

The total absence of reference to this peculiar form of endemic fever in all the works of English writers on diseases of tropical climates is, as pointed out in my official *brochure*<sup>2</sup> on the subject, worthy of note, for its clinical features are sufficiently marked to distinguish it from the ordinary bilious, remittent and other malarial fevers of tropical climates. The error has been in regarding this form of fever as simply a bilious remittent with hæmaturia as a complication, a nephritic form of pernicious intermittent; or, lastly, a malignant bilious remittent in which the colour of urine and the jaundice have been wrongly attributed to some primary organic mischief in the liver.

As regards the pathology of this fever, the clinical history, its being invariably preceded by attacks of

<sup>2</sup> "The Nature and Treatment of Blackwater Fever." Printed for the Government of the Gold Coast, London, 1884.



intermittent fever, and its occurrence only in malarious districts or in subjects affected with malaria—and in this it offers an important point of diagnostic difference from that form of hæmoglobinuria known as intermittent hæmaturia,<sup>3</sup> and also the undoubted utility of quinine in its treatment, point strongly to its malarial origin. From this point of view it might be regarded as a *perniceuse* “*hemaphéique*,” as distinguished from a *pernicieuse* “*icterique*,” “*néphretique*,” &c., i.e., in which the malaria poison expends itself not only primarily but chiefly upon the blood itself, and causes in it those sudden changes characteristic of the manifestation of its action. And if we bear in mind the facts which physiological chemistry has recently thrown upon the digestive process and the contents of the intestinal canal generally, it is not difficult to conceive how a process of *autochthonous* infection resulting from perverted secretions in the subjects of this form of fever, may so modify the quality of the blood, as to render it unusually, peculiarly susceptible to the influence of the malarial poison, which, finding here the *nidus* and *pabulum* for its growth and support, expends its malignant energies upon and destroys the vital qualities of this fluid. And this is borne out by the clinical fact so well recognised in this form of fever, viz., the great tendency to that form of toxæmia generally, but erroneously described as uræmia. And here, also, the clinical relations which have been observed to subsist between ague, rheumatism, oxaluria, and intermittent hæmaturia may be noted. But the associated disturbing or pathogenetic element need not necessarily be *autochthonous*, for under the very conditions in which the malarial poison, whatever that may be, is evolved, are developed septic elements of various kinds, the ingestion of which, we have every reason to believe, is capable of producing serious results in the human system. And it is not in this particular form of malarial poisoning alone that such a possible association may occur; intermittents, non-bilious, and bilious remittents may equally so be modified, hence such expressions as *typho-malarial*, *bilious typhoid*, *malarial yellow fever*, &c. Elsewhere<sup>4</sup> I have pointed out that Sternberg<sup>5</sup> in his observations, undertaken to confirm the researches of Klebs, and Tommasi-Crudeli, found septic organisms invariably associated with the so-called malarial germs. Bérenger Férand<sup>6</sup> assuming the malarial origin of the disease, attributes its specific symptoms to a primary organic change in the liver, especially in drunkards, although this is controverted by his own *post-mortem* observations. According to Pellarin<sup>7</sup> and Barthelemy Benoit,<sup>8</sup> and on equally insufficient data, it is the kidneys that are at fault. Corre<sup>9</sup> avers that the disease is a mixed form of malarial fever evolved under conditions “qui permettent de supposer une rupture d’équilibre soudaine, entre l’organisme impaludé, en possession d’une sort d’accontinance, relative et habituelle, plus ou moins constatée, au poison palustre, et le milieu météorologique.” Letona<sup>10</sup> observes, “elle réunit les symptômes les plus redoutables de l’intoxication palustre dus à une altération profonde du sang.”

The idea that this form of fever may result from the abuse of quinine, as suggested by Tomasselli and Karamitzas, appears to me utterly untenable. The fever which results from the abuse of quinine is essentially of a nervous type, characterised by great nervous

excitability at the onset, which is rapidly succeeded by marked prostration of all the bodily powers, death being preceded by an interval, of varying duration, of coma. It has been supposed by some to be a form of yellow fever, so-called *malarial* or *sporadic* yellow fever; but the clinical history and association and the influence of quinia in its treatment negative this idea. And it is well that this fact should be insisted upon, because in West African communities, especially among the European residents, any fever having anything “black” about it, is at once called “Yellow Fever,” and a panic ensues, the consequences of which may be—indeed, have proved—most disastrous. In the worst forms of blackwater fever the vomit assumes a bluish black colour, but this is as distinct as possible from the “coffee grounds” of true yellow fever. I have seen typical “coffee grounds” vomit in cases of bilious remittent and other forms of malignant malarial fever on this coast, which could not for a moment be mistaken for yellow fever. The prognosis in this fever is always grave.

As regards treatment, while all are agreed as to the utility of quinine, Pellarin<sup>11</sup> perhaps excepted, much difference of opinion exists as to the quantity required. My experience is decidedly in favour of large doses persistently administered till its physiological effects are manifest, and this, not only in the acute stage of the disease, but also during convalescence to prevent relapse. With reference to Calomel opinions are at variance regarding its utility. Bérenger Férand<sup>12</sup> rejects it absolutely. According to Bourse,<sup>13</sup> Guergil,<sup>14</sup> Corre,<sup>15</sup> and others it is certainly beneficial. In my experience its utility is decided. “It would appear to act not only as is well known, upon the liver, but also as a sedative to the stomach, and as an antiputrefactive upon the contents of the intestinal canal, thus minimising that amount of *auto-infection* which, in fevers of this kind, is extremely likely to occur and the possibility of which is often lost sight of.”<sup>16</sup>

I have never been able to detect bile in all the specimens of urine I have examined. Microscopy has invariably revealed a few blood corpuscles more or less altered, amorphous granules, a few epithelial casts, glomerular epithelium, triple phosphate, and acid urates. Heat and HNO<sub>3</sub> give a variable proportion of albumen. The urine treated with sodium chloride and strong acetic acid exhibited the characteristic crystals of hæmatin. In the case reported the urine passed the day before the patient left for England showed not a trace of albumen. In none of my previous successful cases has kidney mischief been subsequently developed.

As regards prophylaxis, convalescents should be sent away as soon as possible to some temperate and healthy climate to prevent relapses, which are otherwise certain to occur.

## ON THE ECZEMATOUS DIATHESIS.

By TOM ROBINSON, M.D.

THE words temperament, idiosyncrasy and diathesis are used by us all, I fear, without attaching to them anything approaching to a definite significance, and if we think for a moment we shall not be surprised at this, because they, in a certain sense, have a similar meaning. It will be well before I enter on my special

<sup>3</sup> “Paroxysmal Hæmoglobinuria,” “Winter Hæmoglobinuria,” (Nothnagel), “Emoglobinuria di freddo” (Murri).

<sup>4</sup> Op. cit.

<sup>5</sup> National Board of Health, Supplement No. 14, July 1881.

<sup>6</sup> “De la Fièvre Bilieuse Mélanurique, &c.,” Adrien Delalaye Paris: 1874.

<sup>7</sup> *Archiv de Medicine*, Navale 1865, tome iii. and iv.

<sup>8</sup> *Archiv de Medicine*, Navale 1865, tome iv.

<sup>9</sup> “Traité des Fièvres Bilieuses et Typhiques des pays chauds.” Paris: 1883, p. 229.

<sup>10</sup> “Etude Comparative des Fièvres Palustres.” Paris: 1862, p. 61.

<sup>11</sup> Op. cit.

<sup>12</sup> Op. cit.

<sup>13</sup> *Archiv de Medicine*, Navale 1876.

<sup>14</sup> “Un an de séjour de pratique méd. au poste de Dubon.” Montpellier: 1867.

<sup>15</sup> Op. cit.

<sup>16</sup> Op. cit., p. 7.



subject, to define these terms, and in so doing, it is right that I should acknowledge my indebtedness to Professor Laycock, Sir James Paget, and particularly to the lectures of Mr. Hutchinson, who treated the subject in his masterly style in the lectures which he gave on the pedigree of disease at the College of Surgeons.

I should define temperament as a state of the organism which spreads throughout the life of an individual—for instance, we have the nervous, the sanguineous, and the bilious temperaments. These states are always present, and go with a man to his grave. By idiosyncrasy, I should indicate an organism which is influenced in a manner peculiar to itself by ordinary influences and without reference to temperament—for instance, iodide of potassium will in some patients produce a violent coryza, or a copious eruption, which will, in some instances, be an acne, and in other cases a bullous rash. Common articles of diet will produce all the symptoms of a virulent poison in certain individuals. I may allude to hay fever, to the influence of mercury, the action of the balsams as parallel examples of a peculiarity of constitution which at present we are unable to discover by any outward sign, such as peculiarity of structure.

By diathesis, I should indicate a tendency to a certain and fairly regular series of manifestations, which is coloured by the bias of a morbid state—for instance, we speak of a scrofulous diathesis, or a gouty diathesis, by which terms we mean a sequel of morbid states which we recognise readily, and we are able to associate certain peculiarities of structure which accompany these well-marked constitutional states. I have ventured to attach the words eczematous diathesis to a group of patients which constitute such a very large number of those who come before us for aid. The following picture will indicate the type which I have before me.

A patient usually springing from parents who are the subjects of one of the forms of constitutional skin disease is in early life prone to chilblains, to a catarrhal condition of the mucous membranes, and to the advent of some form of irritation of the skin during cold weather; sometimes the skin is also irritated by excessive heat. Their skins are also made very pruriginous by the bites of insects, by east wind, by coarse soaps, and even by hard water; in point of fact, there is not a limit to the trivial irritant which will not be sufficient to bring out the proclivity which they possess. I know of an instance where the skin of the face is so exquisitely impressionable that the rays of light will bring out a copious vesicular eruption on exposure. It is not, however, the cutaneous area alone which so easily loses its physiological balance, but the mucous membranes are just as easily disturbed. It will be found, I think, that these patients take cold easily, they are prone to gastritis, and enteritis, and cystitis. They often present a severe form of conjunctivitis, and as age advances they become arthritic. Their physical peculiarities are a tendency to turn grey and become bald early in life, to have teeth which degenerate early; sometimes the incisors are pitted, or marked transversely; they wear down, and fall out in some instances in a most unexpected way. The nails are also of great interest in these patients, and present many forms of malformation—in some instances they are marked by white spots, or white transverse lines, or they are pitted with small circular depressions, or they are marked by transverse furrows; the longitudinal flutings are exaggerated in others. The shape of the nail is also of importance: it is often flat, sometimes even concave on its upper surface, and is frequently shaped like a shield; and they are often the subjects of early fatty degeneration of the cornea constituting

the state which we recognise as arcus senilis. A moment's reflection will enable us to recognise at once that all the manifestations which I have enumerated are due to a physical peculiarity in the structures of epiblastic origin. It is not possible to indicate with any precision what this morbid state exactly is; we can only say the epithelium is not capable of resisting external influences. Fortunately there are many human beings who pass through life with epithelial structures which are not vulnerable to the influence of such an irritant as the east wind; on the other hand, there are very many whose skin and mucous membranes assume a pathological state on the least provocation. Is it not strange that ordinary chicken-pox will, in some children, leave behind it ulceration of the vesicles which may last for many months, and some cases are on record where a gangrenous process has been established in these spots and the patient destroyed by the morbid process? Is it not a striking but well-known fact that in some skins a mustard plaster, or the rubbing in of a linament, will establish an eczema, which will spread with great rapidity to the opposite limb, and spread in a manner which is certainly not by continuity of tissue?

It is this difference in structure which accounts for the fact that in some children ringworm has a vesicular edge, whilst in other cases it is most certainly not the case.

There are many degrees of this tendency to break down in the epithelial structures, and this is why eczema presents so varied a canvas, and this is why we have such names as eczema impetiginosum eczema siccum, eczema rubrum, and pityriasis rubra—each one of these are precisely similar in their ætiology. They are all due to a badly-formed and brittle epithelium.

If we examine our patients carefully I believe we shall find that all the cases of obstinate ulcers of the legs, and many other equally troublesome affections, such as chronic discharges from the urethra, pruritus ani and pruritus vulvæ, ulcers of the os and cervix uteri, occur in those who present other evidences of an unstable epidermis.

I have been seeing during the last few weeks several cases of an affection of the face which is usually known as relapsing erysipelas, which displays an erythematous condition of the bridge of the nose spreading with more or less symmetry over the malar bones and going to the ears, is associated with a good deal of œdema of the parts and much smarting pain; the redness occurs in patches which are quite separated from each other, and which are not in all cases blistered, neither is the line clearly marked between the sound and diseased tissue, and what is most important there is very little, sometimes not any, elevation of temperature. These cases relapse very many times, and they often leave behind them for a long time a clumsy look about the features which constitutes a state differing in no way from elephantiasis. The point of interest to me is that all these patients present other evidences of badly built-up epithelial structures. A case I saw the day I wrote this page has deep clefts behind each ear, very badly formed nails, and a most susceptible bronchial mucous membrane. I may add that on two occasions a visit to Cromer has apparently induced an attack.

It is of importance, in treating of this diathesis, to recognise the fact that eczema has some peculiarities worthy of note. I should say my notes would indicate that anything approaching to a general eczema is only found in young children or in those who have passed the middle period of life. This fact is probably due to the feeble resisting power which the skin and mucous membranes have during the period of growth and the period of degeneration. Is it not true that the young and the aged are those who are the most liable to bronchitis?



During the middle period of life in those who have an eczematous tendency the disease is much more local. The patches of eczema which we see, especially about the hands and wrists, but not by any means confined to these positions, do not assume large proportions. The forms of eczema which we see on the scalp, on the outer aspects of the arms and legs or between the scrotum and thigh, or in the flexors, do not become universal, probably because the epithelial structures are more stable; and does not this help us to understand how it is that epithelial cancer occurs at the latter end of life when degeneration of tissues is going on?

The eczematous process has always a tendency to perpetuate itself, and the longer the time which has elapsed since its origin so much the more will our difficulty be in stopping the action.

We must not omit to allude to the power which some drugs, notably mercury and opium, have to induce an eczema in those who have the diathesis we are discussing. Some articles of diet have the same influence, notably malt liquors and port wine. A patient of mine in the British Museum assures me that salt beef will invariably produce an eczematous process in the clefts of his fingers, where I have treated him many times for an acute eczema. This is an example of the habit which tissues have of taking on an eczematous action which have before been similarly affected. I think there is a great deal in the doctrine that the epithelium throws off morbid products. All the exanthemata are associated with manifestations in the skin and mucous membranes. Syphilis, one of them, in no way breaks the law. Mercury produces stomatitis because the cells break down under the strain of endeavouring to throw off the drug, and I suspect that many of the cases of sudden outbursts of eczema are due to the epithelial structures endeavouring to eliminate the uric acid compounds. The kidney certainly does so. The synovial membranes of the joints, which consist of a basement membrane and epithelium, would seem to be irritated by this effort, and this irritation induces a synovitis. The same line of reasoning would explain the attacks of bronchitis which gouty patients so often suffer from.

I would ask, in conclusion, to be allowed to express my belief that many more of the skin rashes will be best explained by recognising the fact that there is in them all an inherited want of stability in the epithelium. The laws of inheritance are still obscure, and after careful recording and reflecting over many notes of cases, I am still unable to postulate what eutaneous manifestations will ensue in the offspring of parents who may be the subject of some form of skin disease. I know eczematous parents with psoriatic children, and I know of psoriatic parents with eczematous children; and I see several members of the same family with different forms of skin manifestations.

The group of symptoms which I have endeavoured to picture are in many respects similar to those which Hardy designated dartrous, and which the older writers speak of as herpetic.

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**A WELL-DESERVED REWARD.**—The Secretary of State for War has sanctioned the payment of a gratuity of six months' pay to Surgeon J. Magill, M.D., Coldstream Guards, in consideration of the wound he received in action at Abu Klea on January 17, when he was in charge of the Guards Division of the Camel Corps. It has been stated that this officer, after being struck, actually removed the bullet from the wound himself during the progress of the action.

## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

### NORTH-EASTERN HOSPITAL FOR CHILDREN.

#### NEUROMATA IN CONNECTION WITH THE MEDIAN NERVE.

(Under the care of Mr. GODLEE.)

JAMES S., aged 7 years 10 months, was admitted on February 2nd with a tumour of the palm of the hand, which the child had first noticed about one year ago. It had never caused him any inconvenience, or trouble at any time. He could give no reason for its presence: it had remained quite stationary in size.

On admission he was a well-nourished boy. There was a circumscribed, semi-fluctuating tumour apparently beneath the palmar fascia of the left hand, on palpation conveying the idea of a palmar ganglion; its contents could not be emptied, nor could the tumour be diminished in size on pressure. Manipulation produced no pain; sensation was normal; there was no unnatural pigmentation over the hand, and no pulsation.

Under an anæsthetic Mr. Godlee cut down on the tumour after an Esmarch's bandage had been applied. The incision was  $1\frac{1}{2}$  inches long, in front of the annular ligament. It exposed what appeared at first sight to be, as had been expected, a fatty tumour; it bulged into the wound, and on the surface was easily isolable. But on endeavouring to separate it above it was found to have a thick pedicle, coming down from beneath the annular ligament, while below it gave origin to numerous thick white cords, the much hypertrophied branches of the median nerve to the thumb and index finger. It was thus clear that the tumour was intimately connected with the median nerve, in fact it appeared to be little more than an enormous hypertrophy of the fibrous elements of the nerve. An endeavour was made to separate the mass from the nerve, and a considerable portion was removed, but at the cost of dividing one or two of the thick cords passing to the fingers. Ultimately a considerable portion of the mass was returned into the wound.

The wound, which was treated antiseptically, healed without the slightest trouble, and the boy left the hospital ten days after the operation. He attended from time to time, and beyond some slight numbness and anæsthesia in the thumb and index finger, suffered no ill effects from the operation. The numbness was less than had been anticipated, and confirmed the idea that the nerves cut were very much hypertrophied, and thus less important branches than they appeared to be.

*Remarks by Mr. GODLEE.*—The case is placed on record as one of considerable rarity and of difficult diagnosis. I confidently expected to find a lipoma beneath the palmar fascia, and am unaware of any previous record of a similar condition.

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MR. ERNEST HART has just issued his address to the electors of the Mile-end Division, and after promising to devote himself to all measures of Liberal reform, the candidate states that he intends to establish centres in the borough, so that he will be able personally to attend and answer all questions.



# Medical Times and Gazette.

SATURDAY, AUGUST 29, 1885.

THERE is little, if any, real diminution of the cholera in Spain as yet; the daily official returns do not often show fewer than 5,000 fresh cases or less than 1,500 deaths. During the first three weeks in August more than 100,000 cases were stated to have occurred, of which some 36,000 odd proved fatal. The epidemic appears to have been particularly severe in Granada, whence most pitiable details reach us. From 200 to 300 deaths are daily occurring there; in some streets as many as a hundred persons have been attacked in a single day, and sometimes everybody in a house has been carried off by the disease. At Marseilles the disease is steadily gaining ground, and in place of the twenty deaths a day which we had to chronicle a week ago there are now from sixty to seventy or more; the cases are said to be of a very malignant type, the stage of collapse supervening even before there has been any diarrhoea or vomiting. The arrangements for the admission of patients into the Pharo Hospital are exceedingly unsatisfactory, and much valuable time is wasted in complying with a lot of vexatious regulations before the unfortunate patient can be received into the hospital. The death-roll at Toulon is rapidly increasing. Dr. Ferrán, unabashed by the treatment he has received at the hands of the Paris Academy of Medicine, offered to place his services at the disposal of the Marseilles authorities a few days ago. There can be little doubt as to what the reply will be, though we have not yet heard that it has been actually given. Koch is sending a representative to Marseilles to carry on investigations.

WHEN will the French, Italians, and Spaniards learn that it is by cleanliness in their homes and streets, by better arrangements for the removal and disposal, not necessarily through sewers, of excreta and slops, and by purer water supplies, that cholera is to be kept at bay, and not by quarantines of a character to paralyse commerce, and sanitary cordons which have no other effect than to aggravate the misery of the poor? The climax of absurdity seems to have been reached when, in the height of the epidemic, while the towns of Andalusia are being decimated by cholera, a cordon is placed by the Spanish Government around Gibraltar, because a few cases have occurred there, evidently imported from the mainland, and when Italians denounce England as a standing danger to Europe for her neglect of quarantine at home.

BUT in each country a few voices have been raised on the side of common sense. In Portugal, Dr. Dacunha Bellem, who took so prominent a part in the Medical Congress in London in 1881, has spoken out

in no uncertain sound. In France, Dr. Daremberg, writing to the *Debats*, denies that the epidemic at Marseilles is the result of importation from Spain, pointing out that thousands of refugees have crossed the frontier without carrying the disease to Paris and other parts of France. Marseilles is by no means the most likely destination of such persons, though it might be of Italians, and it is beyond doubt that the present epidemic is but a resuscitation of that of last year. Imported then, cholera has found in that den of filth a congenial home. Dr. Brouardel, one of the most eminent and judicious of French sanitarians, has depicted the gross violation of every rule of health and decency in graphic language. Stagnant and pervious sewers in some parts, and open gutters doing the duty of sewers in others, polluted water, and pestilential odours. *Ex uno disce omnes*: he describes one house with 700 occupants, two staircases down the wells of which the lodgers from the fifth to the first floors throw all their refuse, even putrid fish, and the ejecta of the sick to form in the basement a seething hot-bed of putrefaction, which is only removed when it has attained the dimensions of an ordinary cart-load. The pail system, which works so well at Birmingham and others of our northern towns, would meet the evil pending the execution of proper sewerage works, if it did not render them superfluous. But it will scarcely be believed, the police regulations do already impose the use of pails and their daily removal by the scavenger on all houses unprovided with water-closets; the law exists, but householders and local authority alike are too apathetic to enforce it, so slops of all kinds, with solid as well as liquid excreta, are still poured out on the surface of the roadways under a hot autumnal sun!

IN Naples, efforts have been made to introduce a better water supply, the immunity from cholera enjoyed by Rome having been so clearly due to the purity of its waters, the only sanitary condition in which it had any advantage over other Italian cities. In all other respects Naples remains what it was last year. Improvement schemes were invited, and numerous plans sent in, but the Municipal Council were under the necessity of rejecting them one and all, since though drawn up regardless of cost, and calculated to make Naples one of the grandest cities in the world, they left out of consideration the poorest quarters, and those in which improvement was most needed.

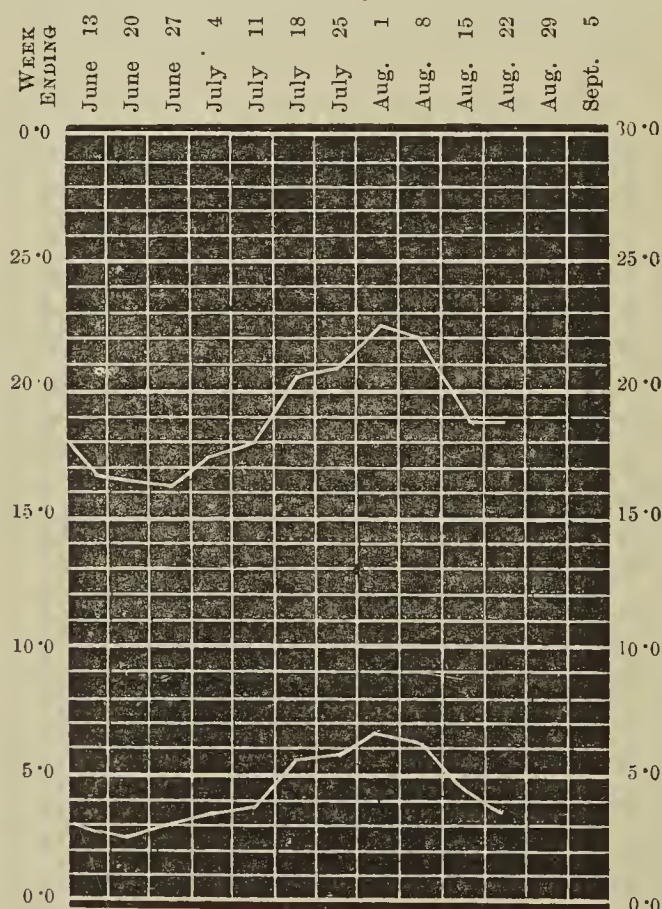
IN Liverpool grave anxiety is being maintained by the continuance of the dry weather. At this time last year the stock of water in the reservoirs amounted to two thousand million gallons. It is now only seven hundred and thirty million gallons. The average daily consumption in the city is nearly eighteen million gallons; and in consequence of the alarming prospect before them the Authorities decided on Monday to restrict the supply to six hours per day. It is to be hoped that this may prove the only serious inconvenience which the population may have to suffer; and that the warning which such a state of things embodies—one to which we have called fre-



quent attention—will not be allowed to pass unheeded by other places which may for the time being happen to be more fortunately situated.

It is somewhat remarkable that though the opponents of vaccination are loud in their assertion that in sanitary improvements we have the best or only protection against small-pox, Leicester, the head-quarters of their party, should year after year show a death-rate which is higher than that of any town of its size and population of like character, and highest at the very time of year when insanitary conditions come most into play in determining the mortality, though it cannot plead in extenuation a vast aggregation of the very poor as Glasgow and two or three other of our largest towns can with more or less justice. A week or two ago, we noticed that the death-rate of Leicester was no less than 32·2, a figure surpassed only in the lowest and poorest quarters of Salford, Manchester, Liverpool, and a few others, while that of Wolverhampton was only 13·2. As usual, it was to the deaths from diarrhoea in infancy that much of this was due, and if reform, like charity, begins at home, it behoves the Radical party, who in Leicester form a larger majority of the electors than they do in Birmingham itself, to bestir themselves in earnest, to put an end to this annual "slaughter of the innocents."

THE return of the Registrar-General for London last week, shows that there was one more death in the metropolis than during the previous week. The deaths under the head of zymotic diseases show a



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past eleven weeks.

very distinct fall, being in fact 94 below the corrected average. There were only 5 deaths from small-pox,

and the number of cases under treatment continues to decrease in a satisfactory manner. Whooping-cough caused 43 deaths and measles 38, scarlet fever and diphtheria reckoning 12 and 13 deaths respectively. The deaths from diarrhoea, which were 222 last week, fell to 163, being 50 below the average for the week. This, no doubt, may be attributed in great measure to the weather, the mean temperature for the week having been 58·2, the sun only putting in an appearance for some nineteen hours. The deaths of nine women were recorded as due to puerperal fever, and eight infants lost their lives through suffocation. Preston suffered the most severely of the 28 large towns from diarrhoea, 32 deaths being there recorded, which sent up the zymotic death-rate to 13·5; diarrhoea also proved very fatal at Liverpool, Birmingham, Sheffield, Manchester, and Salford.

THE return of the Registrar-General for England and Wales for the second quarter of this year shows a total of 132,202 deaths, giving a death-rate which is 0·9 below the average for this quarter in the preceding ten years. The highest county rate was reached in Northumberland, viz., 23·7; the lowest, viz., 14·8, was in Sussex. The death-rate in London was 19·3, whilst in Manchester it was 29·5, and in Newcastle 31·8. The mortality among infants under one year of age was 4·7 per cent. above the average. The deaths from measles reached the large total of 4,391, giving a death-rate which was 0·21 per 1,000 above the average, whilst, on the other hand, the deaths from scarlet fever only numbered 1,288, giving a rate 0·32 below the average. Of the 1,186 deaths registered from small-pox, 1,008 occurred in London or the immediate neighbourhood. The proportion of uncertified deaths was 3·4 per cent., whilst in Wales alone it was 8·6 per cent. In London this proportion was only 1·1 per cent., whilst in Hull and Halifax it was 6·3 and 6·4 per cent. respectively; in these calculations inquest cases are excluded. During the quarter under consideration the weather maintained an average level. The mean reading of the barometer was slightly below the average, whilst the mean temperature was a trifle above the average, and the rainfall was almost identical with the average amount. The total amount of sunshine recorded at Greenwich was 524 hours which exceeds the amount in any corresponding quarter on record.

FROM the return of the Registrar-General for Scotland for the second quarter of the present year we gather that the general death-rate was 19·3 per mille, a trifle below the average for the past ten years. It is worth noting as a curious coincidence that the death-rate in England and Wales during the quarter was also 19·3, whilst in Ireland, as we stated the other day, it was 20·5. The average daily number of deaths was 217 for April, 200 for May, and 203 for June. The reasons for this must probably have been accidental; at any rate, that the weather had nothing to do with it is proved by the fact that diseases of the respiratory system caused a somewhat larger number of deaths in May than in June. Moreover, May is described as having been cold, wet, windy, and afflicted with a barometric pressure only once before (in 1878) excelled



for lowness ; the mean temperature, too, was only once lower, viz., in 1869, whilst the number of rainy days has never, so it is stated, been equalled before in any month of May. June, on the other hand, was dry and windy with a high barometric pressure and very large barometric range ; the rainfall was only one-third of the average amount, and excepting last year was the smallest on record. A more careful examination indicates that the chief cause of the increased deaths lay in the zymotic diseases, including thereby diarrhoea and dysentery. Of the eight principal towns Glasgow heads the list with a general death-rate of 25.0 per 1,000, Paisley running it close with 24.8, whilst Leith has the lowest death-rate, viz., 15.5. Small-pox, we are glad to see, finds no place amongst the causes of death, whilst measles caused 204, scarlet-fever 74, and whooping-cough 290 deaths. There were 52 deaths from diphtheria and 59 from enteric fever during the quarter. We are glad to see that the plan has been adopted of furnishing some registrar's notes at the end of the report ; the only fact of interest we glean at present is that centenarians are far less common than in the sister isle, the death of only one being mentioned.

A REPORT has recently been made by Mr. R. D. R. Sweeting to the Local Government Board, in connection with the prevalence of diphtheria in the Farnham Registration District during 1884. This district, which includes the Aldershot Urban Sanitary District, has a total area of 41,215 acres, and sustained in 1881 a population of 40,395 persons. For the five years 1880 to 1884, the total deaths from the seven principal zymotic diseases numbered 447, and of these 114—or more than a fourth of the whole—were due to diphtheria : these again, almost all occurred in 1883 and 1884, the total deaths from this disease in the latter year being more than double those recorded in 1883. The drainage and other sanitary arrangements appear to be very defective throughout the whole district, and the sanitary by-laws are obsolete or inefficient. Cess-pits and privies of the worst construction, usually so placed as to make probable the contamination of the shallow surface wells on which a large proportion of the inhabitants depend for their water-supply ; drains, where such exist, often leaky, draining into open ditches and water-courses, and inadequately flushed, the use of the more imperfect form of hopper-closets—in many cases only hand-flushed ; a general absence of ventilation and traps to cess-pools, sinks, drains, and soil-pipes ; no sufficient provision for the removal of refuse and ashes, &c., and an inadequate water-supply constitute conditions which might be allowed to be favourable to the existence and spread of diphtheria, though the milk supply, and, generally speaking, school-influence are exonerated. Some of the defects mentioned are in process of being remedied. Mr. Sweeting considers that the local medical practitioners were both slow and reluctant to recognise the true nature and dangerous qualities of the throat disease with which they had to deal during the earlier period of the epidemic. In fact, 56 cases registered under such headings as “croup” and “laryngitis,” should be added to the total of 115 deaths from diphtheria

recorded during the five years 1880–84. No system of notification of disease was prescribed, and no provision was made for isolating the sick when the true nature of the malady had been at length made out. A partial exception to this statement must be made for the South Camp at Aldershot, where a hut is utilized for infectious cases, but its position (surrounded by other huts) is objectionable, and a more suitable site is now said to be in course of acquisition. The disease would appear, in the first instance, to have spread from the South Camp (whither it might of course, be easily introduced from any part of England) to the contiguous town of Aldershot, whence its extension into the surrounding district “was greatly facilitated by its extremely tardy recognition ; by utter absence of attempt at isolating the sick . . . and generally, by complete neglect on the part of the sanitary authority of any serious step to deal with the epidemic.”

RIPARIAN owners are proverbially bad neighbours ; the fact that the two ends of a bridge happen to belong to different states, has ere now been the starting point of an international quarrel ; and it is to be hoped that there are not many viaducts the two sides of which are in the hands of separate corporations, if the resulting complications are always so serious, and so tediously difficult of adjustment, as seems to have been the case in the matter of the now notorious Highgate Archway. The terrors of the neighbourhood were continuously exercised by the small urchins who were in the habit of choosing the ledges of its parapets for displaying their agility as precocious Blondins ; while as a resort of suicides it has rapidly attained a dismal fame second only to that of the Clifton Suspension Bridge, and from its greater accessibility has gained a much longer death-roll. For several years past, both the Hornsey Local Board and the Islington Vestry have been urged after every suicide from the Archway to take adequate measures for its protection ; and until a few months ago they had both declined to do so, on the ground, it is understood, that such measures would necessarily have the effect of “interfering with the view.” The suicides all took place from the Hornsey side, and ultimately the Hornsey Board agreed, “because of the danger of pedestrians on the lower road being struck by falling suicides,” to protect their side of the Archway, and the Islington Vestry was asked to co-operate by putting up an unclimbable railing on that side also. But this the Vestry, unmoved by the plea for uniformity, declined to do, reminding the Hornsey Board that the suicides had not been from their side of the arch at all. Then another suicide took place (there have been no less than five within the last eight months), and the Vestry reconsidered its decision. The Home Secretary also opportunely addressed a letter to the Clerk of the Islington Vestry asking to be informed what they proposed to do towards preventing the repetition of these catastrophes. Ultimately, a committee, after visiting the works in progress on the Hornsey side, recommended that a uniform railing should be erected upon both sides, the Hornsey authorities to carry out the work, and the Islington Vestry to pay one-third of



its cost, that being the proportion which Islington now pays, under agreement, towards keeping the Archway in repair. This will probably be accepted by the Vestry: though it seems that, in referring to this proposition, the Chairman of the Hornsey Board remarked that it would have to be seriously considered before the Board could accept it. We trust that the tender consideration already extended, on paper, to "the pedestrians on the lower road," will combine with some regard for architectural unity and the implied wishes of a paternal government to secure the neighbourhood against the perpetuation of a state of things which formed a serious reflection on the humanity of all concerned in its permission. The whole affair reads like some miserably tragic version of Tweedledum and Tweedledee. The Home Office is not without its value if it has awed the disputants into uniting for the protection of all classes of the way-faring public from the combined results of the laws of gravity and the eccentricities of suicidal mania.

A CORRESPONDENT calls attention to the large amount of harm which is often done by the exhibitions of needlework that are commonly held in connection with Church and National Girls' Schools during the earlier summer months. The stitching is often so fine, each stitch sometimes taking up but two threads of the delicate material, as to require very careful inspection for its recognition by adult eyes; and work of this kind must be prejudicial when carried on during the early years of life, when any tendency to ametropia is so easily increased and rendered permanent. As a matter of fact, girls of twelve or thirteen have been in the habit of sitting up until past midnight in order to complete their task in time; and not the least suggestive case is that of the exquisitely finished work of a youthful prize-winner of eleven, who was, however, excused from marking her exhibit "on account of bad eyes." It must be remembered that results of this kind imply long-continued labour in a more or less cramped position, and often under defective hygienic conditions, by young and growing children—in addition to the actual vision strain. Further, the children who engage most continuously in such work are the naturally delicate, quiet and industrious—those, in short, to whom more fresh air and exercise and less sedentary occupation are necessary. The responsibility of a competitive system which is cruel in its exercise and in its results out of all proportion to its usefulness or beauty, lies in the hands of the ladies who admire and require work of this kind at the hands of children, and who act as judges. Let them remember that the training which secures the highest success of this kind will not help a girl to be a better wife and mother, nor even a more useful nurse or lady's maid, if she has seriously impaired or spoilt her eyesight in the process. In the present day of sewing-machines Hood would probably not have been moved to write the "Song of the Shirt"; let us hope that it is nothing worse than want of thought which threatens to transfer an added burden from the woman to the yet weaker shoulders of the child, for we may then hope that the evil, once recognised, will not be allowed to continue.

SLEEPING draughts containing chloral hydrate are often prescribed with some alcoholic tincture or "concentrated infusion" as an adjuvant or flavouring agent. Under these circumstances it is usual for the mixture to separate into two layers after standing for some time. Mr. G. F. Markhoe, Professor of Chemistry in the Massachusetts College of Pharmacy, points out that this is due to the formation of chloral alcoholate in the place of the more soluble hydrate. Anhydrous chloral is a thin oily liquid which combines with water to form a crystalline hydrate, and which also combines with an equivalent of alcohol to form acicular crystals of chloral alcoholate which is much less soluble in water, has a more disagreeable taste, and acts more powerfully upon the system than the hydrate. The presence of the bromides of potassium or of sodium, or ammonium, while it does not appear to facilitate this decomposition, adds another element of risk; for if the solutions are at all concentrated, the separated chloral alcoholate rises to the surface of the liquid, and an overdose of the narcotic, more potent in quality as well as larger in quantity than was intended by the prescriber, may thus be administered to the patient.

MANY attempts have been made to overcome an almost fatal characteristic of iodoform—its disagreeable smell—without destroying the antiseptic virtues which it possesses. Surgeon-Major Oppler, of Strassburg, has just communicated to the *Centralblatt für Chirurgie* the results of some experiments in this sense, which seem to have solved the problem. He takes finely-ground coffee and mixes it with the iodoform in varying proportions; 30 per cent. of coffee almost neutralises the odour, while 40 to 50 per cent. completely destroys it. Mixed with iodoform ointment (1-10) in the same proportion, coffee quite deodorises it. A point of great importance is that coffee itself possesses great antiseptic power, and exerts no deleterious effect on the wounds. Thus, a smaller quantity of iodoform suffices, the disagreeable odour is abolished, and the occasional evil effects are done away with. Coffee has the power not only to arrest decomposition, but also to postpone it. Professor Lücke is of opinion that coffee-iodoform may answer well enough for outward applications, but that it is unsuited for the interior of wounds, as the coffee would be a foreign body and interfere with healing. The coffee, previously roasted, of course, must be ground into a very fine powder before the iodoform is added, and the two must then be intimately mixed. Time alone can decide whether this combination will secure a much-desired end; or whether, like peppermint oil, tonquin beans, tannin, peruvian balsam and other substances which have from time to time been tried, the iodoform will prove itself the stronger.

HOUSEHOLDERS can never afford to ignore the responsibilities which are entailed on them by the very advantages of modern sanitary methods. There are very few dwellings in which, at some point in their drainage system, the only provision against the "sewer ventilating itself into the house" consists in a water-seal two or three inches deep. The continual presence of a sufficient depth of water is entirely dependent



upon the regular use of the apparatus with which the trap is connected. If this sink, or closet, or lavatory basin, or whatever it be, remains unused for a comparatively short time during warm weather, the trap becomes unsealed by evaporation, or the seal, at all events, becomes so shallow, that it is insufficient to resist the pressure of sewer gas, which, rapidly bubbling through it into the house, soon completes its annihilation. In several instances which were observed towards the close of the two or three weeks of dry weather which prevailed in the earlier part of the year, cases of throat illness and of gastro-intestinal derangement were traced to this unsealing of lavatory and other traps thus defectively arranged, in houses which had been for a while comparatively empty; the diminished population had not been large enough, in fact, to keep all the sanitary appliances in regular and constant use. Of course, when the house drainage is arranged throughout on the best system, danger from this source is much reduced; and the weak points, which, it should be clearly understood must always exist somewhere, can be more effectually guarded. Most houses, however, fall far short of perfection in this respect; and it behoves the occupants to realise this and to act accordingly. While the family is away from home, care should be taken that all sinks, lavatories, closets, etc., and the outside traps and gullies beneath rain-water and bath-waste pipes, are periodically flushed with plenty of water at short intervals. When a house has been left shut up without a caretaker, or when about to inhabit a house which has been for some time unoccupied, it is even more necessary that similar precautions be observed for some days beforehand, while every door and window should be left open for as long as possible, in order to secure the beneficent disinfecting action of fresh air and sunlight. A good deal of the illness which is apt to prevail in the later autumn months might thus be avoided; and people would not so frequently be heard to complain that they and their families seem rather worse than better after the return from their holiday outing.

ANTI-VIVISECTION legislation in Germany has hitherto been of a mild and harmless type. Agitators have been temporarily stilled by the enforcement of regulations of a nominal character only. An edict lately issued in Austria, however, approaches the subject in a more vexatious manner, and enacts that experiments on living animals shall only be carried out in those medical institutes which have received the government license. Experiments in private laboratories are no longer to be permitted. Such a regulation does not by any means put a check upon the performance of experiments, but it does essentially interfere with the freedom of research which should be allowed to individual physiologists. Experimental research in other sciences than that of physiology is not of necessity precise and definite in the objects which it pursues, or in the methods employed by investigators. The most valuable lessons are taught by means of repeated failures, and there are probably many pioneers of scientific advancement now living, who, if compelled to carry on their researches in

public, would have shrunk before the temporary obloquy which such a series of failures might entail, and who would hence have never given to the world the results of their genius. Fortunately, it is out of the power of sensational legislation to bar the advance of knowledge altogether, and although the experimental physiologist is hampered by fanciful restrictions on every hand, the good sense of students and teachers may be safely trusted so to comply with the letter of the law that the onward progress of science shall not suffer.

WE hear that Jæger's chair of ophthalmic surgery in Vienna is likely to be given to Professor Fuchs, of Liège.

IN an age which is everywhere supplanting nature by art it is remarkable that infants are still allowed to enter the world after the old-fashioned inconvenient and painful method. It is a reproach to the profession that the remedy is to come from outside its ranks. The inventor of the "Human Parturient Machine," which is already provisionally protected, has been struck by the difficulty of child-birth amongst the women of northern countries as compared with the sisters of Southern Italy and of tropical Africa. Confessedly lacking data to decide whether this difference is one of race, he finds sufficient evidence that it is largely dependent upon temperature. Also, since an unusually rapid and painless premature delivery occurred in a captive balloon one very hot afternoon during the last Paris Exposition, it is obvious that atmospheric pressure is an important, though hitherto neglected factor. Mr. John Bland therefore proposes to encase the lower part of the body of the parturient female in a strong air-tight box, filled with a hot-water cushion, two panes of glass, a thermometer, a manometer, and an air-pump. The hot water will secure a temperature "a few degrees above that of the interior of the womb." The air-pump is to effect "the reduction or entire removal of the pressure of the atmosphere" on the approach of a pain. The glass windows will afford facilities for watching the progress of events. Amidst other ingenious contrivances, too numerous to specify, provision is also made for filling the interior of the machine with gas or "with vapour of a composition similar to that used in the Ammoniaphone," or with an anæsthetic. "My machine," says the inventor, "is an attempt to surround the woman in labour with all the conditions most favourable to easy parturition. But," he adds, with a modesty not always found amongst inventors in our ranks, "as I am not a medical man, and as I have never even seen a birth, it is quite possible that I have omitted something essential." Perhaps he has. But beyond suggesting some further consideration of the principles of pneumato-dynamics before putting the machine into the market, we would only hazard the remark that the project does not appear to have been conceived quite in the same spirit in which the chemist's assistant labelled the mixture prescribed *pro re nata*—"For the thing that is born." Some consideration is due to the infant whom it is proposed to seduce into a torrid vacuum.



PROFESSOR HUMPHRY, in his oration before the Medical Society a few weeks ago, which has just appeared in a separate form, spoke very plainly upon the subject of gratuitous hospital work. "I must express the feeling," he said, "that it is not right or just that in this the wealthiest city the world has ever seen, and in this very wealthy land, so much of the time and energies—the best time and energies—of many of the younger members of our profession should be devoted to attendance upon out-patients of hospitals, and that so much of the time of a far larger number of the profession should be employed in the onerous and anxious duties of the poor law service with such an inadequate remuneration. For the sake of all concerned, reform is needed here." As regards the poor law service, there can be little doubt that these words of Professor Humphry's will meet with the emphatic approval of the profession. But the case of the hospital officers is a little different. We are met at once with an overwhelming financial difficulty. A man generally spends some ten or twelve years after entering as a medical student before he is elected on a hospital staff; his remuneration, therefore, if he is to be paid for his services, could not well be less than say 150*l.* a-year, with a possible rise to 400*l.* The full physician or surgeon must, of course, be paid in like proportion, and his salary, therefore, would range from 500*l.* a-year onwards. It is needless to say that none of the hospitals dependent upon voluntary contributions could for one moment entertain the idea of paying their honorary officers at even one-tenth of this rate. So long as our hospitals are supported solely by charity, and so long as the patients are treated free of expense, we believe that the medical officers must be willing to give their services gratuitously, and be content to accept as their reward the opportunity of being useful in their day and generation, both as regards the immediate relief they afford to their patients, and the share they may have in the great work of advancing knowledge.

THE news of the death of Dr. J. R. Wardell, F.R.C.P., at Brighton, on Friday last, after a very brief illness, will have been received by all who had the good fortune to know him with feelings of the deepest regret. Born at Pickering, in Yorkshire, Dr. Wardell was educated at a private school in Doncaster, and subsequently at the University of Edinburgh, taking his M.D. degree there in 1844. After having filled the posts of Assistant Pathologist and Resident Physician to the Royal Infirmary at his Alma Mater, he came to London and offered himself for a post at one of the leading schools. Failing, however, to obtain it, he settled down to practise as a pure physician in Tunbridge Wells. Here he rapidly gained the esteem and regard not only of his patients, but of his brother practitioners, to whom his quiet unobtrusive life and his kindly disposition naturally endeared him. Dr. Wardell was for many years on the staff of the Tunbridge Wells General Hospital, and at the time of his death was consulting physician to that institution. Of his numerous contributions to medical journals and periodicals, those on relapsing fever and the signs and treatment of pleurisy are widely and deservedly known;

he will also be remembered as the writer of the article on hypertrophy of the heart in Quain's "Dictionary of Medicine." Acting upon the advice of some of his best friends, he decided on retiring from active professional work to collect together some of his papers, and the result was a volume entitled "Contributions to Pathology and the Practice of Medicine," which was only just out of the publisher's hands when he was seized with his fatal illness. He died at the age of 65 years from acute jaundice, notwithstanding the most assiduous attention of his life-long friend, Dr. Withers Moore.

FROM the most recent American papers that have reached us, we learn that Sir James Paget and Sir William MacCormac do not fail to realise the gravity of the situation in America as regards the prospects of the Washington Congress. Private letters from them to friends across the water have been published, in which they strongly condemn the proposal to place restrictions upon those who wish to become members of the Congress. Sir James Paget goes further and adds his conviction that there will be few visitors from this country, if the arrangements as now proposed are carried into effect. Let us hope that this strong expression of opinion on the part of the President and Secretary of the great Congress of 1881, will succeed in bringing those who have assumed the management of the Congress of 1887 to their senses.

#### MEDICAL LYING.

THE Bishop of Carlisle, in his manly vindication of political veracity, has conceded to the medical profession a dispensation as regards truthfulness which it neither desires nor needs. "It is held," he says, in his letter to the *Times*, "and not unreasonably, that a medical man in certain critical cases may deceive his patient"; upon which we can only remark that cases sufficiently critical to justify any resort to deception have never fallen under our observation, and that it is a well-understood principle in the profession that a falsehood is never under any circumstances justifiable. We may go as far as to assert that a medical man, worthy of his calling, may pass a long and active life without once experiencing any difficulty in reconciling his professional duty to his sense of right, or any temptation to deviate from strict fact by a hair's breadth. That deep-rooted and instinctive principle of veracity in the human mind, planted there as some maintain by supernatural power, evolved there as others would have us believe by the observation through countless generations of the absolute and inexorable truthfulness of Nature in all her dealings, is fortified in medical men by their studies, which constantly bring before them the connection between error and misery and rectitude and well-being, and by their work also, which can only be successfully conducted on the basis of complete sincerity in the mutual communications between them and their patients. They become deeply convinced, not only of the moral dignity, but of the practical utility of truth. We recall a somewhat cynical epitaph on a man who, in the days before the invention of the ballot-box, had evidently anticipated



the advice now given by spiritual guides to our agricultural labourers, and which was to this effect :

"Truth is indigenous in some,  
In others it will scarce take root,  
But he would never tell a lie  
Unless he fancied it would suit."

But the verdict of the medical profession will be that even this cautious and discriminating fabricator was sadly at fault, and that a lie never does suit. It would, we imagine, be inclined to dispute Paley's famous dictum, that there can possibly be occasions when a man is not bound to speak the truth, and dispose of his constantly quoted illustration, by pointing out that if it were a universally understood rule, that a promise made by a man to a robber holding a pistol to his head is not binding, then no robber would think it worth while to exact promises under such circumstances. All robbers would then take more effectual guarantees for silence, and instead of holding a pistol to the head, put a bullet through the brains. And so with medical men, it is obvious that were it currently received that they are justified in deceiving in critical cases, as the Bishop of Carlisle opines, critical cases would have nothing to do with them, for sick men seek foresight and relief, and not dissolving views and expensive placebos. Any individual medical man who acquired a reputation for being skilfully deceptive in critical cases, would speedily lose not only his character, but his practice.

It is only, we presume, with reference to prognosis or predictions as to the issue of an illness that any question as to the justifiableness of deception by a medical man can possibly arise, and here there seems to be confusion between deception and professional reserve. A medical man, although bound to speak nothing but the truth to his patient, is not bound to speak the whole truth. To do so would often be impossible owing to the patient's ignorance, or undesirable owing to his temperament, and when a doctor sees that his forecasts would be misunderstood, or exert a prejudicial effect, he is perfectly entitled to keep them to himself. Even when directly challenged by a patient under such circumstances, he is in ninety-nine cases out of a hundred entitled to decline to answer, or to evade the question without creating any deceptive impression thereby, or to place before his challenger in guarded language the most favourable of several views that are present to his mind even although that view may not be the one which he is himself most disposed to adopt. A practitioner must allow for the personal equation in himself as well as in his patient, and recognising the restorative power of hopefulness, must not depress and perhaps injure the latter by his forebodings, which may be the offspring as much of a lugubrious and anxious disposition as of reasonable calculation. It is to be recollected that in prognosis medical men are dealing, not with accomplished facts, but with anticipations more or less uncertain, and that the real difficulty which they experience is not to deceive their patients but to convince themselves.

"Our very fears belied our hopes,  
Our hopes our fears belied."

Patients who seemed foredoomed to death recover miraculously, and those who were pronounced con-

valescent droop and die, so that extreme caution is necessary in medical prophecy, and culpability would attach to any medical man who gave premature or exaggerated expression to his own apprehensions. No doubt as medical science advances our power of precise prediction is increasing vastly, but with this our power of affording relief is also increasing, so that the cases in which a practitioner is confronted with the difficulty supposed by the Bishop of Carlisle are not of more frequent occurrence than they were. And when that difficulty does arise, when a case occurs in which prognosis seems certain, and in which a knowledge of that prognosis would in all likelihood be injurious, the medical man has simply to choose between two courses. He has either to decline to say anything or to tell the truth. He need never deceive by word or deed. And in a large majority of cases of this kind a candid statement of the truth is best. To that candid statement the patient, if of mature years and sound mind, is almost invariably entitled if he directly demands it, for it is what he is actually purchasing of his medical advisers. And by that candid statement he is often far less injuriously affected than it was imagined he would be. Sometimes it positively does him good. Under a knowledge of the inevitable, he becomes tranquil to a degree that was impossible while he was harassed by alternating hopes and fears, and instead of his days being shortened they are actually prolonged by the announcement which was made perhaps with so much dread and reluctance.

Honesty is the best policy in the long run in medicine as in all other branches of human affairs, and we are confident that the Bishop of Carlisle will not find in our profession anyone inculcating the sacred duty of lying either at the ballot-box or at the bedside.

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#### THE REPORT OF THE COMMISSIONERS IN LUNACY FOR 1884.

THE thirty-ninth report of the Commissioners in Lunacy forms a bulky tome, the greater part of which is as usual composed of statistical tables and voluminous appendices. It might have been expected, in view of the recent agitation in the public press and the threatened reform in the Houses of Parliament, that some allusion would have been made to the impending changes in the constitution of their own body as well as in regard to the lunacy laws generally; changes, moreover, which were more imminent when this report was being drawn up than they are at the present moment. But there is no mention of them. This is the more extraordinary, as at the time the report was presented, the Government had expressed pretty plainly their intention of endeavouring to pass Lord Selborne's Bill, which was then before the House of Lords. Nevertheless, the fact remains that there is nowhere in the Report any expression of a feeling of "morituri te salutant."

On the first of January this year, there was a grand total of 79,704 insane patients, of which 7,751 were classed as private patients, 71,215 as paupers, and 738 as criminals. The grand total represents an increase



over last year's return of 1,176, which is an increase very considerably less than in any recent year. The question might very fairly be asked, does this represent an actual increase in insanity? are we as a nation gradually presenting a larger proportion of insane persons? or is it merely that cases are now brought to light which in former years were not heard of? It would seem that the latter is the more true explanation, for we find that last year there was an actual decrease of 74 amongst the private lunatics, and of 6 amongst the criminal lunatics, and an increase of 1,256 pauper lunatics which was almost wholly due to the transfer of large numbers of this class from the workhouses in Lancashire to the Asylums. On the whole, the ratio of fresh admissions to population for 1884 is brought down to 4.95 per 10,000, which it is satisfactory to note is a lower ratio than has prevailed for the last ten years. The total proportion of lunatics to population at the end of last year was 28.98 per 10,000. In the thirty-eight statistical tables which they have embodied in their report the Commissioners endeavour to give all possible information respecting those under their care both as regards their numbers, calling, age and sex, state of life whether single or otherwise, the form of the malady, suicidal tendencies, &c. A careful analysis of the tables relating to the occupations of the patients would afford ample material for reflection for those who find time hanging heavily on their hands. Our own profession, as is well known, contributes largely to the ranks of the insane, and accordingly we find that about 1 in 700 of all the physicians and surgeons are insane, and the proportion of clergy is much the same, whilst that of barristers and solicitors is even higher still, about 1 in 500. But the most startling fact that a perusal of these statistics has revealed is the effect of the practice of the medical art on the female mind. At the census in 1881, there were 25 female practitioners, though doubtless the numbers have increased considerably since then. During the five years 1880-4, 8 were admitted as patients, and at the end of the latter year 3 remained under treatment. Should these statistics be corroborated by subsequent experience, the insanity of this class will become proverbial. The admissions during 1884 included 6,752 cases of mania, 3,587 of melancholia, 2,362 of dementia, 760 congenital cases, and 847 not classified under any of the above heads. Excluding the congenital cases, we have a total of 13,548, of which number 9,054 represented a first attack of insanity.

We hope that whenever the changes in the Lunacy Acts are made the new Board will have more power to enforce its recommendations than the present one has, for we note that it is stated that "the question of asylum accommodation for the County and Borough of Cambridge and the Isle of Ely remains in a very unsatisfactory state; the asylum is crowded, patients are boarded out, yet the Committee of Visitors do not appear to be alive to the necessity of active measures." If the Commissioners have really not more power than to make a feeble remonstrance of this kind, there is imperative need for reform. The particulars are given of the eighteen cases of suicide that have occurred during the year, all of which probably, and certainly most of them, would have been prevented by more

efficient supervision; it is but just to the medical officers in charge to add that in several instances they had given special injunctions in reference to those particular patients, but that their orders had been disregarded. The case of feigned lunacy which occurred a year ago, by which a young man was admitted into one of the metropolitan licensed houses and afterwards wrote a highly-coloured description of his experiences in an evening contemporary, was investigated by the Commissioners. They found that all his charges were more or less exaggerations, and that they were not sufficiently substantiated to justify them in taking criminal proceedings. An attendant who had been charged in the letter with "boisterous fun" was called upon to resign and left. The report concludes with a brief reference to some prosecutions for breaches of the Lunacy Acts, with the results of which the Commissioners with good reason were not wholly satisfied.

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#### REGULAR HOURS FOR THE PRACTITIONER.

THERE are two errors which still flourish largely in the popular mind with regard to illness. One is, that medical men object to being called in to cases of trifling indisposition; and the other, that the doctor is of most use when the disease is at its worst. Add to these a flavouring of irresolution, and a little false shame and falser economy, with that pseudo-patience which prefers to "wait and see," rather than to act and know, and we have the explanation of the frequent neglect of valuable opportunities by our patients, and of much of the irregularity and uncertainty which makes our daily labours needlessly harassing. There are few practitioners who have their calling and the interests of their patients really at heart, who would not welcome a change in popular sentiment which might lead to their being summoned thrice on account of ailments quite amenable to simple domestic treatment, if, on the fourth occasion, their opportune arrival enabled them to avert a really threatened illness, or—as in the case of infectious disease—to take timely measures for the effective isolation of the sufferer. For the wise man knows, and even the unwise are made in time to feel, that its so-called trifles are the really important things of life—a truth which the apostles of preventive medicine are never weary of expounding. As to their art being of most use when the need of it *seems* greatest—when the neglected chill has developed a rheumatic carditis, or the unheeded fall has been followed by cerebral inflammation—they know that the truth is really the other way; that the greatest and most beneficent achievements of medicine and surgery are those which make least noise and attract least notice, because they consist in preventing changes rather than in undoing or in staying changes already effected. For the first mistake, medical men have themselves to blame to some extent; it is not rare for them to pooh-pooh passing ailments, and to complain that they have been called in needlessly. For the second, the public is chiefly responsible, but with much excuse, for in the height of illness, the doctor's is the only human aid available; and the consideration that he may and



often does do much to alleviate and to cure, obscures the fact that by simple precautions taken at the proper time, the danger and the suffering might have been avoided altogether. How many cases does the general practitioner know of, where slight illness complained of in the morning, has been borne throughout the day under the impression that it would pass off, or that if it got worse the doctor could be sent for, until as evening sets in, the advent of more urgent symptoms, and the prospect of a night of suffering unrelieved, terrify the patient or his friends into sending an urgent and immediate summons for the doctor, who now finds the patient past the point at which abortive treatment might have proved successful. It will be granted, then, that in the vast majority of cases it is to the patient's real and substantial benefit to consult his medical adviser on the earliest indications of even slight ill-health. With the wider dissemination of hygienic truths, and of the principles of preventive medicine, this rule is one which people would soon learn to follow in a reasonable spirit and with greatly increased advantage to both patient and practitioner. The latter—in whose interest, indeed, this is chiefly written—would find his work more in hand; he would feel that he was doing more for his patients than they would let him do before; he would find himself less driven towards the close of his day's work, would have less of the wearying night and late evening calls; and would thus be enabled to arrange for work and leisure in something like orderly sequence.

Surely such a change would be welcomed by the thousands of hard-working men, whose leisure is now practically useless to them, because it is cut up into separate quarters of an hour or so, and distributed hap-hazard throughout the day. There are plenty of men whose abilities rust and wither simply because they have not time to keep them polished and well exercised. What chance has such a man of doing continuous work with the microscope or in pathology for instance, so long as each of his patients knows that he can send for him at any time of the day or night, and that kindness, self interest, and custom will combine to secure a rapid response to the summons? All honour to the few whose dread-nought energy enables them still to keep some old hobby, some scientific pet, above the distracting currents of their daily avocation; but do not forget the many others who would have done as much if the trial had been a little less severe. Too often, as matters stand, it is only when a position and a competency have been won—and when youth's enthusiasm has paled its ineffectual fires amid grey hairs and presbyopia, when what was the special knowledge of the young man has grown antiquated or obsolete, when the hands have lost something of their cunning, and the mind something of its method—that leisure comes, or can be commanded, too late to be utilised.

If medical men would exercise something of the independence which is naturally assumed by the other professions, they would do much to lessen these evils, benefiting at the same time both their patients and themselves. Birth and death are not matters of human decree; accident and disease do not regard the clock-hands; time and season wait no man's appeal.

Yet there are numberless matters which might perfectly well be relegated to certain hours, but which are now done at any time that suits the fears, the fancy, or the convenience of their patients, merely because medical men allow themselves to be thus made use of. What we plead for is the establishment, as far as is possible, of more regular hours in the now too-extended working day of the general practitioner. Let it be clearly and generally understood that home patients can only be seen within certain fixed hours; and that a call away from home between certain hours in the evening and the early morning will entail a certain substantial increase in the fee; and we believe that the public would after a while, not only acquiesce and work with such a system, but would find that it redounded very considerably to their own comfort and material advantage. With certain special exceptions, such as those already alluded to, the patient would not only know when and where to find his doctor, but would be induced to seek his aid as early as possible, that is at the very time when it is of the greatest value; while the doctor would know when to expect his patients, and when he might reckon upon the leisure which could thus be better utilised to their benefit and to his own. That leisure he might plead for, not merely as some recognition of deserving toil ungrudgingly given and too often inadequately rewarded, not merely as one clause in a bargain for which he might fairly stipulate, nor as a bare necessity of existence, but as something essential to the best interests of all concerned. The system which our Transatlantic brethren have established in their large towns to the mutual interest of their patients and themselves, might fairly be accepted by us here. The only real obstacle lies in the promptings of a sordid self-interest and an unwillingness to work together for the common good on the part of certain members of the profession. Should this be allowed to triumph, and will their patients short-sightedly abet it?

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## ESSAYS ON MEDICAL CLASSICS.

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### X.—CONOLLY.

JOHN CONOLLY, whose services in connection with the rational treatment of insanity are still held in grateful remembrance, did not enter the profession till comparatively late in life. Born in 1794, at Market Rusen, he served as a militia officer for five or six years before he finally commenced the study of medicine at Edinburgh in 1818. His attention, however, had already been turned towards the subject of insanity by a visit to the Asylum at Glasgow when a boy; the impression thus made was subsequently deepened by the writings of Pinel and Tuke, and he chose insanity as the subject of his inaugural dissertation on taking his degree. Fixing on Chichester as his first field of work, he made the friendship of Sir John Forbes, who had just settled in practice there. The fact is important, as it served to introduce Conolly to literary work; for when, shortly after, Forbes founded the *British and Foreign Medico-Chirurgical Review*, Conolly became one of his most able contributors. Chichester, however, was soon left for Stratford, where Conolly passed some of the



happiest years of his life, busily engaged in private practice and in writing medical articles for Sir John Forbes' Review and for the "Cyclopædia of Practical Medicine" and articles on popular science for Lord Brougham. He seems also to have held the post of Inspecting Physician to the Lunatic Houses in the County of Warwick. In 1827 the Professorship of Medicine at the Institution now known as University College, London, was offered to him through the instrumentality of Lord Brougham; he accepted the post, but only held it for four years. He found a London life uncongenial to him, and, throwing up his appointment, returned to practice at Warwick. While in London he wished to give a course of clinical lectures on insanity, but his offer was declined, although of regular teaching on the subject there was then none. From the time of the opening of the large asylum at Hanwell, in 1831, he cherished the ambition of undertaking its management, and in 1839, on the post becoming vacant, he realized his desire. For the ten years that he held it he was most active and vigilant in performing his duties and in carrying out his plans of reform. For three years after ceasing to be Resident Physician, he held the appointment of Visiting Physician, but in 1852 his connection with the Hanwell Asylum practically ceased, and he henceforth confined himself to consulting practice. A few years later he had a slight apoplectic attack; his health and mental energy began to fail, and he died very soon after a second seizure in 1867. He helped to establish the British Medical and the Medico-Psychological Associations, and was one of the chief founders in 1847 of the Idiot Asylum, the second institution of its kind in England, now permanently established at Earlswood. His attempts to found a lunatic asylum in Middlesex for the middle classes were fruitless, but he subsequently succeeded in establishing one at Coton Hill, Stafford.

Conolly was well-known and highly honoured abroad as well as at home, and the University of Oxford bestowed on him the honorary degree of D.C.L. He had great natural talents, a calm philosophical temper, and a mind of high culture. Many distinguished men who knew him well, including his biographer, Sir James Clark, have borne witness to the charm of his personal character: he was cheerful and amiable, courteous and conciliatory in manner, and a true philanthropist, ever ready to take an active part in schemes of social improvement. He gained alike the love of his patients and the esteem of the profession. These qualities, combined with his strong convictions, fervent enthusiasm, and tenacity in carrying out his purposes, served to fit him pre-eminently for the task he set himself. His success in that work has won him a name that will last for ever in the closely linked histories of humanity and medicine, as that of the man who struck the heaviest blow against the old barbarous method of treating the insane, and who, in England, gave at once the strongest impulse to reform and the first pattern of the more enlightened treatment now theoretically, if not practically, in universal use. Though standing among the leading promoters of the reform he was not the first to bring it about. The change was very many years in progress,

and was effected but slowly and by degrees. The first steps were taken, as we have recently been reminded, by Pinel, who, at the Bicêtre in Paris, in 1793, released many patients from the chains by which they were constantly confined, an action realistically commemorated in the statue just erected to him. Pinel's action was followed up almost immediately by William Tuke in England, and the first stage in the reform may be said to close with the opening of the York Retreat in 1796. About this time, and soon after, many attempts were made, hesitatingly and on a small scale, to do away with mechanical restraints. Many large asylums were also erected in England, in a few of which there was some improvement on the old plan, but it was at Lincoln Asylum that mechanical restraints were first totally abolished. In 1821 Dr. Charlesworth, the Visiting Physician, first had his attention drawn to the injurious effect of restraint, and Mr. Gardiner Hill, the Medical Officer, suggested and carried out their abolition; so that he was able in 1838 to report that, so far as he was concerned, they had fallen into complete disuse.

Sir William Ellis, who resigned the superintendency of Hanwell in 1837, still used various appliances of confinement and coercion, though he introduced from Wakefield the practice of employing those patients who were able to work; but Dr. Millengen, who succeeded him, evinced no desire for reform. When Conolly was appointed in 1839, he had seen the milder treatment in use at Lincoln Asylum, and in after years he publicly acknowledged his obligations for what he had learnt there. Thus he came to Hanwell with the settled idea already in his mind that complete non-restraint was practicable, and he started with the firm intention of carrying it out. On his appointment he found 40 out of 800 patients under restraint; four months later the limbs of all were free. Though he encountered much opposition and misrepresentation, he was loyally supported by the magistrates who formed the Asylum Committee. Chiefly to give confidence to the attendants he often employed temporary seclusion for violent patients, but he never abused the practice. He found, as he had been led to expect, that greater supervision, together with occasional seclusion in the place of mechanical restraints, were followed by increased tranquillity and diminished danger. He states that he himself never received a blow all the time he was at Hanwell, that under the changed *régime* cases of furious mania became quite rare, and the improvements in the tranquillity and order, of the male epileptic wards in particular, since the change was almost inconceivable.

Thus, though he was not the first to dispense invariably with the means of restraint, he *was* the first to do so on a large scale. But in Conolly's mind, the phrase "non-restraint" meant a great deal more than the simple removal of chains, coercion chairs and strait-waistcoats. This was only the preface; the complete scheme went much further. To use his own words, "Non-restraint includes relief of the mind from the restraints of severity and unkindness, and the perfect protection from all neglect, and a never-failing attention to every particular that can remove mental excitement and prevent its return." To



carry out this ideal required much energy, but in the end it was accomplished. Conolly insisted that insane patients should be constantly watched by competent attendants, and treated invariably with patience, kindness, and gentleness; that asylums should be well-built, well-warmed, and well-ventilated, and kept scrupulously clean; that the inmates should be properly clothed, should have good, sufficient and regular meals, and that proper exercise (in the fullest sense of the term) and amusement should be provided for all who could be benefited by them. He was thus the first to organise a large asylum on the modern plan; his experiment was attended with convincing success, and there has been little need since of departing from the lines he laid down. In one or two small points, he perhaps carried non-interference rather too far; for instance, he was very averse to forcible feeding, and says (in 1846) that for four years he had not resorted to it at all, so that it is not improbable he may have omitted it on occasions when it was indispensable in the interests of the patients. With all his success he was not ostentatious, though with a just pride he said: "I feel grateful to God, who has entrusted me with duties that an angel might stoop to perform."

An adequate idea of what he did and of the views he held on the subject which most interested him, can be best obtained by a perusal of the writings he has left. He was equally eloquent with his tongue and his pen, and there could have been no better exponent of the doctrines he was anxious to make public. The subject is always one of the greatest interest, but it must of necessity appear to the most advantage when dealt with by the enthusiastic originator of the movement at the very time when it was being most actively and successfully carried out. The following are his works:—(1) *An Enquiry into the Indications of Insanity* (1830); (2) *On the Construction of Lunatic Asylums* (1847, reprinted from the *Lancet* of 1846); (3) *The Treatment of the Insane* (1853), with the annual reports of Hanwell Asylum while in his charge; (4) *Croonian Lectures* (1849); (5) *Study of the Play and Character of Hamlet* (1860); besides *Clinical Lectures on Insanity* (*Lancet*, 1845-6); *Recollections of Insanity* (*Medical Times and Gazette*, 1862); various papers in the *British and Foreign Medico-Chirurgical Review*, and *Journal of Mental Science*; some articles in the *Cyclopædia of Practical Medicine*, and a few small volumes published by the Society for the Diffusion of Useful Knowledge. His works on the construction of Lunatic Asylums and the Treatment of the Insane contain full details of his work at Hanwell Asylum; the smallest particulars that are of so much importance in the management of a large asylum are not overlooked, and all his remarks will be read with equal pleasure and profit by those who are familiar with asylum life, and by those who desire to obtain some acquaintance with it.

The "Enquiry into the Indications of Insanity," his *magnum opus*, is a charming specimen of elegant and refined English literature, and may be read more as a relaxation than as a study. Full of sound psychology, it has more in common with the classical periodical essays of the last century than with the tendencies to

excessive abstraction and analysis that have since come into vogue. The style is clear and dignified, the divisions of the mind and the terms used are exceedingly simple and practical, all pedantry and over-refinement being carefully avoided. Mental diseases more than any other department of medicine adapt themselves to literary handling. The author was anxious that insanity should be regarded as a natural phenomenon just like other diseases. He said, "Correct views of insanity are only to be obtained by a wider range of observation of the peculiarities of the mind than has commonly been thought necessary." So as the indications of insanity are chiefly shown by perversions of the intellect, he devotes most of his enquiry to an investigation of the nature of the intellect, and the way in which it operates. "Whoever aspires to anything like certainty of diagnosis, or to an enlightened treatment of insanity, and not merely as a trade, must at least make it the subject of careful study no less than disorders of any other part of the human economy." He first discusses the sound mind, defining sanity as "that condition by which an individual is enabled to judge well and to act well in all ordinary emergencies." After resolving it into its several faculties, he comes to the conclusion that insanity is due to an "impairment of one or more of these, accompanied with or inducing a defect of the comparative faculty"—a term that will be familiar to readers of Sir W. Hamilton's lectures. This definition of insanity is arrived at by analysing several cases which had deeply impressed him. Then follow chapters on "Inequalities of the Understanding which do not amount to Insanity"; "The Influence of various Stimuli"; and "The Modification of Intellectual Power and Activity by Disease." Many remarks attract attention, e.g.: "Accurate comparison, imagination and good memory are the great instruments by which greater intellects act on the mass of their fellow-creatures." "Education can give equality in the acquisition of the knowledge of other men; but the knowledge which has been said to be power, comprehends what cannot be taught, and what very few attain of themselves." In the final chapter on the "Duties of Medical Men," he lays down strict injunctions against confining patients in an asylum simply on the grounds of insanity, without considering whether they are dangerous to themselves or others.

The essay on "Hamlet" is a good piece of criticism, though it is not necessary to accept his conclusion that the subject of it was mad; for on a matter so much discussed, every one forms his own opinion. His descriptions of insanity in the Croonian Lectures and at greater length in the Clinical lectures reported in the *Lancet*, are, as pictures, most vivid and accurate. With the improved accommodation of lunatics, their habits and peculiarities could be better and more conveniently watched, and Conolly's descriptions are almost as complete and as exact as any that have appeared since. He gives his opinion of the value of the various kinds of ordinary medical treatment which he had fairly tried, but he continually demonstrates that no means are so efficacious in restoring sanity as the system of mental treatment of which he was the apostle.

N. H.



## REVIEWS AND NOTICES OF BOOKS.

*Pathological Mycology: An enquiry into the Ætiology of Infective Diseases*; by SIMS WOODHEAD, M.D., and A. W. HARE, M.B. Pp. 119, with two Appendices and sixty illustrations. Edinburgh: Young J. Pentland, 1885.—The authors of this little volume on micro-organisms have done a very great service in prefacing their work with the bold statement that the methods of research for micro-organisms are "extremely simple." Yet the impression is widely spread and deeply fixed that some very special training is required for the examination and cultivation of bacilli, micrococci, &c. We are certainly not aware that investigation of and for these differs very materially from that of any other form of research connected with pathology in requiring more manipulative skill. As a matter of fact, less manipulative skill is required than in the ordinary processes of histology. Certainly care is needful; but beyond that there is nothing very abstruse, and as care is a principal ingredient in the mixture known as success, it is not very wonderful that this universal requisite must have its usual share in a successful examination for micro-organisms. Yet if we were to believe some persons, nothing short of a few days residence in a continental town can impart the necessary afflatus, without which, to become a mycological expert, is a sheer impossibility. We have known men with the average amount of intelligence who have become suddenly infected with this microbial malady. The symptoms of this disease are, in the first place, the sudden disappearance of a person of ordinary modesty, and in the usual condition of average intelligence. After a period of one or two weeks he makes a sudden reappearance in his accustomed haunts; but now his features wear the self-conscious smile of superiority, and he becomes almost transfigured as he imparts the awe-inspiring revelation that he has been to Mycenæ, and that Agamemnon, who received him with great distinction, gave him a room to himself. Now, though we desire to express a very favourable opinion of this work, we cannot refrain from pointing out that though the authors state their endeavour has been "to place succinctly before the reader the methods employed in the examination and cultivation of micro-organisms, especially of those that are supposed to have any relation to disease, yet, their about-nothing-in-particular-and-everything-in-general introduction to the study of bacteriology occupies quite a fourth of the letter-press. It is that kind of work which nobody ever reads except, perhaps, the unfortunate reviewer, and which is usually known as padding. In this connection we may refer to the illustrations, which are on the whole very good, but in some directions are scarcely numerous enough, while in others—as, for example, division and inoculation of sterilised media—they are over-abundant. This might be termed padding by illustration. With regard to the text, we do not think it is as clear in all places as it might be, and we should like to ascertain the exact meaning of the opening sentence of paragraph 32, on page 46. This runs as follows:—"In many cases it is necessary to stain micro-organisms, as they exist in fluids which contain no albumen, and in which there is nothing that by the application of heat, alcohol, or bichloride of mercury can be rendered insoluble, and which, therefore, have to be stained and washed in such a manner that they are not removed from the slide or cover-glass during the process." This luxuriance of relatives induces us to ask which is which? We regret to see such a statement as occurs in paragraph 34, where we find that "some authorities" "even prefer Powell and Lealands  $\frac{1}{2}$  oil immersion to the Zeiss' glass." We have always understood that these English makers were unrivalled both as to quality and to price, and we should like to meet with any "authority" who thought otherwise. These few exceptions, however, do not detract from the general merits of the work, considered merely as an introduction to the study of mycology. As such we may recommend it, and we may part from it by again expressing the opinion that the authors have done a real service to the profession at large by enunciating such a common-sense dictum as that the methods of mycological research are "extremely simple."

*Our Dwellings, Healthy and Unhealthy*; by MRS. C. M. BUCKTON. London: Longmans, 1885, 8vo., pp. 153, with 39 illustrations.—A reprint of lectures originally addressed to the elder girls of the Leeds Board Schools, and illustrated by models not unlike the Sanitary and Unsanitary houses at the International Health Exhibition, except that they were portable, and represented a different class of houses, such, in fact, as are occupied by the working classes in provincial towns. The lectures, fourteen in number, treat in popular and easily intelligible language of the plan and construction, drainage, ventilation and warming, water supply and decoration, and furnishing of the house in general, and of that of the respectable artisan in particular. In place of the models which served for the demonstration of the lectures as delivered, we have in the book numerous well-executed drawings of the same, and of sanitary appliances, some useful and withal artistic articles of furniture, as well as plans of Bagshot House from Mr. Rogers Field's report, published by permission of H.R.H. the Duchess of Connaught. It would be superfluous to enter into an analysis of a book which does not profess to contain anything new or original. Suffice it to say that we have not been able to detect anything to which we could take exception, and that it would be well if not working men's wives only, but householders of all classes, would make themselves acquainted with its contents. We much doubt if, with the price of land in and near London, even a company could build such a house as Mrs. Buckton describes to let at so low a rent as appears to be possible in Leeds; but we would call the attention of the architect of this class of houses to her suggestion that there should be no fireplace other than that under the copper in the kitchen or scullery, so as to avoid the constant practice of a whole family crowding into a small kitchen for six days in the week, reserving the parlour, the best room in the house, for Sunday use and the entertainment of company. As might have been expected, especially in addressing a Leeds audience, Mrs. Buckton borrows much from Mr. Pridgin Teale. Nor does she neglect "sweetness and light" in an æsthetic sense in her hints on decoration and furniture, showing how artistic appearance may be compatible with usefulness and economy.

*The Science of Change of Air*; by DAVID S. SKINNER, M.D. Brussels, Fellow of the Royal Meteorological Society. Tinsley Brothers, 1885, pp. 62.—It is not usually difficult to define the objects kept in view by the writers of monographs with attractive titles. In the present case we must confess ourselves puzzled. No original researches are ventilated herein, whether for the author's relief or for the public's enlightenment. It is not a popular rendering of well-known facts, since it is written in a style in which technical expressions are so largely made use of, that no lay reader could make any sense out of it. As an exceedingly simple and superficial comment upon certain well-known passages quoted from old editions of students' textbooks, it is not likely to appeal to the medical reader. Probably every qualified medical practitioner has, or thinks he has, an equal right to make brilliant speculations, founded on such hypothesis as to the influence of ozone and electricity upon the human body. Although we sincerely hope that the sale of the work may compensate the author and publisher for their outlay of time and money on it, we cannot honestly recognise it as a contribution to the advancement of medical or meteorological science.

*Handbuch der Gerichtlichen Medicin (Manual of Forensic Medicine)*; by Dr. HERMANN KORNFELD, Grottkau. Stuttgart: Ferdinand Euke, 1884, pp. 610.—This work has been undertaken by its author with the view of elucidating more clearly the legal aspects of what is generally included under the term medical jurisprudence. Mindful of the significance of his title, the writer has evidently endeavoured to keep the style of his book to the level of a "handbook," but his subject would seem rather to have run away with him and expanded the completed work to proportions more suited to the desk than to the pocket. In their general arrangement the subjects follow



much the same order and division as obtain in the English works of the same class, the most noteworthy difference being in the addition to each section of a reference to the French and Austrian laws relating to them. Especially interesting on this account are the chapters relating to the administration of impure drugs, and of adulterated articles of food. The necessary limitation of the scope of the work, however, leaves too little space for a thoroughly satisfactory reference to many points like these. The section relating to the medico-legal aspects of epidemics, is for the same reason hardly comprehensive enough to render the reader independent of the larger text-books on the subject. The chapters on poisons, although inclusive of a very long catalogue of poisonous substances, do not present many additions to the present knowledge of the subject, and in some few instances would admit of considerable improvement by the introduction of some reference to recent cases. On the difficult matter of sexual offences, the author speaks with an absence of reserve quite in keeping with the mode of discussing such subjects which has of late been so strikingly introduced into England, adding at the same time a good deal of minute information on these points, the scientific value of which is not immediately apparent. Taken as a whole, however, the work discusses the subject with which it deals in a manner presenting many points of practical usefulness, and is especially to be commended to those who find interest in the study of international methods of medico-legal practice.

*Overzicht van de wisselende Chemische Samenstelling en Pharmacodynamische Waarde van eenige belangrijke Geneesmiddelen* (On the Chemical Composition and Therapeutic Value of some Important Drugs); by Prof. C. P. PLUGGE. Amsterdam: F. van Rossen, 1885.—This work, by a professor in the University of Groningen, is somewhat of the nature of Martindale's Extra Pharmacopœia, but it enters more fully into the chemistry of such drugs as it touches upon. English authorities and their researches are mentioned, but somewhat sparingly, e.g., Langley's Observations on the Action of Jaborandi on the Heart, and Tweedy's Paper on the Mydriatic Effect of Gelsemium on the Eye, are referred to, but there is no mention that we can find of Ringer's researches on Digitalis, Aconite, or Gelsemium; the action of aconite in fever is not even alluded to, and though several very rarely used, and, as far as we know, unimportant drugs, as thevetine, nigelline, dita, and cevadilline are mentioned, we look in vain for nitrite of amyl or nitroglycerine, and the researches of Lauder Brunton, Murrell, and others, upon them. At the end, a valuable comparative table of many important preparations, according to all the different pharmacopœias, except the Russian, is given. The work being in Dutch renders it unfortunately practically inaccessible to the profession in this country.

*Sixteenth Annual Report on the Health of Salford*; by JOHN TATHAM, B.A., M.B. Dubl., S.S.C. Camb. 1884.—Dr. Tatham's thorough mastery of the principles and practice of vital statistics, and clear apprehension of the many fallacies incident thereto, is a distinguishing feature of his reports, and gives them a special value. This year his introductory reflections on the constitution of the population as affecting the birth and death rates are more than usually instructive, and would well repay a careful perusal by other medical officers of health. Not that there is anything really new in them, but that few have made a study of a subject the principles of which must be gathered from the scattered writings of Rumsey, Noel Humphreys, Hampden Shoveller, Finkelnburg, &c. Thus Dr. Tatham suspects that the apparent decline in both birth and death-rate is due to an over-estimate of the population, a suspicion confirmed by the fact that with the increase of population assumed by the Registrar-General of 25,322 there was an increase of only 2,036 occupied houses. He denounces the notion that a high birth-rate necessarily involves a high death-rate, and quotes Mr. Noel Humphreys to prove that though the proportion of children is increased there must be in a few years a larger proportion of young persons of the

age when the death-rate is lowest, while the aged, who contribute a large number of deaths to the general mortality, are at the same time reduced; so that any unavoidable excess of deaths among infants is or ought to be more than compensated for at other ages. Compulsory notification of infectious diseases has been very successfully carried out in Salford, and their spread in schools thus prevented; no fewer than 1,300 letters giving such information having been addressed to teachers, and the attendance of children from infected houses prevented. There is happily a growing feeling among the poor in favour of the fever hospitals, to which 713 cases were sent in 1884 as against 366 in 1883. In view of the possible advent of cholera, Dr. Tatham, at a great expenditure of time and labour, drew up a map of the entire borough, dividing it into blocks or areas, the actual death-rates of each of which are indicated by figures, and the relative healthiness may be seen at a glance by the colours. Those having a mortality below 15 per 1,000 are left uncoloured, those with one under the general average of 25 are red, and those above it blue; a lighter or darker shade indicating a difference of 5 per 1,000. He has thus been able to call the attention of his Sanitary Committee to what he describes as the "black spots" of the borough, places where the death-rate rises to 36 or even 40 per 1,000, and where cholera if once introduced would assuredly find the most favourable conditions for its spread. The application of the Dairy, Cowshed and Milkshops Orders has had the effect of closing a large number of such as were unfitted for the purpose, as has that of the Bakehouses Act of last year, 24 out of the 83 having been in so unsatisfactory a state as to call for immediate interference, and 28 were closed during the year. The influence of illegitimacy on the infant mortality appears in Salford more marked than usual, the deaths during the first year of those born in wedlock being 167 per 1,000 for the year 1884, and 157 on an average of the preceding five years, whereas those of the illegitimate were 391 and 355 per 1,000 respectively. An analysis of the infant deaths from particular diseases or causes in the four registration districts is full of instruction, and we regret that we cannot afford space for it in full. Dr. Tatham's remarks on the duty of avoiding infection of scarlatina in early life, by isolation, notification, &c., well deserve consideration. "Admitting for the sake of argument the stock assertion of the anti-sanitarians—that scarlatina, *inter alia*, is an inevitable accompaniment of child-life—it should surely count for something, that by postponing the period of life at which a child is to have scarlet fever we are able to reduce the risk of his death . . . from the proportion of 1 death in about 3 attacks to 1 in 23 or 25." And in the same table he shows that the argument holds good for diphtheria. His table giving the distribution of enteric and scarlet fevers in each month bears out in a remarkable manner the conclusions arrived at by Dr. Longstaff. The remainder of the report consists of matters of local interest, or of such as do not differ from those contained in the reports of other medical officers of health.

## ABSTRACTS AND EXTRACTS.

WESTPHAL ON PERIODIC PARALYSIS OF LIMBS, WITH LOSS OF ELECTRIC EXCITABILITY.—A remarkable case of periodical paralysis of all the extremities is recorded in a paper by Professor Westphal, *Berliner Klinische Wochenschrift*, Nos. 31 and 32, 1885. The patient, a boy of 12 years, was under close observation for several months, during which he was subject to occasional attacks of absolute loss of power in the limbs, coming on almost always at night, lasting for a few hours and disappearing with a period of quiet sleep before the morning. His general health was good, and no signs of nervous disease could be traced in the case. During the periods of paralysis, however, the remarkable fact was observed that the nerve trunks and the individual muscles in the affected limbs had completely lost their electric excitability even under the irritation of a very strong current. At other times, the reactions were quite normal, but slight differences between the two sides persisted for some time after the complete return of volun-



tary movement. There was no sign of rigidity or contraction in any of the muscles during the attacks, nor was the general sensation disturbed. The plantar reflex was absent, but the cremaster and abdominal reflexes and the knee-jerk were normal. The latter was at times unequal upon the two sides. The fullest particulars of each seizure are given in detail in Dr. Westphal's paper. The progress of the paralysis of the limbs could be clearly described by the patient, who remained quite sensible throughout. In the early history of the case, there was reason to believe that scarlatinal nephritis had formerly been present, but the renal and all other functions remained normal throughout the period during which the patient was under observation. The onset of the attacks was attributed to exposure to a draught, the boy having complained the day before of indefinite sensations in the limbs, and pains in the feet. He became quite powerless in the following night, and suffered from great thirst, a feeling of extreme heat, and profuse sweating. At first the attacks of paralysis recurred at intervals of four to six weeks, but became more frequent, at last sometimes appearing many times in one week. In his remarks upon the case, Professor Westphal cites three other published cases as bearing some relation to this apparently unique form of paralysis. In all of them there were points of resemblance to it, although none could be said to be identical. Especially with regard to the periods of recurrence, there was a marked difference, as in two of them the attacks followed a regular quotidian or tertian course. In all the cases the paralysis began in the lower extremities. The muscles of the face and of the eye remained unaffected in all, nor was any affection of bladder or rectum observed. The loss of electric contractility and its rapid recovery are conditions apparently quite peculiar to Westphal's case. In relation to it he says: "We know of no disease either of the spinal cord or of the spinal nerves in which anything similar to it has ever before been observed; and as regards any explanation of it, physiology leaves us completely in the dark." The sensations of heat and the extreme sweating experienced by the patient suggest the possibility of some profound alteration of the vascular supply, and hence of the nutrition of peripheral nerve endings, but such an explanation is of necessity purely conjectural.

**SYPHILITIC PSEUDO-PARALYSIS.**—In the July and August numbers of the *Revue de Médecine* there are important articles on this disease by Mr. F. Dreyfous, who proposes with perfect justice to call it Parrot's disease, after the late M. Parrot, to whose labours we are indebted for all our knowledge of the disease. The symptoms are absolute loss of power with complete muscular flaccidity; the limbs only are affected, generally more than one limb; the disease is usually symmetrical, and is more common in the arms than in the legs. The muscles act naturally to the battery currents, and the cutaneous sensibility is unaffected. There is not much to be seen amiss with the affected limbs unless any of the joints or epiphyses should happen to be swollen. There is no fever, and the onset is quite insidious. Three clinical forms are described: (1) The paralysis appears as a manifestation of syphilis resembling a specific paralysis. (2) It appears as a consequence of an injury resembling a surgical affection. (3) There may be no obvious signs of syphilis, and it then resembles a case of infantile paralysis. The apparent paralysis owns two causes. It is partly due to the pain which is always present in marked degree on any attempt to use the limb, and partly to the actual changes that have taken place in the continuity of the bones, the epiphyses being invariably separated and suppuration common, but the joints themselves are never involved. To these two well-recognised causes M. Dreyfous adds a third: he suggests that there may exist a sort of reflex paresis consecutive to the injury, similar to some cases of muscular atrophy associated with joint lesions that have already been recorded. The diagnosis depends upon the age of the patient, this being a disease of early infancy, the pain, the fact that some power of movement remains in the paralysed limb, the swelling in the neighbourhood of the epiphysis, the general state of the patient and the family history, the two latter without much difficulty

supplying a history of syphilis. The prognosis is always grave, but much depends upon the surroundings of the patient and the period at which the disease is recognised. Whilst fully admitting the great value of these papers, we cannot accept all the author's conclusions. For instance, in our own experience we have found it much more common for one limb alone to be affected than for two, nor do we think that there is always or even often suppuration—that we believe must be exceptional. We should, too, be disposed to give a much more favourable prognosis than the author does, and under suitable mercurial treatment we are confident that in almost all the cases a speedy and complete cure results.

**THE INFLUENCE OF COCAINE, ATROPINE, AND CAFFEINE ON THE HEART AND BLOOD-VESSELS.**—There are few known drugs that have, within such a short space of time, risen from comparative obscurity to such practical as well as theoretical importance as cocaine. Its great value as a local anæsthetic, and its wide application in all the branches of medicine and surgery, together with our comparative ignorance in regard to many points of its action on the animal organism, are sufficient to attract attention to a valuable experimental paper on the influence of cocaine, atropine, and caffeine on the heart and blood-vessels, by Dr. H. G. Beyer, U. S. N., which appears in the July number of *The American Journal of the Medical Sciences*. Dr. Beyer finds (1) That cocaine is exceedingly prompt and uniform in its effects upon the heart; (2) in small doses it is a powerful stimulant to the heart's action; (3) in medium doses it has an inhibitory influence over the ventricular contractions; (4) in large doses it produces diastolic arrest, from which, however, the heart may be recovered under suitable conditions; (5) in small or large doses it produces contraction of the blood-vessels, independent of the central nervous system; (6) a rise in the blood pressure, consequent upon the administration of cocaine, is due to a direct action of the drug on the heart and blood-vessels, stimulating the former and constricting the latter; a fall in blood-pressure coming on after the rise must be accounted for by the action of cocaine on the heart alone, since its constricting influence on the blood-vessels outlasts the stimulating influence it exerts over the ventricle of the heart. (1) That atropine in certain doses increases the rate of beat of the heart and also the amount of work done; (2) that it exercises an inhibitory influence over the contractions of the ventricle; (3) that it first causes a contraction and afterwards a dilatation of the blood-vessels; (4) that cocaine acts on atropized vessels in the same way that it does on normal ones, e.g., it causes their contraction. That caffeine in small as well as large doses produces dilatation of the blood-vessels in the terrapin; any rise in arterial pressure due to caffeine is, consequently, to be explained only by the stimulating effect caffeine exerts on the heart itself.

**MANGANESE AS AN EMMENAGOGUE.**—Dr. F. Martin, writing in the *Chicago Medical Journal*, states that he has found from considerable experience that peroxide of manganese, given in capsules in doses of 2 or 2½ grains every four hours, is a very efficacious and prompt remedy in restoring tone when amenorrhœa is due to some previous depression of innervation. In young girls, when the irregularity of menstruation is due to the natural weakness of the partially developed organs of generation, or when from an overworked serous system the organs are robbed of their natural nerve force, this remedy seems to possess the stimulating properties required to bring them into healthy action. Dr. Martin has also found the remedy very useful in cases of menorrhagia, when this has arisen from anæmia or any depressing constitutional disease producing a perversion of the functional activity of the menstrual organs.

**HABITUAL CONSTIPATION.**—Professor Grasset, of Montpellier (*Semaine Médicale* No. 6), observes, founding his statement on the thesis of Dr. Eymeri, that the experiments of French observers have quite confirmed the value attached by the American physician, to the *cascara sagrada* (belonging to the family of *rhamnus catharticus*), which grows on the Pacific shores of North America, as a remedy



for habitual constipation. The dose is 25 centigrammes of the powder of the bark grain in a wafer; one dose sometimes suffices, but generally two, or even three, are required. Two or three solid stools are produced, but if the administration is then discontinued, the constipation will recur. To be effectual, the treatment requires to be persevered in for two or three weeks or a month. A dose of 25 centigrammes of the powder is given night and morning for a week, and then it is continued every other day, gradually diminishing the dose and increasing the intervals, until the stools are produced spontaneously. As far as yet tried, it would seem to be the most efficacious of remedies for chronic constipation.

**UNILOCULAR DIPLOPIA.**—At the recent meeting of the French Ophthalmological Society (vide *Bulletins et Memoires de la Société Française d'Ophthalmologie*, 1885), Dr. Fontan brought forward a case of diplopia with one eye only. The patient was a lad of 14, who dated the affection, which was of some five months' standing, to a blow on the head. Viewed at a distance of one metre, an object gave two images one above the other, the lower one being the best defined and the smallest. The distance between the images increased in proportion as the object was placed further off. There was no scotoma. The diplopia persisted over an area extending for some distance beyond the macula, but in the marginal part of the field only a single image was perceived. A prism of 12°, placed with its base upwards and cutting the pupil in two, produced a third image. This fact Dr. Fontan considered very important, as if there had been any error of refraction quadriplopia would have resulted from this experiment, and not triplopia. There was no astigmatism and no ophthalmoscopic change, except a slight pallor of the disc. Besides the diplopia, there were other functional troubles, such as contraction of the field of vision, impaired colour perception and diminution of central acuity of vision, all pointing to some degree of atrophy of the optic nerve, to which cause Dr. Fontan decided to attribute the diplopia. M. Dufour, who took part in the discussion on this case, suggested that there might be a small rent in the iris near its attached margin, which would be quite capable of giving rise to the symptoms.

**PARALDEHYDE.**—Dr. Stallard, writing at San Francisco in the *Pacific Medical Journal*, states that having employed this substance 300 or 400 times, he is able to speak of its value in many cases in which opium and chloral are contra-indicated. In insomnia he has found it very useful in a 15 minim dose at bed time and repeated in an hour if required, which was usually not the case. Cases of cardiac asthma with insomnia, and of mild delirium from alcoholic excesses, are also referred to as greatly benefited by 20 minim doses. Mixed with mucilage also, and given as an enema, it acts very beneficially. It should be given in some form of alcohol, as whisky, flavoured by lemon. It produces no depression of the circulation, and never is followed by sickness, headache, constipation or anorexia. The effect which it produces is somewhat more permanent, than that of the more common ethers. In one case (in which the patient had taken half a dram for two nights), the odour in the breath was perceptible 15 hours after the paraldehyde had been taken. There is no difficulty in leaving off the remedy. Dr. Stallard has not used it for the relief of acute pain, for which it does not seem suitable, as the sleep produced is not very profound. "It seems to me," he says, "that it possesses all the advantages of moderate dose of chloral without its disadvantages, and I am satisfied that it is a very valuable addition to our list of hypnotics."

**BROMIDE OF SODIUM IN SEA SICKNESS AND THE NAUSEA OF PREGNANCY.**—Dr. Robins, writing to the *Philadelphia Medical News*, corroborates the statement made by another correspondent, that bromide of sodium is a useful preventive of sea-sickness; and, he adds, that in place of the large doses recommended, he has found that the best effect can be produced by the administration of small ones. About a week before the voyage has to be taken he gives the salt in 10 grain doses three times a day, reducing the quantity to 20 grains per

diem after the vessel has sailed. He also endorses Dr. Albert Smith's recommendation of this bromide in cases of nausea and vomiting of pregnancy, the severity of which is invariably modified, and in many cases the complication is removed. But here no smaller doses than 30 grains three times a day have succeeded. Of 21 cases in which Dr. Robins has employed the bromide, in 16 the nausea disappeared entirely, in 2 it persisted in a milder form, and in 3 was unaffected.

**DR. GALEZOWSKI'S POMMADE FOR ULCERS OF THE CORNEA** is composed of from one to two parts of porphyrised iodoform to ten parts of vaseline, which are then thoroughly mixed. It is recommended for herpetic and scrofulous ulcers of the cornea, and acts favourably in the ulcers which are developed in syphilitic subjects. It should be introduced within the eye several times daily. Besides the iodoform, it is very useful to have recourse to the instillation of a pilocarpin collyrium and douches of carbolic acid spray. Under this treatment, in fifteen or twenty days the ulcer is found to have become filled up with tissue of new formation, and cicatrization follows.—*Union Médicale*, July 9th.

**INTOLERANCE OF IODIDE OF POTASSIUM.**—In an article in the *Lyon Médical*, March 29th, M. Aubert calls attention to the utility of belladonna in enabling patients to take the iodide which without its aid proved in their cases not to be tolerable. Most persons on commencing a course of the iodide have some irritation in the throat and nose, coryza, or headache, but this is usually moderate and temporary, and does not prevent persistence in its employment. In a few cases, however, these symptoms acquire an intensity and persistence which renders the continuation of the remedy impossible. M. Aubert finds that a pill composed of 5 centigrammes of extract of belladonna given once or twice a day entirely removes this inconvenience, and enables the patient to continue the iodide, even in considerable doses. In some cases the belladonna may be suspended after a few days, but in others it has to be continued while the iodide is taken.

**BOROLYCEIDE.**—Dr. Mac Smith, of the German Town Hospital, Philadelphia, states (*Medical News*, June 6) that the boroglyceride has been employed there with great success. It is a marked hæmostatic, antiseptic, deodorant, and germicide, and prevents and arrests fermentation and putrefactive changes. When applied to wounds, mucous membranes, &c., there is usually experienced a smarting sensation, which quickly subsides; and it frequently renders a previously painful wound absolutely painless. If, after minor operations, the flaps be turned backwards, and a 25 per cent. solution applied freely, the edges of the wound being nicely coaptated, capillary hæmorrhage will be found to have been arrested and granulation promoted. Usually, union by first intention takes place. In an anaplastic operation this agent will be found invaluable. Chronic ulcers which have resisted ordinary treatment have readily yielded to applications of a 50 per cent. solution, being first washed with alcohol. Chronic suppurating buboes promptly yielded to the use of this solution. The boroglyceride, with carbolic acid, forms a useful injection in gonorrhœa and gleet; and when irritation has been produced by the passage of a bougie, sound, &c., it may be allayed by a weak solution of the boroglyceride. In gynæcological practice the boroglyceride will be found of much value; and a tampon, moistened with boroglyceride, may be left for eight or ten days without being offensive. Most inflammatory affections of the skin, especially those of a burning or itching character, are greatly benefited by this agent. In cases of tonsillitis, pharyngitis, &c., a 50 per cent. solution, diluted about one-half with water, and with the addition of carbolic acid, forms a useful gargle. Tannic acid may be added with advantage. Great relief is obtained also in acute coryza by diluting a 50 per cent. solution one-half, and drawing it through the nostrils by forced inspiration. The following ointment is very convenient, and is especially adapted to the treatment of ocular diseases:—Boroglyceride (50 per cent. solution), ʒij, vaseline ʒvj, oil of roses q.s. Heat the boroglyceride, and while hot, slowly add the vaseline, stirring carefully until thoroughly mixed.



**A NEW METHOD FOR THE EXTERNAL EMPLOYMENT OF CRY SOPHANIC ACID.**—Under the name of traumaticine, a solution of gutta-percha has been employed for some time as an excipient in certain drugs, as the solution painted on the skin by the aid of a brush leaves firm pellicles which will serve to preserve the skin from friction. Dr. Auspitz has recently employed this solution for the external application of crysophanic acid, so as to cause it to adhere to the skin and protect it from rubbing, and to prevent this drug from staining bodies which come in contact with it. This preparation has been employed with success in the treatment of psoriasis, and it is evident that it may serve for the application of a large number of drugs which are soluble or capable of suspension in chloroform, and which appear to the physician a valuable method of treatment. Auspitz (*Nouveaux Remèdes*, May 15, 1885) dissolves one part of crysophanic acid and one part of gutta-percha in eight parts of chloroform, and the preparation so prepared has been also used with success by Dr. Fournier. Dr. Besnier, however, prefers to apply first a solution of crysophanic acid in chloroform, and then to cover this with a varnish of gutta-percha in chloroform. His formula is one part of crysophanic acid dissolved in eight or nine of chloroform for the first solution, and one part of purified gutta-percha dissolved in nine of chloroform for the second.—*The Therapeutic Gazette*, July.

**LOTION OF POTASSIUM SULPHIDE.**—M. Vigier observes (*Gazette Hebdomadaire*, May 29th) that the disgusting odour of rotten eggs which permeates this valuable lotion may easily be converted into one of even an agreeable character by simply adding tincture of benzoin in the same proportion as the sulphide of potassium employed, taking care to strain the mixture through muslin in order to prevent any fragments of benzoin passing. Thus, a lotion of 1 part of the sulphide and 1 part of the tincture to 100 of distilled water disengages a perfume much resembling that of acacia flowers; while, if 50 parts of the distilled water be replaced by 50 parts of rose water, another perfume equally as agreeable as the former is produced. Dermatologists, indeed, frequently employ some such combination; but it is as well to have a simple formula which is easily recollected.

## NOTES ON FOREIGN HEALTH RESORTS.

### STOOS, A MOUNTAIN HEALTH RESORT.

THOSE who are seeking for a bracing mountain health resort of moderate elevation, and easy of access, will find such a place in the Kurhans *Stoos*, between two and three hours, by good carriage road, above Brünnen, the well-known port of canton Schwyz on the Lake of Lucerne and a station on the St. Gothard Railway. The road to *Stoos* passes by Axenfels, with its well-known hotel and pension, and then by the hamlet of Morschach, close to which a road to the left ascends to the finely situated hotel and pension Axenstein. The new carriage road continues to ascend, and soon reaches a very steep portion which zigzags through shady pine and beech woods, and commands fine views, here and there, over the Schwyz valley and a portion of the Lake of Lucerne. Soon the Kurhans *Stoos* is seen surrounded by green pastures, in a somewhat protected situation on a northern spur of the Frohn Alp, 4,242 feet above the sea. From the extremity of this spur a very fine view is obtained to the west, over a great part of the Lake of Lucerne, with the Rigi and Pilatus as prominent objects; a portion of the Lake of Zug and the little lake of Lowerz are also seen. At the foot of the mountain lies the smiling valley of Schwyz stretching into the Muottathal; the two striking conical peaks, the Great and Little

Mythen, at the foot of which the town of Schwyz lies, rise immediately facing one. The Kurhans is a commodious building capable of accommodating 120 guests, and has arrangements for hot and cold baths, for baths of *petit-lait*, and for carrying out the whey and milk cures. The food is plain, but sufficient, and the accommodation somewhat homely; at present it is frequented chiefly by Germans and Swiss.

The climate is fresh and bracing, much more so than at those resorts immediately over the Lake of Lucerne, for between *Stoos* and the East shores of this lake the Frohn Alp rises to an elevation of 6,270 feet. There are plenty of walks in the surrounding meadows and in the woods, which extend up the sides of the Frohn Alp. The summit of this can be reached from *Stoos* in an hour and a half, and from it a finer view, in some respects, is obtained than from the Rigi, as it commands the whole extent of the Lake of Lucerne from Fluelen to Lucerne itself.

With regard to the lower resorts on the steep slopes of the mountains which rise immediately from the shores of this lake, such as Axenstein, Axenfels, Seelisberg, Burgenstock, and others, it should always be borne in mind that owing to the peculiar situation of the Lake of Lucerne these resorts, in very hot weather, are not bracing, but somewhat moist and relaxing stations. For this narrow lake occupies a very deep depression amidst lofty mountains which surround it on all sides; in the hot days of mid-summer the fierce rays of the sun stream down into this depression, and cause that intense heat on the surface of the lake with which most travellers are familiar, as well as the close moist atmosphere observed in the town of Lucerne. The air over the surface of the lake becomes greatly heated and saturated with the vapour of water generated by the action of the great sun-heat on the lake's surface, and this hot moist air rises to a considerable height on the steep mountainous sides of the lake, until higher up it becomes condensed into cloud and mist, and hence also the frequency of light mist and clouds over the tops of the surrounding mountains. Occasionally a cold northerly or north-easterly wind will blow down the valleys which open on the lake on its north-easterly side, and then such places as feel the influence of these winds will be cooled by them, but it would be a mistake to believe that these resorts in the hot weather of summer escape the hot, moist, relaxing climate which so constantly prevails on the level of the lake itself.

For beauty of situation nothing perhaps can surpass that of *Axenstein*, only about three-quarters of an hour above Brünnen, at a height 2,330 feet above the sea, commanding a most exquisite view of the lake, as well as of the valley of Schwyz. The hotel is surrounded by a well-wooded park, through which there are numerous shady walks, amongst which one encounters interesting traces of glacier action in the shape of glacier beds and remarkable erratic blocks of stone. The hotel is spacious and well appointed, but unfortunately adheres to the German habit of paralysing one's energies with a heavy dinner at one o'clock, after which there is only a light and insufficient supper at seven.

A few hundred feet below Axenstein is the Pension Axenfels in a much inferior position, and with a far less extensive and attractive view.

On the opposite side of the lake, and immediately facing Axenstein, is the well-known resort of Seelisberg, somewhat higher than Axenstein, the Kurhans at Seelisberg being 2,772 feet above the sea. The Kurhans consists of three separate buildings, capable together of accommodating 300



guests; it is situated in a sunny spot, almost on the very brink of the steep precipices which here form the west shore of the lake. From its position facing east, the sun shines upon it till mid-day or later, and in the afternoon it is in the shade. Behind it there are woods which afford agreeable shady walks, and many pleasant excursions can be made from it. The view of the lake from the Kurhans, though very beautiful, is not so fine as that from Axenstein.

I. B. Y.

## SPECIAL CORRESPONDENCE.

### INDIA.

(From Our Bombay Correspondent.)

*The Recent Earthquakes—Unemployed Pay of Surgeons-Major—Report of the Public Analyst for Bombay—Cholera at the Sailors' Home—Recent Appointments.*

August 3rd.

CERTAIN parts of India, more especially the picturesque and romantic Valley of Cashmere and places in Eastern Bengal, have recently been visited by severe earthquakes, causing great loss of life and vast devastation of property. I read that in Cashmere upwards of 2,700 lives were lost on the 30th May and following days. The deaths in the City of Sringaghar are reported to be small, comparatively, to those in other places in Cashmere. Mr. Leahy, the Civil-Surgeon, and Mr. Neve, of the Mission, I understand, rendered valuable professional services.

In a previous letter I commented on the subject of the grade-pay of Indian medical officers, and observed that the assimilation of the pay of these officers to those of the Medical Staff should not be restricted to the rank of Surgeon, in the case of those not holding any sort of appointment, but employed on "general duty." And I pointed out that as soon as surgeons-major were without appointments in consequence of the change in the original order of the Government of India, they would draw only the *unemployed pay* of their rank, which is below the grade-pay of the surgeon-major of the home service, and that discontent and heart-burnings would be produced which could not but tend to render the service unpopular. I notice in the current issue of the *Indian Medical Gazette* a letter from a correspondent headed "Unemployed Pay of Surgeons-Major." He refers to the "India Army Circular" of February 6, and says that the order came as a welcome, although not unreasonable concession, removing as it did the grievance of "unemployed pay," and placing officers of the service who entered since the 7th of November, 1864, on the same footing as their brethren whose commissions bore a prior date. At the same time it abolished a ground of invidious comparison with the sister service. The dream has, however, been a short-lived one, at least as regards a large proportion of the members of the service. On the 20th May, 1885, another army circular was issued effecting a so-called "correction," and substituting the words "a surgeon" for the words "an officer" in the former document. Thus at one fell swoop all those medical officers who had served the Indian Government for upwards of twelve years were deprived of advantages which, for three-and-a-half months, they were led to believe had been secured to them. A few weeks ago the Under-Secretary of State for India informed the House of Commons that the Government of India had been referred to for a statement of future possible retrenchments. Can this be the result of the reference, and under the cloak of correction are the shears being applied to a defenceless department? There is an editorial note to this letter expressing much the same views as those to which I gave utterance, viz., "it seems to us that the order, as originally worded, ought to have been allowed to stand unmodified, as our correspondent contends." It is a thousand pities that the

authorities should have recourse to such penny wise pound foolish policy, which runs counter with all considerations as to equity and the keeping of faith. It is to be hoped that they will retrace their steps and reproduce the original order without any "correction" for the plain and simple reason that there was nothing therein which was not "correct." The Government of India have early this year issued another order which is received with disfavour, viz., for all Indian medical officers in military employ to provide themselves with "a pocket case of instruments" to fit into the pouch of the belt. This is in contravention of the terms under which they enter the service, that the Government will provide all surgical instruments required for service use, and as this is to be provided at the officers' own expense, it does not tally with the terms of the India Office Circular issued to candidates.

I have before me a reprint from a Government resolution on the annual report of Mr. Lyon, F.C.S., Chemical Analyser to the Bombay Government. From it, it appears that the total number of articles analysed in 1884 was 1,895, and the number of medico-legal cases referred to by him was 314, which was larger by 52 than the average number in the three years ending 1882-83. In 42 of these instances articles supposed to be stained with blood or other animal fluids were sent for examination; but in 26 only was any such fluid detected. The number of cases of poisoning of human beings (alleged as real) in connection wherewith substances were forwarded for analysis was 169. Poison was detected in 83 of these, or 49.1 per cent. In 2 cases no trace of poison could be found, though the accused persons confessed that they had administered poison. The number of persons who appeared to have been poisoned in the cases in which substances were analysed was 98, of whom 36 died. As in previous years, the poison most used was arsenic. It was administered to 50 persons and caused 22 deaths. There were nine cases of opium-poisoning, all of which proved fatal; 2 deaths were caused by aconite, 1 by datura; 1 by strychnia, and 1 by hydrocyanic acid. The number of cases of suspected poisoning of cattle was large, but the cases of real poisoning were small compared with previous years. During the year, 98 samples of potable waters were analysed, as compared with 61 in the previous year; 42 examples were pronounced to be good, and 52 bad. I may remark here that as water is sent generally for analysis when suspected to be contaminated or otherwise injurious to health, this result does not speak well for the health prospects of the community.

Cholera, which continues to prevail in Bombay, has made its appearance in the Sailors' Home. I understand that eight cases have occurred there, out of which five proved fatal. The sanitary condition of the home does not, it appears, account for the appearance of the disease, and I learn that it is quite satisfactory. The history of these cases, as well as of others occurring in Bombay, goes to show that the *fons et origo mali* is drinking water, and that the virus was communicated by the cheap aerated waters sold in the bazaars, manufactured by native vendors who are proverbially careless and indifferent as to where they obtain the water from. The nearest well or tank, containing any dirty or filthy water, it may be, answers their purpose. It is time that there should be some legislative power not only to proceed against such vendors, and for them to be awarded severe punishment, so as to act effectively as a deterrent, but that there should be proper sanitary supervision and control over those manufactories which disseminate broadcast the *contagium vivum* of cholera, typhoid fever, &c.

Mr. J. H. Potter, M.B., is appointed to act as Police-Surgeon and Surgeon to the Coroner of Bombay during the absence in Europe of Dr. Sydney Smith. Mr. A. Barclay, M.B., is confirmed in the appointment of Secretary to the Surgeon-General and Sanitary Commissioner with the Government of India; and Mr. G. Harris as Second Resident Surgeon of the General Hospital of Calcutta. I regret to announce the death of Mr. A. Skeen, M.B., of the Indian Medical Service, who held the appointment of physician and tutor to the Maharajah of Patiala. He died, on the 10th ultimo, at the hill-station of Kussolie. Mr. Skeen entered the service (Bengal establishment), in March, 1865, and was promoted Surgeon-



Major, 1877. I regret also to announce the death of Mr. A. E. McL. Ross, L.R.C.S., of the Indian Medical Service (Madras establishment), which took place on the 1st ultimo, at Secunderabad. The deceased held the appointment of Staff-Surgeon of the Hyderabad Subsidiary Force.

## MEDICAL NEWS.

UNIVERSITY OF LONDON.—Intermediate Examination in Medicine. — Examination for Honours. — Pass List.—Anatomy.

*First Class.*—Henry Percy Dean, B.Sc., Exhibition and Gold Medal, University College; Frederick Howard Taylor, Gold Medal, London Hospital.

*Second Class.*—Alfredo Antunes Kanthack, B.A., University College, Liverpool; Percy Ashworth, B.Sc., Owens College, Alfred Herbert Tubby, Guy's Hospital, equal; Milton Prentice Ledward, Owens College, Guy Bellingham Smith, Guy's Hospital, equal.

*Third Class.*—Cyril William Jecks, University College; John Ogle Tunstall, University College; George Edward Rennie, B.A. Sydney, University College.

*Materia Medica and Pharmaceutic Chemistry:—*

*First Class.*—George Edward Rennie, Exhibition and Gold Medal, University College; \*Ernest Henry Starling, Guy's Hospital; \*Alfredo Antunes Kanthack, University College, Liverpool; Percy Ashworth, Owens College; Theodore Fisher, Guy's Hospital.

*Second Class.*—Evelyn Oliver Ashe, London Hospital, Charles Percival Crouch, St. Bartholomew's Hospital, Alfred Herbert Tubby, Guy's Hospital, equal.

*Third Class.*—Milton Prentice Ledward, Owens College; Walter Stacy Colman, University of Edinburgh and University College; George Hartley O'Reilly, King's College; Isabella Macdonald Macdonald, London School of Medicine for Women; Cyril Cecil Barrow Burt, Westminster Hospital.

*Organic Chemistry:—*

*First Class.*—Ernest Henry Starling, Exhibition and Gold Medal, Guy's Hospital; \*Henry Percy Dean, University College.

*Second Class.*—John Wilkie, St. Bartholomew's Hospital, William Griffith Williams, St. Bartholomew's Hospital, equal; William Page May, B.Sc., University College, Arnold Scott, Guy's Hospital, equal.

*Third Class.*—John Ogle Tunstall, University College; Walter Stacy Colman, University of Edinburgh and University College; John Lloyd Roberts, B.A., B.Sc., Guy's Hospital.

*Physiology and Histology:—*

*First Class.*—Ernest Henry Starling, Exhibition and Gold Medal, Guy's Hospital; Percy Ashworth, Gold Medal, Owens College; Alfredo Antunes Kanthack, University College, Liverpool; Brian Melland, Owens College; John Lloyd Roberts, Guy's Hospital; John Wilkie, St. Bartholomew's Hospital.

*Second Class.*—Cyril William Jecks, University College; Frederick Howard Taylor, London Hospital; Henry Edward Leigh Canney, University College; George Edward Rennie, University College; George Black, Guy's Hospital; Walter Stacy Colman, University of Edinburgh and University College.

*Third Class.*—William Page May, University College; William Griffith Williams, St. Bartholomew's Hospital.

Those marked \* obtained the number of Marks qualifying for a Medal.

THE SOCIETY OF APOTHECARIES, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, August 20th, 1885:—

William Robert Yeates Ines, Portswood, Southampton; William Paynter West, Turnpike Lane, Hornsey, N.

On the same day

John Frederick Bate, University College, passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise.

ARMY MEDICAL DEPARTMENT.—List of Candidates who were successful for appointments as Surgeons in the Medical Staff of Her Majesty's Army at the Competitive Examination in London on the 10th and following days of August, 1885:—M. T. Yarr, 2,980; B. L. Mills, L. P. Mumby, 2,880, equal; C. H. Melville, 2,870; J. B. Wilson, 2,810; H. Rayner, 2,765; C. A. Renny, 2,707; R. E. Genge, J. Kearney, 2,680, equal; H. Thiele, 2,679; F. A. Saw, 2,625; G. S. Cardew, 2,590; H. Coeks, 2,510; W. J. Lee, 2,500; F. W. Hennessy, 2,475; H. W. M. Kendall, 2,440; J. G. Black, 2,430; H. P. G. Elkington, 2,400; F.

W. G. Hall, G. S. Tate, 2,380, equal; R. H. Cox, A. Kennedy, 2,350, equal; R. C. Gordon-Dill, 2,345; F. T. Skerrett, 2,340; H. M. Ramsay, 2,300; W. B. Stokes, 2,280; J. B. Buehanan, D. Simpson, 2,270, equal; E. H. Loeker, 2,215; J. Rose, 2,182; T. G. Lovie, 2,180; H. M. Adamson, 2,160; J. H. Corkery, W. P. Squire, 2,120, equal; W. R. Crooke, C. L. Walsh, 2,110, equal; H. H. Brown, 2,100; S. J. W. Hayman, 2,080; J. P. S. Hayes, J. J. O'Donnell, 2,070, equal.

NAVAL MEDICAL DEPARTMENT.—At the competition for Commissions in the Medical Service of the Royal Navy, held on the 10th August and following days in the Hall of the University of London, Burlington Gardens, the under-mentioned gentlemen were the successful candidates:—W. E. Home, 3,200; R. A. Fitch, 2,890; H. B. Beatty, 2,710; W. Spry, 2,700; P. E. Maitland, 2,380; G. H. H. Symonds, 2,360; W. J. Winckler, 2,320; J. J. Walsh, 2,275; J. Moore, 2,260; C. J. Mansfield, 2,100; R. Hickson, 2,060; H. P. Shuttleworth, 2,005; J. Lowney, 2,000; G. D. Trevor-Roper, 1,980; O. S. Fisher, 1,960; J. S. Fogerty, 1,900.

INDIAN MEDICAL SERVICE.—The following were the successful candidates at the examination held on August 11, 1885:—H. R. Woolbert, 3,208; G. H. Baker, 3,005; T. Grainger, 2,915; A. R. Edwards, 2,830; J. M. Cadell, 2,827; A. C. Younan, 2,825; J. R. Adie, 2,822; A. W. Aleoek, 2,760. There were 22 candidates for the eight vacancies; 21 were reported qualified.

SOCIETY OF APOTHECARIES OF LONDON.—Mr. John Walter Carr, of University College Hospital, L.S.A., has been elected to the Medical Scholarship of the Society of Apothecaries of London, of the annual value of 100*l*. The Examiners report that Mr. James Harry Ernest Brock, L.S.A., of University College Hospital, obtained a number of marks nearly equal to those of the successful candidate.

ROYAL PATRONAGE.—Her Majesty has accepted the position of patroness of Lady Dufferin's fund for providing medical assistance for the women of India.

THE WAR IN THE SOUDAN.—General Lord Wolseley in his despatch to the Secretary at War, just published, says that "the Medical Department was administered with ability by Deputy Surgeon-General O'Nial. I have never seen the sick and wounded better cared for. The arrangements were good, and the medical officers worked with untiring zeal and great devotion to their duties. At Suakin, Deputy Surgeons-General Barnett and Hinde directed all medical matters with great credit to themselves and to their department. Both there and on the Nile the work done by the nursing sisters was highly appreciated by doctors and patients. The Commissariat duties were well performed throughout, the department being excellently directed by Assistant Commissary-General Hughes. At Suakin, Assistant Commissary-General Robinson did good work; all his arrangements were satisfactory." And as to services deserving special mention, we subjoin the following list:—Medical Staff—Deputy Surgeon-General J. O'Nial, C.B.; Deputy Surgeon-General S. A. Lithgow, M.D.; Deputy Surgeon-General O. Barnett (since dead); Deputy Surgeon-General G. L. Hinde; Surgeon-Major E. C. Markey; Surgeon-Major G. C. Gribbon; Surgeon-Major R. Waters, M.D.; Surgeon-Major G. E. Will; Surgeon-Major C. H. Harvey, M.D.; Surgeon-Major T. F. O'Dwyer, M.D.; Surgeon-Major F. Ferguson, M.D.; Surgeon-Major B. B. Connolly; Surgeon T. J. Gallwey, M.D.; Surgeon W. H. Briggs; Surgeon J. Magill; Surgeon W. B. Allin; Surgeon H. L. Donovan, M.D.; Staff-Sergeant Arbeiter. The Queen has been graciously pleased to approve of the following promotions being conferred upon the under-mentioned officers in recognition of their services during the recent operations in the Soudan:—Medical Staff.—To be Surgeons-General—Deputy Surgeon-General John O'Nial, C.B.; Deputy Surgeon-General Oliver Barnett, C.I.E. (since deceased). To be Brigade-Surgeons—Surgeon-Major Robert Waters, M.D.; Surgeon-Major George Elmsly Will; Surgeon-Major Charles Hamilton Harvey, M.D. To be Surgeons-Major—Surgeon Thomas Joseph Gallwey, M.D.; Surgeon William Simson Pratt, M.B.; Surgeon William Hamilton Briggs; Surgeon William



**Briggs Allin, M.B.** The Queen has been graciously pleased to give orders for the following promotions in, and appointments to, the Most Honourable Order of the Bath:—To be an Extra Member of the Military Division of the Second Class, or Knights Commanders of the said Most Honourable Order, viz.:—Thomas Crawford, Esq., M.D., Director-General of the Army Medical Department. To be Ordinary Members of the Military Division of the Third Class, or Companions of the said Most Honourable Order:—Deputy Surgeon-General Stewart Aaron Lithgow, M.D., Medical Staff; Deputy Surgeon-General George Langford Hinde, Medical Staff; Brigade Surgeon James Howard Thornton, M.B., Bengal Medical Department.

**HOSPITAL FOR INCURABLES, DUBLIN.**—At the monthly meeting held on the 18th instant, the Board proceeded to the election of male patients. There were 21 applicants, and only two vacancies. Two were admitted, and a third on pension till there should be a vacancy. Two were bad cases of cancer, and one of consumption. At the next meeting, female patients will be elected.

**MERCER'S HOSPITAL, DUBLIN.**—This institution is the oldest of its kind in this city. It is open at all hours, both day and night, to receive accidents and urgent cases. About sixty persons of all denominations are attended to daily at the dispensary. The financial position of the hospital is unsatisfactory, and the Governors solicit contributions in aid of the pressing calls upon them.

**HOUSING OF THE POOR, ISLINGTON.**—This parish would appear to be in a somewhat enviable position in respect to the almost universal evil, over-crowding. A full and detailed report of the General Purposes Committee of the Vestry has been issued, which deals with the report of the Royal Commission on the Housing of the Working Classes. It expresses the belief that over-crowding does not, and has not existed, to any great extent in the parish, but it was a matter that demanded great vigilance. It appears that through Dr. Meymott Tidy, the Medical Officer of Health, 78 houses were demolished in the parish, connected with the "High Street (Courts and Alleys) Scheme," and replaced by the blocks of dwellings known as "Torrens and Myddelton Buildings," and 276 houses were demolished in carrying out the Essex Road Improvement Scheme.

**CHARITABLE BEQUESTS.**—The late Mrs. Masson, of Elm Park, Inverness, daughter of the late Bailie Alexander Masson, of Aberchalder, has left by her will to the Northern Infirmary 500*l.*, the Inverness Dispensary 200*l.*, and the Institute for the Blind 200*l.* Mr. James Benham, late of 50, Wigmore Street, bequeaths by his will 100*l.* each to the University College Hospital and the Hospital for Sick Children, Great Ormond Street, free of duty. Mr. T. Emsley, late of Burley-en-Wharfedale, Yorkshire, has bequeathed 1,000*l.* each to the Bradford Infirmary, Ilkley Convalescent Home, Harrogate, Bath Hospital, and the Leeds General Infirmary; 500*l.* each to Coatham Convalescent Home, the Leeds Public Dispensary, the Leeds Institution for Deaf and Dumb Mutes, the Leeds Hospital for Women and Children, and the Cookridge Convalescent Hospital. Miss Charlotte Maitland, daughter of the late Sir Alexander Charles Maitland Gibson, of Clifton Hall, who recently died at Greenhill Park, Morningside, has bequeathed 1,000*l.* each to the Royal Infirmary and to the Institution for the Relief of Incurables.

**THE LATE DR. THOMAS COLAN, R.N.**—The death of this gentleman, Inspector-General of Hospitals and Fleets, is announced as having taken place on August 18th, at Halliwell, near Bolton, at the age of 54 years. He entered the Royal Navy in 1853, served on board the "Royal George" during the two campaigns in the Baltic, and also on board the "Beagle" in China, being present at the capture of the Peiho Forts. He also served in the Ashantee war, being specially promoted to the rank of fleet surgeon for his services. In 1875 he went out in the "Alert," as principal medical officer in the Arctic Expedition under Sir George Nares, and from 1877 to 1880 he was employed as Deputy Inspector-General at the Royal Naval Hospital at Jamaica, during which time yellow fever broke out twice at Port Royal. Besides receiving the Baltic, China, Ashantee

and Arctic medals, he was awarded Sir G. Blane's gold medal for his "Medical Journal on the West Coast of Africa for 1872." He retired from the service in 1883.

**BEQUEST BY THE LATE DR. N. CAMERON.**—Dr. Nathaniel Cameron, a distinguished graduate of the University of Aberdeen, who died recently at Sierra Leone, has bequeathed, it is understood, to the Aberdeen University Museum a valuable collection of fossils, &c.; in addition, the Aberdeen University Extension Building Fund receives 50*l.* Another collection, consisting of shells, fossils, gold dust, &c., has, it is stated, been bequeathed to the British Museum.

**THE LEWES LUNACY CASE.**—On August 25th, a very large and enthusiastic public meeting of the inhabitants was held in the County Hall, Lewes, to express sympathy with Dr. Crosskey in connection with the lunacy trial in which he figured as a defendant. The Mayor called upon Alderman Kemp, the deputy mayor, to preside, and that gentleman read a number of letters from the leading inhabitants of the town, and others. He said Dr. Crosskey had been subjected to great annoyance and expense in consequence of the action, but they had never doubted of the result. Dr. Sutherland, of London, had written to ask permission to start a medical subscription on behalf of Dr. Crosskey, and an offer of five guineas had been received from Mr. W. L. Christie, M.P. A resolution was proposed expressive of sympathy with the doctor, which was supported by the Rev. Lord Sidney Osborne, who contributed five guineas. This was carried with great enthusiasm, as was another appointing a committee to raise subscriptions. A large sum was promised in the room.

**MEDICINE AND THE DRAMA.**—We understand that "Sister Grace," a new play founded on some incidents of hospital life, is the work of Mr. Scott Battams, a young member of the medical profession. Our readers will remember that the play was originally produced at the Avenue Theatre last year at a *matinée* given in aid of the East London Hospital for Children, when it scored a distinct success. Since then, "Sister Grace" has been carefully revised; and was produced for the first time in the provinces on August 8th, at the New Theatre, Devonport. We are inclined to believe that a play which appeals to so large a section of the public would have a good reception if produced in London.

**ST. BARTHOLOMEW'S HOSPITAL MEDICAL COLLEGE.**—The following is the list of prizemen for the Session 1884-5:—Lawrence Scholarship and gold medal of 40*l.*—W. G. Spencer. Brackenbury Medical Scholarship of 30*l.*—W. J. Gow. Senior scholarship in anatomy, physiology, and chemistry of 50*l.*—J. Wilkie. Open scholarships in science of 130*l.*—B. Pierce, R. Rickard, and E. N. Reichardt. Preliminary scientific exhibition of 50*l.*—R. G. Elliot. Jeaffreson Exhibition of 50*l.*—H. G. Cook and W. A. Murray. Kirke's Gold Medal—W. J. Gow, *proxime accessit*, W. G. Spencer. Bentley Surgical Prize—A. M. Gledden. Hichen's Prize—E. H. Hankin. Harvey Prize—1, E. H. Hankin; 2, W. G. Williams; 3, G. Heaton; 4, J. G. C. Colby; 5 and 6, S. Blackman and T. J. Bokenham; 7, R. Bird. Practical Anatomy, Junior—Treasurer's Prize—1, C. H. Roberts; 2, H. G. Cook; 3, D. T. Belding; 4 and 5, T. J. P. Jenkins and W. G. Willoughby; 6, Hansby Maund; 7, J. G. Ogle; 8, H. A. Sylvester; 9, W. F. Cholmeley; 10, C. E. R. Rendle; 11 and 12, C. E. Hutt and J. J. Macgregor. Practical Anatomy, Senior—Foster Prize—1, C. S. Edwards; 2, A. Lucas; 3, J. Rust; 4 and 5, W. N. Evans and T. J. Lissaman; 6, W. B. Lane; 7 and 8 F. M. Brown and H. Symonds; 9, H. Huxley; 10 and 11, G. Heaton and J. E. Spencer. Junior scholarships of 50*l.*, 30*l.*, and 20*l.*—1, B. Pierce; 2, C. H. Roberts; 3, R. Rickard.

**GUY'S HOSPITAL MEDICAL SCHOOL.**—The following is the list of prizemen for the session 1884-85:—Open scholarship in arts, 125 guineas—James M'Donald Gill. Open scholarship in science, 125 guineas—Alfred Parkin. The Treasurer's gold medal for clinical medicine—William Leonard Braddon. The Treasurer's gold medal for clinical surgery—John Wychenford Washbourn. Beane Prize for Pathology, 30 guineas—George C. C. Anderson, William Henry Bowes, *proxime accessit*. Mackenzie Bacon



Prize for Ophthalmoscopy, 10*l.* 10*s.*—Charles Drummond Muspratt. Mackenzie Bacon Prize for Nervous Diseases, 15*l.*—George Ezra Halstead Balderton. Michael Harris Prize for Anatomy, 10*l.*—Arthur Edward Poolman. The Gurney Hoare Prize for clinical study, 25*l.*—Letterstedt Frederick Child. The Burdett Prize for Hygiene, 10*l.*—William Leonard Braddon. Fourth year students—John Wychenford Washbourn, first prize, 25*l.*; Frederiek Lever, second prize, 10*l.*; Sidney Wachter and Edward Deane, certificates. Third year students—Frederic Francois Burghard, first prize, 25*l.*; Herbert Vaughan Rake, second prize, 10*l.*; William Bett and Edward Petronell Manby, certificates. Second year students—Ernest Henry Starling, first prize, 25*l.*; Guy Bellingham Smith, second prize, 10*l.*; George Herbert Pennell, certificate. First year students—Robert Devereux Mothersole, 37*l.* 10*s.*, and Alfred Parkin, 37*l.* 10*s.* (equal); Ramsay Allan Bremner and Cecil Price Jones, certificates.

NAPLES AND THE CHOLERA.—The *Times* correspondent writes under date August 16:—"So far, then, we are safe, and strong hopes are entertained that cholera will not approach us this year. Orders have been given to inspect all the wine and oil shops, for both wine and oil are usually much adulterated, and it is difficult to procure either article in a pure state. A great outcry is made about the water supply—in some quarters that there is none, in others that it is foul. The Vice-Syndic of that quarter replies that he is aware that it is so, but that he can do nothing until the time has terminated for which notice was given to the landlords to remedy the evil; after that he will order the wells to be closed. How is it that it has not been done before? A decree has been wisely issued by the Government prohibiting the imposition of quarantine by the local rulers of any town or village. Last year, especially in Calabria, quarantine was imposed on many places by the authorities, to the extreme inconvenience and peril of the inhabitants. The same thing, I read, has been done in Spain, where the Government has acted with energy, and has summoned the local rulers before the judicial power. There might possibly be some danger of Sicily committing the same folly. I have already reported great excitement in Palermo, and the urgent request of the municipal body to close it against all intercourse with the outer world. Since then a vessel came into port from some part of the French coast and was admitted to *libera practica*. The consequence was that there was a violent demonstration, and a renewal of the request to be shut up. Signor Mozana firmly resolved to refuse such application as being perfectly unnecessary. Should cholera, however, enter the kingdom, which he does not think likely, he will give orders for closing the larger islands. The names of all who cross the French frontier and travel by Ventimiglia are telegraphed to the Syndics of the places to which they are destined, and such persons are supplied with medical certificates stating that they have been inspected."

THE FRENCH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The fourteenth meeting of this flourishing body has been held with great success at Grenoble, under the presidency of Professor Verneuil, the most accomplished orator which the medical profession possesses in France. There is good reason for his appointment in the fact that the section for the Medical Sciences occupies a very important position in the Association; and his discourse has been pronounced to be one of remarkable power, and has been published verbatim in the medical journals. In a part of it he took occasion, under the title of the "Confessions of a Surgeon of our Century," to animadvert upon the great tendency which the surgery of the present day has to over-encourage operations. Not that this confession is applicable to himself, since in the present state of feeling he would be regarded as rather timid in this respect, and he had often protested against the over-culture of the knife. The confession he passes on to other surgeons, and especially those of other lands, France being comparatively free from the defect he deplors. The most perilous operations, he says, are multiplied on futile pretexts, and commenced in any one country, are repeated through mere imitation until the fashion passes away. "All these operations have been singularly abused, that is to say, there has

been too much transposing, too much trephining, too much tenotomizing, too much resection, too many strictures have been incised, and excision of the iris has been too often practised. The cavity of the female pelvis has been far too frequently meddled with, while cold abscess has been too often scraped, and the thermo-cautery too often applied to the skin, and if peremptory proof of these abuses are demanded, I will simply call to mind that in a great country like ours, with its 37,000,000 of inhabitants, we can reckon at the outside half-a-dozen transfusings and a dozen trephinings, while the spinal and lingual muscles are in future to be left at rest in the deformed and the stammering; that in England, where there was so much excision going on, that operation is scarcely ever performed now; that a certain foreign surgeon who was so enthusiastic an admirer of resections that he performed them by the dozen, now declares them to be detestable; that the oculists who formerly disbelieved in the success of cataract operations without iridectomy, are now almost all agreed in respecting the iris; and that the famous *raclage* is every day so losing ground, that two years hence it will be relegated with the points of actual cautery to a museum of antiquities." And all this is nothing to the anathemas launched at all the useless or ill-justified extirpations of the larynx, pharynx, stomach, kidney, and uterus. "We may imagine," the *Gazette Hebdomadaire* observes, quoting the above passages, "what a treat this exposition must be for the general public who has to pay the costs of these epidemics of armed force." This confession is applicable to himself, since on various occasions he has protested against such procedure, but is made a vehicle for satirical allusion to a practice which he regards as far too general. The most perilous operations, he observes, are multiplied on quite futile pretexts, and inaugurated in one country they make the round of the world, separated by mere imitation until the fashion passes away. "All these operations have been singularly abused."

EDINBURGH UNIVERSITY ANATOMICAL MUSEUM.—The arrangement of specimens and certain museum details are still not quite complete, but the constructive work is practically finished, and other matters are far advanced. The measurements of the Museum are 112 feet long by 39 feet broad, and 45 feet 5 inches high to the tie beam of the roof. Besides the space thus gained for Museum purposes, there is also a smaller cabinet *en suite* with the Museum proper, and entering from its west end. Then, to make the most of the whole space thus obtained for exhibition purposes, the Museum itself has been provided with two galleries running round the walls, and the smaller room with one such gallery. Now that the mason and joiner, and their allies, have completed their share of the work, and the Museum exhibits have, roughly speaking, been got into place, the visitor cannot fail to be at once struck with the excellence of the result obtained. Few, indeed, will have the slightest difficulty in admitting the claim that few medical schools or Universities can boast its like. To give, first, a general idea of the structural and exhibition arrangements, it has to be said that the ground floor of the Museum, which is beautifully laid in Italian mosaic, has a series of side cases projecting from the walls in the intervals between the windows, and rising to the height of the first gallery. The intervals between these projecting cases corresponding to the breadth of the windows will form a series of well-lighted recesses, provided with a table and chair, in which the student can work in quiet at the special subject on which he may be engaged. Below each window a glazed case is placed against the wall for the display of specimens, and the interval between it and the floor is occupied by drawers for the storing of objects. The floor with its cases is to be devoted to the illustration of objects of comparative osteology. The first gallery is set apart for the illustration of objects of human and comparative anatomy, whilst the second gallery is given up to the illustration of pathological objects—surgical as well as pathological proper. Both these galleries have side exhibition cases covering the walls of their several portions of the Museum, and desk cases which run round the gallery, and the upper gallery is provided with a thick glass floor, so as not to intercept the light. The galleries, besides



being connected by spiral staircases let into the walls with the floor of the Museum, communicating with the several teaching departments just mentioned, are also connected by means of "lifts" with each other and with the ground floor, for the convenience of the movement of specimens. The specimens contained in the Museum are the accumulations of a century and a half; for the nucleus of the collection consisted in the gift by the second Munro in the year 1800 of his own and his father's anatomical collection to the University. During the present century it has received numerous additions, both by the late Professor Goodsir and the present Professor of Anatomy (Professor Turner), and through the benefactions of many other Professors in the Faculty and of students and graduates. Starting with the upper gallery, it is seen that the surgical specimens occupy the cases standing against the south and east walls, at the junction of which is the door of communication with Professor Grainger Stewart's and Professor Chiene's departments. The specimens more especially used in the pathology department by Professor Greenfield occupy the cases standing against the other walls of the same gallery, and the door of communication with the department stands in the south-west corner of the gallery. The desk-cases on this gallery are intended for the display, for purposes of study, of wet pathological dissections or specimens, prepared after the manner recently adopted with such excellent teaching effect in the anatomical department. Each dissection or specimen will have its descriptive manuscript or catalogue after the manner also adopted in the teaching of anatomy; and, to facilitate close study without injury to the cases, these are provided with sliding desks. It may be added, in passing, that the doors of communication between the Museum and the departments just mentioned are double and constructed of iron, so as to make them fire-proof. These desk-cases will, besides, contain exhibits of calculi of the liver, intestine, kidney, &c.; and the arrangements for displaying pathological bones, with drawers for tabulated specimens, show some ingenious and useful modifications of the arrangements usually adopted for the display of such objects. Coming now to the first gallery, there are doors of communication between it, as between the second gallery and the ground floor, both in the north-east and south-west corners of the Museum. Beginning at the north-east corner, the exhibits gradually ascend from the skeleton, which comprehends shell, cartilage, and bone, to periosteum, bone and its peculiarities, joints, muscles and muscular arrangements, tendons, fat and pigment. Thence there come in order oral apertures, horny jaws and beaks, whalebone, teeth, &c., and so on through the series of animal organs, dealing not alone with vertebrates, but with invertebrates also. In the desk-cases running round the first gallery will be found a number of specimens of variations in the skeleton. In this gallery are numerous objects in illustration of the vascularity of organs, in which the blood vessels have been filled with coloured materials. This part of the collection was started by the late Professor Goodsir, and it has been materially added to by the present Professor of Anatomy. On the same floor there is a very fine series of eye preparations, as also a valuable collection of casts of cleft palates, only recently contributed to the Museum. At the west side, enthusiasts in natural history will find delightful opportunity of studying a beautiful collection of salmonidæ, illustrating their condition both in health and disease, with preparations of their various organs, some of which are injected. On the ground floor, the side cases are given over to the undisputed possession of a very instructive and general series of skeletons. The series begins at the east side of the Museum, at the right hand of the visitor as he enters from the Museum vestibule, with human skeletons and crania, and passing through the higher apes, finishes, on the other side of the Museum, with the reptiles and fishes. Many of the skeletons, owing to the limited space in the old Museum, have not for many years been shown, and some of them are of not a little interest. For instance, there is here the skeleton of the notorious Burke. The cabinet at the west end of the Museum, to which reference has already been made, is to accommodate the anthropological collection of crania. Of these several are even more interesting than the skeletons to which attention has

been drawn. One is said to have held the brain of George Buchanan; another to have been that of Haggart; another, that of a New Hebridean who killed Williams, the missionary; another, that of Howison, the Cramond murderer—the last man, it is said, that was sentenced to be hung and handed over to the doctors for dissection; whilst yet another is said to have been owned by the notorious pirate Pepe, who is credited with having in his murderous career killed ten thousand persons.

**EXPERIMENTS ON INTRA-OCULAR PRESSURE.**—At a meeting of the Berlin Physiological Society, Dr. Höltzke, following up a communication recently made by him respecting the influence of narcotics on pressure in the eye, reported experiments he had made concerning the influence of the blood-pressure on the intra-ocular pressure. The view had hitherto been universally accepted that the pressure in the eye was dependent on the blood pressure, and a series of experiences and experiments had been collected by way of proving this dependence. The nerves had likewise shown that they exerted an influence on the pressure in the eye, so far as they influenced the vascular system. Of the sympathetic in particular it was asserted that its paralysis induced an augmentation, whereas stimulation of the nerve caused a diminution of the intraocular pressure, and this converse process was said to be connected with the expansion and contraction of the vessels. Seeing, however, that some investigators maintained that the effect of the sympathetic on the pressure of the eye was exactly the opposite to that just referred to, the speaker had instituted new measurements by means of a manometer, utilising the second eye in the way of control. The result at which he arrived by this means was that the cutting of the sympathetic always entailed an abatement of the pressure to an average of 6 mm. mercury, and that stimulation of the peripheral nerve ending caused an increase of the pressure amounting to 14 mm. mercury. Stimulation of the supreme ganglion of the sympathetic had the same effect. If the veins of the neck were bound on the under side and the carotid was compressed, then had neither the cutting nor the stimulation of the sympathetic absolutely any effect on the pressure in the eye—a proof that the influence of the sympathetic as above stated was only mediate, that the paralysis of the sympathetic induced the lowering of the ocular pressure only in consequence of the decrease of pressure in the vascular system, and that the stimulation of the nerve caused the increase of the intra-ocular pressure only because of a rise of pressure in the blood. An experiment with a view to measuring the influence of the sympathetic on an atropinised eye did not yield perfectly decisive results, a circumstance which determined the speaker to investigate once more the influence of atropine on the ocular pressure. The result was somewhat different from that recently communicated. It was now ascertained with perfect certainty that the influence of atropine by itself was a diminution of the ocular pressure, and therefore the contrary of that of eserine. Only when the pupil was powerfully expanded by the atropine, did the pressure in the eye rise in correspondence with the other experiences that each expansion of the pupil was accompanied by an augmentation of pressure, and each contraction of the pupil was followed by an abatement of the ocular pressure. On the expansion and contraction of the pupil, the rise or the reduction of the blood-pressure became, in turn, observable, and this latter again on its side generated a rise, or, as it might be, a fall or the pressure in the eye. This parallelism of the ocular and the blood-pressure the speaker had found to hold good in all his experiments. The pressure in the vitreous body invariably showed the same changes as did the pressure in the watery chamber.—*Nature*.

**CHARGES OF PECULATION BY RUSSIAN MEDICAL OFFICERS.**—"Stepniak" writes to the *Times* a long account of the peculations of the officers of the Army Medical Staff in Russia, which, though no secret, have been brought prominently into public notice by some trials that have taken place in consequence either of dishonest individuals having quarrelled, or by the attempt of some whose notions of morality were higher than those generally prevailing to kick against the existing system. According to Stepniak,



nominations to appointments are paid for; sometimes in the most unblushing way the applicant will be informed by the chief how much he must pay him; at other times the information is conveyed by means of signs, the figures being written in the air, or the attendant trusty satellite sees that applicants are possessed of the exact terms on which appointments are made. In some cases, haggling and bargaining are resorted to, and occasionally an annual tribute is demanded in addition to the nomination fee. If it be true that the food and drugs are adulterated, cream of tartar being supplied for quinine, &c., it is to be feared that the life of a Russian soldier in hospital is treated as of small value by those whose whole lives ought to be devoted to caring for his interests.

**THE FIFTY-EIGHTH MEETING OF THE GERMAN NATURALISTS AND PHYSICIANS.**—The directors of this meeting, Profs. Kussmaul and De Bary, announce that it will be held at Strassburg from the 18th to the 23rd of September, and have published a very attractive programme. After the 1st of September all communications and enquiries may be addressed to Herrn Quästor, Schmidt Universitätsgebaude, Strassburg.

**RUSSIAN MEDICAL WOMEN.**—The St. Petersburg medical women are establishing an Ambulatorium for women and children on the pay principle.

**SLOW PROMOTION OF HOSPITAL-SURGEONS IN FRANCE.**—M. Richelot, the Editor of the *Union Médicale*, while congratulating (August 13th) two successful candidates at the *concours* just over, on their admission as hospital surgeons at the Bureau Central, wonders whether they are aware of the lot which awaits them in this place of delayed expectations. The successful candidates, it seems, having gained admission within its envied precincts, must await their turns for appointments at the hospitals; and at this time there are seventeen so-called surgeons of hospitals who are thus waiting; so that after all their laborious preparation and anxieties entailed by the formidable contests they have gone through, they find themselves deprived of the recompensing advantages by reason of the bad organization of the hospitals, and the spirit of routine which characterises the administration of the Assistance Publique. It is naturally asked why two new hospital-surgeons are thus created every year, when so many are yet unplaced. Surgeons who have been kept in this quarantine will get placed in 8 or 10 years; and the new comers, averaging 35 years of age, may, in the course of 15 years, find the happy day arrive. Alike with those of the successful candidates, the interests of the patients are sacrificed, and the good renown of French surgery seriously compromised. The present services are far too large, being most insufficiently officered, and the assigning 300 patients to the control of a single surgeon has been attempted to be justified by pointing to the example of Billroth. But here a misunderstanding prevails, for neither Billroth or any other surgeon could minister to the wants of 300 patients. He supervises and directs the whole, it is true, but the service is really accomplished by his assistants, who have their well-defined authority and responsibility, and not the false position which worn-out regulations assign to French *internes*. M. Richelot contrasts the energetic activity which characterises the services of 60 beds with the overgrown services now in question, the heads of which, overloaded with work, renounce the attempt to struggle against an impossible task, and finding themselves unable to do all, finish at last by doing almost nothing, still retaining all the responsibility which the regulations refuse to those who assist them. A radical reform in the organization is evidently called for, and of whatever nature this may be, at all events the absurdity should be terminated that while certain hospital patients are suffering from want of sufficient attention, men of 40 years of age, selected by *concours* as surgeons of hospitals, find themselves unable to fulfil their functions and justify their title.

**FOOD ANALYSIS IN PARIS.**—Any person bringing a sample of food may have a so-called qualitative analysis performed without fee. Practically it is often quantitative, but in the certificate the article is merely described as

good, passable, bad but not injurious, or bad and injurious. For the convenience of the public, articles to be submitted to this examination are received at any of the police stations, whence they are conveyed daily to the laboratory in a police van. For a more complete or quantitative examination in which numerical estimates are furnished, a fee is charged, varying from 5 to 50 francs. Each purchaser must give the name and address of the vendor of the article he submits, and if found "bad," an inspector is at once sent to the shop to inspect the similar articles in stock, and to obtain samples with the usual formalities for their identification. If these are again condemned, proceedings are instituted by the Municipal Authorities. The names of the original purchasers are not made public, but though they omitted to comply with the legal precautions required for a prosecution, yet knowing that they did not tamper with the articles themselves, they naturally withdraw their custom from the shop in question. The fraudulent tradesman thus suffers in the loss of custom, a further penalty and probably a heavier one than the fine imposed by the Court, which alone is too often but a small discount on his ill-gotten profits. This is certainly one of the matters that they order better in France.

**ACTION FOR A SURGICAL FEE.**—M. Labbé, the well-known Parisian surgeon, performed ovariectomy in a lady in 1881, having fixed his fee at 1,500 francs only in consequence of the pecuniary circumstances of his patient. The operation proved fatal; and not having received payment, M. Labbé in 1883 brought an action against the husband and his nephew, who were joint heirs of the deceased. They refused payment on the ground that the operation, which was performed in a *maison de santé*, so far from taking place with the consent of the husband, did so in spite of his opposition to it. The tribunal, however, chiefly relying on a letter of the husband acknowledging the debt, condemned the defendants to the payment of the sum sued for.

**FATAL CASE OF DIPHTHERIA CAUGHT FROM A PATIENT.**—The superintendent of the municipal hospital of a Russian city has died of diphtheria after three days illness. He caught the disease from a child whose throat he was painting. The Town Council has arranged to provide for the family of the deceased medical officer.

**ESTIMATION OF UREA.**—The hypobromite process is without doubt the simplest and most rapid, but the solution being very unstable has to be always freshly prepared. Dr. Squibb suggested the substitution of the U. S. P. Liq. sodæ chlorinatæ, but for reasons not well understood, it does not give such constant or accurate indications. Dr. A. B. Lyons believes, however, that he has overcome the difficulty by an extemporaneous conversion of the hypochlorite into hypobromite. To the solution of chlorinated soda (which must answer the U. S. P. requirement of containing at least 2 per cent. of available chlorine), 25 cc. of which should be sufficient to decompose the urea in 4 cc. of urine, he adds 5 cc. of a 20 per cent. solution of potassium bromide a few minutes before the urine is introduced. With some samples of the solution of chlorinated soda, it is necessary to add a little caustic soda, 2 to 5 cc. of a 10 per cent. solution, to insure the absorption of all the CO<sub>2</sub> evolved. The results are identical with those of the hypobromite and the re-agents always easily procurable.

**DETERMINATION OF CASEIN IN COW'S MILK.**—J. Frenzel and T. Weyl (*Zeit. physiol. Chem.*) have proposed a method of precipitation by dilute sulphuric acid, after previously diluting the milk with 3 vols. water. The results obtained by this method are compared with those of Hoppe-Seyler's, which consists in acidification with acetic acid after previously diluting the milk to 20 vols., and completing the precipitation by passing a stream of CO<sub>2</sub>. The effect of varying the conditions of precipitation was also investigated. The results differ but slightly from those obtained by Hoppe-Seyler's method, over which the authors' has the advantage of being more expeditious.

**DISTRIBUTION OF AMMONIUM SALTS AND FORMATION OF UREA.**—According to W. Salomon, the blood of dogs, rabbits, and kine contains 2.2—4.9 mgrams. ammonia per



100 c.c.; 100 grams rabbit liver contain 7.0—11.8 mgrams.; 100 grams muscle of dog and rabbit 6.1—12.4 mgrams. The kidneys are not necessary for the change of the ammonium salts into carbamide, and in the herbivora the seat of change is the liver.

**MUSTARD POULTICE ON A SPONGE.**—The latest method of applying a mustard poultice is by means of a sponge. The plaster having been prepared in the usual way, a sponge is dipped into it, then wrapped in a soft handkerchief, and applied to the part. By simply warming the sponge again and moistening it afresh, it may be reapplied, the strength being perfectly preserved. — *Philadelphia Medical Reporter*.

**SHAKESPEARE'S DOCTOR.**—Under this heading, the *Allegemeine Wiener Medicinische Zeitung* (July 21) announces that a grave-stone exists in the churchyard of Fredericksburg bearing the following inscription:—"Here lies Edward Heldon, a medical and surgical practitioner, the friend and companion of William Shakespeare, of Avon. He died after a short illness in the year of our Lord 1618, in the 70th year of his age."

**HOW TO TAKE A PILL.**—For the very numerous class of persons who find the taking pills a difficulty or even an impossibility, Dr. Asthalter directs (*Philadelphia Medical Reporter*, July 25) them to place the pill or pills under the tongue, then take a mouthful of water or other liquid, and swallow this just as in ordinary drinking. The tongue turns back upon itself, and the pill is imperceptibly washed down.

**LONDON HOSPITAL MEDICAL COLLEGE.**—The following is the list of prizemen for the Session 1884-5:—Entrance science scholarships for proficiency in the subjects required for the Preliminary Scientific M.B. examination at the University of London—60*l.* scholarship, W. S. Fenwick; 40*l.* scholarship, J. H. Sequiera. Buxton Scholarships for proficiency in the subjects required for the Preliminary examinations—30*l.* scholarship, H. M. Speechly; 20*l.* scholarship, R. J. Williams. Clinical medicine—20*l.* scholarship given by the House Committee and the Medical Council—W. Rawes; certificate, F. J. Smith. Clinical surgery—20*l.* scholarship given by the House Committee and the Medical Council—W. Rawes; certificate, F. J. Smith. Clinical obstetrics—20*l.* scholarship given by the House Committee and the Medical Council—W. Rawes; certificate, A. Barrell. Duckworth Nelson Prize—W. Rawes; certificate, F. J. Smith. Letheby Prize for proficiency in chemistry, 30*l.*—C. R. Killick; certificate, J. K. Warry. Anatomy, physiology, and chemistry—25*l.* scholarship given by the Medical Council—E. O. Ashe; certificate, S. J. Cole. Anatomy and physiology—20*l.* scholarship given by the Medical Council—J. J. Coulton; certificate, O. M. Jones. Dresser's prizes for zeal, efficiency, and knowledge of minor surgery, given by the House Committee—15*l.* prizes, B. Walker, and one not awarded; 10*l.* prizes not awarded; 5*l.* prizes not awarded. Dissection prizes—1, S. J. Cole; 2, W. S. Fenwick; 3, J. J. Coulton; 4, C. R. M. Green.

**THE NEEDLE OF A HYPODERMIC SYRINGE LOST IN THE BODY.**—It has been proposed to make hypodermic syringes of metal, the needle being in one piece with the rest of the instrument. A case illustrating the danger of a needle becoming loosened has occurred in Russia. While a baby was being operated on with a Pravaz syringe the needle suddenly disappeared into the pleural cavity. The case terminated fatally.

#### APPOINTMENTS.

**BOURNE, ALFRED, L.R.C.S., L.R.C.P.**—Medical Officer to the Osmotherly District, Northallerton Union, *vice* Mr. J. M. Cumine, resigned.  
**BULLOCK, JOHN GEORGE WRIGHT, L.R.C.S. Ire., L.R.C.P.** Edin.—Medical Officer to Rugby District and to the Workhouse, Rugby Union, *vice* Mr. G. F. Sadd, deceased.  
**CHETHAM, STRODE REGINALD, M.B., C.M.** Edin.—House Surgeon to the County Hospital, Huntingdon.  
**COX, WILLIAM L., M.R.C.S. Eng., L.S.A. Lond.**—Medical Officer to the Bishop's Castle No. 1, and Lydbury North District, Clun Union, *vice* Dr. Lemon, resigned.  
**ELKINGTON, THOMAS, M.R.C.S. Eng., L.R.C.P.** Edin.—Medical Officer to the Priors, Marston District, Southam Union, *vice* Mr. F. W. Fowke.

**FLEMING, W. J., M.D., C.M. Glasg., F.F.P.**—Visiting Surgeon to the Glasgow Royal Infirmary, *vice* Eben Watson, whose term of office expires.  
**GORDON, W. S., B.A., M.B.**—Resident Medical Officer to the District Lunatic Asylum, Mullingar.  
**MATTHEY, ARTHUR, M.R.C.S., L.R.C.P.**—House Surgeon to the Croydon General Hospital.  
**WEBB, J. EUSTACE, M.B., C.M.**—Junior House Surgeon to the Western General Dispensary, Marylebone Road.

#### VACANCIES.

**BRIDLINGTON UNION.**—Medical Officer for the First District, and to the Workhouse, in succession to Dr. C. F. Hutchinson, resigned. Area, 13,989 acres. Population, 10,607. Salary, £65 per annum. Salary for Workhouse, £15 per annum.  
**COVENTRY AND WARWICKSHIRE HOSPITAL.**—House Surgeon. (*For particulars, see Advertisement.*)  
**EASTERN DISPENSARY OF BATH.**—Resident Medical Officer. (*For particulars, see Advertisement.*)  
**GENERAL HOSPITAL FOR SICK CHILDREN, PENDLEBURY, MANCHESTER.**—Junior Resident Medical Officer. Salary, £80 per annum, with board and residence. Candidates must be doubly qualified and on the Medical Register. Applications, stating age, and accompanied by not more than six recent testimonials, to be sent to the Chairman of the Medical Board on or before September 2nd.  
**MANCHESTER ROYAL INFIRMARY.**—Resident Medical Officer. (*For particulars, see Advertisement.*)  
**NORTH EASTERN HOSPITAL FOR CHILDREN, HACKNEY ROAD, E.**—Physician. Candidates must be Fellows or Members of the Royal College of Physicians, London. Applications, with qualifications and testimonials, to be addressed to the Secretary, City Office, 27, Clement's Lane, E.C. (from whom further particulars may be obtained), on or before August 31st.  
**ROMSEY UNION.**—Medical Officer for the Fourth District, in succession to Mr. H. Dayman, deceased. Area, 2,000 acres. Population, 948. Salary, £16 per annum.  
**ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.**—Assistant House Surgeon. Salary £100 per annum, with board, lodging, washing, &c. Candidates must be registered Medical Practitioners. Applications, stating age, with testimonials, to be sent under cover to the Clerk to the Trustees endorsed "Application for Assistant House Surgeon," on or before September 19th.  
**THE GENERAL INFIRMARY AT LEEDS.**—Resident Obstetric Officer. Salary, £100 per annum, with board and residence in the Infirmary. Applications to be sent to Mr. Blair, General Manager, before September 10.—Also, Honorary Obstetric Physician. Candidates must have obtained a degree in Medicine at one of the Universities of the United Kingdom, or be Members or Fellows of the Royal College of Physicians of London. Applications to be sent to the Treasurer at the Infirmary, marked "private" before September 5.  
**UNIVERSITY OF ABERDEEN.**—Examiners in Medicine. (*For particulars, see Advertisement.*)  
**WESTON-SUPER-MARE HOSPITAL.**—House Surgeon. Salary, £70 per annum, with board, lodging, and washing. Candidates must possess a registered Medical and Surgical qualification and be unmarried. Applications and testimonials to be sent to the Honorary Secretary on or before September 5th.

#### DEATHS.

**CHALMERS, DAVID, M.D.,** of Slades, Bramley, Surrey, on Aug. 21st in his 75th year.  
**DAYMAN, HENRY, F.R.C.S.,** at Brooklands, Millbrook, Southampton, on August 19th, in his 77th year.  
**WARDELL, J. R., M.D., F.R.C.P.,** of Calverley Park, Tunbridge Wells, at Brighton, on August 21st, aged 65.  
**WEST, JOHN RUSSELL, M.B.,** at Royal Marine Terrace, Bray, on August 17th, aged 35.

#### NOTES, QUERIES, AND REPLIES.

##### THE CASE OF DR. BRADLEY.

TO THE EDITOR OF THE MEDICAL TIMES.

SIR,—I enclose a further list of subscriptions, which, perhaps, you will kindly publish in the next issue of your Journal.

I remain, yours faithfully,

August 26th, 1885.

RICHARD JEFFREYS.

Sir Prescott Hewett, Bart., £10 10*s.*; Sir James Paget, Bart. £5 5*s.*; Dr. Wilson Fox, £5; Mr. J. W. Hulke, Dr. Hughlings Jackson, A Friend, £3 3*s.*; Sir Joseph Fayrer, K.C.S.I., Dr. Lionel S. Beale, Mr. Charles Higgins, Dr. Ogle, Mr. Henry F. Butlin, Dr. Jackson, Mr. E. Nettleship, Dr. Thomas Barlow, Dr. Macnaughton Jones, Dr. T. Lauder Brunton, Dr. Felix Semon, £2 2*s.*; Dr. James F. Goodhart, Dr. W. Murray, Dr. J. Langdon Down, Mr. Charles J. Bracey, Mr. E. B. Whitcombe, Dr. Thomas Cargill Nesham, Dr. Elliott, Mr. J. Vose Solomon, Dr. Heywood Smith, Mr. James R. Lownds, Mr. Edward Skinner, Dr. W. J. Cleaver, Dr. Edward Jackson, Dr. W. E. Parkes, Mr. G. B. Morgan, Mr. J. W. Bramwell, Dr. W. Stewart, Mr. J. Wright Baker, Dr. H. Radcliffe Crocker, Mr. Thomas Collier, Dr. Drysdale, Mr. Francis Mason, Dr. J. Shearwood Roberts, Mr. Henry Power, Mr. Bruce Clarke, Dr. F. de Havilland Hall, £1 1*s.*; Dr. John Harvey, Dr. Samuel Morton, Dr. E. Gaylor, Dr. Alfred Harvey, Dr. Charles Vokes, Dr. W. J. Irvine, 10*s.* 6*d.*; Dr. Kaye, Dr. J. A.



Malcomson, Dr. Gibb, Mr. R. N. Robson, Mr. E. S. Robson, Mr. W. J. Lancaster, Mr. Thomas F. Hopgood, Dr. Philip F. Fentem, Mr. John P. Bradley, Mr. G. Everitt Norton, Mr. H. T. Woodd, 10s.; Mr. Charles Evans, 5s.; Mr. F. J. Burman, 2s. 6d.

### MEMORIAL TO SIR MOSES MONTEFIORE.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—The Memorial to be raised as a tribute to the memory of the late Sir Moses Montefiore in connection with the Chelsea Hospital for Women, has been approved by the leaders of the Jewish Community and other influential persons, and encouraged by contributions given or promised. The reasons, which have induced the Board of Management to undertake the Memorial are:—

(1) That there is no similar hospital where poor Jewish women, suffering from the distressing diseases peculiar to the sex, can secure privacy in companionship with their co-religionists, have supplied to them Kosher food prepared in Kosher utensils, and be able to observe the cherished rules of their faith. It is impossible to overestimate their appreciation of these privileges.

(2) That the late Sir Moses Montefiore was one of the first Governors of the Hospital, and that no more honoured name could be associated with a first effort to make a proper provision for poor and suffering Jewesses. This object may be attained for £1,500, £500 to name a Montefiore Ward and £1,000 to endow and name a Montefiore Bed. Jews and Christians alike are asked to subscribe to this Fund as an "In Memoriam" offering to the memory of the late patriarchal philanthropist, and those who are kind enough to do so will have the power to recommend the patients for the Montefiore Ward. The Board of Management beg you to allow them to appeal to the readers of the *Medical Times* for their generous support, for not only will it assist them to supply a deficiency in our benevolent organizations of a very humane character, but the Funds will enable the Board to reduce the large debt upon the hospital. Cheques payable to James Debae, Esq., Treasurer, and crossed London and County Bank, or postal orders or notes payable at G.P.O. and also crossed, will be promptly acknowledged by

Your Faithful Servant,

J. S. WOOD, Secretary.

Chelsea Hospital for Women, Fulham Road, S.W.,  
26th August, 1885.

### MORTALITY IN WINDSOR.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—Permit me to correct a mistake in your number of to-day. I am quoted as giving the death-rate of Windsor as 20 per thousand. That figure represents the mortality in what is perhaps our worst slum, the rate for the whole borough being only 13'4.

I am, Sir, yours, &c.,

EDWARD CASEY.

Park Street, Windsor, August 22nd, 1885.

### COMMUNICATIONS RECEIVED—

Prof. GAIRDNER, Glasgow; Dr. GIBBONS, London; Dr. GUILLEMARD, Cambridge; Dr. CASEY, Windsor; Dr. WILLOUGHBY, London; THE DIRECTOR-GENERAL OF THE NAVY MEDICAL DEPARTMENT, London; THE SECRETARY OF THE UNIVERSITY OF LONDON; Mr. H. K. LEWIS, London; Mr. JOHN BLAND, London; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; THE DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT, London; Mr. R. JEFFREYS, Chesterfield; THE TOWN CLERK, Hastings; THE SANITARY COMMISSIONER FOR THE PUNJAB, Lahore; OUR BOMBAY CORRESPONDENT; Dr. BURNEY YEO, London; OUR ROME CORRESPONDENT; THE MILITARY SECRETARY OF THE INDIA OFFICE, London; Dr. SHELLEY, Hertford; Mr. T. HOLMES, London; THE REGISTRAR-GENERAL FOR ENGLAND, London; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; Dr. MAXWELL, Woolwich; Mr. E. NETTLESHIP, London; Dr. J. WARD COUSINS, Southsea; Dr. CRICHTON BROWNE, London; Dr. TIRARD, London; Mr. SCOTT BATTAMS, London; MEDICUS; THE BOARD OF MANAGEMENT OF THE CHELSEA HOSPITAL FOR WOMEN, London; Mr. STEVENS, London.

### BOOKS RECEIVED—

A Text-Book of Medical Physics, by John C. Draper, M.D., LL.D. —Report on the Health, Sanitary Condition, etc., of the Borough of Hastings, for the quarter ending June 30th, 1885—Report on the Health and Sanitary Condition, etc., of the City and County of Bristol, for the quarter ending July 4th—Old Age and Changes Incidental to it, by Professor Humphry —A Schoolmaster's Retrospect, by Maurice C. Hine, M.A., LL.D.

### PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—Revue Médicale—Alienist and Neurologist—The American Journal of Obstetrics—The Western Medical Reporter—Scienze Mediche—La Cronica Medica—Canada Medical and Surgical Journal—El Monitor Médico—The Ophthalmic Review.

### HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopædic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopædic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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Dr. Dudley Buxton: The Physiological Aspect of Anæsthesia, Local and General.

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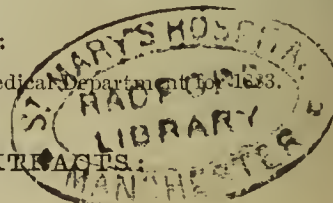
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MEDICAL TIMES
AND GAZETTE.

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ACUTE ANTERIOR POLIOMYELITIS.

By R. A. GIBBONS, M.D., M.R.C.P.,

Physician to the Grosvenor Hospital for Women and Children.

A BOY, aged 9 years, was seen by me on May 15th of the present year, because he was suffering from pain on the inner side of each thigh. I heard that on the previous day, whilst attempting to jump over a string, he tripped and fell on his knees, the thighs being wide apart. He felt pain at first, which soon passed off, and he walked about; during the afternoon he worked at his lessons in school without complaint, but on returning home later in the day said that he felt tired. He went to bed before his usual hour, but did not sleep well.

On examination I found that there was considerable tenderness to touch along the whole inner aspect of each thigh, and that this was especially marked along the ramus of the pubes on either side, but there was no swelling observed. He could move his limbs freely in bed, although it caused pain in the thighs and in each groin. Temperature 99° F., pulse 100, perfectly regular. He was ordered no medicine, but rest in bed with hot fomentations to the pained parts.

In the family history it is only important to mention Vol. II. 1885. No. 1836.

that an elder sister still suffers from the effects of infantile paralysis. There are four children older and one younger than the patient, but, with the exception mentioned, there is nothing calling for observation. There is no history of nervous disease on the mother's or father's side.

Previous History.—He has always been a quick and intelligent child, but never robust. He has had whooping-cough, chicken-pox and mumps. After the latter he suffered from pain in the left ear, soon followed by discharge, from which he quite recovered. Occasionally he has had attacks of uric acid in the urine. He used formerly to have "night-terrors." About five years ago he had rather a severe blow on the head from a fall, and for some time afterwards is said to have constantly blinked his eyes as if he could not keep them open. During last winter, whilst in the country, he frequently complained of pain in the lower part of the back, and of being tired, but no notice was taken of this.

On the following morning I again saw him, because the pain of which he complained was no better, the fomentations only giving temporary relief. On the inner aspect of each thigh there was still tenderness to touch, but the pain seemed now to be more general over the thighs. There was also distinct loss of power in the lower extremities; he could draw them up in bed, but only slowly and with great difficulty. I ascertained from the nurse that seven days ago (the 9th) he had received a blow on the lower part of



the back with the butt end of a toy metal pistol, weighing about four ounces, which caused him great pain at the time. This was in the same region of the back of which he had frequently complained last winter. On examination of the spinal column I found that he complained of pain on pressure over the lower dorsal region—especially the lower three dorsal vertebræ which were more prominent than the rest. There was also sensitiveness to pressure in the lower cervical region, and in both of the situations mentioned the application of a hot sponge caused great pain, which could be only endured for a second, whereas in other parts of the spinal column it produced no great uneasiness.

The patella-tendon reflex was absent from each limb; the plantar reflex was not active, but was not lost. All the other superficial reflexes were present. There was no ankle-clonus. Sensation perfect; grasp of each hand good. Temperature 101°, pulse 100, regular. In the evening of the same day the loss of power was more marked, and the superficial reflexes, with the exception of the cremasteric, gone. He could not now raise or draw up either limb, and could only move the toes slowly and, apparently, with considerable effort. He could not sit up in bed properly; when asked to do so he dragged the lower limbs upwards along the bed by using his hands as a fulcrum and partially raising the trunk; he then placed his arms behind him, and endeavoured to prop himself up. But he could remain in this attitude for a few seconds only. The squeeze of each hand was not so good as it ought to have been. The bowels had acted naturally, and he had passed water freely. It had a specific gravity of 1.015, was acid in reaction, phosphatic, and loaded with urates; but contained no albumen, sugar or bile.

Swallowing was perfect, and he took nourishment well. Vision good; pupils natural and active; accommodation good. Ophthalmoscopic examination revealed nothing abnormal.

There was no tendency to the formation of sore over sacrum. Respiration was regular and natural. Hearing and taste normal. Towards night the pain in the limbs, for it had now extended to the legs also, was increased, and he said that he felt numbness in the latter. The nurse stated that she noticed occasional twitches in the legs. He was lying in the posture of a paraplegic. As the pain was so severe I ordered bromide of potassium in doses of ten grains.

On the morning of the following day he was crying with the pains in his limbs, but I heard that, on the whole, he had passed a fairly good night, and that the medicine seemed to soothe him.

I now had the advantage of Dr. Gee's opinion, who suggested, as to treatment, tincture of belladonna in doses of ten minims every four hours, in addition to a belladonna plaster along the spinal column. The prognosis was undoubtedly grave.

On the 18th he was in considerable pain, and now complained of "pain in the stomach." On asking him what kind of pain it was, he replied that it was a "peculiar pain as if something tight were tied round him"; this expression was not suggested to him. Temperature 101.2°. The other signs remained the same, the superficial and deep reflexes being abolished with the one exception of the cremasteric, which acted feebly. He also complained of "pins and needles" in his feet. It was noticed that the muscles of the thighs and legs felt flaccid and flabby, and already seemed somewhat wasted.

On the 19th his condition was precisely the same. On this day I examined his muscles with faradism. Commencing with a weak current and gradually increasing until the greatest strength was reached from the primary coil, I obtained no reaction whatever in

any of the muscles, which were tested in regular order, of either lower extremity. With a very powerful current from the secondary coil there was no reaction at all in the left leg or thigh; in the right all the muscles failed to respond with the exception of the tibialis anticus, which acted very feebly. The reaction of the flexors and extensors of the upper extremities was not so good as natural. This examination caused considerable pain. I may state that the battery was freshly charged, and had recently been put into good order.

From the day following, his condition gradually improved, the first favourable sign being that he could move the toes of each foot.

On the 21st he could move the legs slightly, and on the 22nd could draw them up and move them with ease in bed. On again testing with the faradaic battery it was found that the contractility had returned in all the muscles.

On the 24th he was able to stand for a minute unsupported, and the belladonna was omitted. The superficial reflexes were all again present, as well as the knee-jerks.

With regard to the belladonna it is noted that he was taking it, in all, for eight days, from the 17th to the 24th inclusive. After administering it for a little more than 24 hours it was omitted for 8 hours because of slight delirium, the pupils being well acted upon; but he did not complain particularly of dryness of the throat, and no rash was noticed. With the exception mentioned he bore it well until it was stopped.

On June 7th a poroplastic jacket was applied which gave him great support and comfort. He afterwards walked about gently, but not up or down stairs, and he seemed in excellent spirits. Three weeks later I examined the back. He complained of no pain on percussion over the three lower dorsal vertebræ, and the prominence in this region, although still present, was certainly not so pronounced. He was kept at rest a good deal, but was in the open air as much as possible, either driving or in a little carriage which could be drawn about. He was then taking quinine, iron and cod-liver oil with good nourishing diet.

This case presents some points of extreme interest. Although it might be contended that the fall upon the knees, followed, as it was almost immediately, by severe pain in the thigh, was the starting point of the inflammatory trouble in the cord, yet I think that, taking all into consideration, it was much more probably due to the blow upon the weakened part of the spinal column. It will be remembered that during the past few months he had been complaining of pain and aching in the lower part of the back, and although it was not then considered of sufficient importance to seek advice concerning it, one cannot now doubt that commencing Pott's disease was present, and was most likely the indirect cause of the alarming symptoms following the blow. As, however, these symptoms did not appear until seven days after the blow, and the pain immediately followed the shock caused by the fall on the knees, it might still be argued that there existed cause and effect between the latter. And in dealing with such a case it is of great importance that the etiology should be clearly understood both in reference to prognosis and to the treatment.

One cannot lightly pass over the fact that the shock to the spinal column, from the fall upon the knees, must have been considerable, especially to the already damaged part, but it can hardly be believed that such clearly indirect violence communicated through the femora would have so great an influence as a blow directly delivered over the affected region. I have been unable to find the record of any case of a similar nature, whereas it is well known that occasionally



direct violence to the spine is followed by symptoms comparable, in some respects, to the foregoing, without the existence of any previous disease of bone.

Now, as to the diagnosis of the exact lesion causing the train of symptoms present. This is of the greatest importance in such a case, on account of the possibility of giving a favourable prognosis, or otherwise, on the full development of the symptoms. As these symptoms were, without doubt, the result of a blow, the first point that must be enquired into is as to whether they were due to what is commonly called spinal concussion. But, as no signs of anything wrong appeared for so many days after the blow, and the pain consequent upon it rapidly disappeared; and as, moreover, the signs and symptoms could not be regarded as corresponding in any way to the ordinary varieties of spinal concussion, time need not be taken up with this point. It may, however, be remarked that in those cases of spinal shock where at first the patients think nothing of the injury, and where, later, symptoms develop, they point to a meningo-myelitis associated with disturbances of the cerebral functions rather than to spinal trouble alone.

It is hardly necessary to say that this case had nothing in common with the paraplegia sometimes met with in cases of Pott's disease, due to compression of the cord from purulent or inflammatory material within the canal. In such a case, although there would be well-marked paraplegia, and sensation would remain (unless, indeed, the compression had reached the grey matter), the cord would be healthy below the seat of pressure, and the excito-motory function would remain; so that the reflexes would be all present. And as the membranes would be involved, and, therefore, an irritation of the cord would exist by means of the roots of the nerves, there would probably be spasm and rigidity, faradaic contractility being present. But in the case related the reflexes and faradaic contractility were absent.

There was nothing in the onset and symptoms suggestive of hæmorrhachis or of pachymeningitis, and the ætiology of such affections would almost certainly exclude them; but as they both occasionally happen in Pott's disease they are worthy of mention. It might be as well to add that in both these affections the pains are generally most severe, there being the usual signs of first spinal irritation and subsequent paralysis; in both, also, the chief symptoms of motor irritation are spasmodic jerking of the muscles, increased cutaneous reflexes and tendon reactions—motor and sensory paralysis next appearing.

Nor was the pathological condition one of pure spinal meningitis; for although he complained of pain in the back, it was not of the severe character usually met with in this affection during any muscular movement or bending of the spinal column. Nor was there any rigidity or spasm of a tetanic character; and sensation, as well as the action of the rectum and bladder, was unaffected. These functional disturbances appear early in the disease, probably because of spasm of the sphincters.

The next affection which would probably occur to one in thinking over the diagnosis would be myelitis. But it will at once be granted that the signs and symptoms of the case related do not agree with those which are known to be present in true myelitis. For instance, in the latter affection, although it is characterised, as in the case quoted, by rapid loss of muscular power, it must be remembered that the grey matter of the cord is primarily affected, and that, as a consequence, sensation will certainly be as greatly affected, and probably as quickly, as motion; whereas in the foregoing case sensation was perfect throughout. Again, in a typical case of acute myelitis, speaking generally, there is comparatively little pain, and it is rare for any

pain of a neuralgic character to be present as in this case; although it must always be borne in mind that symptoms in myelitis are often so variable that it is important not to lay too much stress upon the presence or absence of pains of any kind. As the disease advances the feeling of numbness which usually exists gives place to partial or complete anæsthesia. Moreover, in myelitis the sphincters are involved; indeed, paralysis of the bladder is occasionally one of the earliest symptoms, and there may be either retention or incontinence of urine, whilst the bowels also act involuntarily, none of which symptoms were present in this patient.

By a process of elimination we come to a disease to which all the symptoms and signs can be referred, namely, acute anterior poliomyelitis. When this affection occurs it is so usual for it to be purely of an idiopathic origin in children that it is apt to be forgotten in dealing with such a case as the one under consideration. The fact that the blow was received seven days before well-marked symptoms supervened will not invalidate this diagnosis, for there are many cases on record of several days elapsing between the receipt of an injury and the development of spinal symptoms. A very remarkable example of this is to be found in a case recorded by Mr. Simon in the *Pathological Transactions* for 1855. In this case a girl, aged 18, had a fall, soon recovered from its effects, and walked home a distance of three or four miles. After eleven days pain in the back with vague symptoms of pain and tenderness over the body, not altogether unlike hysteria, manifested themselves. Movements of the trunk in bed were difficult. This was soon followed by numbness and twitching in the extremities, and after a few hours by paralysis, complete in the legs, and to a marked degree in the arms. She died on the fourth day from the beginning of the symptoms.

Dr. Wilks in his work on "Diseases of the Nervous System" mentions the case of a boy aged fifteen, who was admitted into Guy's Hospital. He had been playing with another boy three days previously and had received a blow on the back, of which he thought little at the time; but he applied to the hospital on account of increasing pain, and died with spinal symptoms twenty-two days after the receipt of the injury.

It is evident that my case was not one of sub-acute anterior poliomyelitis or general spinal paralysis, because here the paralysis commences insidiously and progresses gradually, tending to invade all the voluntary muscles until the patient can neither stand nor walk. It is important to note that it is unattended by febrile disturbance, and although, in the rapid loss of faradaic contractility and bulk, in the retention of cutaneous sensibility, control over the sphincters, and tendency to ultimate recovery, it somewhat resembles the case under consideration, yet it is essentially chronic in its course, extending over a lengthened period.

No doubt the malady from which this patient suffered is identical in many respects with that of infantile paralysis; and the fact of it occurring at the age stated would, perhaps, be sufficient ground, in the opinion of many, for immediately placing it under that heading. Now, although the pathology may be similar, the case related is different in several essential particulars. Apart from the important facts that the vast majority of cases of infantile paralysis occur at a very much earlier age, especially during the first dentition, and that there is seldom any assignable cause, the onset alone of the case related would certainly place it beyond the category of infantile paralysis; for in the latter the children are usually struck down in the midst of apparent health. According to Dr. West<sup>1</sup>

<sup>1</sup> On Diseases of Infancy, p. 242.



cutaneous hyperæsthesia is often present at the commencement, although this is certainly not a constant accompaniment. "Often, however," he says, "sensation in the affected limb appears to be exalted when the paralysis is recent, the degree of hyperæsthesia in the early stage being in such cases proportionate to the completeness of the loss of power which afterwards is apparent." Again, it is very common to have only one limb or a group of muscles affected. Of sixty-two cases which have been observed by Duchenne (fils) twenty-five were of the right lower limb, ten of the right or left upper limb, seven of the lower limb, one hemiplegia, two crossed paralysis, two lateral paralysis of the upper limb, only nine of paraplegia and five of general paralysis; the remaining one being paralysed in the muscles of the trunk and abdomen. So that out of this number forty-seven cases were partial only. Of forty-four cases under the observation of Dr. West, forty were merely partial, that is involving one or two limbs only. In infantile paralysis it may be mentioned that there is always a loss of five or more degrees of temperature in the paralysed parts, and in proportion to the amount of loss of electro-muscular contractility do the muscles undergo atrophy and subsequent degeneration, and tend to increase the gravity of the prognosis. One more very important point in relation to infantile paralysis which should be noted is that there is, comparatively speaking, very rarely absolute recovery. And this is true of cases which at first might appear to be most favourable. In nearly all, some general weakness remains, or a group of muscles does not regain power, or, perhaps, even only one or two muscles are left permanently unfitted for use.

As before remarked, it is unquestionable that in some respects there is great similarity between the case under consideration and infantile paralysis, and, as I shall presently explain, my belief is that it is merely a question of degree in the amount and intensity of the hyperæmia affecting the substance of the anterior horns and the ganglionic cells contained therein. In reference to this point, I may be allowed to quote at length a passage from Reynold's System of Medicine, written by Dr. Radcliffe more than thirteen years before the exact pathology of these affections was understood. He says, "It seems to me that the peculiarities of infantile paralysis, instead of showing that it is unlike paralysis in adults, only show a close analogy to, if not an actual identity with, the paralysis which has been seen to result from spinal congestion. In infantile paralysis sensation is exaggerated rather than dulled in the paralysed parts; in paralysis from spinal congestion it is the same. In infantile paralysis the bladder and lower bowel are obedient to the will, so also in paralysis from spinal congestion. In infantile paralysis the limbs are limper, not rigid: so also in paralysis from spinal congestion. In infantile paralysis recovery more or less complete is the rule rather than the exception; so also, and very much in the same order in paralysis from spinal congestion. Neither do I know of anything to invalidate the conclusion which these resemblances would seem almost to necessitate that infantile paralysis is nothing more than paralysis from spinal congestion."

In detailing the affections which this case might suggest, it is necessary to include diphtheritic paralysis. As is now well known, the pathology of this disease is identical with the two preceding disorders, and it is, therefore, important to mention it; more especially as it is now known that severe forms of diphtheritic paralysis occasionally follow cases of apparently the mildest sore throat, indeed, in some where no complaint whatever has been made. But it is hardly possible for this case to have been one of diphtheritic paralysis. He had no sore throat nor any

history of one, or of exposure to poison, nor was there the least reason to suspect paralysis of the soft palate. Again, sensibility is nearly always diminished in the paralysis following diphtheria, and there is usually in cases so severely ill as this patient more or less impairment of the organs of sense. The eyes especially suffer, there being loss of accommodation owing to paralysis of the ciliary muscles, or squinting, or double vision, none of which were present.

In reviewing the series of phenomena presented by this case, one is forced to the conclusion that they must be of rare occurrence in patients of this age. As far as I am able to ascertain, it is the first recorded case of what may be paradoxically called "Adult Spinal Paralysis," i.e., acute anterior poliomyelitis. From the receipt of the blow to the onset of symptoms was seven days; from the commencement of symptoms to the stage of absolute paralysis was forty-eight hours, and from the onset of paralysis until recovery of reflexes and return of faradism was seven days.

In adults such cases are by no means extremely rare, and have been easily recognised since Duchenne and Charcot first described them, but the interest of this record lies in the fact that hitherto cases have not been noted as occurring at so early an age.

From the cases of adult spinal paralysis or acute anterior poliomyelitis, published by Duchenne and Charcot, it would appear that adults are attacked by a disease resembling in all particulars infantile paralysis. These records show "that it comes on in adults, as in children, with febrile symptoms, lasting it may be for a few days, and attended with, or followed by, motor paralysis of a greater or lesser number of voluntary muscles, but without implication of cutaneous sensibility, loss of control over the rectum or bladder, or tendency to the formation of bed sores; that the muscles are flaccid, incapable of excito-motor action, and tend rapidly to lose their faradaic contractility and to waste, and that after the paralysis has reached its highest degree, more or less amendment takes place."<sup>2</sup> It sometimes happens in the case of the adult, as also probably in the child, "that pain in the spine with forward curvature, and some degree of pain in the limbs, attend the onset of the disease." Of course, the history of the disease in adults differ from that of the infantile disorder in the necessary absence from it of all mention of the varied deformities resulting from defective development.

The pathology of this affection is doubtless identical with that of infantile paralysis; that is to say, that the changes usually described occupy only the anterior cornua of the spinal cord, as they do also in diphtheritic paralysis, concerning the pathology of which our knowledge has much increased of late years. There can be no doubt but that in this case the parts principally affected were the anterior cornua. As occurs in diphtheritic paralysis the large motor cells were in all probability merely swollen, thus causing loss of function, and in many spinal cases it must be purely a question of degree as to how much or how little these multipolar cells suffer. If they are only slightly affected, function is but temporarily in abeyance, whereas if the swelling is considerable and persistent, permanent damage occurs and atrophy ensues, leading to lasting paralysis as in infantile palsy. It is a matter for others to decide as to how these multipolar nerve cells become swollen at all. But it is reasonable to suppose that, owing to a general or localized hyperæmia, there is a certain amount of exudation from the nearest capillaries, which by a process of osmosis finds its way into the transparent membranous capsule surrounding each ganglion cell.

In the Transactions of the International Medical

<sup>2</sup> "Theory and Practice of Medicine." Bristowe. Last Edition.



Congress for 1881, Dr. Abercrombie published an important paper on diphtheritic paralysis in children. He says "the only pathological changes I have been able to detect are in the grey matter of the anterior cornua, and they consist in a swollen condition of the large motor cells. The margins of these are very ill-defined, and the processes have in most instances entirely disappeared. The contents of the cells have a granular aspect, and the nuclei have disappeared, or where still visible are highly granular. These changes only occur in very limited areas, and I have not found them constantly in any one region of the cord; but more commonly in the upper and middle dorsal regions than elsewhere. Where one cell of a group is affected all the cells of that group show some change. In some places the cells appeared shrunken rather than swollen. Perhaps this is a later stage of the same process."

In five cases of diphtheritic paralysis examined by M. Déjerine,<sup>3</sup> similar changes, although more advanced, were found, and he also discovered on investigation that the posterior roots were all healthy whilst the anterior were affected by neuritis.

Dr. Percy Kidd, in the Transactions of the Medico-Chirurgical Society for 1883, gives the result of a careful examination of the pons, medulla, and spinal cord from a fatal case of diphtheritic paralysis. In many sections from the dorsal region of the cord there was numerical atrophy of the anterior nerve cells. In the same cornua, mingled with the ordinary multipolar nerve cells, were small indistinct cells which had lost their processes, and in some cases tended to assume a globular form; these cells were more often granular than natural. In none of these sections were the nerve cells observed to be swollen, but the changes all tended towards atrophy. This may have been due to the fact that the patient was ill for a little over two months.

In the Transactions of the Pathological Society for 1879, there is the report, by Dr. Charlewood Turner, of a case said to be acute anterior poliomyelitis in a child aged two years and a half, fatal within six weeks from the onset, which evidently originated from a fall on the back. But this case differed from mine in several respects. Sensation over the limbs was lost at the beginning, and the evacuations were passed involuntarily; the latter alone would suggest the idea of acute myelitis. The child died of measles complicated with broncho-pneumonia. In a most careful microscopical examination of the cord of this case, made by Mr. R. W. Parker, it was found that the antero-lateral column of the left side was distinctly smaller than that of the right. About the centre of the lumbar enlargement there was a patch of reddened gelatinous-looking matter corresponding with the anterior cornu of the left side. The margin was darker in colour than the centre as from a de-colorisation of hæmorrhagic extravasation. In the neighbourhood of this point of hæmorrhage the grey substance had undergone extensive changes. No other similar patches of hæmorrhage were found. Although both anterior cornua were profoundly affected in the lumbar enlargement, it is noted that the posterior cornua were also involved, the right posterior cornu being less extensively affected than the left and showing more numerous polar cells. Mr. Parker considered these latter changes to have been of a secondary character, and not sufficient to remove the case from the category of infantile paralysis. Probably, judging from the state of the cord, the child would have been permanently paralysed had she survived the measles.

Drs. Andrew and Duckworth have recorded a

case of "all but universal paralysis in a child aged two and a half years, following exposure to heat, with complete recovery."<sup>4</sup> In this there was anæsthesia of all the parts affected by motor paralysis. In the legs a strong faradaic current excited only slight reflex movements. The action of the sphincters was involuntary. The child was ordered belladonna at the suggestion of Dr. Gee. Ten days afterwards it was noted that the child could raise both hands over her head and feed herself, and that there was increasing power in the right leg, whilst sensibility had returned in both. Four days later she had control over the sphincters. The belladonna was continued for three weeks and then omitted. After an attack of nephritis she slowly recovered. In this case the signs and symptoms would suggest rather a general myelitis than an inflammation of the anterior horn, for, as the authors state, it was not an ordinary case of infantile paralysis. They attribute the onset to direct exposure to the sun and severe thermal influences. They note that the first symptoms of amendment were observed on the fourth day after commencing the belladonna, which was prescribed in the form of the extract, one-tenth of a grain three times daily in a sweetened mixture, and a strip of belladonna plaster along the whole length of the spine. It is worth calling special attention to the employment of this drug in such nervous cases as those quoted. The view held by therapeutists that it possesses an influence of checking spinal hyperæmia seems to be frequently justified by results. Dr. Abercrombie speaks highly of its employment in a severe case of diphtheritic paralysis which recovered,<sup>5</sup> and I have seen certain nervous cases where its employment seemed to be undoubtedly followed by much benefit.

It is well worthy of note how admirably this case illustrates the remarks of Müller, referred to by Dr. Buzzard,<sup>6</sup> that notwithstanding the complete disappearance of faradaic excitability, or even "the reaction of degeneration in the first stage, one can conclude nothing as to the curability or incurability" of any patient under examination.

In concluding these remarks, I desire to state that although I have carefully searched many records I have failed to find any case similar to the subject of this communication. The onset, symptoms, absence of paralysis of sphincters, complete loss of faradaic contractility, retention of sensation, ending in perfect recovery, make the case of sufficient importance to place on record.

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ALEXANDER'S OPERATION FOR PROLAPSE OF THE UTERUS.—In the *Medical Chronicle* for August, Dr. Alexander gives an account in two of his earlier cases of this operation. As is well known, the operation consists in cutting down on the external ring and shortening the round ligaments until it is found that they maintain the uterus in its normal position. The first of these cases had been submitted to operation three years and two months previously; on examination he found the uterus well up, the cervix almost beyond the reach of the finger. The body of the uterus was in a slightly anteverted position. The vagina was very wide, its walls disposed in numerous folds that covered both the vesical and rectal surfaces. The patient had become much stouter, and during the interval had lived a laborious and irregular life without any thought of the weakness of her breech. In the second case, the patient was re-examined more than two years after the operation, when the uterus was found in excellent position; some slight rectocele and cystocele still existed, but there was no tendency on the part of the uterus to prolapse even when tested in various ways.

<sup>4</sup> Medico-Chirurgical Transactions. 1877.

<sup>5</sup> Transactions of the International Congress, 1881.

<sup>6</sup> Diseases of the Nervous System, p. 83.

<sup>3</sup> "Archiv. de Phys. Norm. et Path." Tome V, p. 107, 1878.



## PRACTICAL NOTES ON THE ORDINARY DISEASES OF INDIA.

By NORMAN CHEVERS, C.I.E., M.D., F.R.C.S. Eng.,  
President of the Health Department, Social Science Association.

### DISEASES OF THE EYE.

(Continued from page 219.)

*Malignant Diseases of the Eyeball.*—Many specimens of various forms are preserved in the Calcutta Medical College Museum:—252, "Epithelioma of the ball of the eye, springing by a broad base from the sclerotic adjacent to the cornea;" 283, 293, "An encephaloid tumour between the ball of the eye and the orbit, pressing upon and causing flattening of the optic nerve prior to its penetration of the sclerotic;" 294, glioma, fungating; 295, 306, 315, 317, 320, "A very unique specimen of melanosis of the ball of the eye, causing complete disorganization of the organ. The section is now of a chocolate colour."

Dr. Robert Brown has reported the case of a Mussulmaun, of Sylhet, aged 20, with melanosis of the eyeball. The organ was enucleated.<sup>17</sup>

Mr. C. Macnamara says that he considers *cancer* of the orbit to be common. Fresh cases of this formidable disease were seen every year in the Calcutta Hospital, whereas the other forms of malignant disease were rarely seen. Mr. Macnamara's predecessor, Mr. Martin, had only three cases of excision of the eyeball, for malignant disease, in four years.

Considering the unusual prevalence of enervating influences in India, it is remarkable that a larger number of cases of *Amaurosis* should not be observed there among Europeans and natives.

In an old report of the Madras Eye Infirmary, it is stated that the majority of 877 cases of amaurosis (only 12 of which were Europeans), were treated for partial loss of sight, "depending chiefly upon exposure to the sun and night chills," many instances were "the result of febrile disease and inanition succeeding parturition."

I, for some years, watched with interest the condition of a well-grown and healthy English gentleman, who was rendered quite incapable of work in India, by what appeared to be mere congenital weakness of vision. There was no visible defect in the eyes, and the case was not one of amaurosis. He retired from India soon after the age of 30.

In the old report of the Madras Eye Infirmary cited above, it is mentioned that *Night Blindness* is a very prevalent disease in that country; 672 cases, of which only 4 were in European soldiers and 8 in Sepoys, having been treated in 9 years. It was found to be principally confined to the native agriculturists and artisans, and was seldom met with in the European and the Indo-Briton. The alleged causes were exposure to the strong dazzling light and ardent heat of a tropical sun by day, and to chilling dews by night, severe attacks of fever, scanty and bad food, "a disordered state of the alvine secretions" and worms. Females were frequently observed to be affected with this complaint after parturition. It was considered that many of the cases of amaurosis and cataract treated in the infirmary had their commencement in night blindness.

While I was a member of the medical committee for the Calcutta Pilot Service, I saw a great deal of *Hemeralopia* in men who attributed it to the incessant movement of the sun-lit sea when they were stationed in the small light vessel moored at the Sand Heads.

Weavers are liable to be similarly affected by the constant tremulous movements of the threads. Night blindness used to be very prevalent in native jails, probably as an expression of scorbutic cachexia.

Dr. J. W. Moore concludes some valuable remarks<sup>18</sup> on nyctalopia and hemeralopia, as they occur in India, with the following summary of treatment which represents the practice usually followed in that country. "Attention to the general health and prevention of exposure to the exciting causes. Blisters behind the ears, or on the temples have been recommended, but are rarely beneficial. A similar remark applies to leeches. Tonics are always required. But the most important means of cure is confinement during the day in a darkened room. I have found this plan perfectly successful within a week, and it is highly recommended by others. Exercise should be taken in the dark, and companionship provided for the patient to as great an extent as possible."

I always gave quinine in Bengal. An antiscorbutic course will be needed in a large proportion of cases; and, even where signs of scurvy cannot be detected, it will never be wrong to give the patient the benefit of acting on the suspicion that he may be the subject of a scorbutic taint.

*Snow Blindness.*—A friend and brother officer of mine, who was an excellent landscape painter, greatly injured his eyesight by too anxious endeavours to represent the outlines of the snowy range from Khatmandoo. The degree of his blindness fluctuated, but, although much consideration was shown to him he was never practically fit for duty. He died early in England, as I understood from brain-disease. Dr. Cayley has noted<sup>19</sup> that ophthalmia appeared, in many cases which he treated among the inhabitants of Ladak, to have arisen from the glare of the snow whilst crossing mountain-passes, as a protection from which the natives often wear snow-spectacles made of plaited-hair.

*Musce Volitantes*, generally due to functional causes, are frequently complained of in India. Twenty-three years ago, I was sitting writing in a room which was shaded, except that the sun-light entered rather more freely than I usually allowed it to do, and fell upon my left eye sideways. Suddenly there appeared a vivid play of sharp iridescent lines, as if quite outside the temple on that side, rapidly moving in zig-zags, like the lines of an old-fashioned fortification. This has occurred on one or two subsequent occasions, but never since my return to England, more than nine years ago, until, sitting with the left eye towards a moderate light, in cool rainy weather, in July, 1884, the lines appeared in front and on the outer side of that eye. The lines were at first of hair-like tenuity, but brightly coloured. In a few minutes they formed a fortification-like line of prismatic colours, in which blue prevailed, about a sixth of an inch broad. There was not any headache or other uneasiness. On closing the left eye and then both eyes, they did not disappear. The appearance passed off in about a quarter of an hour. A healthy brother officer complained to me, in India, of the same symptom, which caused no more uneasiness than the flash of a lucifer match would do. This did not appear to point to any ill-consequence in either case. This play of colours has been repeatedly noticed by observers at home.

The first observation of *Filaria Oculi* is ascribed by Mr. Curling, in his lectures on morbid anatomy, to Dr. Nordmann, of Odessa. In the sixteenth number of the "Indian Annals," Mr. Charles Macnamara gave the details of two cases of *filaria papillosa* in the

<sup>17</sup> "Indian Annals of Medical Science," No. 15, p. 272.

<sup>18</sup> "On Maladies attributed to Lunar Influence, &c.," *Indian Medical Gazette*, Vol. iv, p. 181.

<sup>19</sup> *Indian Medical Gazette*, Vol. iii, p. 4, "Notes on Ladak."



anterior chamber of the human eye, *vide* pp. 330 of his manual. In the first volume of the "Transactions of the Medical Society of Calcutta," are elaborate papers, by Messrs. P. Breton and Twining, on "Worms found in the Eye of the Horse." Mr. Brett also made some remarks on this subject.<sup>20</sup> Much more recently, my friend, Dr. W. B. Beatson, now of Bath, has published<sup>21</sup> a valuable account of filaria as infesting the eye of the horse in India.<sup>22</sup>

*Cataract.*—As is well-known, Mr. Macnamara has long practised, with great success, a modified operation for linear extraction without iridectomy. During the five years preceding the publication of his work in 1868, he had operated in India on upwards of six hundred cases, the results surpassing those which he had obtained by any other operation for the removal of an opaque lens. He considers the operation to be equally applicable to cases of either hard or cortical cataract. He points out that, after this mode of extraction, we have much less cause for anxiety as to the occurrence of that most terrible complication of flap extraction—suppurative keratitis. He adds: "Even among the poor rice-fed Hindoos, who form a considerable portion of our hospital patients in Calcutta, we seldom meet with instances of suppuration of the cornea following linear extraction. I hardly exaggerate the case when I assert that some thirty per cent. of the operations performed in Calcutta formerly failed in this way."

The native operations, by reclinatio and solution, have been described by several authors. Mr. Breton<sup>23</sup> saw Sautcouree, a Mussulman, operate in Calcutta. His narrative is fully illustrated by plates. Mr. Raleigh also described the native operation.<sup>24</sup> Dr. Percival Lord gave an account of the operation which he saw employed by a native at Dera Ismael Khan.<sup>25</sup> He considered that the operation ended far more frequently in the total destruction of the globe than in the restoration of even an imperfect vision. Mr. Macnamara stated that hardly a week passed in which he did not see several of the huckeems' and kobirages' patients in the Calcutta hospital suffering from either inflammation of the choroid or from retino-choroiditis. In 1876, Dr. Cayley successfully extracted an opaque lens in a leper.<sup>26</sup>

Recollecting how frequently *Strabismus* was met with in England before the practice of tenotomy was adopted, and having travelled a good deal in out-of-the-way parts of India, I think it certain that the natives of India are far less subject to squinting than the inhabitants of Europe are. Several of my retired brother officers of great up-country experience have made the same remark. Dr. John Murray does not quite agree with us. He tells me that, when the operation was first introduced, he, in driving through the streets, used, whenever he saw a man who squinted, to tell him to jump up upon his vehicle, and to take him to the dispensary, where he generally had an operation every day. *Strabismus* occurs in Hindoos, Mahomedans, and Eurasians; and I have noticed that European children born in India, are very liable to acquire it on coming to England.

Two ladies, born in India, have large families also born in India. Four of these children squinted. The parents and grand-parents are free from visual obliquity.

### Congenital Defects.

*Cyclops.*—Prep. 1010 in the Calcutta Medical College Museum is "a monstrous foetal calf. There is only one ocular socket containing the eyeball, which is provided with two corneæ, and protected by imperfectly developed upper and lower eyelids. The eye is in the centre of the forehead (cyclopean)."

Mr. G. C. Hall reported in the *Indian Medical Gazette* a case of *Dermoid Tumour of the Cornea and Sclerotic* in a native. It was of the same brown colour as the skin of the face, and had three long hairs growing out of it. He dissected it off and the patient got perfectly well, the cicatrix contracting to about half. Microscopical examination showed that it consisted of true skin with subcutaneous fat, sweat glands, hair bulbs, and everything complete. Assistant Surgeon R. K. Mahomed<sup>27</sup> removed a dermoid tumour from the conjunctiva. The part healed well.

A poor little native *albino* boy, suffering from malignant disease in one of our surgical wards, had the characteristic ocular defect very markedly. Although his bed was as much as possible in the shade, daylight greatly depressed and embarrassed him, but, towards nightfall, he became playful. I have happened to see the *Tapetum choroideæ* twice, once in a young lady of very light complexion, but by no means an albino, the other time in a young man with dark brown eyes and hair. In the first, the tapetum shone out in a darkened room brassy yellow; in the second, it had a deep ruby lustre.

I never saw *Exophthalmic Goitre* in India, but I heard of the case of a young lady, born in India, who probably had a strain of native blood, in whom this condition was present.

### DISEASES OF THE NOSE.

The history of *Rhinoplasty* is too well known to need recapitulation here. It was adopted by the huckeems to repair the mutilations which were long commonly practised and are not yet quite disused in India, and of which I have given an account at p. 487 of my *Medical Jurisprudence*.

For *Lupus* and *Rodent Ulcer* see General Diseases.

*Ozæna*—*Peenash*.—In various hot climates, maggots have been noticed to infest the noses of dying animals. In 1868, Dr. N. Jackson, of Deega, near Patna, sent to the editor of the *Indian Medical Gazette*<sup>28</sup> larvæ found at the summit of the nostrils of full-grown sheep. It is not mentioned under what circumstances the animals died. They were examined by the late Dr. Stolicza, and pronounced to be a species of a large æstrus-gadfly. He stated that these creatures lay their eggs in the nostrils of various ruminants, and that the young larva, when developed, walks up the nasal bones and ensconces itself in any part of the surrounding tissue. It frequently lodges itself in the brain. These larvæ are very common in the heads of sheep in the Punjab. I am told that a like condition is frequent in England.

In 1827, Mr. W. L. MacGregor reported<sup>29</sup> the case of a man suffering from venereal disease of the nasal bones, in which larvæ fully half an inch long were discharged from the nose alive and active. The pain, which was excessive, occupied the position of the antrum, and he became almost delirious. The means employed for his relief were an injection of turpentine and laudanum in olive oil, the vapours of Aq. Ammoniac and sulphuric ether, and an infusion of tobacco gr. x to the pint. Under this treatment, he

<sup>20</sup> *Indian Journal of Medical and Physical Science*, N.S., Vol. v, p. 493.

<sup>21</sup> *Indian Medical Gazette*, Vol. i, p. —.

<sup>22</sup> In cases of worms moving under the conjunctiva in Negroes, cited in *Indian Journal of Medical and Physical Science*, Vol. v, N.S., p. 179.

<sup>23</sup> *Calcutta Medical and Physical Transactions*, Vol. ii, p. 341.

<sup>24</sup> *Ibid.*, Vol. vi, p. 137.

<sup>25</sup> *Indian Journal of Medical and Physical Science*, Vol. iii, p. 402.

<sup>26</sup> *Indian Medical Gazette*, April, 1876.

<sup>27</sup> *Indian Medical Gazette*, January, 1879.

<sup>28</sup> Vol. iii, p. 278.

<sup>29</sup> *Calcutta Medical and Physical Transactions*, Vol. iv, p. 23.



expressed himself perfectly recovered on the fifth day. The number of living maggots discharged was upwards of a hundred. When he was at the worst, he was "*literally covered with flies.*"

In 1836 Dr. Dempster placed on record<sup>30</sup> the case of a man who suffered two attacks within thirteen months, in which upwards of 300 and 172 larvæ of the blue flesh fly came away. During both attacks, he was *much teased with numerous blue flies*, buzzing about his head and face.

Dr. Dempster's report embodies a valuable abstract of the literature of this subject, giving the observations of Morgagni and Boerhaave, and facts relative to the presence of the larvæ of the gad-fly in the nasal passages in the West Indies.

In the *Bulletin Médicale Belge*, 1839, there is notice of the case of a woman in whom the entrance of a fly to the nostril was followed by severe frontal pain, often so distressing as to cause delirium. Several full-formed grubs were discharged. Upwards of fifty came away during the next week. They were those of the common fly; several, being kept under favourable circumstances, became flies.

Bahoo Taruck Chundra Lahory has given<sup>31</sup> a very careful description of this state under its vernacular name of *Peenash*, a word of Sanscrit origin signifying disease of the nose. He relates five cases, in at least three of which it appears probable that syphilitic disease existed. He says that, in five years, there were 91 admissions at the Allyghur Dispensary for worms in the nose; of these 46 recovered, 14 were relieved, 2 died, and 29 ceased to attend. In a fatal case, he found worms in the cribriform plate of the ethmoid bone, ulceration "(?)" of the bodies of the sphenoid and ethmoid bones, and slight congestion of the vessels of the brain.

Dr. D. T. Lyons has recorded<sup>32</sup> an important contribution to the literature of this subject under the title of "An Account of a Disease of the Nose and Cranial Sinuses prevalent in the Zillah Rhotuck, in the Punjab." He says, "Invariably there is a depression or flattening of the bridge of the nose." There was not in two out of Lahory's five cases; but, doubtless, this is merely a question of degree.

This disease, or rather complication of disease, is again described by Dr. W. J. Moore in his account of Marwar.<sup>33</sup> He says, "as a rule, persons so afflicted will be found to have suffered from syphilitic ulceration. In some instances, however, the primary condition is scrofulous inflammation, or other affection of the nasal mucous membrane. This affection is frequently seen in the nose of the camel. Three valuable contributions to this subject will be found in the fifth volume of the *Indian Medical Gazette*.<sup>34</sup> Dr. Alexander Garden shows that, in four years, 303 cases of ozæna were treated at the Saharunpore Dispensary. Out of 168 cases which were sifted, peenash occurred in 63. Ozæna was found to be more frequent among females than among males. The persons being, as a rule, the very poor, weak, emaciated, half-starved anæmiated sufferers from fever, exposed to vicissitudes, and living a precarious life, the day's meagre meal most often depending on the day's wage. No marked connection has been traced between this and malarial and other diseases of the liver and spleen, though such might be supposed to exist from the frequency with which epistaxis is met with as the first symptom. In some 8 or 10 cases, there was an undoubted syphilitic taint. Dr. Garden shows that ozæna is rare before puberty, but is common afterwards. It

occurs chiefly in the hot months of the year. It ends, as a rule, in recovery, often leads to injuries of the soft parts, occasionally ends in death. It is essentially a disease of debility, without any marked connection with scrofula.

In a patient treated by Dr. Higginson, 56 maggots were discharged, all living, from the nose. "These were put into a bottle over the mouth of which a piece of paper was tied. They went through the necessary changes, and all developed into able-bodied blue-bottle flies."

Dr. Whylock<sup>35</sup> treated a European soldier, aged 24, the subject of secondary syphilis, who suffered in this manner. The maggots became blue-bottle flies. Turpentine vapour was very successful in this case. Baboo Bhawani Doss<sup>36</sup> values chloroform in these cases.

Mr. Thomas Mayne relates<sup>37</sup> the fatal case of a man with old (syphilitic?) perforation of the soft palate, whose nasal passages were the resort of live specimens of *Cestrus hominis*, varying in size from four to six lines.

For a notice of a similar affection of the auditory passages see the chapter on *Diseases of the Ear*.

For *Nakra*, an acute inflammatory thickening of the Schneiderian membrane, to which natives of Bengal suffering from fever are liable, see *Malarious Cachexia*. I do not think that, at least in Bengal Proper, nakra is liable to end in ozæna. It is, however, allowable to argue that the ozæna of Upper India is an aggravated form of nakra. Both occur in sufferers from malarial fever. The following is Dr. Garden's description of the symptoms and progress of ozæna—apart from the miserable complications of syphilis and peenash. In a few cases coryza was given as the starting point. The first stage is essentially inflammation of the Schneiderian membrane; low in type and rapidly tending to ulceration. In many, if not most, the first sign is a sense of fulness and discomfort in the nose, accompanied by more or less pain, and soon followed by a thin foetid ichorous discharge. In some the foul odour is perceived for some time before there is any discharge. At this time the mucous membrane will be found in a greater or less degree inflamed, dark red, and swollen. Very frequently the first symptom that attracts attention is epistaxis; and the case, if seen at once, may never go beyond this point, and, hence, figure in the returns as epistaxis. Dr. Garden has met with numerous cases in which, after a time, the diagnosis has had to be altered in accordance with facts. In 1869, of 75 cases, 22 commenced with bleeding from the nose; and in 8 others, entered as epistaxis, it is very questionable whether in most the true ultimate diagnosis would not have been ozæna, as the epistaxis had been going on in some cases daily for weeks. In all cases where the first symptom was epistaxis the discharge became continuous, at first apparently nearly pure blood, then sanious and foetid, then merely tinged with blood, and finally more or less yellow in colour, the foul odour remaining the same.

Whatever the first symptom, the discharge, after a time, becomes thin, purulent, or muco-purulent, sanious, ichorous, and foetid. After a longer or shorter interval, if the case is not treated, ulceration of the mucous membrane occurs. In the majority of cases, especially when proper treatment has been employed, the disease goes no further. The discharge is less purulent, sanious, and offensive. The ulcers, chiefly superficial, heal, and the mucous membrane resumes its normal condition. In some few cases the stage of ulceration is not attained. But, in a considerable proportion, no such favourable termination occurs. The ulceration is

<sup>30</sup> *Indian Journal of Medical and Physical Science*, N.S., Vol. i, p. 45.

<sup>31</sup> "*Indian Annals of Medical Science.*"

<sup>32</sup> *Ibid*, No. xv, p. 55.

<sup>33</sup> *Ibid*, No. xx, p. 524, and *Indian Medical Gazette* for August, 1871.

<sup>34</sup> Pages 38, 106, and 172.

<sup>35</sup> *Indian Medical Gazette*, October, 1877, p. 263.

<sup>36</sup> *Ibid* for July, 1876.

<sup>37</sup> *Ibid*, January, 1875.



extensive, and involves structures deeper than the mucous membrane. From the first, the skin of the nose, and even of the face, presents an erysipelatous condition, is swollen, red, hot, and painful, whilst the surrounding parts are œdematous. The skin over the bridge of the nose ulcerates or sloughs, the nasal bones become carious or necrosed, the bridge of the nose is destroyed and a permanent deformity is left. Dr. Garden has seen a sinus left by the destruction of the soft parts of the nose below the nasal bones. The inflammation may extend to the antrum of Highmore, or even originate there. One of Dr. Garden's earliest, and certainly most severe cases, commenced with epistaxis followed by the usual symptoms. The inflammation spread to the antrum and mouth, and ultimately to the contents of the orbit, through the nasal duct. Sloughing of all the implicated parts supervened, destroying them all, and the patient's intense suffering only ended with death.

The parts most commonly affected are the superior and middle meatus. In these cases the inflammation is not unfrequently found extending to the palate and gums, and even to the soft palate, giving them a dusky red erysipelatous look. He has seen sloughing of the gums and perforation of the hard palate. In one case there was marked pyalism. In nearly all there is an erythematous condition of the skin of the upper lip, caused by the contact of the acrid discharge.

The amount of pain varies much, but pain is rarely absent. It is often referred, chiefly or entirely, to the vertex or forehead, being apparently sympathetic and affecting the frontal and other sensory nerves of the scalp. When the upper meatus and the frontal sinuses are involved, the pain is referred to the forehead, and is constant and agonising, destroying sleep night and day. In slight cases, and at first, there are no very marked constitutional symptoms. There is no fever; the tongue is, as a rule, furred, and there may be anorexia. Usually, there is a weak quick pulse, with considerable general debility. In the more severe cases, the constitution suffers to a considerable degree. Loss of rest and of appetite, diarrhœa, dysentery, hectic, are all met with, the results of an exhausting disease, and possibly of poisoned blood.

Dr. K. P. Gupta treated a Goorkah wood-cutter in whom epistaxis was found to result from the presence of two large *leeches in the nasal passages*. He used turpentine. When leeches were much employed in Indian practice, an onion, instead of salt, was always used to make the creature drop off.

The following cases are cited by Dr. Gordon<sup>38</sup>:—A naturalist, who had for some months travelled in Formosa, suffered from epistaxis and pain in the head. A leech was perceived in the nostril by a speculum, protruding its head between the blades of the instrument. Its head was seized with an artery forceps and salt and water injected. In a little time it came away, it was an inch and-a-half long. He recollected to have drunk from a pool in which he noticed some leeches about half-an-inch in length, and he afterwards picked two or three such from the roof of his mouth.

A gentleman was affected in a similar manner. Every now and then the head of the animal would be protruded from the nostril and wander about over the lip and nose. Its owner could generally cause it to protrude by dipping his face in a basin of water. At Formosa, a monkey had a leech in its nostril.

For *Epistaxis*, see Malarious Cachexia. A remarkable case in which the death of a European soldier appears to have been caused by arterial hæmorrhage from the nose is related<sup>39</sup> by Mr. F. Sievwright. Two

days previously, having been in a state of inebriety for several days, he fell down a flight of stone steps and injured the head and nose, marks of violence being evident on both. He lived two days and a night after the hæmorrhage commenced. No fracture of the base of the skull could be detected; liquid blood was effused between the skull and dura mater in the left occipital region, and blood clots were found in the frontal sinuses and in the antra. Death was not fully explained, but it was probably due to that hæmorrhagic tendency which is so frequent in systematic inebriates.

Preparations 189 to 195 in Ewart's Catalogue represent four specimens of *Gelatiniform Nasal Polypi*.

There is a very fully reported case by Dr. R. Browne<sup>40</sup> in which the death of a Northern European was caused in India by a nasal polypus, apparently non-malignant, which made its way upwards through the base of the cranium by partially destroying the ethmoid and sphenoid bones, occasioning meningitis.

*Rhinoliths*.—Assistant-Surgeon Bhowance Day<sup>41</sup> found the nostril of a Mahomedan woman, æt. 35, who was suffering from profuse epistaxis, distended by a protruding stone. When removed, the rhinolith was found to present a perfect mould of the nostril. It was one-and-a-quarter inch long and three-quarters-of-an-inch broad, and weighed 88 grains. Its nucleus appears to have been formed in the lacrimal sac, whence it descended.

Assistant-Surgeon K. K. Mitter<sup>42</sup> extracted, under chloroform, a small oval calculus, with an hour-glass contraction in the middle, which was firmly adherent to the mucous membrane of the ala of the nose of a native girl of five.

S. Gozdar treated<sup>43</sup> a native man, æt. 25, who had suffered for years from obstinate catarrh, confined to the left nostril, with severe neuralgia-like pain of that side of the face, attributed to a blow with a stone which broke into pieces. A stone, doubtless a rhinolith, one-and-a-half-inches in length and nearly three inches in girth at its thickest part, was removed.

It is probable that *foreign bodies* usually form the nuclei of these concretions when they occur in children. I had considerable difficulty in clearing the nostrils of a boy of four, who if still living is a baronet, from masses of lime from the terraced floor which he had passed the morning in cramming in.

I met with a healthy and eminent Scotsman in India who considered that, although he believed that he had full powers of taste, the sense of smell was absent from birth.<sup>44</sup>

Thirty-seven years ago, an Indian civilian informed me that, a year or two previously, he had sustained a dangerous injury to the head—probably fracture of the base—which left him without sense of smell. I believe that he is now living.

M. TERRILLON'S POWDER IN PHAGEDENIC CHANCRE.—Pyrogallie acid 20 parts, starch powder 80 parts. This is to be carefully mixed, used only when fresh, and kept dry in a well-stoppered bottle. In phagedenic chancre with anfraactuositities and multiple prolongations, the powder is to be blown, twice daily, into the depths of the wound by means of a bellows.—*Union Médicale*, July 4th.

<sup>38</sup> *Ibid*, Vol. ii, p. 306.

<sup>41</sup> *Indian Medical Gazette*, Vol. viii, p. 43.

<sup>42</sup> *Ibid*, p. 156.

<sup>43</sup> *Indian Medical Gazette*, 1882, p. 341.

<sup>44</sup> Harriet Martineau did not possess the senses of taste and smell. She said, "I tasted a leg of mutton and it was delicious." The gift was withdrawn as suddenly as it came. The sense of smell was denied to Wordsworth. In his case, too, it was vouchsafed to him only on one occasion. "He once smelt a beanfield and thought it heaven."—*James Payn's Literary Recollections*.

<sup>38</sup> "Epitome of Reports of Medical Officers of Chinese Customs Service," p. 178.

<sup>39</sup> *Calcutta Medical and Physical Transactions*, Vol. iv, p. 31.



## ON THE INOCULATION OF VENEREAL SORES.

By H. DE MÉRIC, M.R.C.S.,  
Surgeon to the French Hospital.

THE following cases are of practical interest in the study of venereal sores, inasmuch as they show the difference of the inoculation (on the same person) of the syphilitic, or what is called "hard" chancre, and of the simple or "soft" chancre. I select them from amongst many others in my note-book at the French Hospital, eight or ten years ago, which will account for a certain want of completeness in several instances; for I had not then so constantly in my mind the importance of length of incubation, state of the glands in the groin, &c., for the study and diagnosis of venereal ulcers.

CASE I.—F. J., April, 1875. One chancre, which I saw nearly six weeks after connection, the patient having remarked it a week before he came to me. The incubation therefore was evidently between four and five weeks. I inoculated the man in the thigh from the chancre with no result. The sore healed up rapidly under the influence of iodide of mercury pills. Six weeks afterwards the secondary symptoms appeared in the form of a well-marked papular eruption with "plaques muqueuses" in the mouth. I had this patient under observation and treatment for eight months in all, at the end of which time all symptoms had disappeared.

CASE II.—G. B. E., June, 1875. Five or six chancres which I saw a fortnight after connection, the patient having remarked them more than a week before he consulted me, so that the incubation could not have been more than five or six days. These I treated by the local application of nitrate of silver and black wash, and in my then inexperience I gave some iodide of mercury pills; the sequel, however, soon convinced me of the error into which I had fallen, for, a couple of weeks after commencing this treatment, seeing some new sores appearing near the first ones, which by the way seemed to heal slowly and most indolently, my suspicions seem to have been aroused, and I inoculated the patient in the thigh. To quote my own words: "Three days afterwards the inoculation had taken beautifully." Of course, I then at once ceased the pills, and merely ordered an astringent lotion, enjoining strict cleanliness. The sores on the penis were all healed in about a month, but the place of inoculation in the thigh gave some trouble. In this case there was nothing at all in the groin. In 1879, four years after, I treated the patient for primary and secondary syphilis.

CASE III.—E. K., July, 1875. Two chancres, one on the foreskin, the other on the prepuce. I inoculated in the thigh with no effect whatever. Ten days after I had first seen this patient a well-marked papular copper-coloured eruption appeared. This being evidently a case of syphilis, was ordered appropriate treatment. Unfortunately my notes on this case give me nothing concerning the length of incubation or the state of the glands in the groin.

CASE IV.—C. L., July, 1875. Four chancres, from which I inoculated in the thigh, producing another similar chancre. In this case there was a suppurating bubo in the groin, another proof added to that of the inoculation that the chancres were simple and not syphilitic. The sores healed up in about three weeks with an astringent lotion only. Two months after their first appearance no other symptoms were present.

CASE V.—F. L., July, 1875. In this case I inoculated in the thigh from a single sore, which the patient had seen for six weeks, and which had appeared fifteen days after connection. The inoculation produced no result whatever; but, in this instance, it was performed when the secondary eruption had already made its appearance.

CASE VI.—L. T., August, 1875. One sore with very slight induration between the prepuce and gland, from which I inoculated twice at an interval of seven days without any result. The reason I inoculated this patient twice was, I find, because the glands in the groin on the left side looked inflamed and like suppurating, which they subsequently did, and the bubo thus formed was largely incised by my father, who was kind enough to see this case during my absence. Unfortunately, this patient had to be turned out of the hospital for insubordination, but the note which my father added to mine is conclusive; it runs thus: "This is evidently a case of infecting chancre with exceptional suppuration of lymphatics along the dorsum penis and the groin. The failure of inoculations proves it; besides, the suppuration was not a deep one in the groin, as is usual with bubo connected with soft chancre, but superficial, and lying over a mass of hard glands."

CASE VII.—G. F., November, 1875. This case was admitted into the hospital with several simple sores and a bubo which rendered the patient unable to walk. I opened the bubo freely, and inoculated the man in the thigh from one of the chancres on the penis. The inoculation produced a chancre in the thigh which, however, was not so inflammatory and difficult to heal as these inoculated sores generally are; this was on account of the perfect rest the patient enjoyed in the hospital. Six weeks after I first saw this man, the chancres on the penis were perfectly healed, and the one on the thigh nearly so. Vin Aromatique was applied to all, and of course no specific treatment was ordered. I saw the patient six months after he had quitted the hospital, when he told me he had since been perfectly well, and that no eruption whatever had appeared.

CASE VIII.—E. M., December, 1876. One indurated chancre on foreskin which was very long. Glands in the groin indolently enlarged. The sore appeared fifteen days after connection, and he consulted me fifteen days after he had remarked it; I inoculated in the thigh without any result, and ordered specific treatment with very beneficial effects to the chancre, which healed up rapidly. Thirty-five days after the chancre had first appeared the patient was covered with secondary eruption. In the meanwhile, the glands in the groin had become more enlarged and painful; they never went as far as suppuration, but subsided with the rest of the symptoms. I had this patient three months under my care, during which time appropriate remedies were ordered.

These cases that I have selected are necessarily few in number, as it is not always easy to obtain the consent of a patient to inoculation. However, as far as they go, they prove what has been pointed out by so many eminent men, viz., that from the constitutional syphilitic sore the result of inoculation to the same person is "nil," the poison being already in the blood, whilst from the localised simple sore another similar and probably more inflammatory chancre is produced on the same person by inoculation of the virus. This, as has been demonstrated by others, can be repeated *ad infinitum*.

In perusing these eight cases I cannot help being struck by a few facts that have since been impressed on me in hundreds of other instances. In the first place, it appears to me that the incubation of the



primary lesion of syphilis is not so long as most authors seem inclined to make it. I think a fortnight or three weeks is about the general length of time the poison takes before it shows itself by the initial symptom, this being very distinct from the simple sores which appear in two or three days after connection, having no real incubation period at all; in the second place, the groin is evidently our great guide in the diagnosis of venereal sores; in the syphilitic chancre there is *always* enlargement of the glands, and if any suppuration appear it is quite superficial. In the simple sores there is either nothing at all in the groin, or else a deep suppurating bubo; in the third place, syphilitic chancres heal very quickly with very little pain or discharge; simple sores are often very difficult to heal, giving rise to much pain and discharge, the local treatment in the latter being very often difficult and disappointing, whilst in the former the surgeon may almost lose sight of the lesion itself in the all-absorbing struggle with the poison of syphilis in the patient's system.

### REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

#### CUMBERLAND INFIRMARY, CARLISLE.

#### DISLOCATION OF THE HIP IN A CHILD OF FIVE YEARS—EASY REDUCTION THREE MONTHS AFTER.

(Under the care of Dr. LEDIARD.)

SARAH FERGUSON, aged five, was admitted on June 10, 1885. Eleven weeks previously she was pushed off the door-step; her mother found that she was unable to rise, and that her left leg was bent up.

A notorious bonesetter in the county saw her on three occasions, but did not recognise the nature of the injury, and attributed the distortion to weakness, but the child was laid up from the time of the accident, and never walked unless supported under the arms. Medical aid was sought for the first time on June 9th, when Dr. Pearson, of Maryport, advised sending the child to the Infirmary.

The usual signs of dorsal dislocation were present, the toe of the left foot resting on the dorsum of the foot of the sound side. On administering chloroform and manipulating, a few adhesions were felt to be disturbed, and soon after the bone slipped into its place audibly, almost without thought being taken of the usual steps for reduction; it was found, however, that if left to itself, the head of the femur slipped out of place, and several times by pushing and pulling in the axis of the limb, it was found possible to dislocate and reduce. A long splint was applied, and the next day a long sand bag was bandaged to the splint, as the child rolled about like a salmon on a line. Pain there was none, from first to last, complained of, and the child was discharged at the end of six weeks rest, with instructions that further rest in bed was essential.

On August 31st, she was brought up for examination, and could walk well enough, but had been allowed to do so very little.

*Remarks.*—The shallowness of the acetabulum at this age seems to account for the easy dislocation and easy reduction even at the end of three months; whilst the same cause must necessitate a prolonged rest after reduction. As far as I could gather from the mother, the child was pushed from behind and fell on the left knee down the step, and this may account for dislocation rather than fracture having resulted.

## Medical Times and Gazette.

SATURDAY, SEPTEMBER 5, 1885.

THE returns for the month of August show that there were 48,778 deaths from cholera in Spain out of a total of 142,248 cases. The grand total from the commencement of the epidemic to the beginning of the present month is 270,000 cases and 96,000 deaths. In Madrid alone, up to the end of August, there were 932 deaths. From the experience of the last few days it may reasonably be hoped that the epidemic is drawing to a close, but the mortality is still at the rate of over 1,000 a day. From Gibraltar, the report is that the cholera is spreading in the Spanish lines. In Marseilles the latest bulletins lead us to believe that the epidemic there is on the wane, but it is spreading at Toulon, and it is rumoured that it has also broken out at Nîmes. As we surmised, the Sanitary Commission declined with thanks Dr. Ferrán's offer of his services at Marseilles. Cholera has made its appearance on Italian territory, the first fatal case occurring on August 27th at Trivio in the province of Caserta. Its importation is said to have been traced to a parcel of clothes which came by post from Marseilles, and the sanitary condition of the village is reported to be exceedingly bad.

TAKING up by chance a Spanish newspaper published at Denia, and devoted to the interests of the fruit trade, our attention was called to an article on the progress of cholera in the district, and the measures to be adopted to check it. Among these were the provision of hospital accommodation, and medical attendance, the disinfection of houses by sulphurous acid, and of the *clothes of the sick and deceased* by immersion in water kept at the boiling point *in the cauldrons used for scalding the raisins!* We may as well add that they are no longer actually used for that purpose, the raisin harvest being long past, but the idea is not a nice one.

THE size and growth of London is for some people a source of solemn and unalloyed statistical pleasure. They revel in its records of a birth every three minutes, and a death in every five; in its seventy miles of taverns and gin-palaces, in the number of its churches, and in its mighty consumption of coal. They marvel, as well they may, at the order which is so well maintained amongst its four million inhabitants; at the restitution of stolen watches; at the regulation of its bewildering traffic; at the capture and death of its mad dogs—by a police force mustering, all ranks included, only a paltry twelve thousand strong. But while they congratulate themselves on the addition of sixty miles of streets and two thousand houses to the metropolis during the past year, they are apt to overlook the increasing inadequacy of its sewerage arrangements. By yearly increments, such



as this, London is already rapidly outgrowing the capacity of the main drainage system, which, since its completion more than twenty years ago, has been deservedly regarded as one of the grandest of engineering feats. The improvement in the health of [the metropolis which followed the completion of that great scheme has been maintained ever since, and the system, in fact, has worked for something near a quarter of a century with scarcely a hitch and with markedly good results. If it now fails to accomplish all that is required of it, the shortcoming is due to the rapid and continuous overgrowth of a huge city to an extent which could scarcely have been foreseen, and for which its originators were not asked to provide. The principles of the main drainage system designed by Sir Joseph Bazalgette hold good to the present day, but the disgusting and dangerous condition of the Lower Thames is a warning that the flow of London sewage is now too great and too continuous to allow of its being any longer poured into the river within such a short distance of the metropolis as the situation of the present outfalls.

By far the greater part of London lies on the north bank of the river, and it is this section of the metropolis therefore which is chiefly responsible for the present condition of affairs. The drainage of the area in question is collected by three great trunk sewers; the High Level sewer, starting from Hampstead and passing *viâ* Stoke Newington and Old Ford; the Middle Level, draining Kensal Green and the Northern District; and the Low Level Sewer, which, coming from Acton through Hammersmith and Pimlico along the Thames Embankment, and by the densely peopled regions of the Tower and the East End generally, reaches West Ham, where its contents are pumped by huge engines at the rate of some eighty thousand gallons a minute to the top of the Embankment carrying the other two sewers. From this point all three mains run alongside one another, and the sewage descends by gravity to the Northern Outfall near Beckton, where it is received in vast reservoirs before being allowed to escape into the river with the ebbing tide. The four reservoirs cover ten acres of ground, and have a total capacity of one hundred and sixteen millions of gallons. They are connected with a smaller chamber which communicates with the river by iron pipes that run some hundreds of yards into the stream. As soon as the tide begins to ebb the sluices which have hitherto closed these pipes are opened, and the sewage is thus enabled to discharge itself into the stream, there to be carried seaward by the current. At every tide one hundred and thirty million gallons of sewage are thus discharged daily; and since this quantity takes four hours and more to flow it is clear that a considerable proportion of that last discharged is carried only a comparatively short distance below the outfall, before the tide turns again and sweeps it up the river. It should be noted that the sewage does not flow into the stream in all its original depravity; as it rushes through the discharge pipes it is mixed with deodorising fluid in the proportion of six hundred gallons of the latter to thirty times that

bulk of sewage in each hour. Different materials are used for this purpose from time to time with a view to testing their relative efficiency; and the cost of the experiments thus being carried on amounts to not less than 4,000% a week.

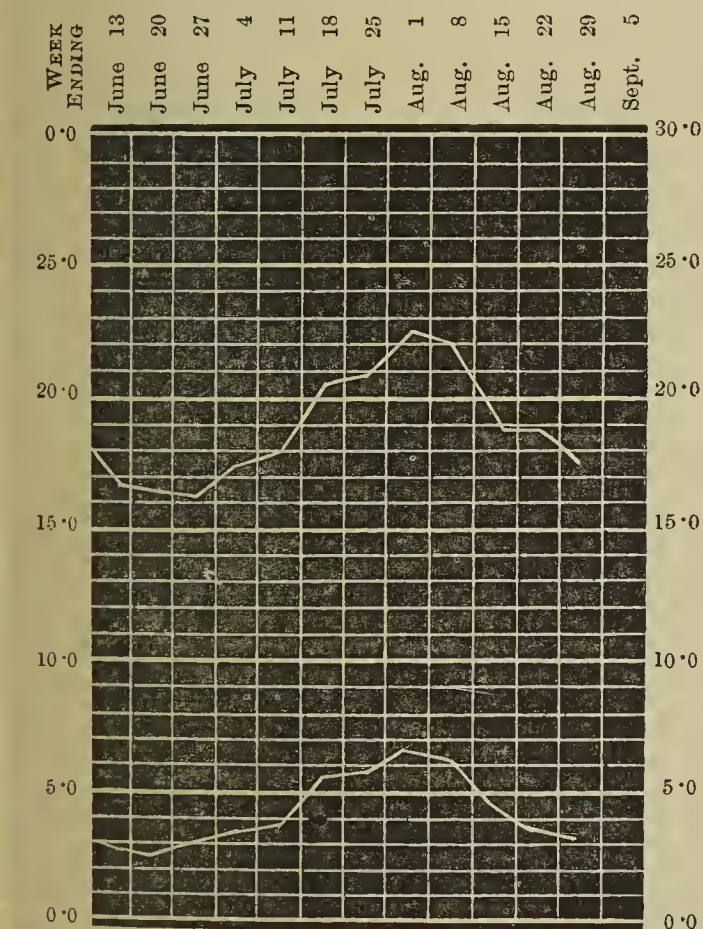
It should be observed that "deodorisation" is the object ostensibly aimed at; and so far as can be judged at the outfall itself this appears to be attained: for the smell of sewage in that neighbourhood is a trumpery bagatelle compared with the vile emanations from the cement factories, bone, glue, gas and chemical works which cluster on the malodorous borders of the Lower Thames. Deodorisation, however, by no means necessarily implies either disinfection or the prevention of putrefaction. And it is more than possible that the chemicals which for the time being destroy the smell of the sewage, and perhaps also temporarily arrest its infectious power, cease to be effective when it is mingled with the diluting river water, and that the sewage may then resume its odoriferous changes and regain or develop morbid virulence. But there is another matter of even greater significance as pointing to the inadequacy of the present arrangements for dealing with the refuse of a rapidly increasing population. The four great reservoirs already spoken of are provided with waste pipes through which, when they become overfull, their contents overflow into the river, whatever the state of the tide—whether it be coming in or going out. Until lately this happened only very rarely and at long intervals—occurring, for example, now and then after a rain storm of unusual severity. But now it takes place at least weekly, and sometimes day after day, so that a vast bulk of faecal refuse is discharged direct into the Thames to be carried up to London by the flood tide, and deposited more or less upon the foreshore as the stream again recedes.

DESPITE, then, of all that has been effected up to the present time in the way of drainage works, and of all that is being done—with much temporary success—in the way of "deodorisation" at the outfall, it remains that the present arrangements are inadequate even for the discharge of the London sewage. It is clear that the formation of additional reservoir space would do little to abate the evil and nothing towards curing it; for already the bulk of refuse turned into the river during one ebb-tide, is greater than that which one tide can carry away from the site of the present outfall; and this latter difficulty is one which must always continue to grow with the increasing growth of the metropolis itself. In fact, all the various schemes which have been advanced for dealing with the problem agree in removing the outfall to some point nearer the Thames estuary. There can be no question that the sooner this is done, and the farther the point chosen is from London, the better will it be for the welfare of the metropolis and for the health and comfort of those who live upon the banks and traverse the surface of its polluted stream. The cost will necessarily be heavy, but while London



continues to grow and prosper—and with cities the two processes are practically synonymous—its inhabitants must be prepared to pay the bill of health. The sooner people's eyes are opened to the plain facts of the question, the better it will be for them, and the less they will grumble. "You cannot do as you like and get well." Nor can you keep a city healthy without properly draining it; and you cannot drain a growing city properly without a proportionately increasing expenditure. The price must be paid in one way or in the other; in solid cash or in injured health. A lighter heart, and a clearer head, and a longer life, would make amends for the emptier pocket, and Londoners will pay even the heavier sewer rate less grudgingly if they have thereby gained the right to say *Non olet* of the Thames.

NOTWITHSTANDING the complaints about defective sewage arrangements and other things hurtful to the community at large, to which our attention is being constantly drawn in the daily papers, the health of London is wonderfully good. Last week there were 1,371 deaths, being 155 below the corrected average. The great saving of life which this represents is due to there having only been 408 deaths of infants under one year, a number vastly below anything recorded in the last six years. Diarrhoea caused 121 deaths instead of 192. There was a slight rise again under the head



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past twelve weeks.

of measles, which caused 55 deaths, and whooping cough kept up its high average with 45 deaths. Scarlet fever counted 12 victims, and diphtheria 14. The deaths from diseases of the respiratory system which had been steadily decreasing for several weeks

numbered 201, a figure in excess of any return since the second week in June. This coincides with a mean temperature for the week 3.3° below the average. In the chief provincial towns, diarrhoea proved largely fatal in Birmingham, Leeds, and Liverpool, where 31, 30, and 29 deaths occurred respectively from this cause; whilst Salford and Preston contributed 22 and 18 victims, and Portsmouth 15 in the same category.

A FEW days ago the Registrar-General for England and Wales issued an edict to the following effect:—Registrars are instructed, before registering any death of either of the following descriptions, to report such deaths to the coroner, viz. :—(1) All deaths occasioned directly or indirectly by violence. (2) All deaths occurring under suspicious circumstances. (3) All deaths the cause of which is stated to be unknown. (4) All deaths which are stated to be sudden, and respecting which no medical certificate is produced. (5) All deaths of infants in houses registered under the Infant Life Protection Act, 1872. We are sure that all who have considered the matter will be glad to know that the discretionary powers hitherto enjoyed, or, at any rate, used by some of the registrars are done away with. The decision as to whether an enquiry into the cause of death is or is not necessary ought always to rest with the coroner, though practically, no doubt, this has not always been the case. As we interpret them, paragraphs 3 and 4 of the above order will preclude registrars in future from registering an uncertified death, a result much to be desired.

THE Hospital Saturday Movement, as we noticed last year, was then first introduced into the North of Ireland by the friends of the Belfast Royal Hospital, who for the first time appealed to the public generosity in the way that has ceased to be a novelty with us on this side of the Channel. The first attempt was a decided success, a sum of nearly 600*l.* being raised. A good deal of interest and curiosity was excited in anticipation of the second attempt which was made last Saturday, some of the supporters of the charity being sanguine that a very substantial addition to this sum would be collected. We regret to notice, however, that a very decided diminution has been the unexpected result. The usual amount of enthusiasm and energy only succeeded in obtaining from the public rather less than 400*l.* Whether the day—Saturday—which, though suitable in England, may not be the best day for the Irish hospitals, or whether the season, which always takes so many of the wealthy and well-to-do class out of every large city to the sea-side during July and August, has to answer for this, is an open question which will be doubtless carefully debated by the Managing Board of the Charity next year. The proceeds of the Hospital Saturday collection go entirely to the Belfast Royal Hospital, and are not distributed amongst the numerous special hospitals, as is the rule in the English cities.

A GOOD deal of interest has been aroused in an inquest conducted in the Belfast Royal Hospital upon



the body of a man recently admitted suffering from a compound fracture of the leg, which was amputated; slight secondary hæmorrhage occurred, and after some days the patient died. As usual, an enquiry was held as to the cause of death, and the nature of the accident. The proceedings were of unusual importance from the assertion made by the wife of the deceased that her husband had stated to her before his death that he had been allowed to bleed for four or five hours without anything being done to stop the hæmorrhage. The medical testimony given by the house-surgeon failed to satisfy the Coroner, and the enquiry was adjourned till the next day. It appears from the evidence given by the surgeon in charge of the case at the adjourned inquest, that there was no unusual amount of hæmorrhage, and that every care, skill and attention that could be given to the patient by all the officials in the hospital had been bestowed upon him. The Coroner, himself a medical man, and once a member of the Staff of the hospital, expressed himself in very strong language, and is reported in the local papers as having made very serious statements regarding his opinion of the genuineness of the testimony submitted. The question being one vitally influencing the prosperity of the hospital has been made the subject of an exhaustive investigation by a sub-committee of the Managing Board, who appear to have gone into the whole matter fully. Already a forecast of their finding has appeared in the local papers to the effect that there is no foundation for the statements of the widow of the deceased or the strictures of the Coroner. The hospital authorities have stated their determination to publish the evidence and the result of their enquiry in detail, allowing the public to judge of the accuracy and impartiality of the Coroner's remarks.

Not long since an inquest was held on the body of a youth, who had died of hydrophobia some weeks after having been bitten by a rabid dog. The wound was duly "cauterised" at the time and quickly healed, and serious symptoms appeared only a short time before death. Cases of this kind are, unfortunately, not infrequent; and the general public is familiar with the fact that the virus of rabies may remain latent for a considerable period before the dreaded disease undergoes its characteristically fatal development. But what far too few people do know is that cauterisation of the wound—as it is ordinarily performed, with nitrate of silver—is absolutely useless as either a protective or curative measure. When silver nitrate is brought into contact with the tissues it at once forms an insoluble compound with their albuminous constituents, which it coagulates as it does white of egg. The insoluble and superficial sheath thus instantaneously produced protects the parts beneath it from any further action of the caustic, and the remedy is thus prevented, by its own chemical action, from penetrating below the surface. In fact, it merely serves to bottle up any virus that has been absorbed by the wound. It is, indeed, conceivable that, if applied at the very moment of the injury, this mere superficial action would, in some instances, suffice to destroy the poison momentarily lying in contact with a smooth

surface of slightly abraded and but slowly absorbent skin. But it is idle to suppose that it can be of any real use as a remedy in the case of wounds of any degree of depth or laceration, or which have been inflicted even a few minutes before. Its application may be justified, in the few cases in which it is quite certain that the risk of infection is absolutely nil, as a placebo; and it may thus serve to avert the development of that hystero-mimetic form of the disease, the most marked symptom of which is "barking like a dog." In any other case its employment is worse than a delusion, since it implies the neglect of other and more potent remedies which might prove really efficacious. The distinction between its action and that of other caustics is realised when we consider that a lump of caustic potash, for instance, if placed on the palm of the hand, would go on eating through skin and flesh and tendons to the bone, so long as any of the material remained chemically uncombined; while a piece of argentic nitrate forms but a superficial eschar which involves only the outer layers of the skin, and thus protects everything beneath from injury.

For the effectual cauterisation of the bite inflicted by a rabid animal, a few drops of strong mineral acid are worth all the lunar caustic in all the chemists' shops of London. Means nearer to hand, and as effectual when thoroughly used, are found in the actual cautery—which can be extemporised out of an ordinary knitting pin or the points of a pair of scissors heated to bright redness in the fire. Another means, even more readily available in some cases, is found in gunpowder, which can be placed on the wound and fired by an ordinary match. This is a plan which has been adopted in the case of snake-bite with success. These rougher methods are of course more painful in accordance with their more efficiently destructive efficacy. But pain is a minor consideration under such circumstances, and is willingly borne by the sufferer in consideration of the far better chance of cure which accompanies it. It can be much mitigated by temporarily tightening the ligature which ought always to be bound above the affected part, wherever its application is anatomically possible; and by the subsequent application of pure carbolic acid—itsself an antiseptic caustic of no mean power. Despite the laboratory work hitherto accomplished we can scarcely yet congratulate ourselves upon being within a measurable distance of stamping out hydrophobia. Even the man who would submit to a protective inoculation of the attenuated virus with the greatest faith in its efficacy, would probably wish that the immediate treatment of his wound should be efficient so far as it goes. Such, at all events, is the desire of ordinary mortals; and to this end they must make use of a chemical agent more potent and more penetrating than nitrate of silver, one which is, at any rate, less "self-denying" in its action as a caustic upon animal tissues.

WE are constantly being reminded, that with the increased facilities for travelling, and the many measures taken to make known foreign health resorts,



our own somewhat old-fashioned, but nevertheless most admirable health resorts suffer from a totally undeserved neglect. Malvern is just one of these places, a visit to which will repay the health-seeker quite as amply as a much more costly expedition to the newest place in the Engadine. Dr. Waller Johnson, in his little pamphlet on Malvern as a health resort, especially recommends it on account of its air and its water. The Malvern Hills certainly have much to recommend them to an invalid. Their height is such that no one is debarred from going or being taken up to the top with ease, and yet they are high enough to command a delicious air and charming views for miles around. The water is peculiarly soft from containing a small proportion of earthy salts. Those who like the modern fashionable town, will stop at Great Malvern; whilst Malvern Wells will commend itself to others as a quiet old-fashioned village; and those who wish for a still more quiet and rustic spot, will do well to go to Little Malvern.

THE Medical Congress which assembled at Antwerp towards the close of last week under the leadership of Dr. Kuborn, the President of the Belgian Royal Academy of Medicine, was naturally occupied with the burning question of the day—the prevention of cholera. As a proof of the more rational views that are now becoming general it is satisfactory to note the adoption of the following resolutions by the Members of the Congress, viz. :—(1) In the present state of relations between the peoples of Central Europe, land quarantines and sanitary cordons are useless and even dangerous measures; the fumigation of letters is useless; and (2) The rendering healthy of towns and rural communes by cleanliness imposes itself before everything upon the nations as a means to oppose the invasion of infectious diseases. The Congress agreed to advise the continuance of quarantine in sea-ports and at the mouths of rivers.

DRS. LEVSHIN AND VYSSOZKI, extraordinary professors of theoretical surgery in the University of Kazan, have been appointed ordinary professors, and Dr. Chomyakov, extraordinary professor of pathology and therapeutics, has been appointed ordinary professor of the same. Dr. Fenomenov has been appointed to the chair of midwifery.

PROFESSOR GERHARDT, on taking his leave of the University of Wunzburg, was entertained by the "Docenten" at a farewell dinner; the Medical Society elected him an honorary member, and the students, in an imposing torchlight procession, presented him with a farewell address.

"How to avoid being drowned" is the title of a small book by Mr. F. W. Brewster, which, at any rate, has the not inconsiderable merit of being seasonable. We suppose most people, if asked this question,

would reply, "Learn to swim," and when told that this did not afford sufficient protection they would say that he who would avoid all risk of being drowned must not go into or on the water. With all due deference to Mr. Brewster, we should be disposed to agree with such persons that absolute immunity from drowning cannot be obtained upon any other terms. Mr. Brewster has spent a considerable amount of labour in estimating the capacity for floating of the human body under various circumstances, and we have no doubt that in the main his conclusions are correct. He has not, however, studied his subject from a scientific standpoint, as is evident from the following passage, in which, after alluding to some experiments performed on the flesh of dead animals, he says, "The fact of any animal floating without artificial flotation, therefore, shows that during life the viscera are largely charged with air and other substances of far less specific gravity than water, and the effect of this is further supplemented by the presence of considerable cavities in the neck and head." The author has here ventured out of his depth, and is certainly on the verge of being drowned in pools of his own misconceptions.

THE recent despatch of Lord Wolseley, so far as it concerns the medical officers, is satisfactory, inasmuch as it proves that he is now capable of appreciating their services, and in this respect it contrasts very favourably with his unwarrantable treatment of them two years ago. But at the same time the despatch cannot fail to create much heart-burning in one very important branch of the service. With a single exception, not one member of the Indian Medical Contingent has been decorated, promoted or even mentioned. We are quite at a loss for any explanation of this extraordinary omission, and moreover, there were several medical officers in that contingent who have done good service on previous occasions. This is especially applicable to the four senior men in that department, one of whom has served in several important previous campaigns, amongst them being the Crimean, Indian Mutiny, China, and Abyssinian wars. We trust that steps will speedily be taken to repair this neglect, and remove what we cannot but feel to be to an unintentional and certainly wholly undeserved slur upon a very highly esteemed portion of the service.

THE endeavour to promote sobriety by legalising the restraint of the habitually drunken is an experiment which has not yet sufficiently emancipated itself from its first infancy to justify us in speaking with confidence as to the ultimate result. The report of the Inspector appointed under the Habitual Drunkards Act for the year 1884 is, however, satisfactory. He appends reports from the licensees of the various houses that have hitherto been sanctioned, from which we gather that all are hopeful that the work they are engaged upon will ultimately prove beneficial, some naturally being much more sanguine than others. Amongst the blots, or, at any rate, the defects under



the present system pointed out either by the inspector or one of the licensees, we observe that the commingling of private patients who are not bound in the same retreat with those who are bound, is strongly, and in our opinion very properly, objected to. Many complaints are made of the inconvenience created by the necessity for obtaining the signatures of two justices of the peace, and it is urged that one signature would be sufficient, more especially as in towns the attestation of one stipendiary magistrate is enough. A third objection to the present scheme is, that the man who has entered voluntarily with a real desire to be cured is shut up with one who is actuated by no such motives, and who has been placed in the retreat as a last resource by his friends, of his own free will no doubt, but without any determination to lead a new life. The influence of such a person is always for evil, and it would certainly be to the advantage of the willing patient that such a man should be kept out of his way.

### AN APOCRYPHA OF EVIL.

WERE cholera unhappily to invade these islands again, and carry off as many victims as it has done on previous visitations, it would be, we do not hesitate to say, a less serious public calamity than the flood of obscenity which has lately inundated the country, flowing freely through our great towns and cities, and trickling into remote hamlets and mountain valleys. The cholera would curtail many useful lives and spread consternation and sorrow around for a season, but it would evoke much heroism and devotion, would reveal the weak places in our sanitary armour, and stimulate us to redoubled efforts in the provision of wholesome homes for the masses; whereas this moral plague by which we are now afflicted can but blight while it lasts, and leave a rich crop of demoralisation behind it. So pernicious are its immediate effects, and so disastrous are its consequences likely to prove, that it is incumbent on all those who have any love for their country to do their best to stem its tide and restrain its ravages. And especially is it incumbent on the medical profession to speak out plainly respecting this new danger to the public health, for a danger to the public health undoubtedly is and must be whatever tends to debauch the mind, provoke vice, or weaken the power of self-control. It will be in vain for medical men to insist on the cleansing of sewers as long as the streets are floating with garbage. They will but waste their energy in preaching the importance of pure water, while fountains of poisoned literature are allowed to bubble up at every corner. They know better than even clergymen what the consequences are certain to be, and they are bound therefore to denounce vigorously those who have brought this new plague upon us.

And not only have medical men special opportunities of knowing what the present agitation is likely to lead to in the future, but they are in a better position than others to judge of the justification which has existed for it in the past. It will, therefore, have

a tranquilising influence when they declare as a body, as we feel confident they ultimately will do, that what Mr. Llewellyn Davies has called "an apocalypse" might be more appropriately termed an apocrypha of evil, a mere mass of more than doubtful statements, which, although solemnly confirmed by the œcumenical council of the Mansion House, on which a Cardinal, an English Archbishop, and an eminent Baptist sat side by side, is not binding on faith. It will at once strike anyone accustomed to scientific enquiry that no attempt is made in the pages of this apocrypha to compute the prevalence of the crimes which are described in them with so much unction. Adjectives and adverbs are freely used to convey the idea that they are of common occurrence. The sale and violation of children, the procuration of virgins, and other brutalities and atrocities are said to be constantly and systematically practised in London, but no indication is given whether such offences occur at the rate of a hundred a day or a hundred a year. A certain number of typical cases, typical, we are given to understand, of large classes, are described, and as one of these, the only one which it has as yet been possible to investigate, has hopelessly broken down, and proved a mere trumped-up story, it is reasonable to conclude that many others of them will dwindle into nothingness on close scrutiny, while it is of course clear that the general statements of those who have disseminated them are not particularly worthy of credence. And this conclusion will seem all the more reasonable when scores of medical men come forward, as we have no doubt they will do should occasion require, and attest that during long professional experience in London, and intercourse of the most confidential kind with all classes of the community, they have never heard of the crimes which the journalist has discovered in such abundance.

No doubt, in London, as in other great cities, shocking instances of aberration of the sexual appetite occur from time to time. In high civilisation tending to effeteness, there are sometimes reversions to the most offensive traits and degraded habits of savage life, but there is no evidence that in the Anglo-Saxon race and in our metropolis such back-slidings are anything but extremely exceptional. When they do occur, they are often connected with disease, either local or of the nervous system, and if strict justice were meted out, many of those who have lapsed into them would not be punished as criminals, but shut up in lunatic asylums as rabid animals. Medical men are sometimes consulted by patients advanced in life or of neurotic families who are horrified to find themselves visited by loathsome thoughts and desires, who are in terror lest they should in some unguarded moment give way to them, and who earnestly crave protection against themselves; and in such cases some source of pelvic irritation, or some actual disease of the brain, is almost invariably discovered. It would be indeed singular if the reproductive instincts which bulk so largely in human nature, and often bulk most largely in men of energetic intellect, were of all the propensities exempt from morbid perversion. The well-known fact is, that they are liable to temporary disorder or protracted derangement, but when such is the case, it is no more rational to be-



stow rigorous censure on their offensive manifestations than it is to condemn indignantly the chalking of an hysterical girl, or the potatoes of an insane dipsomaniac. They require medical treatment, not Hyde Park demonstrations. The symptoms of disease are often very hideous and repulsive, but they are not to be mended by graphic delineation of them in daily papers, or by eloquent public protests. Assuming that there is any truth in the revelations that have been made, we think it more than probable that some of the sinners who have been held up to execration would be found, on enquiry, to be the victims of parorexia, a disease by the nature of it very difficult to identify, and not be cured in those afflicted by it, or warded off in others, by prurient studies of its manifestations.

The sexual vices by which this age is beset, and beset in a way that may well awaken anxiety, and the dangers by which, in consequence of these vices, it is threatened, are of a kind different from those which have lately been brought so prominently and pictorially before us, and the pity is that the widespread discussion that has taken place about imaginary or comparatively insignificant evils is well calculated to promote the propagation of other evils about the prevalence of which there can be no doubt. The tone and tendency of the new apocrypha with which we have been favoured are of the most lamentable description. The story which it has to tell might have been clothed in chaste and uninflamatory language, and would then have been much more effectual in securing the end which it professes to have in view; but instead of this, every page of it is soiled with details which must have tinctured with impurity many young minds, for the young in all parts of the country, prompted by that curiosity and craving for a knowledge of good and evil in relation to the sexual functions, which are strong in youth, have devoured it greedily.

The œcumenical council of the Mansion House, as we have called it, which sat to enquire into the authenticity and inspiration of the new apocrypha of evil, was singularly ill-qualified for its self-imposed task, and the decision at which it arrived is accepted by nobody. The idea that a few clerics, and a young anti-vivisectional Q.C., were competent to investigate such a subject is too preposterous to be entertained for a moment. An experienced medical man would have speedily given a very different complexion to the deliberations of the council, and guided it perhaps to condemn with sufficient severity the documents laid before it. That the Archbishop of Canterbury should have been connected with this council is a subject for national regret. We do not now enter upon any detailed criticism of the apocrypha of evil, but we may confidently assert that many of its statements must at once awaken the suspicion of any intelligent medical man. The Secret Commissioner would have done well before beginning his investigations to have spent a little time in a hospital for women. He would then have escaped some absurdities into which he has been betrayed. That he has grossly exaggerated, or been greatly imposed on, we cannot doubt. But even if all that he says were true he must for ever stand hopelessly condemned for his manner of saying it.

### POLLUTION OF THE LEA.

THE pollution of the lower reaches of the River Lea by the sewage of Tottenham, East Ham, and some other adjoining districts has for many years been steadily on the increase. Attention was incidentally called to it during the enquiry into the pollution of the Thames by the Royal Commission of 1883-4, from the fact that the Lea discharges itself into the Thames some distance above the outfall of the Metropolitan Main Sewerage Works, but for the time the question of the lesser river was thrown into the background by that of the greater.

Not that the several authorities answerable for or injuriously affected by it have been altogether idle. The purity or impurity of the Lea has been for more than twenty years a subject of legislation and litigation, though few except the lawyers have been in any way benefited thereby.

At the date of the appointment of the Royal Sewage Commission of 1862, only three towns on its course had any regular system of sewerage: these were Luton, Enfield, and Tottenham; and when the Lea Conservancy Act was passed in 1869, empowering the Conservators to insist on the exclusion of sewage from the river, an exception was made in their favour, as well as of Hertford, provided they previously submitted the sewage to some satisfactory method of "purification." From Ware to Stratford there are two channels running more or less parallel to one another: the old and winding stream, and a new one cut for purposes of navigation. In all legislation concerning the river the interests of the navigation have to be taken into account as well as those of the Water Companies drawing their supplies wholly or in part from the river. But there is a third consideration which has recently come to the front, and that is the health of the population along the lower course of the river. The New River Company derives a large part of its water from wells at Chadwell, Ware, Amwell, St. Margarets, Hoddesdon, Broxbourne, Cheshunt, Enfield, Edmonton, Southgate, Hornsey, &c., but about a third part is drawn from the Lea by means of a branch cut connecting the New River a little below its source with the Lea. This water is therefore not absolutely free from sewage contamination, but is fairly pure, for the sewage of Luton has been subjected to a long run, and that of Hertford is "rarified" to the satisfaction of the Company. They have also pumping engines for drawing water from the Lea at Tottenham, but to their credit, be it said, they have not used these for twenty years, having continuously sought new sources in wells sunk in the chalk or tertiary sand overlying it.

The East London Water Company, on the other hand, are content to rely almost exclusively on river water, having but two wells sunk in the chalk. Their pumping station is situate between Chingford Mill and Higham, where they raise somewhere about thirty million gallons daily from the old river Lea. This water, indeed, is not inferior to that taken by the New River, since the Enfield sewage is conducted by an intercepting sewer to below Tottenham Lock, but it is not like that of the New River, largely diluted with water drawn from wells. They trust to sub-



sidence and exposure of the water to the air in reservoirs of unexampled extent, contamination of which by soakage from the Lea after it has become fouled by the sewage of Tottenham is avoided by an intercepting channel carried between the river and the reservoirs.

They have also a subsidiary source of supply in a culvert carried for a distance of nearly twenty miles to Sunbury-on-the-Thames, from which they may pump a quantity not exceeding ten million gallons a day, but they do not resort to this unless the supply from the Lea runs short of their requirements. The reason for this extraordinary means of supplementing their original sources is that they are prohibited by their Act of incorporation from sinking wells within the rich water-bearing area occupied by their rivals of the New River. A knowledge of these facts is essential to a comprehension of the issues at present before the public. The population of Tottenham is increasing at an almost unprecedented rate. In 1861 it was about 9,000; in 1871, 22,857; in 1881, 46,441; and it is now estimated at 55,000, or if we include some adjoining districts draining into the same sewers, it may be between 60,000 and 70,000.

The pollution of the river below the outfall of the Tottenham sewer has been growing worse year by year, until the river has become no better than a large open sewer, and the Hackney Board of Works and the inhabitants generally are loudly demanding that an end should be put to the danger. Already in 1875 the nuisance had become such as to attract the attention of the Conservators, who applied to the Home Secretary for redress, that functionary being by the Acts of incorporation appointed arbiter between them and the Tottenham Local Board. He, however, decided in favour of the latter. Since then they have from time to time urged the matter on the notice of the Local Board who have, it is true, expended large sums on the construction of settling and filtering tanks wherein to treat the sewage, as they say "with chemicals and other precipitants with a view to obtaining a good effluent." So long as the Home Secretary was satisfied that the Tottenham Local Board "were using their best endeavours," whether successfully or not, the Conservators could do nothing but wait; they succeeded, however, in obtaining in January, 1884, a public enquiry, the result of which was that on June 7th he gave his decision "that the Tottenham Board were not properly treating their sewage." Next month the notice was served, twelve months, now expired, being given them wherein to discontinue sending the foul effluent into the river. The Local Board, instead of taking any active steps to abate the nuisance, commenced an action in the Court of Chancery with a view to upset the decision of the Home Secretary, but lost their case.

Early in last month, the period of grace having expired, the Conservators obtained from the Edmonton Bench a summons against the Tottenham Local Board for fouling the Lea, and for the enforcement of the penalties of 100% for the first day, and for 50% for every following day on which the nuisance could be proved. But the Tottenham Board were equal to the occasion, and availing themselves of the loopholes of

the law, met the summons by taking advantage of the 145th section of the Rivers Pollution Act, which allows the case to be removed by *certiorari* to the Court of Queen's Bench. The order not having been made until the end of the month, the case cannot be heard until after the long vacation, and the Local Board have further secured themselves by accepting a contract for 20,000% for the enlargement and improvement of their sewage work, and have commenced operations. What will be the decision of the Court it is impossible to say, but judging from the experience of the past, there is little hope that any satisfactory improvement will follow the extension of the existing works. Hitherto every extension has apparently led to the aggravation of the evil. The coarser particles have indeed been removed, but the effluent has been a putrefying liquid little better than untreated sewage plus the nuisance created by the chemicals comparable to that caused by factory wastes. This year it has been further intensified by the drought, the effects of which have been visible in rivers everywhere, and have been seriously felt by all water companies drawing their supplies from drainage areas.

The East London Water Company have been compelled to resort to their supplementary supply from the Thames, but since their consumption rose a few weeks ago to 43,000,000 gallons, only 3,000,000 of which was obtained from wells, it follows that they withdrew from the sea not less than 30,000,000 gallons daily. It is true that by cutting off the water from certain districts for nine hours of the night they have reduced this by 7,000,000, but the fact remains that they take, so to speak, nearly the whole of the water (not required for the supply of the navigable channel), coming down the river, which below Tottenham contains little else than the sewage of that district and of Enfield.

Mr. O. Coope, in a letter to the papers written in defence of the East London Water Company, of which he is Chairman, complains of the scarcity of water which only continued rains can relieve, and of the wanton waste by consumers. He lays the entire blame on the shoulders of the Tottenham Board, and suggests as the only remedy that their sewers should be connected with the Metropolitan Main Sewerage system. This would doubtless have the effect of leaving the Lea comparatively pure, if nearly empty, but we fear that the Metropolitan Board of Works have already more sewage on their hands than they know well how to dispose of. We would fain believe that a sufficiency of low-lying land could be found beyond the area of suburban London, say at Wanstead Flats, whither the sewage of Tottenham, Enfield, Walthamstow, and the adjoining overgrown villages could be carried by a culvert and disposed of by irrigation, the effluent finding its way into the Roding, and by it to the Thames near Barking. An acre of the best sandy loam can purify the sewage of 1,000, and one of the worst clay when properly prepared that of 250 persons. At this calculation, 500 acres would suffice for a population of 100,000.

On the other hand, the East London Water Com-



pany should be compelled by Parliament to follow the example of the neighbouring New River Company, and sink a dozen or more wells in different parts of its extensive district. These would derive their supply from the chalk, or more often and better from the overlying tertiary sands and gravels.

They would be thus more independent of variations in the volume of the Lea, which these wells would in no wise effect, and would supply a far purer water to their customers. Hitherto, they have not shown the same regard to the quality of their water that has honourably distinguished the older Company, which has spared no expense to maintain its reputation, and to extend its subterranean resources. We cannot forget that it was only by the action of Parliament that the disuse of the open reservoir at Old Ford, and of the cut to the Lea at Tottenham, was effected after the connection of the former with the spread of cholera in 1866 was clearly proved. The actual polluters of the Lea are indeed the Tottenham Board, but the East London Water Works are responsible for intensifying and aggravating the nuisance by seriously reducing the volume of the river and the dilution of the sewage.

### THE NEW PHARMACOPŒIA.

THERE is a lull before a storm, there is comparative silence before the dawn, but the indications of both are influences seen and felt universally; atmospheric conditions have given their warnings long before the first lightning flash, and judging from previous experience, we have some idea of the subsequent phenomena which will doubtless cause surprise and dismay in some quarters. The dawn is heralded by a few joyful twitterings of those anxious for light, but the final outburst of joy is delayed until the glory of new light is fully appreciated. For some time past, with one notable exception, there has been comparative repose in the publication of books on *Materia Medica*; force has been allowed to accumulate without finding expression beyond that afforded by periodicals; the need for new editions has been felt, even painfully, but authors and publishers alike have held their hands, waiting and longing for the coming of an authoritative guarantee of the truth. Rumours of a New Pharmacopœia from time to time have made their way into the medical journals; rumours at first definite, when a Pharmacopœia Committee was formed, then losing their air of verisimilitude as hope was deferred from month to month, from year to year. Every now and again a brief paragraph made its appearance, reminding us that the work of revision was progressing, but it seemed almost like the untimely crowing of a careless cock at midnight when no Pharmacopœia was issued. But from this period of unrest relief has for some months past been more definitely promised. The medical world has heard, with more or less certainty, not only that the revision Committee were nearing the termination of their labours, but it has also in a general way been allowed to know some of the special directions in which these labours have been carried on.

The coming light has touched the mountain peaks, and as their formless shapes came into being from the darkness, we have scanned the horizon anxiously waiting for others to follow. Would the light deign to shine upon each and all of those with whose names we have long been familiar? Would the Pharmacopœia embrace in its scope every drug which has been clamouring for attention since the last edition, and the last issue of additions? At length the flutter of excitement is at an end; the answer is given to all anxious questionings; and the Committee naively comfort the friends of those drugs shut out by remarking that they either have not been sufficiently recognised by the medical profession, or that there are already in the Pharmacopœia agents having like properties, and of equal if not of greater value. Although this statement seems like a tacit admission of incompleteness, it is only fair to bear in mind that in this, as in former editions, care has obviously been taken not to allow the entrance of any drugs of doubtful composition. A pharmacopœia is essentially a book containing rules for the making or composition of medicines, hence all whose origin is veiled in mystery are of necessity excluded. The book is not, and never professed to be, a complete list; we have to take it as it stands and to be thankful for its help.

Apart from all considerations of new substances, the present volume is of the greatest value in the alterations which have been made to bring it up to the present level of chemical and botanical knowledge. Every page exhibits evidence of incalculable labour, for not only have the old formulæ been swept away entirely, but the formulæ previously printed in the heavier Egyptian type have been very thoroughly revised. For example, chlorinated lime appears now as a compound of hypochlorite and chloride of calcium ( $\text{CaCl}_2\text{O}_2$ ,  $\text{CaCl}_2$ ), or as a direct compound of chlorine and lime ( $\text{CaOCl}_2$ ); two forms of alum are rendered official, the sulphate of aluminium and potassium, and the sulphate of aluminium and ammonium, while dried alum is now, in deference to the practice of the manufacturers, directed to be prepared from potassium alum. Another striking instance of care in this direction is afforded by the formula of hyposulphite (thiosulphate) of sodium, the absolute number of atoms of each element remains the same as in the last edition, but by rearrangement the formula for the salt is now recognisable, instead of looking most hopelessly entangled. Another sign of the times, a sign making us hopeful for a further change in the next Pharmacopœia, is that throughout the book, wherever a temperature is mentioned, it is given both on the Fahrenheit and Centigrade scales, the latter in brackets it is true, but when once admitted on any footing it cannot be long before we find ourselves finally in harmony with the practice of foreign scientists.

An alteration likely to cause some confusion at first, is the almost universal adoption of the terms ammonium, potassium and sodium when dealing with the compounds of the substances; although chemically correct, we venture to predict that it will be long ere these terms displace their predecessors in common



use, for *Sodii Bicarbonas* certainly does not look like our old familiar friend. The desire for chemical accuracy has also produced a disturbing influence in changing the terminology of the alkaloids; all alkaloids are now made to end in *ina*; practically it used to be immaterial whether we spoke of strychnia or strychnine, quinia or quinine, but by the fiat of the Pharmacopœia an act of uniformity has been passed, ordering the future employment of *quininae sulphas*, *morphinae hydrochloras*, *codeina*, *strychnina*, &c. Disquieting as these changes may appear for a time, there can be no doubt that they are soon likely to displace the older terms which have only the plea of custom in their favour. Another landmark has been removed in the alteration of the strength of the official liquors containing active ingredients intended for internal administration. It used to be a fixed fact (for examination purposes) that these, with one exception, contained four grains to the fluid ounce. They have now been changed to form one per cent. solutions, *i.e.*, they now contain rather more than four grains (four and a third) in one fluid ounce.

Turning now to the botanical portion of the volume we find that here also the changes are far greater than might be inferred from the lists of alterations given in the earlier pages. In the first place the value of the work has been very greatly enhanced by the addition of references to various authorities both for description and for plates. As we had hoped, the references to the classical work on medicinal plants by Bentley and Trimen are very numerous; yet, in spite of the excellence of these plates, room has been found for abundant references to authorities ranging from the year 1665 to the present time. Two classes of individuals can hardly be expected to express unmixed joy at some changes in this portion of the volume, the unfortunate student who has been referred to his studies, and the teacher who has to unlearn much that he has been planting deeply; these will most certainly not feel ready to welcome the change in the botanical sources of many of the drugs. The names of the drugs have been changed as little as possible, yet new strange-looking names of plants strike us repeatedly as weird and uncanny from their very novelty. It is sufficient to refer to *Garcinia Hanburii*, *Fœniculum Capillaceum*, and *Aloe Perryi* as illustrations. Innovations like these are immaterial to the practitioner, but deal hardly with the two classes above indicated. The occasional substitution of *Rhizoma* for *Radix*, of *Semen* for *Faba*, and the universal adoption of *Asafoetida* in place of *Assafoetida*, are sufficient evidence of the minute care which has been bestowed upon the older portions of the Pharmacopœia.

With regards to the omissions and additions, "as it seems to be essential that some victims should be found," there is a list of twenty-two of the former, and they "never would be missed," unless we give a sigh of regret for the iodide of cadmium ointment. The additions form a much more imposing array, numbering some hundred and odd new articles and preparations. In another column will be found a list of the more important of these. It is needless to say that the same desire for careful accuracy has been exhibited here as in the revision of the older portions. Three lamellæ

and three new glycerines have been added, also ten new acids and acid preparations. It is satisfactory to have the cocaine *v.* cocaine controversy authoritatively decided in favour of the former. With every sympathy for the labours of the editors and committee, with every feeling of thankfulness for their work, we yet feel that a few inconsistencies have forced their way into the Pharmacopœia. For example, *extractum cascarae sagradae* and the liquid extract are both directed to be prepared from "*cascara sagrada*"; on searching for this it is not to be found in its alphabetical position, but appears only as a synonym for *ramni purshiani cortex*. And, again, on p. 314, *unguentum glycerini plumbi acetatis* is mentioned in place of *subacetatis*.

Still, upon the whole, the work is admirable, and our congratulations are due to the chairman, Dr. Quain, to the committee, and to the editors, Professors Redwood, Bentley, and Attfield, upon the production of a highly satisfactory Pharmacopœia. It comes like a new religion, or a revised version to the medical world, and as such is likely to be for a time disquieting to all accustomed to working in the old grooves. Many will, of necessity, still cling closely to their old errors and superstitions, refusing to accept the new reading. In spite of the pain of uprooting our familiar faults, there can be no doubt that the scientific gain will be very great. The Pharmacopœia is practically a new creed, and, as such, we thankfully accept it, with sundry reservations and until the times do alter.

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## REVIEWS AND NOTICES OF BOOKS.

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*Die Ätiologie der Chronischen Lungenschwindsucht vom Standpunkt der Klinischen Erfahrung (The Ätiology of Chronic Consumption from the Clinical Point of View)*, von DR. HERRMANN BREHMER, sen., Gersbersdorf. Berlin: Hirschwald, 1885, pp. 517.—Of all modern discoveries to which importance has been given by the unanimous chorus of the multitude, there have been few which have had so little effect upon practical medicine as Koch's discovery of the tubercle bacillus. For years it had been conjectured that some minute organism must be present to account for a part at least of the degenerative process in phthisis; but it was left to Koch to demonstrate the truth of the assumption. Now that we have the means of stating positively that the parasite is indeed present in the case before us, we are placed in a more complete position as far as diagnosis is concerned, but there the value of our new knowledge finds its limit. We have again to turn to the information which is to be gathered from other sources than the microscope in order to form a true judgment of the important questions of treatment and prognosis. The clinical aspect of consumption has already been made the subject of treatises in many tongues; but there still remains something to be found out and studied even upon so familiar a disease as this. In the work before us, Dr. Brehmer has apparently set himself a double task. He has endeavoured as far as possible to discount the clinical value of the bacillary nature of tubercular phthisis, and at the same time to prove the relative influence which other conditions are exercising to produce that particular habit of body which is found to favour the development and progress of the disease. With this object in view, the work is opened by a lengthy criticism of the weak points in the theories to which Koch's discovery has opened the way, and especially in the notion that phthisis may be contagious by way of desiccated sputa. The extreme rarity of any cases



which give even a plausible support to such an idea, and the absolute want of any proof of direct inoculation through recent wounds, are points in themselves which outweigh any number of assertions founded on theory. The author makes a great deal also of the failure of experimenters to demonstrate the presence of the bacilli in the air of hospitals or other places where the exhalations of infected persons are of necessity present. The results which followed the investigation of the flues of Brompton, form the only evidence at present before the public, and further observations made recently by Celli and Guarnieri have done much to discount the value of these. Referring to the attempt to settle the question of the contagion theory by means of collective investigation in England, he expresses a very decided opinion that the record of the personal impressions of a large number of irresponsible medical men is of but very little scientific value. Looking to the points in the ætiology of the disease, which may really be said to bear a part in its causation, Dr. Brehmer lays much stress on a disproportion in size between the heart and the lungs, and endeavours to trace the effect of such disproportion in the previous history of the patient. He presents a series of one hundred cases to shew the circumstances under which isolated members of families, not labouring under hereditary taint, have become the subjects of tubercular disease. Almost all of them had been very small eaters, and had suffered from palpitation and dyspnoea about the period of puberty, and it is remarkable that nearly all were later members of large families, generally the sixth in order. Several series of cases follow, in which various points find illustration, both with respect to hereditary phthisis and to phthisis without any taint. Amongst other points of interest it is clearly shewn that heredity from parents only can be regarded as really powerful in its influence, and that the tendency to inherit is greater in children born within 12 months of their elder brother or sister than those born after a longer interval. Space does not permit of a detailed mention of the many interesting questions discussed in Dr. Brehmer's work, which deserves a prominent position in the literature of the subject. It has the great merit not shared by all such treatises, that its arguments and reasoning are founded upon carefully ascertained facts.

*The Journal of Physiology*; edited by MICHAEL FOSTER, M.D., F.R.S., vol. vi, No. 3.—We are not sure that the existence of this publication is known even to many, perhaps the majority, of the readers of purely medical literature, but we should like to direct the attention of all who take an interest in the progress of physiology, and thus, in the development of scientific medicine, to the extremely valuable periodical of which the number before us is a small instalment. The *Journal of Physiology* is the only periodical publication in English dealing exclusively with this subject. It had a somewhat chequered existence at first, but has sailed along under the care of its present able editor into somewhat smoother waters. Its success deserves, however, to be much greater (from a publisher's point of view) than it has been. When we say that the vast majority of all the original work done in physiology in this country finds its record in the pages of this Journal, it is not saying too much to assert that it ought to be on the library table of every medical man in the country who endeavours to keep pace with the rapidly advancing knowledge of medicine. The subscription price is not high, and the numbers appear at somewhat irregular intervals during the year, dependent upon the amount of material at the disposal of the editor; but during the course of the year a sufficiently interesting and important amount of material is published to form a portly volume. None but original matter is here admitted, and many of the papers are detailed account of researches already read in abstract before the Royal and other Societies. The Journal has thus become the great medium for publication of their researches by English physiologists. The number before us may be taken as a sample. The first paper is one by Professor Gerald Yeo on "An Attempt to estimate the Gaseous Interchange of the Frog's Heart by means of the Spectroscope," his experiments appearing to modify much

some currently accepted doctrines concerning the respiration of muscle. We have next a paper by Professor Yeo and Mr. Herroun on the "Summation of Stimuli in Striated Muscle." This is followed by a "Note on the Nature of Nerve Force," by Dr. Bowditch, of Harvard University. The author thinks that nerve force is transmitted by some sort of molecular vibration after the manner of light or electricity. A very important paper by Sheridan Lea, "On the Isolation of a Soluble Urea Ferment from the *Torula Urea*," follows. In this the author concludes that the ferment is retained by the living organism, and is not secreted into the surrounding fluid. The ferment can be dissolved out of the cells by treating them up with appropriate solvents. This addition to our knowledge of the origin of ferments in living organisms has an important bearing on the physiological conditions of bacterial and bacillary life. The last paper in the number is one by Dr. James Blake, of San Francisco, "On the Supposed Catalytic Action of Insoluble Reagents." It will thus be seen that the papers in this number are of more than average importance and of fair interest to the general medical reader. One of the features of the Journal is the important supplement published from time to time, containing a carefully prepared and tabulated list of all papers in foreign and home periodicals relating to physiology which appear from time to time. The proceedings of the Physiological Society are also incorporated with the Journal from time to time. The Journal is one well worthy of more support from the medical profession than it has hitherto received, and we trust that the reading medical public will supplement the efforts of the editor and his collaborateurs, who have fought with many difficulties, and we fear with some losses, to place English physiological literature on a worthy footing.

*Lehrbuch der Physiologie*: von OTTO FUNKE, neu Herausgegeben: von Dr. A. Gruenhagen. Parts IV and V.—We have before spoken of this excellent text-book of physiology, now re-appearing in parts. These two latter numbers are fully equal to the first and second numbers in their quality. In these parts the subjects of nerve and muscle physiology are dealt with, and these very difficult matters are laid before the reader in a clear and succinct manner. The exposition of nerve physiology particularly strikes us as worthy of all praise, and as a remarkably able exposition of a most difficult subject. With these two numbers is ended the first volume, which is occupied by the physiology of blood and circulation, digestion, absorption, respiration, secretion of the physiology of the nervous system. The second volume opens with muscle physiology. We are certain that there is not a better or more trustworthy guide to the whole subject of physiology existant in any language; and we cordially recommend the book to our readers who know German. These numbers, like the earlier ones, are well up to date in their information. The fact of the book being now in its seventh edition speaks for itself.

*Croonian Lectures on the Hygiene and Climatic Treatment of Chronic Pulmonary Phthisis*; by HERMANN WEBER, M.D. London: Smith, Elder & Co., 1885.—On the occasion of the delivery of these lectures at the College of Physicians early in the present year, we expressed our high sense of their value, and of the importance of the method of treatment which they were designated to inculcate. We welcome their appearance in a separate form, and hope they will be widely and thoughtfully read.

*A Guide to the Examination of the Urine*; by J. WICKHAM LEGG. Sixth edition; London: H. K. Lewis, 1885.—This is an old public favourite, and needs no commendation at our hands. The present edition seems in most respects to be up to date, but we observe the omission of any mention of peroxide of hydrogen as a test for pus.



## ABSTRACTS AND EXTRACTS.

### CHANGES IN THE BRITISH PHARMACOPŒIA.

THE following is a list of the principal additions to the new Pharmacopœia arranged alphabetically:—

Acidum Boricum.  
 Acidum Chromicum.  
 Acidum Hydrobromicum Dilutum.  
 Acidum Lacticum.  
 Acidum Oleicum.  
 Acidum Salicylicum.  
 Apomorphinæ Hydrochloras.  
 Argenti et Potassii Nitrates.  
 Arsenii Iodidum.  
 Butyl-Chloral Hydras.  
 Caffaina.  
 Chrysarobin.  
 Coca.  
 Cocainæ Hydrochloras.  
 Codeina.  
 Elaterinum.  
 Ergotinum.  
 Extractum Cascaræ Sagradæ.  
 Extractum Cascaræ Sagradæ Liquidum.  
 Extractum Gelsemii Alcoholicum.  
 Extractum Jaborandi.  
 Gelsemium.  
 Glycerinum Aluminis.  
 Glycerinum Plumbi Subacetatis.  
 Glycerinum Tragacanthæ.  
 Injectio Apomorphinæ Hypodermica.  
 Injectio Ergotini Hypodermica.  
 Iodoformum.  
 Jaborandi.  
 Lamellæ Atropinæ.  
 Lamellæ Cocainæ.  
 Lamellæ Physostigminæ.  
 Liquor Arsenii et Hydrargyri Iodi.  
 Liquor Ferri Dialysatus.  
 Liquor Sodii Ethylatis.  
 Menthol.  
 Oleatum Hydrargyri.  
 Oleatum Zinci.  
 Oleum Eucalypti.  
 Oleum Santali.  
 Paraffinum Durum.  
 Paraffinum Molle.  
 Pilocarpinæ Nitrates.  
 Salicinum.  
 Sodii Bromidum.  
 Sodii Iodidum.  
 Sodii Salicylas.  
 Sodii Sulphocarbolas.  
 Spiritus Ætheris Compositus.  
 Tabellæ Nitroglycerini.  
 Tinctura Gelsemii.  
 Trochisci Santorini.  
 Unguentum Acidi Borici.  
 Unguentum Chrysarobini.  
 Unguentum Hydrargyri Nitratis Dilutum.  
 Unguentum Staphisagriæ.  
 Unguentum Zinci Oleatis.  
 Zinci Sulphocarbolas.

The following Drugs and Preparations are omitted in the new Pharmacopœia:—

Areca.  
 Cadmii Iodidum.  
 Castoreum.  
 Decoctum Ulmi.  
 Digitalinum.  
 Dulcamara.  
 Enema Tabaci.  
 Ferri Iodidum.  
 Ferri Oxidum Magneticum.  
 Ferri Peroxidum Humidum.

Hydrargyri Iodidum Viride.  
 Infusum Dulcamaræ.  
 Liquor Atropinæ.  
 Mistura Gentianæ.  
 Pilula Quinæ.  
 Rhamni Succus.  
 Sodæ Acetas.  
 Stramonii Folia.  
 Syrupus Rhamni.  
 Tinctura Castorei.  
 Ulmi Cortex.  
 Unguentum Cadmii Iodidi.

### NEUROLOGY.

PROGRESSIVE TABETIC CONTRACTURE OF THE ATHEROMATOUS.—M. Demange, whose paper on the arterial origin of spinal sclerosis was noticed in a former number, has made a further communication on this subject to the *Revue de Médecine* for July. This last communication is based on the case of an old woman, aged 75, who presented a progressive loss of power in the legs accompanied by spasmodic rigidity; contracture gradually set in, commencing first in the flexors. After death a diffuse sclerosis of the spinal cord was found, which closely agreed in its characters with those described in his previously recorded cases. These now number four, and M. Demange has therefore felt justified in treating them as belonging to a disease under the above head. The disease occurs in aged women (all his patients were females) who present marked general atheroma. The onset of the disease is always gradual and insidious, commencing with loss of power in the legs, which then feel stiff, become somewhat rigid, and finally contracture declares itself. This commences as a rule in the limbs and in the extensors, but it ultimately spreads to the muscles of the trunk, though never apparently to the muscles of the face; the tendon reflexes are at first increased, but in the later stages they may be altogether absent. Atrophy of groups of muscles may be observed; the electrical reactions were not ascertained. There is no fever, and the intelligence is unaffected; the course of the disease is always progressive; in the most rapid case death ensued in four months, in the longest in thirteen months. The chief points of difference between this disease and the spasmodic dorsal tabes of Erb and Charcot are that in the latter the arms are commonly affected, and the contracture is never painful, and most important of all, that the progress of the disease is exceedingly slow; moreover, spasmodic tabes is a disease of adult life, whilst this is a disease of the aged. The lesion consists in a diffuse and disseminated sclerosis of the spinal cord of vascular origin chiefly confined to the white matter, and stimulating the combined systematic scleroses, but the lesion is never really systematic—the lateral columns, it is true, are mainly affected, but never alone or in their whole extent; the lesion is never limited to the pyramidal tracts, but spreads to neighbouring territories; the sclerosis will be found in varying stages at different points, the chief thing, however, being the extreme vascularity of the part affected. In the centre of each sclerosed patch is a small diseased arteriole from which the sclerosis spreads along the neuroglia; the arterioles show a condition of endarteritis and peri-arteritis, and generalised atheroma throughout the body was found in all the cases. As regards the pathogeny of the disease, it is easy to understand when it is seen that it depends on these changes in the vessels themselves; the circulation to the spinal cord is somewhat difficult in the normal state, and when the artery is partly blocked by disease it becomes so difficult that the nutrition of the cord is soon impaired, and the myelium becomes granular—this corresponds with the first stage of weakness; later on, perivascular changes take place, and the sclerosis spreads to neighbouring systems of the cord. The diagnosis from spasmodic tabes has already been considered; that from amyotrophic lateral sclerosis, the only other disease with which it could be confounded, does not



present any real difficulty. M. Demange does not recommend any special treatment; the patients should be taken care of, electricity should be avoided; anodynes may be necessary to relieve the painful cramps in the contracted muscle.

**AN ANOMALOUS CASE OF PARALYSIS.**—Dr. John K. Mitchell, in the July number of *The American Journal of the Medical Sciences*, records a curious case, a female, aged 50, which presents a total of several unusual conditions: paralysis without any degenerative reaction, enormous hypertrophy of the skin and subcutaneous tissues, and increase of the size of the muscles due to the extraordinary overgrowth of their fibrillar elements. It has certain features in which it resembles scleroderma, and some that are like elephantiasis, and without the microscopic investigation it might have been taken for what on the first superficial examination of the patient it was thought to be, pseudo-hypertrophic paralysis. But the skin had not the tense, hard induration which scleroderma shows. Scleroderma is usually found with more or less pigmentation; it begins with pain and œdema, and is nearly always accompanied by atrophy of the underlying muscles, and though it varies in position and may be limited or diffuse, it is seldom or never so absolutely symmetrical as the lesion described. Certainly there is a slight likeness to elephantiasis in the skin condition, but the general fever and inflammatory symptoms of that disease were never present, nor has the course been like that of elephantiasis, which progresses by recurrent attacks. Nor on careful comparison does it seem much like pseudo-hypertrophic paralysis. The age of the patient—this paralysis is almost unknown in adults except where it has continued from infancy—the persistence of the knee-jerk, and the troubles being, even after lasting so long, entirely confined to the lower extremities, are some of the differences. Here, too, no loss of voluntary contractility in any other than the affected muscles, nor any atrophy of the pectoral or dorsal muscles, a condition which Gowers calls diagnostic of pseudo-hypertrophy, could be discovered. To the eye and touch, besides, the muscles in this case were much more lumpy and less homogeneous than they are in the false overgrowth. A few cases of true muscular hypertrophy have been reported. The overgrowth in all of them was limited to the muscular tissue, and the malady began after great and long-continued exertion, or after depressing disease or injury. All of them were unilateral and in one limb only. Studies of extracted fragments of muscles showed the fibres to be double the natural breadth, and demonstrated an increase in the number of nuclei. So far as Dr. Mitchell has been able to discover during the year which has passed since he first examined the case, there has been nothing like it known, and he thinks he has good grounds for saying that the complexus of symptoms is entirely a new one.

**LOCOMOTOR ATAXY AND SYPHILIS.**—Few questions have of late years exercised the professional mind so much as this, viz., to determine the relation of locomotor ataxy and syphilis. It was the subject of discussion at our own Congress in 1881, and has been hotly discussed elsewhere both before and since. As on other much-disputed points, opinions differ within the widest possible limits, and we are indebted to M. E. Ricklin (*Revue des Sciences Medicales*, July) for an admirable and impartial summary of existing views. Quinquaud finds syphilis in all his cases, Fournier and Erb each find it in 91 per cent., Althaus in 86 per cent., Gowers in 70 per cent., Buzzard in 47 per cent., Westphal in 33 per cent., Rosenthal in 18 per cent., whilst Leyden and Lancereaux altogether ignore any causal relationship, and when syphilis is present see in it nothing more than a mere coincidence. All writers are agreed that the syphilitic form does not present any points either in its symptoms or course whereby it may be distinguished from the non-syphilitic variety; and a similar accord practically exists as to the effects of treatment on the actual lesion, whether this has preceded the onset of the disease or not. Pathology does not throw any light on the question; the lesions found in advanced cases being the same in the syphilitic as in the non-syphilitic cases. The discrepancies between the

different authors above referred to may be partly explained on the hypothesis that in the practice of some of the writers a much larger proportion of the patients would be likely to have had syphilis than would be the case with other writers, and partly on the fact that there is considerable difference of opinion as to what is sufficient evidence of previous syphilis. In the great majority of cases where syphilis was admitted, a very considerable period had elapsed between the date of infection and the first appearance of the tabetic symptoms.

**EFFECTS OF NERVE-STRETCHING UPON THE SPINAL CORD.**—Nerve-stretching, though recommended in many affections, has been principally practised for the relief of pain, either in sciatica or in locomotor ataxy. The exact effect of the operation (as performed for the relief of sciatica) upon the spinal cord has been the subject of a critical paper in the *Archives de Neurologie*, Nos. 28 and 29, by Pauline Tarnowski. The author has not only examined the results given in the hitherto-recorded cases, but has investigated the results of the operation on animals, and has arrived at a very definite and decidedly adverse opinion as regards the operation. The effects are chiefly manifested in the lumbar enlargement, and consist of traumatic irritation of the cord with capillary hæmorrhages at different levels, leading to atrophy of the posterior cornua, wasting of the intra-medullary part of the posterior roots, and lastly vascularisation and atrophy of the nerve cells of the anterior cornua. The changes are, of course, in proportion to the amount of force used, and are slight when the traction has not been great. Amongst the large number of purely empirical observations on the effect of nerve-stretching in locomotor ataxy, there are, says the author, many where the symptoms of the disease grew worse after the operation, others where the disease remained incurable, some fatal cases, but not a single instance of permanent cure. The author hopes that the paper will have the effect of rendering persons more prudent in employing nerve-stretching, and concludes by stating that in locomotor ataxy the operation is always more or less prejudicial to the patient according to the amount of force used, and that the operation can never give permanent relief, still less cure.

**HEMILATERAL SYPHILITIC MYELITIS.**—In the *Birmingham Medical Review* for August, Dr. C. W. Suckling records a case of acute hemilateral myelitis, due to syphilis. The patient, æt. 61, had been under treatment for primary syphilis, in August, 1884, and had subsequently presented secondary symptoms. In May of this year, he was found to be suffering from complete motor paralysis of the left leg with flaccidity; the loss of power had come on gradually, and had been complete in a week. Sensations of touch, temperature, and pain were all exaggerated on the left side, and there was vaso-motor paralysis and impairment of muscular sense with elevation of temperature. In the right leg there was complete analgesia and thermal anæsthesia. The hyperæsthesia of the left side and analgesia of the right extended upwards over the abdomen to a line drawn round the body two inches above the umbilicus, ending abruptly; there were no zones of anæsthesia or hyper-æsthesia at this level. The plantar reflex was excessive on the left side; the patellar and cremasteric reflexes were absent on this side; the abdominal reflex was also absent on this side; on the right side these reflexes were present. He had retention of urine for a day or two, and was delirious towards night and very stupid in the day. He was energetically treated with iodide of potassium and mercury internally and mercurial inunctions, and made rapid progress towards recovery; in four weeks time he could walk without difficulty, but a fortnight later the sensory disturbances were still present, though in slight degree. The lesion was presumably seated on the left side of the cord extending from the eighth dorsal to the fourth lumbar nerves.

**BRACHIAL MONOPLÉGIA.**—In *Brain*, part 29, Drs. Hughes Bennett and C. M. Campbell narrate the case of an old Indian officer, who at the age of 80 was seized with left brachial monoplegia at first accompanied with facial paralysis. At the *post-mortem* examination a limited area of



softening was found at the upper part of the internal capsule; it was flattened, notching the outer and upper border of the caudate nucleus, reaching downwards across the internal capsule to just touch the lenticular nucleus. The fact that the lesion only caused paralysis of the arm leads the authors of the paper to surmise that the fibres coming from the cortex in the motor area run in separate ribbon-shaped bundles through the internal capsule, and that their flattened surfaces are at right angles to an antero-posterior section of the cerebrum. The authors point out that their case supports the view that some such arrangement did exist, which was recently advanced by Mr. Victor Horsley.

## SURGERY.

**A CASE OF CHOLECYSTOTOMY.**—The rather recent revival of operative procedures for the relief of obstruction of the biliary ducts, has awakened a new and lively interest in all such cases; especially as the entire number of reported operations falls within a total of fifty. To this list Dr. Charles T. Parkes, of Chicago, in the July number of *The American Journal of the Medical Sciences*, adds a very instructive case:—Of the cases submitted to operations, by far the larger portion has been of cholecystotomy, by means of which a distended gall-bladder has been positively relieved, and in most of them the cause of obstruction, retained gall-stones, removed. In a few no gall-stones were found, while in others the cause of the obstruction could not be remedied. In Dr. Parkes' case the gall-stones were not lodged in the gall-bladder, and it is highly probable that they were retained in some of the dilated hepatic ducts, and were washed into the cyst by the flow of biliary fluid which came on immediately after the formation of the fistula. He is inclined to believe that they had but little to do with preventing the flow of bile into the intestine, at least the patulency of the passage was not restored by their removal. The remarkable and profuse flow of muco-biliary fluid, coming through the sinus established, argues very strongly in favor of the operation which contemplates the formation of a fistula in the gall-bladder in distention thereof by confined secretions. Certainly no tube of the dimensions of the ductus communis choledochus could have given a free exit to the secretions; at least the accompanying back pressure on the walls of the cyst would have greatly endangered, if not certainly destroyed, the adhesions in any recent wound thereof, even when protected by the continued suture. Most of the cases of reported cholecystotomy tell of the presence of a freer flow through the fistula, so that it is a condition to be expected, and makes immediate closure of the bladder wound without drainage a dangerous proceeding to adopt, even if we can be positively sure of a clear common duct. Dr. Parkes, in conclusion, advises from his experience in this case, the general practice of sounding the common duct through the external opening. He is quite sure that such procedure can be safely carried out, and equally certain that its adoption in his case resulted in relief that did not follow the removal of the calculi alone.

**OVARIOTOMY WITH DENSE ADHESIONS.**—Dr. Ott brought before a Russian medical society, a short time ago, a case in which he had opened the abdomen for a large cyst, situated on one of the ovaries, though it was impossible to say upon which until the operation. On the opening of the peritoneal cavity, it was discovered that the tumour was about the size of the head of a child of 8 to 10 years old, and that it was adherent to all the neighbouring organs. In particular, there was a dense adhesion connecting it with a loop of the small intestine. In consequence of the impossibility of detaching the tumour from its adhesions, part of it was excised, and afterwards the cyst wall was sewn to the peritoneal wound. The resulting cavity was plugged, and the wound dressed. After the operation, there was scarcely any fever, the highest temperature being only about 38° C. The cavity of the cyst

healed almost without suppuration. Even on microscopical examination of the dressings removed from the cavity of the cyst, no pus could be found. Dr. Ott considered that here the white blood corpuscles were transformed directly into firm tissue without becoming pus. Subsequently, however, when the cavity of the cyst was closed, there was a small quantity of pus.

**COCAINE IN AVULSION OF IN-GROWING NAIL.**—Dr. Porcher relates, in the *Philadelphia Medical News*, July 11th, the case of a lady upon whom he operated for ingrowing nail of the great toe. A 4 per cent. solution of the hydrochlorate of cocaine was instilled, drop by drop, from the point of a hypodermic needle upon the raw surfaces in the furrows on each side of the nail. A rag wet with the same solution was kept pressed against the upper surface of the toe, and three injections of the same strength were made in the flesh at the base of the nail, just above the matrix. The tissues being thin here, and not very cellular, probably ten or fifteen drops may have been inserted. After the lapse of fifteen minutes, avulsion was performed in the usual way, without any pain being felt.

**DIGITAL COMPRESSION OF ANEURYSM.**—Dr. D. F. M. Héctor, of Guanabacoa, relates an interesting case of aneurysm in a Cuban medical journal. The patient was a man of 31 years of age who had had syphilis. Nine months before coming under observation he had fallen on his right foot, two months after which he noticed a swelling in the right popliteal region; this gradually enlarged, and when measured it was found to have a vertical diameter of 12 centim. and a transverse diameter of 13 centim. The pulsations and fluctuation left no room for doubt that it was an aneurysm. It was treated by digital compression in Scarpa's triangle for about twelve hours every day. On the tenth day the tumour, which had decreased in size, ceased to pulsate, and became hard. The compression was now practised during alternate periods of 2 hours, a freezing mixture being applied to the tumour in the intervals. The periods were afterwards reduced to one hour, and the treatment only carried out during the daytime, and finally on the 17th day it was stopped; the patient being, however, kept in bed for 16 days longer. The tumour has continued quite hard and without pulsation, and the man has returned to his work quite cured.

**CATHETERIZATION IN SENSITIVE URETHRA.**—Dr. Stamps, writing in the *Philadelphia Medical Reporter*, July 4th, states that in some cases of a hyperæsthetic state of the urethra, he has been enabled to pass a catheter almost painlessly by inserting the nozzle of a syringe filled with water as hot as the patient can bear into a soft catheter. As the catheter is gently passed along the canal, the water is slowly injected, the water which regurgitates between the catheter and the urethra until this has reached the prostatic portion of the canal preventing too much water being injected into the bladder.

## NOTES ON FOREIGN HEALTH RESORTS.

### BLOEMFONTEIN AND THE ORANGE RIVER FREE STATE.

FROM the beginning of the present century, the southern extremity of the great continent of Africa has been regarded as possessing certain climatic advantages, which, when combined, as they used to be, in the period antecedent to the Suez Canal, with equal advantages of position, rendered our territory there of great value. It was found that the tropical invalids homeward bound from India recovered rapidly from the malarial fevers and liver disorders with which they were affected. As the colony increased in size, the small percentage of deaths from pulmonary disease became noticed, and before long patients of that class



visited it regularly for their health. It was then noticed that the higher altitudes seemed the most favourable, and, about the year 1870, the vast flats of the Orange River Free State were suggested as affording the best climate to be found in South Africa, if not in the world. Since that time considerable numbers of English have gone to Bloemfontein—the capital—for their health, and a large proportion of them have undoubtedly derived considerable benefit from their residence there.

The journey fifteen or sixteen years ago was a somewhat formidable one. It is now much more rapid and easy, but, at the same time, it is still attended with not a few discomforts. The South African Colonies certainly bear the palm for roughness, and from the very nature of the country will probably do so for many years to come. There are but few luxuries, and necessaries are decidedly dear, and, in short, the Orange Free State, like the northern parts of the Cape Colony, suffers from its distance from civilisation and the enormous difficulties of transport. Year by year, however, these are being overcome. For some time past a line connecting Cape Town with the Diamond Fields has been in course of construction. It is expected that it will be completed very shortly, and, as Bloemfontein is only one hundred miles distant from Kimberley, over a perfectly level plain, it is to be hoped that the former town may soon be in steam communication with England.

The voyage to the Cape is now an affair of from nineteen to twenty-one days, instead of five-and-thirty as it was not so very long ago. There are two lines of steamers running between England and the South African Colonies: the "Union" and "Castle" Companies, the latter being better known as Donald Currie's. These leave Plymouth and Dartmouth respectively every Friday at noon, and generally touch at Madeira, and occasionally at either Lisbon or St. Helena. The fare to Cape Town is thirty guineas. The voyage after the first three days is for the most part on a perfectly even keel, and is one of the most enjoyable in the world, though rough weather is occasionally to be met with a day or two before reaching Table Bay. The port at which the traveller disembarks will depend upon the route he has chosen. The Free State, owing to its central position, can be reached either from Cape Town or Port Elizabeth, or even from Natal. The latter is, however, not advisable owing to the lengthened sea voyage, the trouble attending transshipment into another steamer, and the difficulty in getting heavy baggage over the Drakensberg.

Formerly, travellers to the Free State almost invariably took the route *via* Port Elizabeth, Fort Beaufort, Queenstown, and Alval North; but the railway from Cape Town has lately been extended so considerably that it is by far the quicker as well as the most comfortable plan to take advantage of it. Cobb's coaches connect the temporary terminus with Bloemfontein, and, packed tightly in the clumsy looking vehicles, half choked with dust and bruised with jolting, the traveller speeds across the level plains whose monotony is emphasized by the myriads of ant-hills which dot the arid ground as far as the eye can reach. It is certainly not an attractive introduction to a new home, and the Diamond Fields, though of late years very much improved, are still less pleasing. The eastern route, to which allusion has just been made, is quite as rough. The railway has not as yet been brought over the formidable range of mountains here known as the Stormberg, and the traveller consequently has to cross them in the coach, an operation that may or may not be pleasant, according to the season. The Orange and Caledon rivers also lie before him, which, in "the rains," are occasionally so swollen as to be impassable by means of the "pontoons" used to ferry the coach across, but this is a rare occurrence. The more frequent cause of delay arises from the sudden filling of *spruits*, or small tributary streams, by the heavy thunderstorms that so frequently break over the country; for bridges, it should be understood, are as yet comparatively unknown. Once over the Caledon the road, or track as it more justly should be called, leads to Bloemfontein over the same boundless stretches of prairie as those just alluded to.

From the foregoing it will be gathered that those in

search of health in Southern Africa may have to undergo a considerable amount of discomfort, not to say actual hardship, during the journey to their destination; such discomforts indeed as would prove a very severe trial to a woman of delicate constitution. It must not be inferred that these are always to be met with. It is even possible for the journey to be, comparatively speaking, pleasant; but the "disastrous chances, the moving accidents by flood and field," are nowhere more common than they are in the South African colonies, and the traveller, without previous lessons in resignation, will often find it hard to imitate the *nonchalant* way in which the old colonial will meet misfortune. Such minor discomforts as indifferent food and having to share bedrooms with two or three others, will commonly be met with, and unless the traveller is prepared to undergo them, he had better not try the climate of the Orange River Free State.

The conditions of travel have here been somewhat enlarged upon, as the writer has on several occasions met with invalids who were, up to the time of their being brought in contact with them, in absolute ignorance of the roughness of life in this part of the world. With the limited experience afforded by ordinary continental travel, they had never realised the "infinite possibilities" of a journey in South Africa, and the London physicians at whose recommendation they were to seek the health-giving breezes of the Free State, though doubtless thoroughly well posted in the climate of the country, had failed to inform themselves as to the other conditions of life there, which, after all, are of equal if not greater importance to the invalid. But few details have been given of the journey from the coast to Bloemfontein, owing to the constant changes taking place with the progress of the railways &c., but the latest information can always be obtained from the agents at the port where the traveller disembarks. It should be mentioned that the coaches running from the end of the railway to the Free State do not take heavy baggage. The amount that used to be allowed to each person was 56 lbs. The rest follows by bullock wagon, and those only who have managed for some weeks on the limited wardrobe contained in a hand bag, can realise the pleasure with which they hear of the arrival of their portmanteaus.

Of Bloemfontein itself the best that can be said is that it is less interesting than other Free State villages. The country is, it must be confessed, almost heartbreaking to a new arrival on account of its monotony. Vast expanses of slightly undulating flats, unbroken by the presence of a single tree, stretch away to the level horizon. Here and there, perhaps, is a low *kopje*, or stony hill, whose sides are clothed with a few stunted bushes, and every now and then, at intervals of some thirty or forty miles, long thin lines of willows mark the course of some stream, nearly dry in winter, but in summer often a formidable torrent. The whole country is one vast sea of grass, whose surface is broken into ripples by countless thousands of oven-like ant-hills. Such is the usual aspect of the Orange River Free State, but the capital, built beneath a rocky hill, and on the banks of a pretty, willow-fringed streamlet, has a certain claim to beauty, especially when seen under one of the magnificent sunsets that are of daily occurrence during the winter on the table land of South Africa. Its inner life is scarcely more interesting. The general language is, of course, Dutch; but owing to the number of English storekeepers and others the latter tongue is the one with which the visitor will chiefly be brought in contact. All residents speak both languages as a matter of course, but the Kafirs and other natives use Dutch only. The monetary system is purely English, and the Bloemfontein bank, with its English managers and clerks, is a flourishing and perfectly sound institution. There is an English church, with a pronounced Ritualistic service, and our colonial bishop has established a sisterhood of English ladies in the town for various ecclesiastical and educational purposes. Some time ago he was also arranging for the building of a sanatorium for consumptives, which is doubtless at the present time in working order. There is an excellent, but small, cottage hospital, and an English and one or two German doctors were, a year or two ago, resident in the town. There are a couple of passable



hotels where it is possible for a visitor to put himself *en pension*; but, from our European standard, both board and accommodation are, considering their great inferiority extremely dear. A few years ago, the writer and a friend paid thirty shillings per diem, sharing a small bedroom between them. The cooking was beneath contempt, and the price of a small bottle of Bass's ale was four shillings and sixpence, while, at night, numerous individuals of a certain hemipterous insect known to naturalists by the name of *cimex lectularius* shared his couch. Since then both accommodation and food have doubtless much improved, but the visitor must not expect anything beyond what, in Europe, might be described as tolerable. A cheaper plan for a bachelor, and one often adopted, would be to live in rooms and board at one of the hotels. For families it would be best to commence house-keeping after a certain knowledge of the Dutch language has been attained, but house rent is extremely dear. The servants are almost invariably Kafirs. If white servants are imported or hired the result is, in ninety-nine cases out of a hundred, unsatisfactory. Meat is cheap, but the prices of vegetables and other provisions are often enormous. Cabbages and cauliflowers commonly fetch from 1s. to 2s. 6d. apiece, and indifferent butter as much as 3s. or 4s. per pound. The writer has indeed known the latter article fetch as much as 18s. 6d. per pound.

It must not be supposed that the amusements of the place are such as will compensate to any great extent for the above mentioned drawbacks. Billiard tables there are, of course, for Bloemfontein is too near the Diamond Fields to be without such sources of combined amusement and profit. Riding is perhaps more worthy of mention, but even the most ardent lover of horse exercise will in time tire of riding over the monotonous prairies with no particular goal in view. It should be mentioned that horses are cheap, and that a very decent pony can be bought for ten or twelve pounds, but it is equally necessary to state that feed is extremely dear. Shooting is available to almost anyone, and within a few miles of the town a tolerable bag of *knorhaan*, or small bustard, can not unfrequently be obtained, while, on the banks of the Modder River, guinea-fowl are abundant, and there is a fair chance of an occasional springbok. Lawn tennis has penetrated, as we all know, to every part of the civilised world, and Bloemfontein is no exception to the rule. But the above list of the amusements open to visitors may be regarded as an exhaustive one, and even the naturalist, who above all others is least likely to find a place unprofitable, has here but little scope for work. Birds and insects are equally rare; the botany has been tolerably worked out, and after all is not particularly rich, and unless the observer is anxious to work at the natural history of the Termites, it would be somewhat difficult to indicate a field in which he would be repaid for his labours.

From what has been written, it will be gathered that the Free State has need of an extraordinary excellence of climate to atone for the many drawbacks that force themselves upon the notice of even the least *exigeant* of visitors. And though, like every other climate, it has certain disadvantages, it must, nevertheless, be conceded that it is in many ways an extremely good one, and that it is often of the very greatest benefit even in advanced cases of phthisis. Roughly speaking, its chief characteristic is the extreme dryness of the air. Bloemfontein is situated at an altitude of about 4,300 feet above the sea level. To the north and west lie the arid wastes of the Kalahari desert, while on the east and south the lofty ranges of the Stormberg and Drakensberg receive the contents of the moisture-laden winds that sweep over the Indian Ocean. The result is a dryness that is unequalled in any other part of the civilised world, and hardly excelled in the Atacama or Sahara deserts. Thus, the writer has on one occasion registered a difference of no less than thirty-four degrees between the wet and dry bulbs of the hygrometer, and during the day, in the winter months, twenty degrees of difference is common. The extreme thinness or the air is often very unpleasant to those in health, but it appears to be less felt by the invalids. It is of an irritating character, especially unsuitable for those of nervous temperament, and hence,

especially in spring and the beginning of summer, neuralgia and other allied disorders are not uncommon. Epistaxis, periodic headache, and rheumatism often attack the new comer, the latter, indeed, being a very common complaint, the aetiology of which it is rather hard to explain.

The invalid who has resolved on a trial of the Free State, will most probably arrive at the Cape some time in the month of November. It is then, of course, summer in the southern hemisphere, and Cape Town and its neighbourhood will be found excessively hot. He had better make his way up country without loss of time. The railway route *via* Beaufort West will probably be the most advisable, but the journey over the Stormberg from Port Elizabeth, although it should never be undertaken in winter, when the cold is often intense, is at this season very pleasant, although the travelling is, of course, much rougher. Summer in the Free State is the rainy season, the opposite being the case at the Cape, and though the rainfall is not heavy, the country is not unfrequently visited by thunderstorm of appalling violence. Nowhere in the world, perhaps, are they more severe, and the traveller is not likely ever to forget his first experience of them. The first rains begin to fall towards the end of October, though previously many months have passed with hardly a passing shower, day after day and week after week being absolutely cloudless. This drought, however, does not interfere with the advent of spring, and in the middle of August the buds appear upon the willows. This season would be pleasant enough were it not for the wind and dust, the latter of which is intolerably, forcing its way through the minutest chinks and crevices, and filling a room with closed doors and windows almost as completely as if they were open. The wind is chiefly from the north and north-west, not steady, but at one time almost calm, and at another blowing in short but furious gusts. At night, during the winter and early spring, the thermometer sinks to two or three degrees below the freezing point; the ground is white with hoar frost, and the roadside puddles have often a thin coating of ice. The exhilaration produced by these magnificent mornings is wonderful: they bring back once more that strong physical delight in mere existence that, for most of us, has departed with our early manhood. Yet the thermometer at midday will mark over 70° in the shade, and the sun heat is greater than it is in England in the summer. The daily range is thus often 45°, and generally as much as 40°; a difference that is actually greater than that between the absolute maximum and minimum in Madeira *for the whole year*! Towards the end of September, the weather has improved in being less dusty. The nights are still cold, but the maximum day temperature is as much as 80° or 85° Fahr. The winds are light and irregular, blowing from almost all quarters except the south. In October, there is a marked increase in temperature; the shade maximum will not unfrequently be as high as 105°, while at night the minimum indicates 45° or 50°. Owing to the extreme dryness this first spell of heat is not felt so much as that at a later period during the rains. On the 24th October a few years ago, the writer's instruments registered a minimum of 43°; the maximum in the shade was 95°, and the difference between the bulbs of the hygrometer at 10 a.m. *thirty-four degrees*, the wind at the time being easterly and moderate! On the afternoon of the following day the first rains fell.

The rainfall in this region is so extremely variable and so local, that it would be impossible without observations extending over many years to form an idea of its mean. There are places not more than 300 miles from Bloemfontein to the north-east where rain has been known not to fall for two years, yet within the borders of the Transvaal hardly by, the annual amount must be considerable. Roughly speaking, it may be said that November and December are less rainy than the two following months. Results of observations from one season only are apt to be so misleading that they are hardly worth publication, but it may be mentioned that from the 11th to the 28th of February, in the year already alluded to, there were only six days on which rain did not fall, and the total amount registered was 8.83 inches. As in the preceding months this rain is almost entirely from heavy thunderstorms. There are



certain cases in which a simple fact is more striking than the most vivid of descriptions. It is not within the province of this article to describe one of these storms of the South African table-land, but it may be stated that it is thought necessary to provide every tombstone in the cemetery with a lightning conductor!

The temperature of November is very pleasant. The thermometer rarely registers a minimum of less than 50° Fahr. At 9 a.m. it stands at about 70°, and between 1 and 2 p.m. the maximum day heat, which varies from 85° to 95°, occurs. Instead of the absolutely cloudless days of winter, the skies exhibit tier after tier of fleecy cirro-stratus stretching like a great roof to the horizon. December, January, and February are all hot months, not so much from the actual increase of temperature as the greater humidity of the air. It has over and over again been said that our sensations of heat do not necessarily bear any relation to the height of the thermometer, and the patient need not be alarmed at records reaching to three figures. The writer has felt a steady 85° at Singapore far more than a temperature of more than twenty degrees higher on the uplands of South Africa. The heat of the Orange River Free State during the summer months is no doubt very great thermometrically speaking, but owing to the thinness and purity of the air, and its intense dryness, it is absolutely without any ill effects, except of course in cases where the individual is insufficiently protected from the rays of the sun.

March and April, and sometimes part of May, constitute a species of autumn. The weather is at this season delightful. It is much cooler, although the night temperature in the former month at least, is not often less than 50°. The maximum during the day will range from 75° to 85°. Thunderstorms are rare, but there are occasional showers, especially with the east winds. The pluviometric record for this month (which may be taken as a fair average) in the year already alluded to, was 3.14 inches, rain falling on eight days. The weather throughout April becomes progressively colder, the difference being most noticeable at night; there are fewer showers and the mornings are often keen. In May, the winter fairly sets in and lasts, with the climatic conditions already described, until the middle of the month of August.

A few words may be added as to the general characteristics of the climate. The rains, though often very heavy, are never long continued, and the invalid will seldom, if ever, be kept to the house on their account. The cold winds at the end of winter and in spring are certainly a drawback, and are not unproductive of violent catarrhs, though they do not often affect the lungs. They should especially be guarded against, and plenty of warm clothing should be brought out for that purpose. The chill at sunset is often extreme, and the invalid should, if possible, always try to be indoors at that hour.

Although admitting the climate of the Free State to be wonderfully suitable for certain cases of phthisis in which extreme dryness of the atmosphere appears to be the one great desideratum, the writer is far from regarding it as perfect, and it is so inseparably connected with certain discomforts and roughnesses, that the cautious physician will only recommend its trial after a most careful consideration of every point of the case. In Bloemfontein and Madeira—an article on which, as a winter residence, appeared a few months ago in these columns—we have instances of two health resorts, that, in almost every single particular, are as wide as the poles asunder. In the one, we have every advantage that civilisation can afford: easy accessibility, first rate accommodation, good society, capital yet cheap living, and a climate that is chiefly remarkable from its extraordinary equability. In the other, the patient has to contend with the disadvantages of distance, poor accommodation and living, great expense, and a comparative absence of society. The very cases that would fail in the one country, would probably do well in the other. But the physician should suit the locality to the individual. The life and surroundings of a health resort are, in the writer's opinion, of even more importance than the climate. Young men with a love of sport, who would be able to hire a wagon and live an open air life antelope-hunting, or married men who could embark in some

business or profession in one of the Free State towns, these might do well. But life without some occupation in such places would be absolutely intolerable, and to the society man, or the book-worm, no greater purgatory could by any possibility be imagined.

## SPECIAL CORRESPONDENCE.

### A HOLIDAY IN WHARFEDALE.

(By a Wandering Contributor.)

BEN RHYDDING, *September 1st.*

A BROAD green valley edged above by purple moorland over which the air drops as fresh and cool as in Switzerland, tapering into a long wooded gorge where a clear trout stream swirls or ripples as the rocks close in or open out before it—Wharfedale deserves the name of a "health resort," much better than many a place on which that much-abused term is foisted. Within six hours of London, the healthy can gain it without the loss of precious days, and the sickly without the worry and fatigue that a journey further afield entails. Once there both well and ill will alike be loath to leave it. For the strong there are walks up and down the dale, and over the moors into neighbouring valleys each of which has its own peculiar charm. On the south side of the valley lies the wide stretch of Rombald's Moor, over which one may tramp at will, knee-deep in heather. Its twelve square miles or so of undulating moorland covered with fern and heather, and studded with druidical circles, engraved stones, barrows and other prehistoric relics, offer in themselves sufficient interest for a month of wanderings. Beyond the moor lies the valley of the Aire, a busy dale still beautiful in spite of mill chimneys and smoke; in one of its tributary valleys is Haworth, with its steep winding street, which would be squalid and uninteresting to English eyes but for the memory of the Brontës. To the north, Wharfedale is shut in by a sweep of solitary moorland, intersected by deep valleys, and rising here to heights (some 1,300 feet above the sea) whence one can look over the high plateau on which Harrogate lies, and on to miles and miles of distant hills. Following the Wharfe up dale one comes upon one of the most beautiful and most visited spots in England—Bolton Abbey and Bolton Woods, of which I need only say that one could spend weeks there and find a fresh scene of beauty or of interest every day. All the places mentioned lie within a few miles of Ilkley, the chief resort of visitors to Wharfedale, and they are surrounded on all sides by a beautiful and fascinating country, quite within the powers of an active walker.

Offering these advantages to the strong, Wharfedale is not less adapted as a health resort for those in feeble health, and it is yearly gaining in reputation as such amongst the medical profession. Forty years ago one of the best sites in the valley was fixed on with great sagacity for the erection of the hydropathic establishment, since well known as Ben Rhydding. Similar institutions have arisen in the neighbourhood, but Ben Rhydding still remains pre-eminent for its happy situation, and its reputation as a sanatorium. Erected in the first flush of the hydropathic evangel by ardent followers of "the Silesian peasant, Vincent Priessnitz," Ben Rhydding has progressed with the times, and is now by no means obstinately devoted to "the system



of cure by cold water." Indeed we should be inclined to say that the use of cold water really forms quite a subsidiary element in the treatment of most of the cases sent to Ben Rhydding. What is probably, by the way, the most important use of cold water in the treatment of disease, viz., as an antipyretic, was certainly not contemplated by the followers of Priessnitz.

It is very creditable to those who have had the management of Ben Rhydding, that they should have been able to break through the hydropathic tradition, and to call in the aid of other appliances of treatment, such as the compressed air bath, galvanism and massage. For the functional nervous diseases, however, which now form a large proportion of the ailments treated there, it is reasonable to suppose that the fresh, sleep-giving air of Wharfedale, the regular life imposed on residents in the establishment, and the constant association with vigorous and healthy people, make quite as much for cure as the rubbing or the galvanism, or even the French douche. It is difficult to assess the exact value or to define the exact mode of action of a strong stimulant such as the cold douche, in cases of nervous prostration and hysteria. A thick stream of cold water, slightly broken, but striking the skin with such force as to give almost the impression of a hot spray, must necessarily exert a powerful stimulus on the cutaneous vessels and nerves, and secondarily on the general circulation, as its successful use in the treatment of cold feet would seem to show; but, in the cases and in the manner in which it is applied under Charcot, it is difficult to imagine that its action is exclusively physical. Administered alike to men and women by a doctor, as is their use and wont in Paris, a considerable part of its success may be safely set down to the psychical effect, of which it forms a very convenient vehicle. In some respects it is simply a refinement of the old-fashioned corporal castigation, which was not without success amongst the nervously afflicted in the Middle Ages, and later. It is very important to bear in mind that in all these modern modes of treating functional nervous disease, there is danger of falling into the error of regarding the mechanism of the treatment as purely physical, and so of neglecting to bring the whole battery of treatment, physical and psychical, to bear upon the patient. At Ben Rhydding the latter element derives reinforcement from the unconscious help of the healthy visitors, and one of the pleasantest experiences that the present writer has met with there, has been the sight of strong and happy visitors devoting themselves to interest some nervous patient, and to draw his brooding thoughts away from his own sufferings. The institution would, no doubt, lose in therapeutic success in proportion as it became more of a sanatorium for invalids, and less of a hotel for healthy and vigorous holiday-makers. For may not there be a neuro-mimesis of health as well of disease?

It is claimed that the Weir-Mitchell treatment of nervous prostration can be systematically carried out at Ben Rhydding, where they thoroughly understand the principles and practice of massage, and there can be little doubt that it is very well adapted for the after-treatment. Patients who have been restored to comparative health by rest and feeding elsewhere, will find in Wharfedale a very fair imitation of the life on a P. and O. steamer, some months of which are usually deemed necessary to complete their cure. There is no doubt a valuable sphere of usefulness open to Ben Rhydding in the care of such convalescents, always assuming that too many of them are not admitted at a time.

Ben Rhydding enjoys the credit of having for years

possessed the only compressed air bath in England. The use of this bath is little understood in this country, and English physicians will do well to receive with caution the extravagant accounts which come from abroad as to its marvellous efficacy in all sorts and conditions of disease. It will, however, no doubt be found useful as a gymnastic for the muscles of expiration, and probably for the heart-muscles in cases of emphysema and bronchitis. Whether it can claim to be more than this has yet to be seen. Another specialty of Ben Rhydding is the Russian bath, said to be the only complete one in this country. It consists of a small room heated by the introduction into it of steam to a temperature of from 100° to 115° Fahr. Fifteen or twenty minutes in this atmosphere produce more or less profuse perspiration, after which the bather is put into the rain-bath, wrapped in a warm bath-sheet, and relegated to a couch to cool down. It consumes less time than the Turkish bath, and its results appear to be equally satisfactory. This form of bath is especially indicated in certain forms of chronic bronchitis, as well as in those affections for which free diaphoresis is prescribed. The electrical department at Ben Rhydding, it may be added, is supplied with the broad brass electrodes, by means of which the induced or constant current can be applied to extensive surfaces of the body. But after all, as remarked above, the pure air and hygienic surroundings of Ben Rhydding constitute its pre-eminent advantages over many rival resorts, advantages which are secure against the sway of medical fashion, or the transitory influence of medical enthusiasms.

## MEDICAL NEWS.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, August 27th, 1885:—

Robert Ashton Bostock, 73, Onslow Gardens, S.W.; Edmund Walter Emtage, 1, Endsleigh Gardens, N.W.; Oliver Richard Archer Julian, St. Bartholomew's Hospital; Hugh Brodrick Mathias, Minehead, Somersetshire; Edmund Taylor Milner, Crescent, Salford, Manchester; Archibald Thomas, Towey House, Wellingborough.

**THE LIVERPOOL WATER SUPPLY.**—The works at Vyenwy, North Wales, for the supply of water to Liverpool, are making good progress. The total length of the aqueduct, from Lake Vyenwy to the present reservoirs at Prescott, near Liverpool, will be 67½ miles. It will consist of three tunnels, through each of which the water may be passed with pipes, and of three parallel lines of pipes. The discharging power of each line of pipes will exceed 13 million gallons per day.

**THE CITY OF DUBLIN HOSPITAL.**—The appeal on behalf of this Institution, which the failure of the Munster Bank has affected financially, is receiving encouraging support. Mr. Geale Wybrants, has offered 100% on the same conditions as "A Friend," who promises a similar amount. The Honorary Secretaries urge that in order to receive these donations, the required sum, about 700%, should be paid before the 1st proximo.

**ST. THOMAS'S HOSPITAL.**—By order of the Governors of St. Thomas's Hospital, the triangular hoarding in front of the hospital has been removed, and the large vacant space of ground will shortly be formally handed over to the Guardians and Vestry of the parish of Lambeth.

**ST. JOHN'S AMBULANCE ASSOCIATION.**—A new centre (the second established in India) has been organized in Bangalore, Mysore, of which Lieutenant General Sir Frederick S. Roberts, G.C.B., is president.



**GREENWICH.**—Dr. H. Watney has definitely accepted the invitation of the borough of Greenwich Liberal Association to contest Greenwich in the Liberal interest at the next general election, and he will introduce himself to the electors of that borough on the 9th September.

**PHARMACEUTICAL CONGRESS.**—The proceedings of the Pharmaceutical Congress were opened at Brussels on Monday by the Minister of Foreign Affairs. The Minister dwelt on the importance of the questions before the Congress to the well-being of the people. M. Van Bastelaere, President of the Congress, traced the history of pharmaceutical science in Belgium, and explained the nature of the labours awaiting the Congress. The composition of the provisional bureau was then made permanent. Among the Vice-Presidents are Professor Redwood, President of the last London Congress; and Messrs. Cartwright, President of the British Pharmaceutical Society, and Brunker, President of the Irish Pharmaceutical Society. The President declared the question relating to drinking water to be the most important of all. The Sections will discuss—(1) professional questions; (2) questions of theoretical and practical pharmaceutical science; (3) questions of chemistry in relation to hygiene; and (4) questions concerning general and applied biological and juridical chemistry.

**TESTIMONIAL TO PROFESSOR KOCH.**—A testimonial has been recently presented to Geh. Med.-Rath Professor Dr. Koch by the practitioners who last winter attended his course of lectures on cholera at the Reichsgesundheitsamt, Berlin. It consisted of an ebony casket richly ornamented in silver, having a silver shield in front bearing the inscription "Dedicated to Herrn Geh. Med.-Rath Professor Dr. Robert Koch with thankfulness by his first pupils, Berlin, 1884-85." A silver plate is let into the lid on which, in raised work, is a bust of Dr. Koch, on a pedestal, against which the goddess Hygeia leans holding in the one hand the staff entwined by the serpent, the symbol of the medical art, and in the other a laurel crown. A nude child seeks to conceal itself amidst her flowing drapery in fear of a haggard woman at the foot of the pedestal, who with a scythe in her hand symbolises the devastating disease which Dr. Koch has chosen for the special object of his study. On either side of the pedestal are groups of palms. Professor Echtermeyer is the author of the design for this relief. The casket is lined inside with dark blue satin plush.

**THE Belgium Academy of Medicine** has appointed a Committee consisting of MM. Gille, Depaire and von Baslelauer, to examine the memoir on "The Experimental Determination of the Effect of Desiccation used for Preserving Purposes on Simple Vegetable Drugs," which has been sent to the Academy.

**CHARITABLE BEQUESTS.**—Sir Moses Montefiore, Bart. F.R.S., late of East Cliffe Lodge, Ramsgate, has bequeathed 500*l.* each to the Jewish Convalescent Home, and the Beth Holim Hospital, 300*l.* to the Jews' Hospital at Norwood, 250*l.* to the Ladies' Lying-in-Charity for the Relief of Jewish Women, 200*l.* each to the Samaritan Fund of St. Bartholomew's Hospital, the London Hospital, and Mrs. Palmer's Cancer Hospital, 100*l.* each to the Royal Sea Bathing Infirmary, Margate, the Seamen's Hospital, Ramsgate, and the Ramsgate and St. Lawrence Dispensary. All the legacies are given free of duty. The late Mr. James Stevenson, 24, Sandyford Place, Glasgow, has left the following bequests, which will be payable at the first term of Whitsunday or Martinmas after the death of Mrs. Stevenson, who survives her husband: The Royal Infirmary, 500*l.*; the Western Infirmary, 500*l.*; the Deaf and Dumb Institution, 300*l.*; the Asylum for the Blind, 300*l.*

**THE SANITARY STATE OF DUBLIN.**—Dr. P. C. Little writing on this subject to the *Irish Times*, after referring to the system of house scavenging introduced by Mr. John Mulligan, which had since been superseded, says: "The inevitable results of the suppression of the old ashpit system and the propagation of w.c.'s are now experienced in the increased foulness of our city air, owing to the escape of more condensed gas from the main ventilators, and in the highly offensive and more putrid waters of the Liffey.

Should an epidemic unhappily visit Dublin now, I fear its effects would be deplorable—a sad commentary on all our improvements. What now is best to be done? Are we to push on another huge main drainage scheme? Are we thus to add a half million, or say honestly one million sterling, to our civic liabilities? Are the citizens willing to bear that additional burden with possibly 2*s.* 6*d.* in the pound increase on our present heavy taxation? Has the recent propagandism of w.c.'s led up to another golden vision—a beautiful dream for sanitary engineers and contractors—a dream, rumour says, already realised—on paper? I believe the ratepayers of the metropolis will never sanction it. Why not develop the rational and simple system of the late Councillor Mulligan? Why not carry away from our homes refuse of all sorts, as is done so admirably, economically, promptly, and completely in the great cities of Birmingham and Manchester by the pan system? It is applicable with comparatively a very small outlay, without loss of time in establishing, and requires little or no experience to work it. The nuisances may be converted into valuable manure, and so the product of the earth will properly go back to fertilize it. The Paris Municipality have recognised the value of this material, and for its elaboration and utilisation they occupy and cultivate 1,200 acres of land, making, it is said, a profit over the outlay on the compost. We are not going to copy the London mode of main drainage, which has proved a failure, as may be learned from the fact that the authorities there have recently been obliged to cast into the Thames in hot weather hundreds of tons of chloride of lime with the object of neutralising the poisonous gases emanating from decomposing sewage in the river. Such conditions could not arise with the pan system. The Liffey would by this means cease to be corrupted, our river fishery would be revived, our magnificent bay would escape the consequences of a weekly deposit in its bosom of 1,500 tons of foetid matter, most injurious to our fishing industry, and to the preservation of deep water of our coast. The latter danger is not imaginary."

**HEALTH OF NAPLES.**—The *Times* correspondent writes: "The public health continues to be good, and all apprehension of a visit from cholera has ceased. Great numbers of Italians of the poorer classes are flying from Marseilles, and the lines from Modane and Ventimiglia are crowded. Yet not one suspicious case has been met with in Genoa, to which fugitives tend, and the whole of Liguria is said to be healthy. No doubt this may be attributed to the wise and extraordinary precautions of the Government. All the dirty packages of the poor travellers are examined, and when necessary burnt, but a large supply of clothing has been provided gratuitously for those in want." On August 27th, the same correspondent wrote:—"Yesterday there were no reports, but on the day before they were said to be 'good' for the whole kingdom. A descent has been made, therefore, from the superlative to the positive degree demanded by the two or three sporadic cases in the north, and proving that the truth will be spoken. The members of the Provincial Council expressed themselves fully satisfied with the explanations given as regards Nisida, and popular anxiety is calmed. Private letters from Nice, which is on the borders of Italy, and hence always awaken the sympathies as well as the apprehensions of Italians, state that cholera had appeared there. In some spots on the heights above Nice there are several desirable places, which are much frequented by the Nizzards and foreigners who have protracted their visit till the dog-days. Cholera had visited these places. Nine cases were reported, and there was a general flight. I am not much disposed to attach credence to private letters, but the Naples journals also confirm the fact. The council of a Neapolitan society have already decided on forming on the quarter of Monte Calvario a complete sanitary service for the relief of the poor who are sick. Ten eminent medical men have offered their gratuitous advice, and five druggists have offered to give a supply of medicines."

**A CHOLERA STRICKEN CITY.**—The following appeared in a Valencia paper:—"In the province of Valencia the place which has comparatively suffered most is Torres, situate about 10 kilometres from Sagunto, and containing about



800 inhabitants. In the place itself there are neither doctors nor dispensary, but medical assistance and medicines were supplied from Agimi, where the cholera was also raging. Very soon the former failed them, for of the two doctors one died of the disease, and the other, after losing his wife, was also attacked by the terrible epidemic. As these towns and that of Alfara de Algimia were thus deprived of medical aid, the mayor went to Valencia to lay the state of the case before the governor and pray for help. On his return he also fell a victim to the scourge. The panic was increasing. The butcher and his family died, and the town was without a supply of meat; but this was not all, the baker and his family suffered the same fate as the butcher's, which made things still worse, as the families still in existence were with few exceptions unable to make bread. There was still more to come. The gravedigger was struck down, and on the Tuesday there were 18 dead bodies with nobody to bury them. The force of the evil guard in barracks consisted of four men and a sergeant; one man and the wives of three of the guards had died, and the remaining guards were all ill. When assistance arrived, which infused a little animation into the people, the greater part of the houses were found shut up, either in consequence of the death or flight of the owners, only about 40 were inhabited, and these all occupied by stricken patients."

**CHOLERA IN THE PENAL ESTABLISHMENT, CARTAGENA.**—The following is the system of treatment employed by the medical officers of the penal settlement of Cartagena, Drs. Lopez Perez and Montaldo Y. Botella. *Primary intestinal symptoms.*—Infusion of Manzanilla with cream or powder of sub-nitrate or sub-carbonate of bismuth and 15 or 20 drops of laudanum every two hours. Hot soup with good wine every two hours alternately with the bismuth mixture, barley water, application of warmth. *Grave symptoms.*—Hypodermic injection of 3-4 grammes of bromohydrate or other salt of quinine (25 per cent.). Cramps disappear when injections of two centigrammes of chloride of morphia are given in conjunction with massage. *Vomiting and intense thirst.*—Bits of ice and wine and soup and ice cream alternately. Provocation of diaphoresis. Repetition if necessary of the injections.

**ST. MARY'S HOSPITAL MEDICAL SCHOOL.**—The following are the prizemen for the session 1884-85:—Scholarship in natural science, 75*l.*, Mr. Holloway and Mr. Lewitt. Scholarship in Natural Science, 50*l.*, Messrs. Graves, Hiekey and Maek. Scholarships in Pathology, Mr. R. S. Anderson; Prosectors, Messrs. Bays and Graham. Scholarship in Natural Science of 105*l.* (for students of Epsom College), Mr. Graveley and Mr. Lewis (equal). Summer Session, 1884—First Year—Materia Medica—Prize, Mr. H. C. Barr; Certificates, Messrs. Bays and Collier. Botany—Prize, Mr. Bottomley; Certificates, Messrs. J. C. and H. C. Barr. Practical Chemistry—Prize, Mr. J. C. Barr; Certificates, Messrs. Kidd and Bottomley. Second Year—Midwifery—Prize, Mr. A. R. S. Anderson; Certificate, Mr. M. M. Bird. Medical Jurisprudence—Prize, Mr. A. R. S. Anderson. Winter Session, 1884-85—First Year—Anatomy and Histology—Prize, Mr. A. Lewers; Certificates, Messrs. Davis, Lewitt, Henvey and Kingston. Chemistry—Prize, Mr. Hiekey and Mr. Hewitt (equal); Certificate, Mr. Severs. Second Year—Anatomy—Prize, Mr. H. C. Barr; Certificates, Messrs. Graham, Collier, Bays, Ridley and M. M. Bird. Physiology—Prize, Mr. Symes; Certificates, Messrs. Bays, Ridley, M. M. Bird, Graham, Collier, and H. C. Barr. Third Year—Medicine—Prize, Mr. Holloway. Surgery—Prize, Mr. Holloway; Certificate, Mr. H. H. Norton. Practical Surgery—First Prize, Mr. J. J. Clark. Second Prize, Mr. Holloway. Pathology—First Prize, Mr. J. J. Clark. Second Prize, Mr. Holloway. Third and Fourth Years—Clinical Medicine—First Prize, Mr. Caley; Second Prize, Mr. Spear; Certificates, Messrs. Tanner, Maudsley and Facey. Clinical Surgery—Prize, Mr. Sleman; Certificates, Messrs. Batchelor, G. Murray, Norton and Williams. Prizes in Ophthalmology, 10*l.* 10*s.*—Mr. Tanner. Scholarships—First Year—20*l.*, Anatomy, Histology, Materia Medica and Chemistry, Mr. Bays. Second Year, 25*l.*, Anatomy, Physiology, Midwifery and Medical Jurispru-

dence, Mr. W. Williams. Third Year, 30*l.*—Medicine, Surgery, Pathology and Operative Surgery, Mr. H. Tanner.

**THE MIDDLESEX HOSPITAL MEDICAL SCHOOL.**—The following are the prizemen for the Session 1884-5: Scholarships and Prizes.—Broderip scholarships for the best examination at the bedside and in the *post-mortem* room—First, B. Lawson; second, T. H. Williams. Governors' prize, F. W. Clark and J. R. Gaylard (equal). Hetley prize, F. W. Clark. Exhibition in anatomy—First year—J. Gordon. Lyell medal, W. B. Cockill; medicine, T. H. Williams; surgery, C. J. Deys; pathological anatomy, C. J. Tabor; practical surgery, W. G. Nash; anatomy, W. H. Charles; physiology, J. Gordon; chemistry, J. K. Couch; dissections, R. H. Gilpin and E. E. Lewis; midwifery, F. W. Clark; forensic medicine, F. W. Clark; materia medica, J. K. Couch; practical chemistry, J. W. Gill; botany, Alfred Clark; practical physiology, J. K. Couch; psychological medicine, F. C. Brodie and W. K. Sibley (equal). Entrance scholarships—First, E. A. Falkner; second, H. B. Shepherd. Exhibition—Alfred Clark. Entrance science scholarship—J. Gordon. Certificates in order of merit—Medicine—F. C. Brodie, E. W. Clark; pathology, F. W. Clark, H. Bartlett, and W. J. Spoor (equal); practical surgery, W. B. Cockill, W. K. Sibley, W. H. Vickery; anatomy, F. R. Buswell, E. E. Lewis, G. C. B. Atkinson, R. F. Thomas, G. Seymour and W. G. Nash (equal); physiology, T. H. Clarke, W. H. Vickery, Alfred Clark, W. G. Nash, W. H. Charles, C. F. Rilot; chemistry, Alfred Clark, J. A. Hutton, H. C. Fox, F. C. Spurgin, T. W. Gann; midwifery, W. H. Vickery, W. B. Cockill, W. K. Sibley; forensic medicine, H. Bartlett, W. K. Sibley; materia medica, J. A. Hutton, T. R. Hamlen; practical chemistry, J. Ring, W. E. Jones, E. A. Falkner and J. A. Hutton (equal), T. W. Gann and H. G. Morris (equal), A. Clark, T. R. Hamlen, and A. E. Watson (equal); practical physiology, E. A. Falkner; psychological medicine, F. W. Clark.

**MEDICAL EDUCATION IN NEW SOUTH WALES.**—In the Medical School at Sydney University there are now 23 students for graduation in medicine and surgery—a number which may be considered very fair after only two years' existence of the school; seeing also that every medical student must have passed one year in arts before entering the school. Great progress has been made in the way of organising the different teaching agencies connected with this school, and considerable additions have been made to its special library and to the museums and scientific apparatus in the different departments. In the Prince Alfred Hospital, which is by statute and by its position on land surrendered by the Senate for the purpose, specially connected with the University, arrangements have been made for the teaching of medical students in accordance with the university curriculum and time-table. The direct authority given by statute to the university with a view to clinical instruction in this hospital is considered of essential importance to the efficiency of the Medical School. It is hoped that future regulations may make all hospitals enjoying State aid available as places for instruction, under suitable regulations. In response to applications made by the Senate, the General Council of Medical Education and Registration in the United Kingdom has recognised the Sydney matriculation examinations as qualifying for registration. It has also been arranged that the Royal College of Surgeons of England will exempt from examination in the medical subjects such of the Sydney graduates as may go up for the M.R.C.S.; while the University of London has placed the Medical School of the University on the list of institutions which it recognises. The University of Edinburgh in like manner has agreed to accept three years spent in the Sydney School as equivalent to three spent in its own school. In each case the maximum of privileges has been conceded.

**THE SPREAD OF HYDATID DISEASE IN AUSTRALIA.**—The Melbourne Central Board of Health, we learn from the *Australasian Medical Gazette*, have issued a useful circular for the information of the public, in relation to this matter, pointing out the dangers to be avoided and the best methods



of preventing this terrible evil. It shows that next to Iceland, where one-sixth of the deaths occur from hydatid disease, Victoria is more subject to it than any other country. It recommends the urgent necessity of proper care being taken by the authorities for the efficient carrying out of the registration of dogs, a matter which, though perhaps not carried out as it might be in Victoria, is, by the police authorities in New South Wales, culpably and almost absolutely neglected. It is regrettable that the power given under the New South Wales Dog Registration Act to prosecute the police officer who neglects his duty in this respect is not oftener put into force, and it might very justifiably commence with the Inspector-General, as the police officer in charge of the Metropolitan district where unregistered and ownerless dogs are almost innumerable.

**DEATH FROM IMPACTION OF A SHRIMP'S HEAD IN THE TRACHEA.**—Mr. Carttar recently held an inquest at Greenwich on the body of a child named William Geldie, aged 15 months. Mrs. Jane Hills, of 49, Blissett Street, Greenwich, identified the body, and said the child had been placed in her charge by its father, a marine engineer. On Tuesday evening she was sitting at tea, when the child picked up something and placed it in its mouth. Witness tried to see what it was, and found that it was a shrimp's head, which she tried to take from the child's mouth, but could not. The child choked a little, and witness called in a neighbour, Mrs. Colley, and afterwards the child was seen by Dr. Purvis, of Royal Hill, Greenwich, who advised his removal to the Seamen's Hospital, where he was taken, and died the same night. When witness saw the child choking she did all she could to remove the obstruction. Mrs. Colley, the neighbour, corroborated a portion of this evidence. Mr. E. Booth, Medical Officer at the Seamen's Hospital, said that when the child was admitted to that institution he showed signs of suffering. Witness opened the windpipe, but did not find anything to obstruct breathing. Witness had made a *post-mortem* examination, and found the shrimp's head at the bottom of the trachea, at the junction of the passage to the lungs, which was the cause of death. The Jury returned a verdict of Accidental Death.

**A FATAL MISTAKE.**—The *Times* published the following telegram on Wednesday last from Philadelphia:—A chemist, carrying on business at Jersey City, New Jersey, on Sunday last, having received a physician's prescription of quinine, by mistake supplied morphia. The dose was given to two ladies. On the same night one of them died, and the other is dying. When the chemist heard of his fatal mistake yesterday he took atropine, but did not succeed in killing himself. The physician who had written the prescription, and who was betrothed to one of the ladies, is completely prostrated, and his life is despaired of.

**POISONING FROM INTERNAL USE OF CHLOROFORM.**—In the *New York Medical Record* for July 11, Dr. Eliot, of Washington, relates the case of a gentleman, 60 years of age, to whom he was called ten minutes after he had swallowed two ounces of Squibb's chloroform, his wife having already given him some mustard and ammonia. He found the patient lying on the bed in an apparently exhausted condition, with dilated pupils, cold extremities, a weak pulse (70), intense burning in throat and abdomen, sighing respiration, and great inclination to sleep. Ipecac. and sulphate of zinc soon brought on vomiting, emptying the stomach of a yellowish fluid, smelling strongly of chloroform. Strong coffee was given to overcome the great drowsiness, and plenty of sweet oil to relieve the burning sensation. These remedies were continued for some hours, and every effort made to keep him awake. In the evening, four or five hours after taking the chloroform, only the burning sensation remained, and this was eventually relieved by the oil. Next morning he appeared very well, and in a week had recovered from all ill-effects. To this narration, Dr. Eliot appends a useful analysis of the particulars of 56 cases which have been recorded, 16 of the number (26·78 per cent.) proving fatal.

**FATAL CASE OF MUMPS.**—Dr. Michalski, relating a case of fatal mumps (*Union Médicale*, Aug. 25), refers to Dr. Longuet's paper on the disease in recent numbers of

the same journal, in which he calls attention to the fact that in spite of its reputation for benignity, mumps sometimes proves fatal, and that this usually arises from meningitis. Such cases, however, are rare. The present one occurred in a boy 7 years of age, who when seen by Dr. Michalski was suffering from well-marked parotiditis on the left side, accompanied by an unusual amount of fever, which seemed to be explained by a concomitant tonsillitis. The fever, however, persisted until the 5th day, when it as well as the parotiditis suddenly disappeared, the child recovering its liveliness and asking for food. He slept well during the ensuing night, and no anxiety was felt about him; but in the early morning he was seized with convulsions, which were followed by coma. Strong restoratives aroused him, so that for a time he recognised those who were about him; but the convulsions recurring, in a few hours he expired. There was no orchitis.

**DELIRIUM IN BRIGHT'S DISEASE.**—On the occasion of a case of delirium in Bright's disease being read at the Paris Hospital Medical Society, Dr. Quinquaud observed (*Gazette Hebdomadaire*, August 28), that in clinical practice great difficulty often exists in determining whether this symptom arises from primary cerebral disease or is an uræmic manifestation. But there is a very simple means of determining the point; for if analysis of blood obtained by cupping reveals an excess of urea, we have to do with uræmic accidents. This is almost a constant rule whatever may be the pathogeny of the uræmia. There is no proof that excess of urea in the blood is the proximate cause of the morbid manifestation, but when uræmia exists, this excess is almost always met with.

**FALL IN THE PRICE OF COCAINE.**—Dr. Squibb states in his *Ephemeris*, for July, that, owing to the large shipments of coca leaves, the hydrochlorate of cocaine can now be furnished at 10 cents. per grain. The leaves cost 50 cents. per lb., and 33 grains of the alkaloid are obtainable from the pound of leaves. The cost of the extraction is 1 dollar 20 cents., thus making the actual cost of the salt about 5 cents. and a fraction per grain.

**THE ACTUAL DEATH-RATE OF WAR.**—Some tables have recently been published, based upon a report of the Adjutant-General of the United States Army, showing the actual percentage of deaths from sickness and by battle during the War of the Rebellion. It is a truism that in war disease kills more than the bullet. The detailed facts, however, showing this, in the case of our own war, are of special interest. The States and Territories contributed to the Army of the Union 3,500,000 men. Of these, during the four years of war, there were killed in action 67,030, or 2·88 per cent.; there died of wounds 43,000, or 1·8 per cent., making a total of deaths from violence of 110,030, or 4·73 per cent. On the other hand, there died from disease 224,586, or 9·68 per cent.—disease being thus twice as fatal as the bullet. The total mortality among Union soldiers during the war would be 334,616, or 14·41 per cent. of those engaged. This is an enormous death-rate, but the figures are often wrongly used, and they do not accurately indicate the mortality attributable to the war. The ordinary death-rate among male adults is about 9 per 1,000 annually in this country. During the four years of the war there would have occurred under any circumstances, among the 3,500,000 of soldiers, about 126,000 deaths, leaving, therefore, only somewhat over 200,000 deaths attributable to the war. To put it in a general way, instead of four men who would have died in the natural course of events, 15 men out of every 100 died in the course of the war. The death-rate from bullets is only a little greater than the death-rate of civil life, but the soldier has added the enormous risks from disease.—*New York Medical Record*.

**THE CRIME OF ATTEMPTED SUICIDE.**—The Metropolitan Police have hitherto, with respect to persons who have attempted to commit suicide, taken them into custody and charged them before a magistrate with the offence of attempted suicide. This process is to be abolished in future, and, by an order issued by the Commissioners, all officers are in future, when called to a case where a person has attempted to commit suicide, to render all assistance necessary, and, when the person is removed



to a hospital, workhouse, or infirmary, and the surgeons deem it advisable for the person to be watched so as to prevent the act being repeated or the person harming any one else, then a police constable shall be stationed by the bedside to watch the person till all fears are removed, and instead of the person being taken into custody an application shall be made to a magistrate for a warrant for the apprehension of the person on the charge of misdemeanour.

**THE ART OF EMBALMING.**—Several Genevan physicians, writes the correspondent of a daily paper, make embalming a part of their business, with great advantage to themselves, the fee being necessarily a heavy one. But the most successful embalmer in Geneva, probably in Europe, is Professor Laskowski, of the University, and his process, of which he makes no secret, is being generally adopted. He has been equally successful in the preservation of anatomical specimens, to which, besides making them absolutely inodorous, he imparts all the appearance and suppleness of fresh pieces. An English physician, with whom our correspondent once visited the museum of the Medical Faculty, assured him that the specimens were far superior to anything of the sort in any other European collection which he had seen. A short time ago, Professor Laskowski, at a meeting of the Geneva Medical Society, read a paper on the art of embalming, in which he gave a full explanation of his method. Yet he was careful to point out that the mere process was no more than half the battle, and that only a special talent, improved by long and persevering effort, could insure complete success. The method of embalming practised by the ancient Egyptians was rudimentary in the extreme. It consisted merely in disembowelling the body, replacing the viscera with aromatic herbs and melted pitch, and, after drying it by means of a salt which extracted the humidity, enveloping the corpse in a mass of bandages. In modern times the more rational method has been adopted of injecting into the body to be preserved antiseptic fluids through the veins and arteries. This process has been largely practised by Signor Franchina, of Naples, and M. Ganai and Dr. Dupré, of Paris, but owing to the defects of the solutions employed and mistakes in manipulation, with only partial success. The liquid used by Professor Laskowski consists of a mixture of carbolic acid, chloride of zinc, and corrosive sublimate, with the addition of an odoriferous essence. This solution is as clear as crystal and pleasant to smell. To obtain certain results the operation (the method of which the professor explained in great detail) must be conducted with the utmost care and attention. But success, when once achieved, is as complete as could be desired. A body skilfully treated by Professor Laskowski's method assumes "the natural and agreeable expression" it bore immediately after death, and the skin becomes firm and as white as Carrara marble. Exhumations of bodies thus preserved, and the condition of the specimens in the anatomical museum, which after the lapse of years are as perfect as on the day they were prepared, prove that they will remain intact almost indefinitely, always provided that the specimens are kept in air-tight cabinets and the bodies placed in hermetically-closed coffins or other receptacles.

**SANITARY LEGISLATION.**—Mr. Mark H. Judge, writing to the *Times* on Wednesday last on this subject, says:—Without unduly interfering with individual action, and without adding one penny to the burden of the ratepayers, a Sanitary Act enforcing some such simple rules as the following would insure that every inhabited house was reasonably fit for human habitation: (1) All public sewers or common drains (where combined drainage is permitted) to be public property, and to be in charge of the sanitary authority of the district. (2) Every house drain to have between the house and the public sewer or common drain an air chamber and disconnecting siphon trap, or an air inlet disconnecting siphon trap, in a position where it can be readily inspected by the officer of the sanitary authority. (3) The drain between the disconnecting trap and the public sewer or common drain to be public property, and to be in charge of the sanitary authority. (4) The flushing and ventilation of all public sewers and common drains to be the duty of the sanitary authority.

(5) No house drain to be connected to any public sewer or common drain until after a duly-signed certificate as to the sanitary condition of the house has been deposited with the sanitary authority. (6) The owner of every house to obtain a certificate from some qualified person as to the sanitary condition of the house, such certificate to be deposited with the sanitary authority before it shall be lawful for the house to be inhabited (the Act to specify the persons qualified to give certificates, such, for instance, as properly qualified architects, surveyors, and civil engineers). (7) The owner or occupier of any house with drains to be responsible for the disconnecting siphon trap, for the flushing and ventilation of the drains on the house side of this trap, and for keeping the sanitary arrangements of the house in such a condition that no nuisance shall result therefrom. (8) Any person certifying the sanitary condition of any house to be deemed to have examined the arrangements certified, and for the issue of a false certificate to be liable to fine and forfeiture of right to certify.

**MILITARY PIGEONS IN FRANCE.**—In an article in the *Revue Scientifique*, August 8th, it is stated that although France has now the most complete organisation of military pigeons; the Government long refused to entertain the question, but at last it consented to accept as a gift from M. la Perre de Roo a gift of 420 pigeons procured from the most celebrated dovecots. The Minister of War then directed the construction of a dovecot of the most spacious and convenient description, which was completed in 1878 and accommodated 200 pair of pigeons. There are now 8 dovecots well peopled and managed at Paris, Vincennes, Marseilles, Perpignan, Verdun, Lille, Toul, and Belfort. A sum of 100,000 francs is inserted every year in the budget for the pigeons and optical telegraphy; and, imitating the Austrian Government, the Government does all in its power to encourage the rearing of pigeons by private persons. Couples are given gratuitously to the soldiers of the reserve and to persons of well-known character. During the manoeuvres private persons are encouraged to compete for prizes, and an officer has been detailed to organise a system of intercommunication among the various pigeon societies and amateurs so as to facilitate the formation of a reserve of pigeons to draw upon in the day of need. This mission has proved quite successful, so that in the event of a new war breaking out, the carrier pigeon service will not have to be suddenly got up as in 1870, there being now a complete interchange of correspondence between the central authority and the intrenched places. General Boulanger has found the carrier-pigeons of great service for intercommunication in Tunis.

**ASPIRATION IN TRAUMATIC CATARACT.**—Dr. A. Trousseau relates in the *Union Médicale*, Aug. 27, a successful operation for cataract which he performed on a boy 12 years of age. The accident occurred from a fragment of iron which had entered the eye. When seen by Dr. Trousseau a week afterwards, a completely formed soft cataract was found to exist, which quite prevented all luminous perception. There was a good deal of pain and tension of the eye, which were relieved by a discharge of the aqueous humour. In about a month's time this was discharged again, and twelve days later the cataract was removed by aspiration, complete insensibility of the eye having first been secured by cocaine. The boy having rested three hours at the clinic, left by the railway for his home in the environs of Paris. All went on perfectly well, so that he was considered as cured in less than a week after the operation. This operation for cataract Dr. Trousseau regards as well suited for traumatic cataract. He performed it slowly by means of a buccal aspirator, which he considers very preferable to any syringe. By it the force of the aspirator can be much better graduated. For a good account of the operation Dr. Trousseau refers to a paper by Dr. Coppez, of Brussels, read at the French Ophthalmological Society in 1885; and the instrument which he prefers is that of Desmoris modified by Redard.

**HOT WATER IN HÆMORRHOIDS.**—Dr. Bryant, of Savannah, writing to the *New York Medical Record*, July 18th, states that he has employed with great success for the treatment of both internal and external piles the application of water as hot as it can be borne. The



patient sits over a bowl containing the water, with a soft cloth dipped alternately in the water and applied firmly to the anus. This should be continued for ten minutes and repeated every four hours. The first application gives prompt relief to the smarting and burning pain; and from 24 to 36 hours are sufficient to complete the cure.

**SOLUBILITY OF BI-IODIDE OF MERCURY.**—At the meeting of the Académie de Médecine, August 25th, M. Mohu read a note drawing attention to the solubility of the bi-iodide of mercury in oils, lard, vaseline and some other excipients. Of these castor-oil is one of the best solvents. It dissolves one-fiftieth part of its weight, so that 20 grammes are dissolved in 1,000 of the oil. In this matter castor-oil therefore meets all the exigencies of therapeutics.

**ERRATA.**—In the article on the French Association, p. 302, col. 2, line 1, for "transposing" read "transfusion." The portion of the article commencing with "This confession," line 29, was inserted inadvertently.

### APPOINTMENTS.

- BEDDOES, T. P., M.R.C.S. (extension).—Clinical Assistant to the Skin Department, St. Thomas's Hospital.
- CLARKE, J. M., B.A., M.B. Cantab., M.R.C.S.—Resident House Physician to St. Thomas's Hospital.
- CROWDY, F. D., M.B. Oxon., M.R.C.S., L.S.A.—Assistant House Surgeon to St. Thomas's Hospital.
- DOW, W. O., M.B., C.M. Ed.—House Surgeon to the County Hospital, Ayr, N.B.
- GRUGGEN, WILLIAM, L.K. and Q.C.P. Irel., L.F.P. and S. Glas.—Medical Officer to the Hatfield District, Dunmow Union, *vice* Mr. C. Wade, deceased.
- KERSHAW, J. E., M.A., M.B. Oxon., L.R.C.P., M.R.C.S.—Resident Accoucher to St. Thomas's Hospital.
- KIDD, H. C., M.R.C.S., L.R.C.P. (extension).—Clinical Assistant to the Ear Department, St. Thomas's Hospital.
- LAWSON, R., M.R.C.S., L.S.A.—House Surgeon to St. Thomas's Hospital.
- LYON, T. GLOVER, M.A., M.D. Cantab., L.R.C.P., M.R.C.S. (extension).—Non-Resident House Physician to St. Thomas's Hospital.
- MAJOR, H. C., M.D., C.M.—Honorary Medical Officer to the Bradford Fever Hospital.
- OWEN, D. O. LLOYD, F.R.C.S.—Consulting Ophthalmic Surgeon to the Children's Hospital, Birmingham.
- PALMER, FRANCIS C., M.R.C.S. Eng., L.K. and Q.C.P. Irel.—Medical Officer to Bisley District, Stroud Union, *vice* Mr. B. W. Cawthorne, resigned.
- PLOWMAN, S., L.R.C.P., M.R.C.S., L.S.A. (extension).—Clinical Assistant to the Throat Department, St. Thomas's Hospital.
- RELTON, B., M.R.C.S., L.S.A.—House Surgeon to St. Thomas's Hospital.
- RITCHIE, E. D., M.R.C.S., L.S.A.—Assistant House Physician to St. Thomas's Hospital.
- ROBERTS, D. LLOYD, M.D., F.R.S.E., F.R.C.P. Lond.—Obstetric Physician to the Manchester Royal Infirmary, *vice* Dr. John Thorburn, deceased.
- RUTTER, JOSEPH, M.B., C.M. Edin.—Medical Officer to the Heworth District, Gateshead Union, *vice* Dr. Hugh Hopper, resigned.
- WEBB, J. EUSTACE, M.B., C.M.—Junior House Surgeon to the Western General Dispensary.
- WILLIAMS, R. M., L.R.C.P., M.R.C.S., L.S.A. (extension).—Resident House Physician to St. Thomas's Hospital.

### VACANCIES.

- ABINGDON UNION.—Medical Officer for the Third District, in succession to Mr. M. S. Todd, resigned. Area, 13,334 acres. Population, 2,916. Salary, £130 per annum.
- BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon. Salary, £150 per annum (with £30 per annum for cab hire), furnished rooms and attendance. Candidates must be registered and possess both a Medical and Surgical qualification. Applications, together with original testimonials and certificates of registration, to be sent to the Secretary on or before September 22nd.
- COVENTRY AND WARWICKSHIRE HOSPITAL.—House Surgeon. (*For particulars, see Advertisement.*)
- DROITWICH UNION.—Medical Officer for the Stock and Bradley District, in succession to Mr. J. W. Leacroft, resigned. Area, 2,976 acres. Population, 363. Salary, £15 per annum.
- ECLESALL BIERLOW UNION.—Medical Officer for the Sixth District, in succession to Dr. G. H. De Wolfe, resigned. Area, 5,083 acres. Population, 1,545. Salary, £15 per annum.
- MANCHESTER ROYAL INFIRMARY.—Resident Surgical Officer. Salary, £150 per annum, with board and residence. Candidates must be registered and hold a Medical and Surgical qualification, and not be less than 25 years of age. The appointment will be for 12 months from October 1st. Applications, with testimonials, stating age, to be sent to the Chairman of the Board, on or before September 12th.

NEWPORT INFIRMARY AND DISPENSARY.—House Surgeon. Salary, £100 per annum, with board and furnished apartments. Candidates must possess both a Medical and Surgical qualification, and be registered. Applications, with copies of testimonials, to be sent to the Secretary not later than September 12th.

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY.—Senior House Surgeon. Salary, £100 per annum, with lodging, washing, and board. Candidates must be duly qualified and unmarried. Applications, stating age, with particulars of past employment, &c., and testimonials to be sent to Mr. R. F. Easterby, Secretary, Fishergate, Preston, on or before September 11th.

SOUTH STONEHAM UNION.—Medical Officer for the Third District, in succession to Mr. H. Dayman, deceased. Area, 3,023 acres. Population, 15,040. Salary, £90 per annum.

SEISDON UNION.—Medical Officer for the Wombourn District, in succession to Dr. W. Spackman, resigned. Area, 9,865 acres. Population, 5,136. Salary, £40 per annum.

ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.—Assistant House Surgeon. Salary £100 per annum, with board, lodging, washing, &c. Candidates must be registered Medical Practitioners. Applications, stating age, with testimonials, to be sent under cover to the Clerk to the Trustees endorsed "Application for Assistant House Surgeon," on or before September 19th.

THE CANCER HOSPITAL (FREE), BROMPTON, S.W.—Resident House Surgeon and Assistant House Surgeon. (*For particulars, see Advertisement.*)

THE GENERAL INFIRMARY AT LEEDS.—Resident Obstetric Officer. Salary, £100 per annum, with board and residence in the Infirmary. Applications to be sent to Mr. Blair, General Manager, before September 10.—Also, Honorary Obstetric Physician. Candidates must have obtained a degree in Medicine at one of the Universities of the United Kingdom, or be Members or Fellows of the Royal College of Physicians of London. Applications to be sent to the Treasurer at the Infirmary, marked "private" before September 5.

WEARDALE UNION.—Medical Union for the Stanhope District and to the Workhouse, in succession to Dr. C. Arnison, resigned. Area, 22,830 acres. Population, 4,833. Salary, £20 per annum. Salary for Workhouse, £10 per annum.

WESTON-SUPER-MARE HOSPITAL.—House Surgeon. Salary, £70 per annum, with board, lodging, and washing. Candidates must possess a registered Medical and Surgical qualification and be unmarried. Applications and testimonials to be sent to the Honorary Secretary on or before September 5th.

### DEATHS.

- JONES, WILLIAM, F.R.C.S., at Lichfield House, Weston-super-Mare, on August 25th, aged 73.
- TREVOR, ROBERT, Surgeon, A.M.S., at Malta, on August 15th.

### NOTES, QUERIES, AND REPLIES.

#### THE LATE DR. A. F. GRAHAM, OF LIVERPOOL.

We have been requested to give prominence to the accompanying circular, which has lately been issued by an influential local committee, of whom Mr. Clarke Aspinall, the Coroner for the district, is Chairman. The circular runs as follows:—"The sad and untimely death of Dr. A. F. Graham, of 59, Everton Road, has left his young family of four children without any provision for their maintenance and advancement in life. A Committee has been formed with a view of raising a fund to place them, as far as possible, in a position to maintain themselves. Dr. Graham was so much respected and so highly esteemed by all who knew him, that the Committee hope to receive a very generous response to their appeal. A considerable sum of money is still required to enable the Committee to carry out the objects which they have in view." We may add that the Rev. Robert Irving, M.A., 21, Ivanhoe Road, Sefton Park, Liverpool, is the Hon. Treasurer, and Dr. James Barr, 1, St. Domingo Grove, Liverpool, the Hon. Secretary.

The following sums have been already promised:—The Liverpool Reversionary Company, £100; James Barr, M.D., £21; D. M. Drysdale, Esq., G. Graham Kirklington, Esq., A Friend, yearly (for four years), each, £10; W. Mitchell Banks, F.R.C.S., J. Cameron, M.D., E. H. Dickinson, M.D., Dr. McCulloch Higgins, Arthur Wrigley, Esq., each, £5 5s.; Gray Hill, Esq., President Liverpool Law Society, Malcolm Guthrie, Esq., T. P. Minton, Esq., Dr. James Johnson, each, £5; Mark Wright, Esq., £4; T. R. Glynn, M.D., Reginald Harrison, F.R.C.S., Messrs. Whitehead & Son, each, £3 3s.; Robert Gee, M.D., President Liverpool Medical Institution, R. Bleazard, Esq., Rev. J. Burbidge, J. Tarbuck, Esq. (per Mr. Clarke Aspinall), W. Carter, M.D., Dr. Clappitt, A. Dunbar, M.D., J. H. Finegan, M.D., J. A. Harris, M.D., Dr. A. C. E. Harris, Thomas Haughton, Esq., John Houlding, Esq., C.C., Rev. R. Irving, Dr. McCann, J. Birkbeck Nevins, M.D., Dr. Oliver, Roger Parker, Esq., W. Perkins, Esq., Sir J. A. Picton, W. Preston, Esq., Dr. Richardson, Thos. H. Sheen, Esq., C.C., F. Vacher, F.R.C.S., George Walker, M.D., Birkenhead, J. Wallace, M.D., each, £2 2s.; Clarke Aspinall, Esq., W. Alexander, M.D., James Armstrong, M.D., W. Macfie Campbell, M.D., Dr. Edis, D. Forbes, M.D., J. Muir Howie, M.D., Dr. Jones, Everton Road, Thomas Lee, Esq., J. W. Lloyd, Esq., Rushton Parker, F.R.C.S., Dr. Pierce, Rev. R. Postance, A. Cresswell Rich, M.B., G. Shearer, M.D., G. W. Steeves, M.D., George E. Walker, F.R.C.S., Dr. Ewing Whittle, each, £1 1s.; Mrs. Hugh Shimmis, Mr. Hobbins, Miss Torick, each, £1; Glynn Whittle, M.D., J. C. Langley, Esq., each, 10s. 6d.



## THE ATMOSPHERE IN THE UNDERGROUND RAILWAY.

TO THE EDITOR OF THE MEDICAL TIMES.

SIR,—With reference to your remarks regarding the pestilential condition of the Underground Railway, I would state that I have again written to the Board of Directors and offered to guarantee a successful result, if they will afford me an opportunity of purifying their tunnels by means of the "Chemical Lung," the expense of which will not exceed the single fare of one additional first class passenger per train.

I am, Sir, yours, &c.,  
RICHARD NEALE, M.D. Lond.

August 31st, 1885.

## THE CASE OF DR. BRADLEY.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—I enclose a further list of subscriptions, which, perhaps, you will kindly publish in the next issue of your Journal.

I remain, yours faithfully,  
RICHARD JEFFREYS.

Eastwood House, Chesterfield, September 2nd, 1885.

Sir George Burrows, Bart., Mr. Arthur E. Durham, Dr. J. Russell Reynolds, Dr. Richard Neale, Dr. G. H. Kidd, each, £5 5s.; Mr. John Langton, £3 3s.; Mr. George Lawson, Dr. J. Matthews Duncan, Dr. Sydney Ringer, Dr. Arthur V. Macan, Mr. Reginald Harrison, Mr. Thodore Davis, Dr. Brixton Hicks, Dr. John W. Ogle, Mr. N. Davies Colley, each, £2 2s.; Dr. Seymour Sharkey, Dr. C. Y. Biss, Dr. J. C. F. Fenwick, Mr. C. A. Ballance, Dr. Robert Liveing, Mr. A. E. Boulton, Dr. Fincham, Professor Gairdner, Mr. Frank T. Paul, Dr. A. C. F. Rabagliati, Mr. John Waterson, Mr. J. Corrie, Dr. William Cayley, Mr. Walter H. Brown, Mr. George Weller, Mr. Pridgin Teale, Dr. Eddison, Dr. W. Stirling Anderson, each, £1 1s.; Mr. G. Browning, Mr. W. T. Alkey, M. M. M., Dr. W. A. Alchin, Mr. R. H. Meade, Dr. James C. Herbertson, each, £1; Dr. A. R. Macdougall, Mr. Jno. E. Kenyon, Dr. Knox, Dr. A. Swann, Dr. George Knapton, Mr. Chauncey Puzey, each, 10s. 6d.; Mr. J. B. Lee, Dr. A. H. Guest, each, 10s.

## COMMUNICATIONS RECEIVED—

Professor GAIRDNER, Glasgow; Dr. GUILLEMARD, Eltham; Dr. SHELLY, Hertford; Dr. WILLOUGHBY, London; Dr. J. K. FOWLER, London; Mr. R. ROBINSON, London; Mr. ACKERMAN-LAURANCE, London; Dr. J. BARR, Liverpool; Dr. HITCHMAN, Liverpool; Mr. H. DE STYRAP, Saltburn by the Sea; THE SANITARY COMMISSIONER FOR THE PUNJAB, Lahore; THE SECRETARY TO THE GOVERNMENT GENERAL DEPARTMENT, Bombay; THE EDITOR OF *Hibernia*, London; Dr. MAXWELL, Woolwich; Mr. E. COTTERELL, Bicester; Mr. W. J. BLACK, London; Dr. TIRARD, London; Dr. CLIFFORD BEALE, London; Dr. R. NEALE, London; Dr. B. ANNINGSON, Cambridge; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; THE MANAGER OF THE ROYAL AQUARIUM, London; Dr. D. L. ROBERTS, Manchester; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; Mr. MARK H. JUDGE, London; THE REGISTRAR-GENERAL FOR ENGLAND, London; THE SECRETARY OF ST. THOMAS'S HOSPITAL, London; Mr. R. JEFFREYS, Chesterfield; Dr. ANGUS FRASER, Aberdeen; THE REGISTRAR-GENERAL, Brisbane.

## BOOKS RECEIVED—

Bad Drains, and How to Test Them, by R. Harris Reeves—Notes of Medical Experiences in India, &c., by S. E. Maunsell, L.R.C.S.I.—Veterinary Pharmacology and Therapeutics, by J. B. Gresswell, M.R.C.V.S.—Rickets, by T. C. Railton, M.D.—The Encyclopædic Dictionary, Part 20.—Cantor Lectures on Climate in its Relation to Health, by V. G. Poore, M.D.—Report of the State Lunatic Asylum, St. Joseph, Missouri—Notes on Rooks, by Messrs. Longmans & Co.—British Pharmacopœia.

## PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—Revue Médicale—El Ensayo Médico—Société Médicale—Polyclinic—Australasian Gazette—Vaccination Inquirer—Leisure Hour—Sunday at Home—Friendly Greetings—Boy's Own Paper—Girl's Own Paper—Therapeutic Gazette—Hospital Gazette—Edinburgh Medical Journal—Veterinarian—Homeopathic Review—Glasgow Medical Journal—The Analyst—Archives Générales de Médecine—Revista de Medicina—The O.N.P. Review—Journal of the Scottish Meteorological Society.

## HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopædic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stoue, 2 p.m.; National Orthopædic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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Prof. Gairdner: Clinical Lecture on Tubercular Peritonitis.  
Mr. E. Nettleship: Clinical Lecture on a Case of Syphilitic Optic Neuritis.  
Dr. J. Farrell Easmon: On a Case of Blackwater Fever.  
Dr. Tom Robiusou: On the Eczematous Diathesis.

## HOSPITAL REPORTS:

North-Eastern Hospital for Children.

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## LEADING ARTICLES:

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India.



# MEDICAL TIMES

AND GAZETTE.

No. 1837.

LONDON, SATURDAY, SEPTEMBER 12, 1885.

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## STUDENTS' NUMBER.

THE present number of the *Medical Times* is intended to provide the student with concise and intelligible information as to the numerous medical schools in the United Kingdom, and to serve him as a guide through the chaos of regulations known as the requirements of the examining bodies. The former function is the more important of the two, as the student, his school once chosen and joined, will soon be put in the way of mastering the regulations of the examining body to whose tender mercies he may design to submit himself. We therefore devote the bulk of this number to a series of original articles on the various English schools, and abstracts of the prospectuses of the Scottish and Irish schools. The former series, written for our last year's Student's number, have just been revised and in some cases entirely rewritten by their respective authors, to whom we again owe our most cordial thanks. But besides his choice of a school, there is another matter which must engage the early attention of the intending student, and that is his choice of a preliminary arts examination, which must be passed somewhere or other before the status of medical student can be assumed. We trust that most of our young readers have already satisfactorily complied with the demand of the General Medical Council on this point, as otherwise they will be belated, and may find it necessary to make a hurried resort to the Victoria University, the Glasgow Faculty of Physicians and Surgeons, or other bodies which hold an arts examination in October. Those who are not intending to enter a medical school next month, we would strongly advise to enter for the January matriculation examination of the London University, an examination which serves as a preliminary pass-key to almost any medical qualification, except the degrees of the older Universities. Another duty incumbent on the commencing medical student is to register himself, or to see that he is registered by the Dean of his school, at the office of the General Medical Council 299, Oxford Street, as soon as possible after the commencement of the session, and in any case not later than October 15th, as any time spent in medical study does not count until this formality has been gone through. After these preliminaries, the one of which may be regarded as a farewell to his school life, and the other as a formal introduction to his medical work, the student will do well to settle down, with what earnestness and enthusiasm he can command, to his professional studies, in and through which we wish him all prosperity and success.



## MEDICAL EDUCATION AND EXAMINATIONS IN ENGLAND.

### INTRODUCTORY ARTICLE.

THERE are eight different bodies in England which can grant Licences to Practise Medicine, viz., the Universities of Oxford, Cambridge, London, Durham, and Manchester (Victoria University), the Royal College of Physicians, the Royal College of Surgeons, and the Society of Apothecaries. Within the last year, however, the two Royal Colleges have decided only to give their ordinary diplomas in conjunction.

(1) THE UNIVERSITY OF OXFORD grants degrees in Medicine to those of its students who have resided the requisite number of terms, who have taken the B.A. degree, and have fulfilled certain conditions and passed certain examinations under the following conditions:—

There are two degrees in Medicine—B.M. and M.D. Every candidate must take the degree of B.A. Hence he must matriculate at some College or Hall, or as a non-Collegiate Student, keep twelve terms or three years of residence, and pass the following examinations: Responsions, or the examination in lieu of Responsions, held annually shortly before Michaelmas Term; Moderations, Rudiments of Faith or the Substituted matter, and the Final Pass School or one of the Final Honour Schools. Of the latter the School of Natural Science offers many advantages. There are in it two examinations, the Preliminary and the Final Honour Examinations. The former includes (1) Chemistry; (2) Mechanics with Physics; (3) Elementary Morphology, Physiology, and Botany. The certificates for (1) and (2) exempt the holder from further examination in these subjects at the First B.M. Examination, and in case he is unable to proceed to Honours reckon as two out of the three certificates necessary for the Pass Degree. The Final Honour Examination includes Chemistry, Physics, Botany, Animal Morphology, Animal Physiology, and Geology. Honours are granted in every one of these subjects separately. Whoever obtains a First or Second Class in the five first named, may present himself as soon as he chooses for First B.M. Examination. A First or Second Class in Botany frees the student from further examination in that subject.

The degree of B.M. may be taken by a B.A. in the twenty-seventh term from matriculation. There are two examinations held annually in Trinity Term (usually in June) after due notice given by the Regius Professor of Medicine, to whom names are (by statute) to be sent at least fourteen days before the week of examination. The examinations are conducted partly by papers, partly by practical work, and partly *vivâ voce*. Conditions and subjects are as follows:—

(I) *First Examination*.—Candidates other than those privileged as above stated may not enter earlier than two years, or eight terms from the date of the first certificate in a Final School, Pass, or Honour. The subjects are—(1) Human Anatomy and Physiology to a certain extent, (2) Comparative Anatomy and Physiology, (3) Botany (exemption see above), (4) Chemistry, and (5) Mechanics with Physics (exemption see above). Subjects (4) and (5) may be taken together on an occasion other than that at which the remainder are offered. A candidate who has passed this examination is exempt from the First M.R.C.S. Examination.

(II) *Second Examination*.—A candidate may present himself four years or sixteen terms after the date of the first certificate in a Final School, Pass, or Honour, provided two years or eight terms have elapsed from the date of his certificate in the First Medical Examination. Certificates of attendance at some hospital of good repute must be sent to the Regius Professor of Medicine, and be approved by the major part of the examiners. The subjects are—(1) Theory and Practice of Medicine, including Diseases of Women and Children, (2) Materia Medica, (3) Thera-

peutics, (4) Pathology, (5) Principles of Surgery, and (6) of Obstetrics, (7) Forensic Medicine, and (8) General Hygiene. A paper is also set containing passages from two out of four ancient medical authors (Hippocrates, Aretæus, Galen, Celsus), and from more modern writers in Latin, French, and German; e.g., Sydenham, Pasteur, Koch, approved by the Regius Professor. Candidates are usually required to select two passages, one from an ancient, and one from a modern author.

A B.M. may proceed to the degree of D.M., provided he has passed three years from the degree of B.M. in the study or practice of Medicine. He has to write a thesis on a subject previously approved by the Regius Professor, to read it publicly before him, and then to deliver to him a copy. Incorporation, under certain conditions, is possible to a Cambridge or Dublin graduate.

(2) THE UNIVERSITY OF CAMBRIDGE grants degrees in Medicine and Surgery under the following conditions:—

*The Degree of Bachelor of Medicine (M.B.)*.—A Student proceeding to this degree must (1) reside in the University the required portion of each of nine terms; (2) pass (or obtain exemption from) the previous examination; (3) pursue medical study for five years, unless he has obtained honours in one of the triposes, in which case four years only are required.

There are three examinations for the M.B. Degree. The subjects of the *First Examination* are—(1) Chemistry and other branches of Physics. (2) Elementary Biology. These two parts may be taken together or separately. Before presenting himself for the First Examination, the Student must produce certificates of attendance on a course of Lectures in Chemistry and a course of Practical Instruction in Chemical Manipulations.

The subjects of the *Second Examination* are—(1) Human Anatomy and Physiology, (2) Pharmacy and Pharmaceutical Chemistry. These two parts may be taken together or separately. Before presenting himself for the Second Examination, the Student must have attended Hospital Practice during six months, must have practised Dissection during six months, and produce certificates of attendance on Lectures in (1) Human Anatomy, (2) Physiology, (3) Pharmacy and Pharmaceutical Chemistry.

The *Third Examination* is divided into two parts. The subjects of the first part are—(1) Principles of Surgery, (2) Midwifery and Diseases peculiar to women. Before presenting himself for this part the Student must have attended the Surgical Practice of a recognised hospital during one year, have attended ten cases of midwifery, produce certificates of proficiency in vaccination, and of attendance on Lectures in (1) Pathological Anatomy, (2) Principles of Surgery, and (3) Midwifery. The subjects of the second part are—(1) Pathology, (2) Principles and Practice of Physic, (3) Elements of Hygiene, (4) Medical Jurisprudence. Before presenting himself for the second part, the Student must have attended Hospital Practice during three years, have acted as clinical clerk for six months, and produce certificates of attendance on Lectures on (1) Principles and Practice of Physic, (2) Physiological actions and Therapeutic uses of Remedies, and (3) Medical Jurisprudence. After the Third Examination, an Act has to be kept, which consists in reading an original thesis, followed by a *vivâ voce* examination on the subject of the thesis, as well as questions of a more general nature connected with medicine.

*The Degree of Bachelor of Surgery (B.C.)*.—A Student is admissible to the Examination for this degree at any time after he has passed the first part of the Third Examination for the M.B. The subjects of the Examination are—(1) Surgical Operations and the application of Surgical Apparatus; (2) The examination of Surgical patients. Before admission to the Examination, certificates are required (1) Of attendance on Surgical Practice for two years, and of having acted as Dresser or House-Surgeon for six months; (2) A course of instruction in Practical Surgery. Before admission to the Degree of B.C., the candidate must also have passed the second part of the Third Examination for the Degree of M.B.



*The Degree of Doctor of Medicine (M.D.)* may be taken three years after the M.B. An Act has to be kept, by reading a Thesis on some subject chosen by the candidate, but approved by the Regius Professor of Medicine. In addition an extempore essay has to be written on some subject relating to Pathology, Physiology, the Practice of Medicine, or State Medicine. A Master of Arts of four years' standing can proceed direct to M.D., provided he produces the same certificates and passes the same examinations as for M.B.

*The Degree of Master of Surgery (M.C.)*.—A candidate for this degree must have passed all the Examinations for B.C. two years previously. The subjects of the Examination are:—(1) Pathology, (2) Principles and Practice of Surgery, (3) Surgical Anatomy and Surgical Operations, (4) Clinical Surgery and a short extempore essay on a Surgical case or topic relating to Surgery.

Certificates in Sanitary Science are granted by examination, without residence, to Registered Medical Men, of 24 years of age at least. For details, apply to Prof. Living, Cambridge.

(3) THE UNIVERSITY OF LONDON, which has its headquarters in Burlington Gardens, W., grants degrees in Medicine and Surgery (M.B., B.S., M.D. and M.S.) after a very complete and arduous series of examinations. These degrees have achieved a high reputation throughout the country, and the student who has received a good preliminary education, and is confident of being able to devote the requisite time to the curriculum, and has not had the advantage of residing at one of the older universities, cannot consult his future prospects better than by competing for the London degrees. He must first pass the Matriculation Examination which is held in London and in certain provincial centres twice a year, in January and June, no other preliminary examination being accepted by the University in lieu of it. The candidate must have completed his sixteenth year, and the fee for the examination is 2*l*. The subjects of the examination are: (1) Latin. (2) Any two of the following languages:—Greek, French, German and either Sanskrit or Arabic. (3) The English Language, English History and Modern Geography. (4) Mathematics. (5) Natural Philosophy. (6) Chemistry. It is scarcely advisable for the student who has already entered on his medical studies to think of passing this and the succeeding Preliminary Scientific Examination, as his medical studies must necessarily be suspended for that purpose, no medical studies being counted by the University until the student has matriculated. Both examinations ought to be passed before entering as a medical student, though many of the London Medical Schools now give facilities for the study of the subjects included in the Preliminary Science Examination. These subjects are: (1) Inorganic Chemistry; (2) Experimental Physics; (3) General Biology. The candidate must have completed his seventeenth year, and the fee is 5*l*. The examination is held twice a year toward the end of January and July, and candidates who do not intend to compete for honours may take two of the subjects at one examination and the third at a subsequent examination, or *vice versa*, one subject at the first examination and two at the second. Honours are given only at the July Examination. The examination is also held in a few provincial centres, except in respect to the practical examination in Biology, which must be carried on at the University. The passing of this examination involves a very complete and practical knowledge of the preliminary sciences which cannot be acquired without special instruction. Further particulars, both of this and of the matriculation examination, may be obtained from the Registrar of the University, and information as to the arrangements made at various institutions for pre-

paring students for them, will be found in our advertisement columns.

The requirements of the University in respect to the later examinations—the intermediate examination in Medicine, and the M.B., B.S., M.D. and M.S. Examinations will be found concisely put in the synoptical tables at page 373 of this Journal, and more fully in the calendar of the University, as well as in the extracts from it, specially printed for the use of students, to be obtained from the Registrar.

(4) THE UNIVERSITY OF DURHAM grants degrees and licences in Medicine and Surgery, particulars of which may be gathered from our synoptical tables. In respect to residence required of its students, it stands midway between the older universities and the University of London, one year's study at the University College of Medicine, Newcastle-on-Tyne, being required of candidates for all its degrees, except the M.D. degree for practitioners of 15 year's standing. There are three examinations for the degree of M.B. which are very similar in scope to those of the so-called Examining Board in England, and the two first of which free the corresponding examinations of that Board; while students who have passed the first examination of the "Examining Board" are exempt from the first Durham examination, except in the subjects of Chemistry and Physics. Candidates for the Durham Degrees have to pass a special Arts examination, which is held twice yearly, in April and September, but which may be taken at any time previous to entering for the Third degree examination. Certain examinations by other Universities, as well as the preliminary examination now qualifying for the Membership of the London College of Physicians free this examination. The first and second professional examinations may be passed prior to the commencement of attendance at Newcastle.

(5) THE VICTORIA UNIVERSITY, which has affiliated to it the Owens College, Manchester, and University College, Liverpool, and will soon probably affiliate the Yorkshire College at Leeds, grants the degrees of M.B., M.D., and Ch.M. Candidates for its medical degrees must pass the Entrance Examination in Arts, or a cognate Examination of some other University, the Preliminary Examination in Science, and two professional examinations, the Intermediate and Final M.B. examinations. The Matriculation fee of 2*l*. includes the fee for the Entrance Examination in Arts; the fee for the Preliminary Science Examination is 1*l*. The subjects of this examination, which is held in July and October, are Chemistry, Elementary Biology, and Physics, and its scope is very similar to that of the corresponding examination of the London University. Candidates must have attended during at least one year courses both of lectures and laboratory work in each of the above-named subjects. The more important particulars relating to the professional examinations will be found in our Synopsis. The next Entrance Examination in Arts will be held early in October. The calendar of the University may be obtained of Mr. J. E. Cornish, Manchester, or of Messrs. Macmillan, London, price 1*s*.

(6) THE ROYAL COLLEGE OF PHYSICIANS OF LONDON and (7) THE ROYAL COLLEGE OF SURGEONS OF ENGLAND have recently arrived at an agreement to give a conjoint diploma (L.R.C.P.L. and M.R.C.S.E.), and for this purpose they have appointed a common board of examiners, known as the "Examining Board in England," and are about to build a commodious examination hall on the Thames Embankment. They are also contemplating the advisability of applying to the Crown for the power to confer a degree on those



who take the double diploma. Whether the Colleges decide to apply for this power or not, and whether having applied for it they succeed in obtaining it or not, there can be no doubt that the large majority of English students will strain every nerve to take the double diploma, which will become by far the most important British qualification. For the small minority who are unable to pass the examinations or to pay the large fee (35 guineas) required of candidates for the diplomas of the Colleges, there will still remain open the cheap and kindly portals of the Apothecaries' Society and the Scottish Corporations. The regulations of the Colleges, and the curriculum required by them of students have been drawn up with wisdom, and leave both to the medical schools and to the student considerable liberty of action. The details of the requirements and examinations of the Colleges will be found in our synopsis (p. 374). The new regulations apply to all students who commenced their professional studies on or after October 1st, 1884. Those who became students previous to that date are allowed to take the separate diplomas of the Colleges on the old terms, and each College still retains its right to confer its diploma on practitioners already possessing a registrable qualification. With regard also to the higher diplomas, viz., the Membership of the College of Physicians and the Fellowship of the College of Surgeons, each College retains entire independence. The former diploma is taken almost exclusively by those who intend to practise as consulting physicians. The Fellowship of the College of Surgeons, on the other hand, though taken as a matter of course as a preliminary to the practice of pure surgery, differs from the higher diploma of the Physicians, in that it does not practically disqualify from general practice; indeed, it is possessed by many hundred practitioners throughout the country, and the student who cannot spare the time required for a University degree, but is ambitious to raise himself above the generality of practitioners, should lay himself out for taking the Fellowship of the College of Surgeons. It is not necessary here to particularize the requirements of the College for this diploma, but it may be stated that the candidate must have passed a preliminary Arts examination, which includes Greek as one of its subjects, and he must be prepared to spend a third winter at his anatomical studies, and to devote considerable attention to the study of Comparative Anatomy. The examinations, especially the first, are sufficiently severe.

(8) THE APOTHECARIES' SOCIETY OF LONDON, which occupies an interesting old building in Blackfriars, has during the past year freed itself from the reproach of being the only English licensing body giving an incomplete diploma. Special examiners in surgery have been recently elected, and candidates for the Licence of the Society are now examined in every branch of the medical art. The Examinations required for the License are two, each divided into written, practical and oral. The first examination, which is held on every Wednesday and Thursday, includes the subjects taught during the first eighteen months at the medical schools, and may be taken as soon as the student has completed his second winter session. The final examination is divided into two parts, and may be taken at the end of 45 months from registration as a medical student, provided the candidate has attained the age of 21, has passed three Winter and two Summer Sessions at a recognised medical school, and has fulfilled various other requirements. This examination is divided into two parts, which may be taken separately. The first part is held on the second and fourth Wednesday and Thursday in each month, and includes Surgery, Surgical Anatomy and Pathology, and a written examination in Midwifery. The

second part, held every Wednesday and Thursday, takes in Medicine, Pathology, Forensic Medicine, Mental Diseases and Hygiene, together with an oral examination in Midwifery and the Diseases of Women and Children. At all the examinations the student is examined on the living body, healthy or diseased. Candidates who have obtained qualifications from any British Licensing Body but the three Colleges of Surgeons are exempt from the primary examination and from the written part of the final, and various exemptions from the primary examination are allowed. The License of the Society is a cheap one, costing only 6*l*. Candidates must have passed an Arts examination, a special one, recognised by the Medical Council, being held by the Society three times a year, fee one guinea. Particulars may be obtained of Dr. Peregrine, Apothecaries Hall, E.C.

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## METROPOLITAN SCHOOLS OF MEDICINE.

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### ST. BARTHOLOMEW'S HOSPITAL MEDICAL SCHOOL.

(By a Member of the Staff.)

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ST. BARTHOLOMEW'S HOSPITAL was founded in 1123, and the first medical treatise due to its opportunities of observation is the "Breviarium Bartholomæi," written about 1380. From scattered remarks of the author, John Mirfeld, it appears that some medical instruction was even then given by the Hospital Staff. In the sixteenth century a few members of the Universities studied under the Physicians, while the Surgeons had apprentices, but it was not till the reign of Charles II. that any regulations were made with regard to the Hospital as a School of Medicine. Two years after the Great Plague a library was formed for the use of the students. One of these was Edward Browne, of Trinity College, Cambridge, son of Sir Thomas Browne, and a manuscript note-book of his studies is still extant. Dr. Caius, though never on the staff, lived within the Hospital walls and took interest in its work, and six members of his College have since been elected physicians to the hospital, one being the immortal Harvey, who held the office for 34 years. Since 1660 the history of the Medical School has been one of continued improvement. In 1724 there was added a museum, and in 1734 a regular dissecting-room. The Physicians had before this lectured on Anatomy outside the hospital in Monkwell Street, where Dr. Terne's lectures, delivered early in Charles II.'s reign, were remarkable for their fulness and lucidity; but from the time of Edward Nourse, who was elected Surgeon in 1745, the teaching of Anatomy passed into the hands of the surgeons. In 1765 Percival Pott, whose name every medical student associates with two well-known surgical affections, gave the first full course of lectures on Surgery. John Hunter was one of his pupils. Dr. William Pitcairn and Dr. David Pitcairn gave lectures on Medicine. In 1787 lectures on Physiology were first given, and these were soon followed by lectures on Chemistry. Abernethy next appeared upon the scene, and his genius for teaching trebled the number of students, so that during his time the anatomical theatre was twice rebuilt.

The Governors of the Hospital have always shown a wise liberality towards the School, and they had already seven times added to its accommodation and conveniences during the nineteenth century, till, in 1876, the regular increase for several years in the



number of students made it desirable to re-model all the school buildings. The question was discussed as to whether this re-building should provide for a moderate further increase, or whether provision should be made for as many students as it was ever likely the practice of the hospital could instruct. The more extensive scheme was wisely adopted, with the result that, while the School is the largest in London, it has abundant accommodation for an annual entry of 200, a number which is not likely to be reached for many years to come.

The out-patient practice of the Hospital is the largest in the United Kingdom, and the enormous advantage of this to the students is shown by the fact that they have opportunities of receiving instruction on examples selected from more than 160,000 cases of medical and surgical affections in the course of the year. The total number of beds under the control of the staff is 750, and the 75 beds just added in the new Convalescent Hospital will materially increase the clinical advantages of the students by making it possible to admit a larger number of urgent cases.

It would be impossible to conduct so large a practice without the aid of a great body of competent students. After passing their Anatomical and Physiological Examination, and receiving a systematic course of instruction in the rudiments of practical Medicine, Surgery and Midwifery, students are eligible for hospital appointments: clinical clerkships, dresserships, out-patient clerkships and dresserships, ophthalmic, gynecological, and *post-mortem* clerkships, about 140 such appointments being made every three months. Four House-Physicians, ten House-Surgeons, an Assistant Chloroformist, two Ophthalmic House-Surgeons, two Assistants in the Electrical Department, and a Midwifery Assistant are chosen annually from the most diligent students when duly qualified. The holders of these appointments receive rooms and an honorarium. They also receive all the fees for *post-mortems* and inquests upon persons brought dead to the Hospital. Every two years three Casualty Physicians are appointed, and though the appointment is open, former members of the Junior Staff have usually been selected. Each Casualty Physician receives 100*l.* a year. The House-Physicians and House-Surgeons are under the direct control of the Physicians and Surgeons, and during the absence of their Seniors have the advantage of being the sole medical authorities of the Hospital.

Besides these clinical opportunities, an industrious student at St. Bartholomew's has a succession of Scholarships and other prizes to stimulate his application to his work. At entrance there are two science Scholarships of 130*l.* each, and one Scholarship in Arts of 50*l.* In the first year two Scholarships of 50*l.*, one of 30*l.*, and one of 20*l.*, with a prize in Anatomy, are offered for competition. A further anatomical prize of 15*l.* has been founded this year. In the second year, three prizes and a Scholarship of 50*l.* In the third year, two Scholarships of 30*l.*, a Gold Medal, and three prizes; and in the fourth year a Scholarship and Gold Medal of the value of forty guineas. A student of distinction, when qualified, may obtain one of the junior teaching posts. Three Assistant Demonstrators of Anatomy, two of Physiology, and an Assistant Medical Tutor are appointed every two years. All these are paid offices, and, with the private tuition to which they lead, enable a man of ability to support himself in London while he is considering his future course of practice, or while preparing himself to compete for higher posts at St. Bartholomew's or elsewhere.

The College of St. Bartholomew's Hospital, in which students can reside with many of the advantages of residence at a University, occupies the side of the

Hospital looking into Duke Street, Little Britain. Each student has two rooms, and there is a common hall. The College is presided over by the Warden, who has usually also discharged the duties in the School at large, which are elsewhere associated with the title of Dean. The earliest use of the word "Warden" at St. Bartholomew's is in 1182, when one Alan is so described, and the title was happily revived in 1843, when Sir James Paget was elected head of the College. The general discipline of the School is in charge of a special Committee which sends every month for all students who have been irregular in their attendance. The Committee is always ready to receive every explanation and to make full allowance for slowness of apprehension or occasional thoughtlessness, but persistent idleness is not permitted, and *aut disce aut discede* is the alternative offered to every student who persists in neglecting his studies.

Lastly, as to fees. The principle rigidly adhered to at St. Bartholomew's is that the fee for a perpetual ticket shall cover everything required for qualification. The library and the chemical laboratory and chemicals are free to every student. The only extra payment of any description is the small fee for a ward-dressership. Forty such dresserships are given away as prizes by open competition every year, so that an exemption from this payment is within the reach of every one who chooses to work for it. The prize dresserships thus afford a widely diffused and very useful stimulus to the exertions of the students of the first year.

These are the main features of St. Bartholomew's. The graces of its antiquity, its vast modern opportunities for observation in Medicine, Surgery and Pathology make it a place to which both its teachers and its students are devotedly attached, and all are actuated by a desire to be worthy of its past reputation and to extend its fame in the future.

## CHARING CROSS HOSPITAL AND MEDICAL SCHOOL.

(By a Member of the Staff.)

THE Charing Cross Hospital and School of Medicine occupy a prominent position in the very heart of London, in close proximity to the spot from which they take their name. The Hospital proper compactly occupies a mass of buildings which lie between King William Street, Chandos Street, and Agar Street; and the apex of the triangle is aptly completed by the Westminster Ophthalmic Hospital, which is also open to Charing Cross students. Across Chandos Street, and connected with the Hospital by means of a sub-way, stands the Medical School, an entirely new building within the last few years. To students who may be anxious to avail themselves fully of the many and unique advantages presented by the Metropolis over other cities as a place of medical education, the central situation of Charing Cross Hospital will at once commend itself. Not only is it easily reached from all parts of London and the suburbs—no small matter when lectures commence at nine in the morning—but the neighbourhood in which it stands might be taken as the very type of all that is Metropolitan, for every character of patient and all classes of disease and injury come daily under observation. Some of the greatest arteries of traffic pass its very doors. The river is within a hundred yards of it. A walk of two minutes brings the student to Trafalgar Square, Pall Mall, St. James's Park, and all the imposing grandeur of Royal palaces, Parliament, and the Clubs. Behind the Hospital stretches a very different region—the



great districts of St. Martin's and St. Giles's, with Leicester Square, Drury Lane, and Seven Dials. From each of these fields of life and of disease comes a constant supply of material for medical relief and medical study.

The character of the instruction given at the School reflects very accurately these advantages of situation. It has come to be essentially a school for training the general practitioner, a place where the student who enters the profession with a love for Medicine as the healing art, can enjoy to the full the pleasures and benefits of practical training and experience. Whilst sending up to the Universities a number of distinguished pupils who worthily maintain the reputation of their hospital amongst other schools, Charing Cross especially rejoices in preparing men for an honourable and useful career in family practice and in the public services. The hospital which can claim a Huxley amongst its former pupils, is not less proud to point to a Livingstone, a Fayrer, a Guyer Hunter, and to the many younger men who have taken and who now hold the highest places in the Medical Department of the Army and Navy, or the highest professional positions in London and the provinces.

The Committee and Staff of Charing Cross Hospital thoroughly appreciate the character and the traditions of their School, and strive earnestly to maintain them. They avail themselves of the obvious advantage that attends the moderate size of the institution, to make themselves intimately acquainted with the character and abilities of every pupil, and to give him both the amount and the kind of individual attention which he specially requires. In a school of 150 students this is quite practicable. This care is especially practised at the commencement of the student's career. The first importance is attached to the soundness of his training in the great natural sciences of Anatomy, Chemistry, and Physiology, which are taught practically and tutorially as well as by systematic lectures. The chemical laboratory is thoroughly complete. The dissecting room is probably unique of its kind in London, situated in the roof of the building, large, light, elegant, and sweet. Dissecting goes on here in summer as well as in winter. The physiological laboratory is intended to be a second dissecting room, open all day, and fully provided with material and the means for studying it. During his first year the student is allowed to whet his appetite for Medicine and Surgery by occasionally visiting the hospital and holding minor appointments; his second winter is entirely devoted to the completion of his scientific knowledge, and to preparation for his first examinations, which will enable him to proceed untrammelled to professional work proper.

Having passed his primary examination or examinations, the student has his attention directed to Surgery, Medicine and Midwifery, as well as the related subjects of Pathology, Therapeutics, and Forensic Medicine. Here an important change in the right direction has been made within the last four years, by the establishment of regular Chairs of Practical Medicine and Practical Surgery. By this means a vast amount of instruction which was given casually by the different officers of the hospital, and of which the students could not always take advantage, has been systematized—indeed, rendered compulsory. Physical Examination, Clinical Chemistry and Microscopy, Minor Surgery and Bandaging, and Practical Pathology are now studied in regular courses, in which the demonstrative and tutorial system is closely followed. A proper groundwork being thus laid down, the student undertakes his work in the wards and out-patient rooms with intelligence and profit. Another advantage of the moderate size of the school is now seen. Every student obtains (and that in proper order) a clinical

post, without more than that amount of difficulty which enhances its value in his eyes, the appointments to clerkships and dresserships being made in order of merit, as tested by the previous performances of the men in the school and at the public examinations. Every pupil is required to hold an out- and in- door clerkship, and an out- and in- patient dressership, each extending over a period of three months; besides which he is encouraged to fill similar posts in one or all of the special departments, and to serve as pathological assistant. An interesting feature in this connection is the arrangement by which the students virtually keep the professional records of the hospital. The "cases" of the out- as well as of the in- patients are carefully preserved, and they are entirely taken by the clerks under the close direction of their superiors. Instruction and work thus go hand in hand. The greatest importance is attached at Charing Cross to the training in the out-patient department. The officers believe that this is an unrivalled field for the students to observe just that kind of general practice which every man has to meet when he enters the profession for himself.

At the same time all the important specialties are represented. The students attend the gynaecological practice in rotation. The lying-in institution is efficiently organised. There are departments for diseases of the skin, of children, of the ear, and of the teeth, where instruction is not only freely but systematically given. The students have the invaluable privilege of attending the practice of the Westminster Ophthalmic Hospital. The Dental Hospital of London is within three minutes' walk, in Leicester Square, and the lecture hours have been specially arranged to enable dental pupils to take full advantage of the instruction at both institutions.

The students of Charing Cross Hospital have abundant opportunities of occupying with advantage the time not actually devoted to classes or hospital work. The large library and reading room is always open. They may study in the museum, which is rapidly increasing in the number, variety and value of its contents. And when work is over they are encouraged in every way to enjoy their hours of relaxation after a wholesome fashion. The Students' Club is a social bond which confers upon the members the right of belonging to all the sub-institutions of the hospital—the Foot-ball and Cricket Clubs, the Medical or Debating Society, and the society for organising entertainments to the patients in winter. Charing Cross Hospital has the honour of having been the first to establish a Volunteer Army Hospital Company, and the majority of the students are now fully equipped with uniform, accoutrements, and stretchers. By these and similar means the life of the student at this School is made as bright and happy as possible.

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## ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.

(By a Member of the Staff.)

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"LONDON is the capital of England, and the capital of London is Leicester Square," so a popular French guide-book for tourists used to inform its readers. To the inhabitants of modern residential London, the metropolis may be said to centre in Hyde Park Corner; and the most conspicuous object at Hyde Park Corner, since the happy removal of the Iron Duke and his charger, is the façade of St. George's Hospital. It is singular to reflect, so magic has been the growth of the great city, that the noble charity which now occupies the very focus of the western residential districts was founded, not more than 150 years ago,



to give poor patients from London the advantage of treatment in the clear country air. As it stands at present, enlarged, rebuilt and added to, with the populous industrial quarters of Westminster, Pimlico, and Chelsea but a short distance away, the hospital is fully employed in meeting the wants of its own neighbourhood, and furnishes ample material for instruction in all branches of medicine and surgery. Private munificence has enabled it to establish a branch in the country beyond Wimbledon, to which convalescent patients are drafted as soon as their state permits, leaving the wards of the central hospital free for such cases as require a serious exercise of medical or surgical skill. Of the 351 beds of the establishment at Hyde Park Corner, all of which are available for the purposes of the teaching staff, 205 are given to surgical cases, 146 to medical ones; and special wards are set apart for diseases of the eye and diseases of women. In addition, the whole of the out-patient department has been organised for the purpose of clinical instruction, to an extent hardly possible except under the peculiar circumstances of a West End hospital, so that students have full opportunities of becoming familiar with the minor as well as the major ailments they will be called on to treat. Special out-patient departments have been arranged for diseases of the eye, of the skin, of the throat, for diseases peculiar to women, for orthopædic and for dental surgery, and in all of these instruction is systematically carried on.

The school buildings, containing the lecture theatres, dissecting room, laboratories, library and museum, are compactly and ingeniously arranged, and immediately adjoin the hospital, so that the student loses no time in going to and fro. Busts of John Hunter, of Brodie, and of other past celebrities of the School, adorn the main corridor. The well-known pathological collection, which was commenced by Sir Benjamin Brodie and the late Mr. Cæsar Hawkins, is housed in a lofty hall in the school precincts. It has recently been entirely rearranged and recatalogued on a new system with the view of affording students every facility in consulting it. Among the historic relics shown in connection with the museum are the skin of the cow from which the first vaccine lymph was taken by Edward Jenner, the anatomical table and chair of John Hunter, and the famous coin that nearly proved fatal to Brunel the engineer. Commodious reading and writing and refreshment rooms, where luncheon and dinner are served at a fixed tariff, complete the arrangements of the school buildings.

As is well known, the school of St. George's has long borne an especial *cachet*, as one particularly affected by the "*bene nati, bene vestiti*," among aspirants for a diploma. In rougher days, when a pilot coat and an absence of collar were the outward marks of the typical medical student, strange tales went the round of the city schools, how the St. George's men dissected in white kid gloves, and wore evening dress when they attended the Surgeons in the wards. A process of levelling up has long since taken place; the student of Albert Smith's day is as extinct as the dodo, and the prowess of St. George's men at Lillie Bridge and Kennington Oval has finally extinguished the legend of the white kid gloves; but the school, owing perhaps to its peculiar position, still retains a good deal of its ancient characteristic, and draws a large proportion of its students from the universities and public schools. The existence of an important school of medicine in so favoured and so accessible a spot does not fail to be appreciated by London residents, especially those of the western districts, whose sons are enabled to prosecute their studies while living at home, without

the loss of time and health involved in long daily journeys by omnibus or underground rail. A pleasant walk through park and gardens brings the student from Kensington, or Bayswater, or Notting Hill to the scene of his morning's work, and the proximity of the Victoria stations places the hospital in direct connection with all the southern and western suburbs.

Five entrance scholarships are offered to competition each year in September—two of the value of 50*l.*, one of 75*l.*, one of 90*l.*, and one of 125*l.* The most important prizes open to students after commencing study at the Hospital are:—The William Brown Exhibitions, of 100*l.* per annum, tenable for two years, and of 40*l.* per annum, tenable for two years, and the Brackenbury prizes in Medicine and Surgery, value 32*l.* 6*s.* each. In addition, the Treasurer's prize, the Thompson medal, the Brodie and Acland Clinical prizes, the Henry Charles Johnson prize in Anatomy, the Pollock prize in Physiology, Sir Charles Clarke's prize, and three general proficiency prizes, of smaller value, are annually competed for.

An exceptional value attaches to the hospital offices which are open to students of St. George's, both on account of the length of the term of office and of the magnitude of the charge which is placed upon the officers. No extra fee is asked for any office whatever, and all are awarded as the result of open competition. After passing through the usual dresserships and clinical clerkships, which are an obligatory part of the curriculum, the intending house-surgeon or house-physician is called on to compete with his fellows for the post of Assistant to the Registrar. The successful competitor then passes six months in systematically observing and recording the cases in the wards under the Registrar's supervision; alternating his work, on the surgical side, with a period of assistantship in the ophthalmic department. Having completed this first six months' work he obtains by another competition the office of Assistant House-Surgeon or House-Physician, and spends a second period of six months in attending on the out-patient department under the instruction of the Assistant Physicians and Surgeons. From the subordinate position he passes at the expiration of six months into the full House-Surgeoncy or House-Physiciancy. These offices are held for twelve months, and the officers are provided with board and residence in the hospital.

The hospital appoints at one time two House-Surgeons and two House-Physicians, who share the heavier duties of their office week and week about. Each House-Surgeon will therefore have on an average about 90 cases, and each House-Physician about 70 cases under his charge, the entire responsibility of which rests upon him in the absence of the visiting Physicians and Surgeons. He is called on further to deal with such urgent cases as arrive, and to attend the visiting officers to whom he is attached upon their rounds of the wards. By a tacit custom, moreover, he is expected to aid in instructing the clinical clerks, dressers, and other students who accompany him on his morning rounds. The value of two years of such training and work as this, before entrance into ordinary practice, it would be difficult to over-estimate, and it is not surprising that the competition for these posts is keen. A further office of great value is open to the house-officer on completing his term, that of Obstetric Assistant. The Obstetric Assistant, who attends to the out-door midwifery department as well as to the gynæcological ward, and holds his office on an annual tenure, is given a salary of 100*l.* a year, with board and residence.

For those who wish to devote themselves to hospital work for a further period, there are available the Medical and Surgical Registrarships, and the Curatorship of the Museum, each with an honorarium of 50*l.*

<sup>1</sup> The remainder of the All Souls' formula is scarcely applicable to the School of Chambers and Young, of Hunter and Brodie.



a year; and the Demonstratorships of Anatomy, Physiology, Physiological Chemistry, Histology, and Practical Pathology in the School, to all of which a salary is attached. From the men who have served in these last-mentioned posts the staff of the hospital is almost uniformly recruited. The old practice of canvassing a large Board of Governors for hospital appointments, with all its discreditable incidents, is happily a thing of the past, as far as St. George's is concerned. Appointment to staff offices is made by a select standing committee, sedulously guarded from communication with the candidates; that to junior offices is determined by the recommendation of the Medical School Committee, who are intimately acquainted with the merits of the applicants. A student entering at St. George's with the view of eventually becoming attached to the staff and joining the higher ranks of London consulting practice, thus knows that his course is clear before him, and that his prospects depend entirely on his own exertions.

### GUY'S HOSPITAL MEDICAL SCHOOL.

(By a Member of the Staff.)

THE medical school of Guy's Hospital is provided with every requirement for giving the students a thorough and complete education. There are two large theatres, the Anatomical and the Chemical Theatre. In the former are delivered the lectures on Anatomy, Physiology, Medicine, Surgery, Midwifery, Mental Diseases. Adjacent to this are class-rooms, one of which is fitted with all the appliances in splints, bandages, models of dislocations, &c., for the classes in Practical Surgery. Another is a large room suited for the practical classes in Histology, Zoology, and Botany, and in this also are held the various written examinations for testing the student's knowledge, and for the award of prizes. Two other rooms are used as histological laboratories. The dissecting room has been enlarged from time to time, and is now a spacious and lofty room, lighted entirely from the top and well-ventilated; and connected with it is a smaller room with every arrangement for special demonstrations on the dissected subject. Dissection is now carried on both summer and winter, as for several years the subjects have been perfectly preserved for long periods by the injection of glycerine and arsenic. The student's work in the dissecting room is supervised by three demonstrators, and two assistant-demonstrators. Special demonstrations are given regularly during the winter session, and students who are candidates for the various anatomical examinations are divided into classes, systematically taught and tested from time to time by written examinations.

In the Chemical Theatre are delivered lectures on Chemistry, Physics, Medical Jurisprudence, and Materia Medica, as well as clinical lectures in Medicine and Surgery. It is fitted with appliances for lecture experiments, and close by are the lecturers' private laboratory, and a laboratory arranged for large classes of Practical Chemistry. In all these various departments, besides the lectures and classes prescribed by the examining bodies, special classes are held for the examinations of the Conjoint Examining Board and for the examinations of the University of London. Students find further opportunities of study in the Library, containing upwards of 5,000 volumes, which is open to all students, and from which books may be taken out for a limited period by special arrangement, and in the Museums which are situated in different parts of the Hospital. On either side of the Anatomical Theatre are two large rooms forming the Pathological Museum. This contains not only the various

morbid specimens arranged according to the physiological systems of the body, but also a unique collection of 800 wax models, the work of the late Mr. Joseph Towne. These comprise a complete series of models of diseases of the skin, illustrative of typical forms, and several models of rare or anomalous forms of skin disease; a large number illustrative of other conditions, such as gout, tumours, &c., and finally some accurate representations of typical visceral lesions, such as cerebral hæmorrhage, pneumonia, phthisis, which are of service in the lectures on Medicine and Pathology. The Anatomical Museum also contains a collection of wax models by Mr. Towne, numbering over 200. They include perfect representations of dissections of every part of the body, and a number illustrating the anatomy of the lower animals, and the development of the ovum. This Museum also contains a complete zoological collection of typical specimens of the several divisions of the animal kingdom. The Materia Medica Museum contains specimens of all the drugs in the Pharmacopœia, with their several preparations; as well as others commonly used, though not official. All the Museums are open to the constant inspection and use of the students.

Having passed through his earlier studies, the student at Guy's Hospital gains a thoroughly practical acquaintance with his profession by study in the wards, the out-patient's rooms, and the *post-mortem* room. The Hospital contains, besides general medical and surgical beds, special wards for diseases of women, and for diseases of the eye, a large operating theatre, an electrifying room, and spacious out-patient rooms in which arrangements are made for the study of diseases of the skin and of the ear, as well as those mentioned above. The *post-mortem* room has been quite recently built, and offers every advantage for the demonstration of morbid anatomy.

Every part of the Hospital is systematically utilized for clinical study, by the appointment of students for periods of two, three, or six months as reporters, clerks, or dressers. One of the earliest appointments is that of surgical clinical clerk, in which the student, having a certain number of beds allotted to him, keeps an accurate record of the cases therein, being guided and assisted by the Surgical Registrar. He then learns to observe the more obvious facts of ordinary surgical cases. Subsequently he takes the junior dresserships, dresser in the surgery, and assistant-surgeon's dresser, for three months each, and then becomes qualified for the office of medical clinical clerk, whose duties are of a similar kind to those of the surgical clinical clerk, and are superintended by the Medical Registrar. All the students in turn undertake the above appointments; but there are several other offices, *post-mortem* clerks, extern obstetric attendants, assistant-surgeons' clerks, and others in special departments, such as clerks to the obstetric physician, and dressers in the aural and dental departments. These appointments are distributed by a special committee of the staff, according to the merits of the candidates, as judged of by their previous work in the dissecting room, at lectures, in the earlier appointments and at examinations. In a similar way a selection is made for the more responsible appointments, surgeon's dresser, clinical assistant, dresser in the eye wards, resident obstetric assistant, house surgeon and house physician. These are appointed entirely according to merit, and without additional payment; the last three reside in the Hospital, free of expense, and the surgeon's dressers also for a short time during their period of office.

As an incentive to careful study, the medical school offers several prizes and scholarships. There are two open scholarships of 125 guineas each, the Arts Scholarship for classics, mathematics, and languages; and the Science Scholarship for chemistry, physics,



botany, and zoology. Prizes are offered at the end of each year in the subjects of the year's work. In the first year 50% and 25%. In the second year 25% and 10% (Joseph Hoare Prizes). In the third year 25% and 10%. In the fourth year 25% and 10%; and certificates to candidates who have done creditable examinations. In addition there are the following special prizes:—Two gold medals given by the Treasurer for clinical medicine and clinical surgery respectively; the Gurney Hoare prize of 25% for clinical medicine; the Mackenzie Bacon prize of 10% for medical ophthalmoscopy; the Beaney prize of 30 guineas for pathology; the Burdett prize of 10% for hygiene; the Sands Cox Scholarship of 15% per annum for three years for physiology; the Michael Harris prize of 10% for anatomy. The Pupils' Physical Society, which meets once every fortnight during the winter session for the discussion of medical subjects, also awards five prizes of 5% each, and one of 10% for papers and essays presented to it, and for excellence in debating.

### KING'S COLLEGE AND KING'S COLLEGE HOSPITAL.

(By a Professor of the Medical Faculty.)

KING'S COLLEGE was founded by Royal Charter in the year 1829, and opened in 1831. Its foundation was due to the creation in 1826 of what was then called the "University of London," in Gower Street, and the fear that the new institution, while widening the bases of a purely secular education, would, by definitely displacing theology from the curriculum, refuse to religious training any recognition in education. The leaders of the Church of England at that time naturally became alarmed, and at once took action to form a teaching institution in which definite religious training on the principles of the Church of England should be combined with a full and thorough theoretical and practical scientific education. The Duke of Wellington placed himself at the head of the movement, and the first meeting of its supporters was held in June, 1828. The constitution of the College as it now exists was then determined on, viz., a principal to superintend the general discipline, professors and tutors for the various branches of literature and science, a Council to conduct the general affairs of the institution, composed of a number of life governors and official governors and some elected members, with the Archbishop of Canterbury as visitor, and His Majesty the King as patron. At all times the College has been resolutely kept aloof from all special parties in the Church, and a virtual "Conscience Clause" has always been in operation, students of all creeds, some not Christians, being freely admitted. The foundation was intended to be on a large scale, and probably 150,000% has been spent on the building and establishment of the College. There is no professorial endowment, so that the incomes of the teachers have always been, and still are, dependent on the fees paid by the students only. In the year 1831, on the opening of the College, it consisted of a department of general literature and science, a medical department, and the school. Rooms for a certain number of resident students, then a new feature in London colleges and medical schools, formed part of the original plan, and this feature was more fully developed as the College grew older. At present rooms are provided for about thirty students. The first lecture on the separate opening of the medical session was delivered by Professor J. Henry Green, F.R.S., in October, 1832. For the lectures, being all then required by the College of

Surgeons and the Apothecaries' Hall, the total fees were 54% 12s.

In 1833, the second year after the opening of the Medical Department, the number of matriculated students was 77, and of occasional students, 233. Frequent class examinations were instituted, and all students, occasional as well as matriculated, were expected to attend them. A regular register of attendance on lectures and examinations was also kept. Students were earnestly recommended to devote themselves for some time to the general studies of the College, before they entered on a more exclusively professional course of instruction, and it is worthy of notice that a course of instruction in medical Latin is specially mentioned in the first medical prospectus. It was not for many years after this that passing a preliminary examination in arts was made compulsory on every medical student by the Examining bodies, and this great reform was always strenuously urged by the medical authorities of King's College. In 1836 the Institution in Gower Street had been incorporated by charter as "University College," and in 1837, mainly owing to the rivalry between the two bodies, the present University of London was founded as an Examining body, granting degrees, and power was given to it to affiliate the two Colleges and other colleges of higher education.

The chief drawback to the thorough and efficient medical education contemplated by the founders of the College, and anxiously desired by the teachers, was the want of a hospital for the purposes of clinical teaching. The students were obliged to obtain practical instruction and ward work at the then existing hospitals under other authorities, who looked with some jealousy and distrust on such of their surgeons and physicians as were attached to the new institution. For the due development of the Medical School it had therefore become a matter of urgency that a hospital should be obtained, and that the eminent teachers at its head should have proper scope for their practical skill as well as their acknowledged theoretical efficiency. In the year 1839, King's College Hospital was opened on the site of the old St. Clement Danes' Workhouse, in Portugal Street; 120 beds were at once made available for teaching purposes, and its position, in one of the poorest and most densely populated parts of the Metropolis, was especially favourable for the reception of the worst and most varied forms of disease. In consequence of the creation of the hospital, several changes took place in the teaching staff; both Dr. (afterwards Sir Thomas) Watson and Mr. Moncrieff Arnott resigning their professorships, and retaining their appointments at the Middlesex Hospital. Dr. George Budd now undertook the lectures on medicine, and Mr. William Fergusson was elected professor of surgery. The first members of the hospital staff were—Surgeons, Richard Partridge, William Fergusson; Physicians, Robert Bentley Todd, M.D., and George Budd, M.D.; Robert Ferguson for diseases of women and children; Physician Accoucheur, Arthur Farre, M.D.; Assistant Surgeons, William Bowman, John Simon; Assistant Physician, William A. Guy, M.B., and Arthur Farre, M.D., for diseases of women and children; Surgeon-Dentist, John Tomes. A more distinguished staff of officers could not possibly have been brought together. Farre, Simon, Bowman, Guy, and Tomes are still living, and we need only point out how fully their subsequent career testified to the wisdom of the Council's selection. The sparkling originality and successful teaching of Partridge, the thorough kindliness and extensive erudition of George Budd, who has so recently passed away, are household words among all old King's men. But undoubtedly among the first teachers Todd and Fergusson are the names that will be the longest kept in memory, and will be first recalled when the old



hospital is spoken of, for in 1861, the present building, with its 220 beds, took the place of the former makeshift.

Robert Bentley Todd gave the whole of his life-work to King's College and King's College Hospital, for in 1836, at the early age of 27, he began to lecture on Physiology, and he only resigned his office of clinical physician at the close of 1859, just six weeks before his death. His name will always be identified with the "alcoholic" treatment of disease, in favour of which perhaps even now the last word has not been spoken. We prefer to remember him as the accurate clinical observer, the correct diagnostician, the fearless exponent of unpopular views, and the earnest and convincing teacher. Probably no man was ever more truly loved and admired by his pupils than Robert Bentley Todd. William Fergusson was well known as a successful demonstrator of anatomy, and a bold operator in Edinburgh when he was appointed the surgical head of King's College Hospital. He was less successful as a teacher, perhaps, than as an operator, yet those who daily attended to Fergusson's maxim, "Learn with your eyes as well as your ears," will place him on a higher level in this respect than those who only casually heard him. Imbued with the teaching and example of Liston and Syme, he was at his best in the operating theatre. Conspicuous for the brilliancy and ease with which he performed the most difficult and unusual operations, he at the same time simplified his art by always leaning to what he called "conservative" surgery. His self-command and temper, unperturbed by any unforeseen circumstances, were peculiarly striking. As a result of the teaching of the exceptional staff then at the head of King's College, it may be mentioned that alumni of this school have been elected to appointments in every medical school in the Metropolis, with one exception only.

Since 1861, new chemical and physiological laboratories, and an enlarged dissecting-room have made King's College a well appointed and even an almost ideally complete medical school. With the new developments in medical education, King's College has kept pace. Special teachers and professors have taken charge of the teaching of biology and physics, whilst tutorial and practical instruction has been largely increased for the requirements of the examinations at the University of London and the Royal Colleges of Physicians and Surgeons. On the death of Sir William Fergusson, in 1877, it was thought desirable to strengthen the surgical staff, and Mr., now Sir Joseph, Lister was induced to resign his appointment at Edinburgh, and to accept a clinical professorship and the post of surgeon at King's College Hospital. By thus becoming the head-quarters of antiseptic surgery, King's College Hospital has increased its attractiveness, not only for its own students, but also for the practitioner, from whatever country he may come. The medical students at the College, probably from being under more direct discipline, and drawn to a large extent from the relatives of the clergy of the Church of England, have been in a very large proportion public-school men. Athletics have always been assiduously cultivated. In the foundation of the Inter-Hospital Athletic Sports King's College men took a great share, and for many years produced winners in all the principal races, whilst the Inter-Hospital Cricket Matches were mainly due to their initiative, and for the first two years they held the champion cup. An athletic club has recently been formed, and a large piece of land taken by the Council close to Wormwood Scrubbs Station for lawn tennis, cricket, and football. Entrance exhibitions in science and literature, to the amount of 270*l.* per annum, have been placed at the disposal of the Council by the munificence of the late Dr. Warneford, Mr. T. G. Sambrooke, Mr. Rabbeth

and the Clothworkers' Company, and besides many endowed and class prizes, medical scholarships to the value of 130*l.* are awarded annually. The residents at the Hospital are elected by competition, and have rooms and commons free, and the registrars are endowed officers. A marked point in the tenure of the resident appointments is the absence of a resident superintendent, so that in the absence of the visiting officers the house-surgeons and house-physicians are in sole charge, and the names of the eminent men who have held these offices show how good a training is secured by giving them such responsibility and scope for learning medicine and surgery. Selected students are made Associates of King's College each year, and Honorary Fellows have been elected since 1847, as a special mark of distinction.

## THE LONDON HOSPITAL MEDICAL SCHOOL.

(By a Member of the Staff.)

EVERY hospital and medical college has some advantages and peculiarities that offer attractions to those about to begin their medical education, and the variety of choice tends to embarrass rather than help one who has to select an *alma mater*. The especial attraction of the London Hospital is that, owing to its great size and position, it offers, in excess of every other medical school, an enormous amount of clinical material available for study and teaching purposes. In order to appreciate the importance of this fact we must point out that to gain a thoroughly competent knowledge of our profession two things are essential, namely: good systematic teaching, and abundant opportunities at the bedside and in the dead-house, of acquiring a large practical experience and insight into disease in all its many and varying forms. No didactic teaching of medicine and surgery, however good, can make a fully equipped practitioner of medicine. Such teaching may lay the foundation for acquiring knowledge, which will up to a certain point be of the greatest value and assistance to the student, but the structure will be dwarfed and incomplete unless accompanied by large clinical opportunities. Such teaching may make a scholar, but it will not make a successful doctor; for medicine is an art as well as a science, and must be learned by studying nature, diseased and distorted though it be, and not from books and lectures. Books and lectures can never develop and ripen the habits of observation which are essential to a true knowledge of disease. These can only be gained by long and patient study at the bedside and in the *post-mortem* room. It is not sufficient to *walk* the hospital, that is, to accompany the teacher in his visits to the wards, but the student must have the training and responsibility of individually watching patients day by day, and of recording their conditions, and of personally adapting the appliances of surgery under supervision before he is qualified to treat the diseases and injuries he will afterwards be called upon to deal with. Hence the failure of some teaching establishments, with hospital opportunities insufficient for the number of students. Such establishments turn out students who may be successful at examinations such as test only book knowledge, but when the education of these students is supposed to be complete they find it has really to commence. This is evidenced by the fact that a number of legally qualified men come each year to the London Hospital from British and other Universities to supply the deficiencies of their medical education, and eagerly fill the subordinate appointments open to junior students.



The London Hospital stands in the midst of the large manufacturing region of East London, quite close to the Docks, and in the centre of a densely populated, but poor neighbourhood. It is the largest general hospital and contains nearly 800 beds. The beds are fully occupied, and last year 8,015 patients passed under treatment in its wards. The great size of the hospital and the number of patients necessitate a proportionately large number of offices, which afford the greatest educational opportunities to the student. He can, as a rule, hold all the appointments in turn, without waste of time in waiting for them. And though the number of students has undergone a remarkable increase during the last few years, there is no likelihood, owing to the great size of the hospital, of this special feature being lost. There are the following resident appointments:—five House Physicians, five House Surgeons, a Resident Accoucheur, a Receiving Room Officer, and two Resident Maternity Pupils. All the resident officers are provided with rooms and board entirely free of expense, and all these offices are open to the full students of the hospital without additional fee.

Every student is *required* to act as in-patient clinical clerk dresser, and *post-mortem* clerk, for a certain period, though usually this period is voluntarily exceeded. As already stated, there are no extra fees for dresserships. The physicians and surgeons take every opportunity of making use of the large number of patients in the wards for the instruction and training of the students. The out-patient departments are on a scale proportionate to the size of the hospital, and last year there were 64,958 out-patients. In the out-patient departments the students are instructed in elementary medicine and surgery, by the physicians and assistant physicians, and the assistant surgeons, so that when their ward work commences, they have the requisite training to enable them to perform their duties. There are special departments for diseases of the Eye, the Ear, the Teeth, and the Skin, and the number of patients attending in these departments is so large that the student who avails himself of his opportunities cannot fail to obtain a competent knowledge of the more or less specialised branches of medicine. There is also a completely equipped Obstetric department, with wards and an out-patient department, for the study and treatment of gynaecological cases, and a maternity department, for the attendance of parturient women at their own homes. The opportunities of obtaining practical experience in midwifery are simply unlimited.

The great and steady increase in the number of students for several years past, has rendered necessary increased accommodation in the College buildings. The authorities have, therefore, decided to spend 15,000*l.* on the enlargement and reconstruction of the school. An entirely new dissecting room, new physiological theatre and physiologists' room, a practical histology room, a room for the teaching of pathological histology, new library and reading rooms, new class rooms, and curators' rooms, will be erected. Building operations will be commenced during the vacation, and are arranged not to interfere with the work of the school. It is expected that these additions and alterations of the College buildings will render them entirely complete.

The arrangements of systematical lectures and teaching are as complete as possible. In the winter session there are lectures on Anatomy (Mr. Frederick Treves), Physiology (Mr. McCarthy), Chemistry (Dr. Meymott Tidy), Experimental Physics (Mr. Page), Medicine (Dr. Stephen Mackenzie), Surgery (Mr. Rivington). In the summer session the following courses are given:—Midwifery and Diseases of Women (Dr. Herman), Morbid Anatomy and Pathology (Dr.

Sutton), Toxicology (Dr. Meymott Tidy), Medical Jurisprudence and Public Health (Dr. Sansom), Materia Medica (Dr. Prosser James), Practical Chemistry (Mr. Page), Botany (Dr. Francis Warner), Comparative Anatomy (Mr. C. W. Mansell-Moullin), Practical Histology (Mr. McCarthy), Practical Surgery (Mr. Reeves), Operative Surgery (Mr. Rivington). Besides these lectures, there are courses of lectures on Ophthalmic Diseases (Mr. Waren Tay), Aural Diseases (Dr. Woakes), Diseases of the Throat (Dr. Morell Mackenzie), Anatomy and Pathology of the Teeth and Dental Surgery (Mr. Ashley Barrett). In the winter and summer session Mr. Jonathan Hutchinson, Emeritus Professor of Surgery, gives two short courses of lectures on Clinical Surgery.

The Standards of the Examining Boards have of late years advanced, and, in order to meet an evident need, special Tutorial Classes have been instituted for all the examinations, and especially for the Preliminary Scientific and Intermediate M.B. London Examinations, and for the Primary and Pass Examinations for the Fellowship of the Royal College of Surgeons. Great care is taken with the teaching in the department of practical anatomy, and the supply of subjects is always so large that the new student can count on getting a "part" at once instead of wasting several weeks at the commencement of the winter session before settling down to dissection. The advantages of a large supply of subjects cannot be overrated. A sound knowledge of anatomy can be obtained in the dissecting room, and in the dissecting room only. When work commences in the department of practical anatomy at the beginning of the coming session, some twenty bodies will be available for use on the first day of the session. At the London Hospital every student can dissect the entire body twice during his first two winter sessions, and facilities are offered to gentlemen preparing for the higher qualifications for undertaking special anatomical work. Dissecting is also carried on during the first two months of the summer session. The ample supply of bodies is taken advantage of during that session for the teaching of operative surgery in an exhaustive manner.

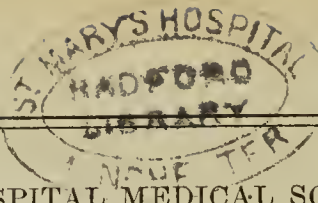
Though the hospital is situated in a neighbourhood that has a somewhat evil reputation (not by any means, from a sanitary point, deserved), the writer knows by experience, having lived there when himself a student, that residence there is healthy and cheerful, if not *elite*. Good lodgings, at reasonable charges, are easily obtainable. At the present time, however, a student may live at any part of London he prefers, or in the suburbs, the numerous railways, with conveniently situated stations, bringing him quickly to the hospital. The Metropolitan and Metropolitan District Railways have stations exactly opposite the Hospital.

The material wants of the students are not neglected. There is a Students' Club, where refreshments of all kinds can be had, and better rooms for its accommodation and convenience will be provided in the new buildings.

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**BROMPTON CONSUMPTION HOSPITAL.**—The clinical practice of this Hospital, which has over 300 beds, is open to students of medicine and practitioners. Fee for three months, 3*l.* 3*s.*; six months, 5*l.* 5*s.*; perpetual, 10*l.* 10*s.* A course of clinical instruction in Auscultation will be given by the medical officers. Certificates of attendance on the medical practice of this Hospital are recognised by the University of London, the Apothecaries' Society, and by the Army, Navy, and Indian Boards.





## ST. MARY'S HOSPITAL MEDICAL SCHOOL.

(By a Member of the Staff.)

THE first stone of this Hospital was laid in the year 1845, by the late Prince Consort, and the Institution was enlarged in 1865, when the Prince of Wales opened a new wing. Last year the Princess Louise conferred a similar distinction on a second wing, containing 70 additional beds, which was built through the liberality of the late Mr. J. F. Stanford, who left 25,000*l.* for structural improvements. The Hospital is managed by an open Board of Governors (President, Lord Carlingford), who meet every Friday at 4 p.m. It contains 270 beds, 130 of which are devoted to medical, and 140 to surgical cases. Two wards are appropriated to the diseases of children, and one to those of women; beds are also provided for ophthalmic, aural, and cutaneous cases. During the past year relief was afforded to 2,322 in-patients, and 25,000 out-patients and casualties. Among some of the teachers on the medical and surgical staff who have now passed away, may be mentioned Sir James Alderson, late President of the College of Physicians, Dr. Francis Sibson, Dr. Tyler Smith, Mr. Coulson, Mr. Ure, Mr. Toynbee, Mr. Gascoyen, Dr. Murchison, Dr. A. B. Shepherd, and among those who have retired from active work in the Hospital and School—Messrs. Samuel and James Lane, Mr. White Cooper, Dr. Graily Hewitt, Dr. T. K. Chambers, Dr. Markham, Dr. Burdon Sanderson, Mr. Ernest Hart, Mr. Spencer Smith, Dr. Farquharson, M.P., Mr. St. George Mivart, and Dr. Handfield Jones.

The Hospital is situated in one of the most pleasant and open districts of London, and by its nearness to the Great Western Terminus, and to the Praed Street, Bishop's Road, and Edgware Road Stations of the Metropolitan Railway, students are enabled to live conveniently at short distances from it. A Students' Club has lately been founded; the club rooms are situated in the basement of the Mary Stanford Wing, and comprise a library, reading-room, and dining rooms. About one hundred students dine daily at a moderate cost. There is a College in connection with the Hospital for the residence of students under the superintendence of the Warden, Dr. Robert Maguire.

The Medical School has been constructed with careful attention to ventilation, and in the additions recently made to the school buildings, every sanitary requirement has been amply supplied. In 1883 the School was considerably enlarged, at a cost of 6,000*l.*, and many additions were made in the Physiological and Chemical Laboratories. The past and present students of the Hospital have subscribed largely towards a fund for thoroughly fitting up the physiological laboratories for the double purpose of advancing the interests of the School and of commemorating the services of three of their late teachers, Dr. Sibson, Mr. Lane, and Mr. Gascoyen. Since last year Dr. Waller has been elected to the Chair of Physiology, and Mr. E. Poulton, Tutor of Keble and Lecturer at Jesus College, Oxford, has been appointed Lecturer on Comparative Anatomy. Dr. Sidney Phillips and Dr. Robert Maguire, physicians to out-patients, are the latest additions to the staff. Three tutors have been appointed this year to assist in preparation for the Final Examinations. One in Medicine (Dr. Phillips), one in Surgery (Mr. Pye), and one in Obstetrics (Dr. Montagu Handfield Jones).

One open scholarship in natural science, of the value of 100*l.*, and four of the value of 50*l.*, tenable for one

year, will be competed for on Tuesday, September 22nd, 1885, and following days. Subjects:—Inorganic chemistry and experimental physics, with either botany and vegetable physiology or zoology. There will be a practical examination in addition to the paper in all the subjects. Candidates must not have completed a full year of study at a London Medical School. No candidate will be allowed to hold a scholarship or exhibition at another Medical School in London. The successful candidate in each case will be required to enter at the Hospital as a perpetual pupil immediately after the examination. In addition to the above, at the same examination, a scholarship of a hundred guineas is offered for competition to such students of Epsom College as are sons of medical men. Names of intending candidates should be forwarded on or before Saturday, September 19th, to the Dean. Also, in addition to the above, scholarships of 30*l.*, 25*l.*, and 20*l.*, are offered annually for first, second, and third years' students respectively.

Besides the clinical instruction and lectures given in the wards daily, distinct clinical lectures will be given on Fridays throughout the Academical year, at 3.30 p.m., in the Anatomical Theatre. All the Medical Appointments in the Hospital, including the five House Surgeoncies, are open to its pupils without further fee, an advantage of the highest importance to the student, and a valuable addition to the scholarships and prizes. Preference is given to the qualified perpetual pupils of the Hospital. *Post-mortem* examinations are made by Mr. Silcock, the Pathologist, at 2.30 p.m., as opportunities occur. About 300 inspections are made annually. Surgical operations are performed on Wednesdays, at 1.30 p.m. The Medical Society meets on alternate Wednesday evenings, during the winter session, at 8 p.m., for the exhibition of pathological specimens, the discussion of clinical cases, and the reading of papers on medical, surgical, and collateral subjects by the students. The museum is open to students; it contains about 3,000 specimens, illustrating healthy and morbid anatomy.

Special classes are held for the preliminary scientific and intermediate M.B. of the University of London, and for the F.R.C.S. examination.

## MIDDLESEX HOSPITAL MEDICAL SCHOOL.

(By a Member of the Staff.)

ALTHOUGH unable to boast of great antiquity, the Middlesex Hospital has during the major part of the 140 years of its existence taken a prominent share in the work of medical education. During most of this time its sphere was confined to clinical instruction, and in the interval that elapsed between the foundation of University College and the building of University College Hospital, it was for this purpose resorted to by the students of the Medical Faculty of that College, amongst whose professors were some of the leading members of the Middlesex Hospital Staff. Then came the decision to found a medical school in direct connection with the hospital, which was carried into effect in 1835, so that the session now to be opened will be the fifty-first of the independent existence of this medical school. The buildings, erected in a corner of the hospital garden, originally comprised a laboratory and class room, library, lecture theatre, dissecting room and museum. The dissecting room was narrow and encircled the theatre, but more than 30 years elapsed before any material alterations were made. At length,



owing to the increasing number of students and the needs of education, these became imperative. New class rooms were added, the old theatre removed, and the present dissecting room constructed on its site, and a new spacious theatre was built. At the present time the accommodation is sufficient for its purpose; but there is every prospect of the buildings being further extended at no distant date.

Systematic lectures are delivered regularly throughout the winter and summer sessions, the longest courses being Chemistry and Anatomy, each four times a week, Physiology, Medicine and Surgery, each three times; the other winter courses include Practical Surgery, two and three times, Practical Medicine, thrice a week, and Practical Midwifery. In the summer session the lectures comprise Practical Chemistry, Botany, Practical Physiology and Histology, *Materia Medica*, Midwifery, Forensic Medicine and Pathological Anatomy, each three times a week; and shorter courses of Therapeutics, Comparative Anatomy, Psychological Medicine and Public Health. To meet the requirements of the Examining Board for England, arrangements have been made for instruction in Botany and *Materia Medica* during the winter as well as the summer session. Many of the hospital staff hold lectureships, but the subjects of Chemistry, Physiology, *Materia Medica* and Psychological Medicine, are taught by lecturers not upon the staff. It will be seen that the school is essentially a *medical* one; and that the fact is recognised that instruction in preliminary scientific subjects is not a duty that should be imposed on a medical school. Although this may prevent the enrolment of students intending to graduate at the University of London, unless they have previously passed the preliminary scientific examination, it is, in the present writer's opinion, a limitation founded on a right principle. The stress laid by the University on a preliminary scientific training implies that this should be full and thorough; and it is needless to multiply centres of scientific study, which require for their equipment not only a large amount of material, but a staff of specially trained teachers. The endeavour to teach science in every medical school tends to defeat the object of the University, and hampers the medical curriculum by encouraging the student, to his own detriment, to combine these two distinct phases of his career. In declining to institute special lectureships in Science, the Middlesex Hospital School declares that its primary object is the medical curriculum, and this it endeavours to make efficient and complete.

The opportunities for gaining practical knowledge in the various subjects have been considerably extended of late years. In addition to the anatomical demonstrations, and the practical classes in Physiology, Chemistry and Surgery, there have been instituted classes on Practical Medicine and Midwifery. In Morbid Anatomy, besides the daily work in the *post-mortem* room, the pathologist gives demonstrations every week, and the microscopical examination of diseased tissues has been included in the course of Pathological Anatomy. The continued advance in this direction is one of the most notable features of the present educational system, and one of which the value might be more fully recognised by examining boards. Mention should also be made of the fact that this school has for very many years recognised the importance of tutorial teaching; and although the duties of the tutor's office have been materially modified, in accordance with its special needs, it is still retained, and ably directed with much profit to the students. Respecting the museum, which is particularly rich in morbid specimens, and to which of late a series of dissected anatomical preparations has been added, it may be said that it is put to good service as a means of education. This valuable collection has hitherto lacked a

printed catalogue, but this want no longer exists, as the work, upon which much labour had been expended, was published last year.

But the work of the class room and laboratory is subsidiary to that of the hospital, and this school is fortunate in being attached to a hospital that possesses advantages, both natural and acquired, if we may so phrase it. Occupying a central position, it is a building without pretension, but remarkably free from the straggling irregularities that often disfigure such edifices, and bewilder the visitor. Nothing could well be devised on a more simple plan than this building, with its two wings and uppermost floor devoted to wards, and the central block to the rooms and offices of the resident staff; whilst annexed to the eastern wing are the special wards and out-patient department, now made continuous with the block devoted to the Nursing Home. The wards, which contain mostly from twelve to twenty beds, are thus assigned: six to medical cases, nine to surgical (exclusive of three special female cancer wards), and one to gynaecological cases; and besides these there are several small special wards. The hospital is always well supplied with patients. It cannot be said that there is not here ample scope and opportunity for clinical work; nor is there any lack of encouragement in its pursuit. The visits are made by each member of the staff three or more times a week; and in addition to this instruction, surgical and medical clinical lectures are delivered by each in turn throughout the session. The number of Dresserships and Clinical Clerkships is sufficient to enable every student to hold these necessary offices each for a period of six months; and there are (at present) twelve resident appointments open for competition annually.

During last year very extensive structural alterations were carried out in the out-patient department, from the acquisition of property at the south-eastern angle. The block of new buildings is also intended to increase the accommodation of the resident staff, to supply additional wards, and extend the Nursing Home. The new out-patient department and casualty rooms, and the special departments in connection with the hospital, have been thoroughly reorganised, and the facilities for instruction proportionately improved.

As to the various class-prizes and scholarships obtainable by students, reference must be made to the *prospectus*. It may merely be mentioned that here, as elsewhere, there are entrance scholarships, two in general subjects and one in science, open for competition at the end of September. An entrance scholarship has also been founded for competition at the opening of the summer session.

Nor would a sketch cursory as this is be complete that did not include mention of the Students' Medical Society, a society that has the distinction of being the oldest of its kind in London. The meetings are held once a fortnight during the winter session, and encouragement in the preparation of papers, exhibition of specimens, &c., is given by a system of prize-awards. The president is a member of the hospital or lecturing staff, but all the other officers are elected by the students from amongst themselves. The meetings are well attended, and have considerable educational value. Lastly, it may be added that the school adheres to the time-honoured custom of prefacing its winter session with an introductory lecture on the 1st of October, a ceremony which is followed in the evening by the less formal gathering of past and present students at dinner. The same social feeling amongst those who in past times have been connected with the school is promoted by the Middlesex Hospital Club, established many years ago, the members meeting annually at dinner in the spring.



## ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.

ST. THOMAS'S HOSPITAL appears to have been first founded early in the 13th century, but to have remained little more than an infirmary until the year 1553, when it was endowed with lands as one of the Royal Hospitals by Edward VI., and placed under the Lord Mayor and commonalty of the city of London as perpetual Governors. The endowment was from time to time enlarged by bequests and donations, and in 1693 the fabric of the hospital, then situated in Southwark, was rebuilt. The building was considerably enlarged at different times, but the whole was at length sold, in 1862, to the Brighton Railway Company, and after a temporary sojourn in the Surrey Gardens, the well-known extensive buildings on the Albert Embankment were opened in 1871.

Apprentices appear to have been received at the hospital as early as 1561, but it was not till 1718 that the first lectures, those of William Cheselden, were given. In 1768 St. Thomas's Hospital was united with Guy's, so far as the attendance of students on the surgical practice of the two hospitals was concerned. About the same time the anatomical and surgical school, in connection with St. Thomas's Hospital, was founded, and was subsequently carried to the height of its reputation by the labours of the two Clines, Astley Cooper, and Joseph Henry Green. Meanwhile, the lectures on Medicine, Materia Medica, Midwifery, and Physiology were delivered at Guy's Hospital, and no physician of St. Thomas's was allowed to share in them. But in 1825 the "United Hospitals" were severed, and a complete school set up in both. The majority of the students clung to Guy's, and St. Thomas's school began to sink. The establishment of the Aldersgate Street private school, under Tyrrell and Lawrence, materially aided in this declension, as did also the secession of Dr. Elliotson to the newly-established University College, and the foundation of a fresh school at King's College, where for a time the surgical lectures were given by Mr. Joseph Henry Green, although a surgeon of St. Thomas's. Owing to the unprosperous state of affairs, in 1842 the Governors came forward to reorganise the school, and the aid of Mr. R. D. Grainger, whose popularity had been established in the Webb Street private school, was obtained. Mr. Green also rejoined the school; and Dr. Marshall Hall, Dr. Hodgkin, Dr. Martin Barry, Dr. Gregory, and Mr. Benjamin Travers contributed to its efficiency. This state of affairs continued until 1858, when the Governors gave back the management, and its attendant risks, into the hands of the lecturers. For some years it was maintained with difficulty, and at much self-sacrifice on the part of the staff, during what may be termed a transitional period, in the hope, now realised, of its once more developing into an institution worthy of its old traditional glories.

The present hospital contains in all 572 beds, and consists of six blocks appropriated to the reception of patients; with one for the administrative and other offices, and one for the Medical School. The ward blocks, though connected by corridors, stand apart, so as to afford free exposure in all directions. Generally, each ward affords accommodation for 28 beds, which are placed against the piers between the windows, so as to secure thorough ventilation. Of the whole accommodation of the hospital, about 180 beds are appropriated to ordinary medical cases, and 230 to ordinary surgical cases. There are also special wards for the reception of diseases peculiar to women; for diseases of the eye; for venereal affections; for children, and for infectious diseases. The out-patients' department is extensive and well arranged to meet the large de-

mands upon it of the poor and crowded districts in its vicinity, and every facility is afforded for the treatment of different forms of medical and surgical casualties and diseases. Clinical instruction is given to the students both in the wards and out-patient rooms in all branches of medicine and surgery, including the diseases of the eye, ear, skin, throat and teeth, and in vaccination. Clinical lectures are delivered weekly during the session. During the twelve months ending December 31st, 1884, the number of patients admitted into the hospital amounted to 4,593. In the same period, 20,429 out-patients have been treated, and in the maternity department 2,385 women have been attended at their own homes. Casualties to the number of 57,859 attendances were treated during the same period.

The school buildings stand at the southern extremity of the hospital, from which they are quite isolated. They contain ample accommodation for large classes of students. The museum is one of the most important in the metropolis. There is a large reading room and library for the use of the pupils. In addition to these are the various lecture rooms, the dissecting rooms, the laboratories for Practical Physiology and for Practical Chemistry, and the *post-mortem* rooms.

Two Scholarships in Natural Science, of the value of 100*l.* and 60*l.* respectively, are awarded annually, while over 300*l.* in scholarships and prizes, besides several medals, are yearly offered for competition to students who are undergoing their curriculum at the hospital.

Three House Physicians, two Resident and one Non-Resident, and an Assistant House Physician, two House Surgeons, an Assistant House Surgeon, and a Resident Accoucheur are selected every three months from gentlemen who have obtained their professional diplomas; they hold office for three or six months. One House Physician, the Assistant House Physician, and the Assistant House Surgeon, are non-resident, but the other Officers, together with the Dressers and Obstetric Clerks, are provided with rooms and commons during their period of attendance in the hospital, free of expense. An Ophthalmic Clinical Assistant is appointed for six months with a salary at the rate of 50*l.* per annum, with board but not residence; the appointment is renewable for a limited period. Clinical Assistants in the special departments for diseases of the skin, throat, and ear are appointed every three months. Clinical Clerks and Dressers to in-patients are selected to the number of at least 100 in each year. Two Hospital Registrars, at an annual salary of 100*l.* each, are appointed in each year, and there are several other appointments.

There are special classes for students preparing for the Preliminary Scientific and Intermediate M.B. Examinations of the London University.

## UNIVERSITY COLLEGE AND HOSPITAL.

(By a Professor of the Medical Faculty.)

THE Institution now known as "University College" was opened as the "University of London" in 1828 on the most unsectarian principles, with the object not only of affording a liberal education of a high class order, but also of conferring degrees. The Medical Faculty commenced work on October 1st, and is a month older than any of the other Faculties. Having thus a history of little more than half a century, this College has during that period exerted a remarkable influence upon the progress of education in this country, as well as upon many social and other questions of importance. Such an influence has been particularly evident in the improvement of medical education, to



which it has so largely contributed, as well as in the advantages which it has afforded for the acquisition of scientific knowledge and training. Before University College was founded, medical education in England was in a very low state; but the medical school set a pattern of teaching that raised this branch of education throughout the whole country, and it has continued ever since to occupy a leading position. In 1836 the name was changed to "University College," the power to confer degrees having been transferred to a separate merely examining institution, since known as the "University of London."

At first there was no hospital connected with the College, and arrangements were made with Middlesex Hospital for clinical study. The first portion of the present hospital was opened on November 1st, 1834, and it was subsequently enlarged, but it cannot be denied that until a comparatively recent period, the number of cases in the hospital was inadequate to supply the large number of students with sufficient practical work. Nevertheless, it must be noted that the cases were systematically used for clinical instruction, and also that the out-patient departments have always been thoroughly utilized for this purpose. At present the hospital contains 208 beds, which, with the out-patient practice, afford a large field for clinical instruction and study. All the important "special" branches connected with medicine or surgery are now recognised as separate departments, and are systematically taught by members of the staff. Although University Hospital is thus very thoroughly worked for clinical purposes, yet, not only for the sake of the students, but also taking into consideration the vast number of the artisan, labouring, and poorer classes for whom this hospital is most convenient, and its proximity to important thoroughfares, to numerous manufactories of various kinds, and to some of the most extensive and busy railway stations in London, it might be considerably enlarged with great advantage to all concerned. It may be mentioned that the hospital contains a very efficient system of baths, which are of great service in the treatment of patients, and which were established through the efforts of the late Dr. Tilbury Fox, for many years physician to the skin department. The new north wing of University College, opened on October 1st, 1880, affords most important facilities for the study of physiology, zoology and comparative anatomy, and chemistry, and the present arrangements for teaching these subjects are probably unsurpassed, even if equalled, elsewhere.

The history of the progress of University College is intimately associated with the names of the eminent men who laboured within its walls as professors, or who did no less service as members of the medical or surgical staff of the hospital. Many acted in both capacities. The Chair of Physiology has been successively occupied by Dr. Sharpey, Dr. Michael Foster, Dr. Burdon-Sanderson, and Professor Schäfer, its present holder. The Chair of Anatomy has been held by Dr. Jones Quain, Mr. Richard Quain and Mr. George Viner Ellis, and the department is now worked with great energy and efficiency, under the superintendence of Professor Thane and his staff of demonstrators. The Professorship of Medicine has been held in succession by Drs. Elliotson, C. J. B. Williams, Walshe, Sir W. Jenner, Russell Reynolds, and Sydney Ringer. Associated with the Chair of Surgery are the names of Mr. Moncrieff Arnott, Mr. Erichsen and Mr. Marshall, who has recently resigned, and been succeeded by Mr. Marcus Beck. Dr. Garrod followed Dr. Thomson as Professor of *Materia Medica*, and occupied the Chair for some years. His successors have been Drs. Sydney Ringer and Frederick Roberts. Associated with Pathological Anatomy are the names of Drs. Walshe, Sir W. Jenner, Wilson

Fox, and Charlton Bastian. A Professorship of Medical Jurisprudence and Toxicology was instituted in 1849, and was held until 1860 by Dr. Carpenter, followed by Drs. G. Harley, Maudsley, and Poore. The Chair of Ophthalmic Medicine and Surgery, established in 1852, was occupied by Mr. Wharton Jones until 1881, when Mr. John Tweedy was appointed. There is a lectureship in Dental Anatomy and Surgery, held for many by Mr. Ibbetson, who was succeeded by Mr. Hutchinson.

A branch of medical education which has of late years undergone special development at University College, is that of Hygiene and Public Health. Professor Corfield was appointed to the newly instituted Chair in 1869, and since that time the subject has progressively increased in interest and importance. The arrangements for imparting instruction in its various departments are now, through Professor Corfield's efforts, of the most complete character. Successful classes for the teaching of Operative Surgery and Practical Surgery have been in operation at University College for several years. At present Mr. Godlee is Teacher of Operative Surgery, the Practical Surgery being under the direction of Messrs. Berkeley Hill and Barker, with the assistance of Demonstrators.

The names of many who have stood out prominently as leaders of the profession have been associated with University College Hospital as members of its Staff, and some of the most eminent are still on its Consulting Staff, although not actively engaged in its work. The name of Liston cannot be passed over without reference, and the death of this great surgeon, in 1847, was a loss to the Hospital that was deeply felt. It may also be noted that several of the members of the staff have contributed to medical literature publications which have gained a firm standing in the profession, and are recognised as standard works.

In connection with University Hospital it is only right that special allusion should be made to clinical instruction, which has always been a prominent feature in this Hospital, and has been carried out systematically. It may truly be said that every member of the Staff takes an active interest in this work. Every physician and surgeon receives the title of "Clinical Professor," and there are special Holme Professors of Clinical Medicine and Clinical Surgery. The Professorship of Clinical Medicine has been held successively by Drs. Walshe, Parkes, Jenner, Russell Reynolds, and Wilson Fox; that of Clinical Surgery by Messrs. Liston, R. Quain, Erichsen, and Christopher Heath. Several years ago classes were commenced for the more elementary instruction in Clinical Medicine and Surgery, and these have now become so developed and systematised that a most complete practical training may be obtained by any student who chooses to avail himself of the privileges which are within his reach. Those who conduct these classes are called "Assistant Professors," or "Assistant Teachers," and they work along with and under the superintendence of the Holme Professors, Clinical Medicine being taught by Drs. Gowers and Barlow, and Clinical Surgery by Messrs. Barker and Godlee.

Owing to the constitution of University College the students attending the medical faculty, as in the other faculties, have come from various parts of the world, and have belonged to different races and creeds. Some of its most distinguished students have hailed from distant colonies, and from India. Their number has varied considerably at different times, and in this respect the College has experienced some checks in its progress. In the first session the number was 165, a remarkable number to start with, but it rapidly rose until in the session 1838-39 it amounted to 494, the highest which has ever been reached. With occasional rises there



was on the whole a gradual decrease until the years 1865 and 1866, when the numbers fell to 161 and 163 respectively. After this there was a rapid growth of the medical school in point of numbers, and this has been maintained until the present time, University College in this respect holding its position as one of the leading schools of medicine. Moreover, a large number besides, who are not strictly medical students, attend the scientific classes, in order to prepare for the Science Examinations of the London University.

Although not in any way officially connected, there has always been some sort of traditional association between University College and the London University. A large proportion of students enter with the view of preparing for the degrees granted by this University. Of those who take these degrees, a considerable number come from University College; the names of its students are usually conspicuous in the Honours lists, and they have also taken a large number of the exhibitions, scholarships, and medals granted in different subjects. Of late years students preparing for medical degrees at the older Universities—Oxford and Cambridge—seem to have recognised the educational advantages to be obtained at University College and Hospital, and are entering for part of their curriculum in increasing numbers. Many students from this college have taken high positions in the public services. It may also be noted that it has trained numerous eminent men who now hold prominent positions on the Staffs of other medical schools and hospitals, both in London and in the provinces.

University College offers to its students considerable advantages in the way of scholarships and prizes. These amount to about 630*l.* annually, exclusive of twelve gold medals and thirty silver medals awarded in the different classes. The appointments at the Hospital are also free, and are awarded according to merit, there being competitive examinations for the higher resident posts, which are usually keenly contested.

A most successful Students' Medical Society has flourished at University College for a great many years, and it has done very good work. There is also a well-established Christian Association. Of late years more attention than formerly has been paid to physical exercise, and now athletics, cricket, boating, football, &c., have their several clubs. There is at present a disposition to promote the development of the social element among the students at University College, and to increase their *esprit de corps*, which has not always been what it ought to be. A general "University College Society" has been recently established for this purpose, which promises to be of much service. A most successful dinner of past and present students was held last October, Sir William Jenner occupying the Chair. The dinner next October is to be presided over by Mr. John Marshall, and a large gathering is anticipated.

## WESTMINSTER HOSPITAL AND MEDICAL SCHOOL.

(By a Member of the Staff.)

WESTMINSTER HOSPITAL owes its origin to a meeting which was held at St. Dunstan's Coffee House on the 14th of January, 1715, nearly 171 years ago, and was first established in a small house in Birdcage Walk, under the name of the "Publick Infirmery for the Sick and Needy." At this time the only hospitals which existed for the medical and surgical relief of the sick poor were St. Bartholomew's and St. Thomas's, both having been established and carried on by the

religious houses of their respective neighbourhoods, and created royal hospitals soon after the suppression of the monasteries in 1537. Westminster is remarkable as being the first hospital in London which trusted for its support to the voluntary contributions of the public. Guy's Hospital, founded by the munificence of one individual, was not established until a few years later.

After four years' work, as an institution for the administration of medical relief, the hospital was opened for the reception of in-patients, with 30 beds, and with an entrance from Petty France. So rapidly did its usefulness develop, that in 1724, having been in existence little more than nine years, it opened its wards in Chapel Street, with 60 beds. At this time Cheselden, the teacher of John Hunter, was appointed its lithotomist, a post which he held for fifteen years. His portrait hangs in the Board-room of the hospital. A few years later the celebrated and courtly Mead, Queen Anne's Physician, whose monument is in Westminster Abbey, was consulting physician to the hospital. In 1733, the removal of the hospital to a larger building again became necessary, and a warm discussion arose among the governors as to the comparative eligibility of a house in James Street, and of Lanesborough House at Hyde Park Corner. The majority considered the latter site too far from the poor of Westminster, and determined to purchase the building in James Street, which was opened early in 1734. The minority, with a portion of the medical staff, were dissatisfied with this decision, and determined to purchase the lease of Lanesborough House, which in their opinion "on account of the strength of the building and the airiness of the situation was much more convenient to answer the ends of charity." This was the origin of St. George's Hospital.

In James Street, the Westminster Hospital did its work for nearly 101 years; but the building having become dilapidated and the accommodation insufficient, the requisite money was collected, and a very eligible site was obtained in the Broad Sanctuary, under the very shadow of the grand old Abbey. The new building was well and solidly constructed upon a block of concrete, and was remarkable for its thoroughly efficient drainage and ventilation. The removal of the patients from the old hospital to the new was effected on November 14th, 1834, under the superintendence of Dr. Basham and Mr. Henry Hancock, the resident medical officers. Westminster had for some years enjoyed a great reputation for its clinical teaching, and at this time its surgeons were Mr. Lynn, Sir Anthony Carlisle, Mr. Anthony White, and Mr. Guthrie, successively Presidents and all members of the Court of Examiners of the College of Surgeons; and its Physicians Sir G. L. Tuthill, Dr. Bright, and Dr. Hamilton Roe.

The removal of the hospital to a new building stimulated a portion of the staff to establish a medical school in the same year, but it was not until 1849 that this school became intimately connected with the hospital. Its buildings were then constructed on a site leased for a period of 40 years from the Commissioners of Her Majesty's Woods and Forests. It unfortunately happened that after only three years' occupation, twelve months' notice was given to terminate the lease, the ground being required for the Stationery Office. In the following year, therefore, the school buildings were transferred to the ground at the rear of the hospital. They have been added to from time to time by the erection of light and commodious laboratories, &c., but at the end of 30 years the requirements of the school had outgrown the space at its disposal. A larger site was obtained next to the Westminster Town Hall, five minutes' walk from the hospital, and upon it, school buildings



affording the most complete accommodation have been erected from the plans of Mr. Salter.

The new school, which is completed and will be opened on October 1st with an introductory lecture by the senior surgeon of the hospital, Mr. Cowell, contains three lecture theatres, a large and well-lighted museum, the large theatre and museum occupying two floors in height; a large dissecting-room, 35 feet by 22 feet, on a level with the gallery of the museum, with an asphalt floor, and walls lined with white tiles; large histology, physiology, and chemistry laboratories; a fine council-room, available for examinations; a dean's room, a class room, a curator's room, a large library, and last, but not least, a set of rooms for a Students' Club. The accommodation is most complete, and every part of the building is thoroughly light and well arranged, with ample accommodation for 150 students. The school will be open to inspection after the introductory lecture.

To return to the hospital. About seven years ago a sum of nearly 18,000*l.* was expended in repairing and improving the building. Sanitary science was, in 1834, little understood, but in forty years a great advance has been made in this respect, and changes of an expensive kind became urgently necessary if the hospital was to offer to its patients and to its students the full benefit of the new knowledge. Towers were built to provide sculleries and water closets outside the wards with cross ventilation, separate cisterns, &c. Bath rooms and lavatories were built. The floors of the wards were relaid and covered with oak parquetry and polished. Chloroform and consultation rooms were added to the operation theatre. The greater part of the hospital was raised another story, affording dormitories for the nurses in front, day wards for the convalescent patients at the ends of the building, and separate wards at the back quite outside the hospital, but approached by a covered way, to which infectious cases can at once be removed from the wards. Healthy and airy as the hospital was before these alterations were made, the condition and appearance of the wards are now much improved, and in the surgical wards, the improved sanitary arrangements and the polished floors together have reduced the cases of erysipelas by more than one half.

Westminster Hospital, with its 200 beds and extensive out-patient department, affords in a complete form all the material that is required for a practical medical education. Its size is a very convenient one, and it combines the advantages of a general and a special hospital, as it has separate departments for all the specialties which may be legitimately so considered, or which require special instruction. These departments are devoted to *obstetric, dental, ophthalmic, aural, orthopædic, skin, and throat* diseases, in all of which it is important that the student should have opportunities of study.

The medical school is proportioned to the size of the hospital, so as to maintain all the advantages of a small school, and especially that personal supervision and guidance which every student requires, but which is very difficult, if not impossible, in a large school, and at the same time to secure for every student in rotation clerkships and dresserships both to out and in-patients. In the more strictly school subjects also it is hardly necessary to point out the great advantage of personal supervision, aided as it is at Westminster by regular tutorial instruction, and by taking great pains with the students individually in all manipulative work. The removal of the Medical School permits of the re-arrangement of the out-patient rooms, on the ground

hitherto occupied by the school buildings, and the result cannot fail to be of great advantage to patients, students, and staff. The return of Westminster men who have passed their examinations, and taken degrees at the Universities, the prize list, and the importance of the appointments that have been gained, all show a high average of success, and it may not be out of place to mention that the first places and some of the prizes at the examinations for the Indian and Army Medical Services have been taken by Westminster men for several years in succession.

## PROVINCIAL SCHOOLS OF MEDICINE.

### UNIVERSITY OF OXFORD MEDICAL SCHOOL.

(By Two of the Science Teachers.)

THERE is not a complete Medical School at Oxford, but there are excellent arrangements for the study of the so-called Preliminary Sciences—Biology, Chemistry, Botany, and Mechanical Philosophy, and for Human Anatomy and Physiology, the former under a special Reader and the latter under Professor Sanderson, F.R.S., the Waynflete Professor of Physiology. Many of the Colleges (Balliol, Merton, Exeter, New College, Magdalen, Christ Church, Trinity, St. John's, and Keble) encourage the study of Natural Science, under the guidance of special tutors; by a few it is admitted as one of the subjects for matriculation. Scholarships to the annual value of 80*l.* for from four to five years, and Exhibitions of less annual value are given every year by some, from time to time by other, Colleges. Balliol, Magdalen, and Christ Church have private laboratories. At the University Museum the teaching in the laboratories, under the direction of the Science Professors, is most complete. In the Radcliffe Library there is accessible to students a place of unrivalled facilities for the consultation of current and periodical literature, Continental and English, in Mathematics, Science, and Medicine. Regular courses of lectures are given by the professors and tutors, of which a list is issued terminally by the Board of Faculty of Natural Science. In February there is competed for annually, by those who have obtained a First Class in any School or a Scholarship, or Prize, open to general competition in the University, one Radcliffe Travelling Fellowship. It is tenable for three years, and is of the annual value of 200*l.* The examination is partly Scientific, partly Medical. The holder must travel abroad, and take the degree of B.M., Oxon.

The *Radcliffe Infirmary* contains 138 beds, and the annual average of in-patients for the last ten years has been 1,265; of out-patients and casualties, 4,686. Surgical accidents and urgent cases are admitted without "turns." There is a special block for children. The members of the staff (three Medical and three Surgical) take pupils for six months' attendance at six guineas, for twelve at ten guineas, and perpetual at fifteen guineas. Advanced students are allowed to act as Clinical Clerks and Surgical Dressers. Practical Pharmacy is taught in the Dispensary. One Medical and one Surgical member of the staff are Clinical Litchfield Lecturers. Attendance at the lectures, given twice a week in Term, and under the authority of the Board of Faculty of Natural Science, is free to members of the University, but does not confer the right of attendance on the general Hospital Practice. Dissection is carried on at the University Museum, under the direction of the newly appointed Reader in

<sup>1</sup> Westminster students have also the advantage of being allowed to attend the practice of the Royal Westminster Ophthalmic Hospital.



Human Anatomy, Dr. A. Thomson, who will deliver regular courses of lectures in Term time, and students will in future be certificated for the Examination in Anatomy of the Examining Board in England.

### UNIVERSITY OF CAMBRIDGE MEDICAL SCHOOL.

(By a Member of the Staff.)

THE course of medical study in the University, and the requirements necessary for the Degree in Medicine, have now been arranged in a manner highly advantageous to students entering the profession. Of the increasing popularity of the Cambridge Medical School and the many advantages offered to medical students no stronger testimony can be adduced than that of the yearly list of entries at the different colleges of those intending to pursue medical studies. A glance at the number of entries this year shows that Cambridge is now one of the largest medical schools in England. The arrangements are such that the student can go through the whole course at a very moderate expenditure of time and money. He must enter at one of the colleges, or as a non-collegiate student and keep terms for three years. He can live quite as cheaply as in London, the expenses of residence, lectures, &c., at a college being not necessarily more than 150*l.* per annum, or as a non-collegiate about 100*l.* At most of the colleges scholarships are open for competition in science as well as classics and mathematics. As regards the length of time necessary, it is required of a candidate for the Degree of Bachelor of Medicine that he shall have completed five years of medical study, except he have obtained Honours in any tripos, in which case four years shall be deemed sufficient. It is advisable to take a Degree in Arts, and of great advantage to the student to do this through the Natural Sciences Tripos, as he is enabled to devote his work and energies to the same subjects that will be required of him in the several examinations for the Degree of Medicine, while at the same time he is laying a good foundation of scientific knowledge which will be of the greatest value to him in professional life. The shorter term of four years' necessary study is of no material advantage, as it would be unadvisable to attempt to conclude the whole course in so limited a time.

A brief summary of the course of study recommended is as follows:—A student will do well to enter early, at the age of 16 or 17, prepared to pass his "previous" examination and additional subjects at the beginning of the October term, if he have not already obtained exemption through the "Local Examinations" in the "Oxford and Cambridge School Board Examinations." It is important to do this, as he can then register as a student of Medicine, and at once join the Natural Science and Medical Classes at the commencement of the several courses in the October term. The subjects of the first M.B., namely, Chemistry, Physics, and Elementary Biology, will first occupy his attention, in all of which he will be examined for the first part of the Natural Sciences Tripos. The first M.B. may be passed at the end of his first year, or the following December, and he can then devote himself to the subjects in which he selects to be examined for the Natural Sciences Tripos. In the first part of this examination the student can present himself at the end of his second year. In preparing for the second part he will save time if he selects Human Anatomy and Physiology as two of the subjects in which he desires to be examined, as these are also included in the second M.B. He may enter

for the second part of the Natural Sciences Tripos in his ninth term, after which he may take his B.A. degree. During the following long vacation and October term he can continue dissection, preparing to pass the second M.B. in December. A certificate of attendance at a recognised hospital for six months is required of students, previously to entering for the second M.B. This can be obtained at Addenbrooke's Hospital, where regular instruction is given in term time and during the long vacation. Students who pass the second M.B. in December, may with advantage remain on until the end of the following long vacation, studying at the hospital, learning the elements of surgery and medicine and bandaging, and attending the courses of lectures required of them before the final M.B. They are then ready to enter at some London Hospital at the commencement of the October Session, having already acquired some knowledge of the more important details of practice. All the lectures for which certificates of attendance are required before the several examinations may be attended at the University.

The study of Natural Science is carried on at the Museum, where lectures are given on Chemistry, Physiology, Anatomy, and other subjects, and practical instruction is carried on at the numerous laboratories in Biology, Physiology, &c., and dissection at the Anatomical School. Classes are also held in Histology and Pathological Anatomy. At Addenbrooke's Hospital, instruction is given in the practice of Medicine and Surgery, and bandaging. The Museum contains a good series of Pathological preparations.

### UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-ON-TYNE.

(By a Member of the Staff.)

THE University of Durham College of Medicine at Newcastle-upon-Tyne has, during the last few years, attracted to itself a very largely increased number of students. The advantages it offers are numerous, and appear to be every year more highly appreciated. Perhaps its greatest attraction, as compared with other Schools of Medicine, is the fact that only one of the four years of medical study need be spent at Newcastle, while the other three may be passed either at the same place or at one or more of the recognised Schools. The required year's attendance may be taken at any time before the candidate presents himself for the final examination for the M.B. Degree. This regulation has attracted many who were already qualified for practice. For "full" students there are many valuable prizes. Four scholarships of 100*l.* each have been presented by the University of Durham, and are awarded, one every year, to the student who passes the best examination in arts at the time of entry or during his first year. Five other valuable scholarships are given for proficiency in various branches of medical study, and silver medals and certificates are awarded in each class. There are eight useful student appointments at the College, and 27 at the Infirmary. At the latter institution the practice is very large and of varied interest, the patients (about 25,000 annually) being drawn from the whole of Tyneside and the densely populated districts in the neighbourhood. Every opportunity is given to students at the College for learning their work. In the chemical laboratories a separate bench is provided for each student, and the department is under the charge of Professor Bedson, D.Sc., Lond. The anatomy is taught as much as possible by individual instruction, under the able personal guidance of Dr. Mears, who until recently



occupied the position of Medical Tutor. There are special departments for practical instruction in pathology, dermatology, ophthalmology, gynaecology, diseases of the throat and ear, and minor surgery, and in operations on the dead body. It is expected that very shortly the College will be moved to more commodious and convenient quarters, and it is hoped that a residential hall may also be provided for the better accommodation of students.

## THE BIRMINGHAM SCHOOL OF MEDICINE.

(By a Member of the Staff.)

By the association of Queen's and Mason's Science Colleges for purposes of medical education, and by the amalgamation of the General and Queen's Hospitals for purposes of clinical instruction, students of the Birmingham Medical School are enabled to avail themselves of the whole teaching resources, and nearly the whole hospital practice, of the town. The advantages thus offered to the young man about to commence the study of medicine, compare most favourably with those of any other centre of medical education. Students may qualify themselves for admission to the examinations of any licence-granting body, except those of such Universities as require attendance on their own lectures. All the examinations of the University of London may be passed from here. Students can also make two *anni medici* out of the four required for degrees by the University of Edinburgh. Neither College provides accommodation for residence, but lists are kept of gentlemen prepared to receive medical students. Queen's College—the parent institution—is a well arranged building, situated in the centre of the town, close to the various hospitals and railway stations. Here are taught from the usual professorial chairs all the subjects included in the medical curriculum, except Physiology, Chemistry, and Botany; these courses are given at Mason's College. There are complete and well appointed museums of Anatomy, Pathology and Materia Medica, specially arranged for purposes of instruction, also a well stocked library and reading-room for the use of students. The dissecting rooms are extensive, commodious, well warmed and ventilated, and they have been recently remodelled and enlarged. They are under the immediate superintendence of the Professor of Anatomy, who devotes his whole time to Anatomical teaching within the College. The supply of bodies for dissection is always plentiful. Mason's Science College undertakes the teaching of Physiology, Chemistry and Botany to medical students of the town. Its special professors, its rich museums, and its magnificently appointed modern laboratories, offer advantages to the students of medicine which are equalled at few medical schools in the kingdom. Special classes are held for the matriculation and preliminary scientific examinations of London University.

The practices of the General and Queen's Hospitals are amalgamated for purposes of clinical instruction, under the direction of the Birmingham Clinical Board, a body elected from the honorary staffs. The hospitals have a total of 400 beds, and 5,500 in-patients and 70,000 out-patients are treated annually. Clinical practice and lectures commence at 9.30 a.m. daily throughout the session, the operating days being Tuesday, Wednesday, and Saturday. Attendance upon two-thirds of clinical lectures is insisted upon. There are special Ophthalmic, Obstetric, Gynaecological and Dental departments, each under the care of a specialist. Practical instruction is given in the use of the micro-

scope, laryngoscope, ophthalmoscope, surgical appliances, &c. Practical Pharmacy is taught in the dispensaries of the Hospitals. There is a special Dental department in the College, associated with the Birmingham Dental Hospital and the Clinical Board. By this arrangement students may qualify for the Dental diploma of any of the examining bodies. The Midland metropolis is particularly well off in the matter of special hospitals. There are in the town the Children's (72 beds), Eye (70 beds), Women's (30 beds), Ear and Throat, Orthopædic and Spinal, Small-pox and Fever, Skin and Lock, and Homœopathic Hospitals; the honorary officers of any of which are willing at all times to show their practice to senior students of the School.

Besides the ordinary class prizes—medals and certificates—the following are open for competition to students of Queen's College:—One or more annual Queen's Scholarships, value 30 guineas, given to first year's students on entrance; one or more Sydenham Scholarships, value 30 guineas, tenable for three years by the orphan sons of medical men; two Ingleby Scholarships, value about 10*l.*, for proficiency in Obstetric Medicine and Surgery, and Diseases of Women and Children; Sands Cox Prize, value 20*l.*, for proficiency at the end of curriculum in Medicine, Surgery, and Midwifery. The Clinical Board also offer prizes of five guineas each in Medicine and Surgery for Senior students; prizes of three guineas each in Medicine and Surgery for junior students; and a prize of four guineas in Midwifery. They also fill up, after competition, the following resident appointments twice annually, viz., medical and surgical assistants and two surgical dressers at the General; obstetric house surgeon and surgical dressers at the Queen's Hospital.

## THE BRISTOL MEDICAL SCHOOL.

(By a Member of the Staff.)

THE Medical School was founded in 1828, but long before that time lectures on Chemistry and Medicine were given, and regular courses of lectures on Anatomy by two of the surgeons to the Infirmary. A dissecting room was soon opened, under the direction of Dr. Riley, in Lower College Green, and another at the rear of 25, King Street, the then residence of H. Clark. Those were times when difficulties were experienced by everyone who wished to pursue medical and surgical studies, as obstacles were thrown in the way of the most necessary branch of training—namely, dissection. Much interest was taken in the lectures given by Dr. Riley, and so greatly did they become appreciated and their value recognised, that he and Hy. Clark were induced to prepare and issue a prospectus of a Medical School, to be opened at premises in Old Park. During the first twenty years of its existence no support or encouragement was accorded the School by the public or the profession; but gradually the claims of the School came to be recognised, and for many years now it has been in a prosperous condition, especially since its affiliation with the University College. Of the pupils who have passed through the School, many have attained high distinction. With its fame the number of its pupils has grown, and with the extension of researches in Medicine and Surgery more perfect appliances for teaching have been secured. The work of the School is carried on partly in University College and partly in adjoining buildings. As soon as funds permit, a new wing will be added to the College, especially designed for the work of the Medical School, and furnished with all modern appliances for teaching.



There is a Medical Tutor who devotes the whole of his time to the students, teaching them individually and in classes, as well as Demonstrators in Anatomy and Physiology. The teaching of Anatomy and Physiology, and the training of each student individually, are special features at Bristol, and the School justly prides itself upon having earned a very high place amongst London and Provincial Medical Schools by its work in these respects. Indeed, it is a tradition in this school, that its function is to lay a firm groundwork of thorough practical knowledge in all the departments it undertakes to teach.

Students at the School pursue their practical studies in Medicine and Surgery at the Royal Infirmary or at the General Hospital, in connection with which Institutions are valuable scholarships and prizes. The Medical School, together with the Infirmary and Hospital, provide for every detail of the professional curriculum required by the University of London, and students can complete at these Institutions the entire course of study required for the diplomas of the Royal College of Physicians of London, the Royal College of Surgeons of England, the Apothecaries' Society of London, and the Army and Navy Boards. The Scholarships and Prizes connected with the Infirmary are:—Two Entrance Scholarships of 35 and 10 guineas, awarded in October, after examination in subjects of general education; Suple's Medical Prize, consisting of a gold medal, value five guineas, and about seven guineas in money; Suple's Surgical Prize, similar in character; Clarke's Prize, consisting of the interest of 500*l.*, given to the most successful student on the completion of his third year study; Tibbits' Memorial Prize, being the interest of 315*l.*, awarded the student who shows the greatest proficiency in practical surgery; Crosby Leonard's Prize, being the interest of 300*l.*, a surgical prize; three Pathological Prizes, value three guineas each. The Scholarships and Prizes connected with the Hospital are:—The Martyn Memorial Entrance Scholarship, value 20*l.*, awarded to the most successful candidate in the competitive examination in subjects of general education; Clarke Scholarship, a surgical prize of 15*l.*; Sanders' Scholarship, being the interest of 500*l.*, offered for proficiency in Medicine, Surgery, and Diseases of Women; Lady Haberfield Prize, the interest of 1,000*l.*, also awarded for proficiency in Medicine, Surgery, and Diseases of Women. All the Scholarships and Prizes at both Institutions are given annually. The Medical School has a governing body of fifteen members, five of whom are elected by the Council of University College, one member by the Committee of the Infirmary, one by the Committee of the Hospital, three members by the Staff of the Infirmary, three by the Staff of the Hospital, and two by the Faculty of the Medical School. Prospectuses and detailed information may be obtained, as to the Medical School from Dr. Markham Skerrett, Dean of the School, University College, Tyndall's Park, Bristol; as to the Infirmary, from Dr. Spencer, Dean of the Faculty, Royal Infirmary, Bristol; as to the Hospital, from Dr. Markham Skerrett, Dean of the Faculty, General Hospital, Bristol.

## UNIVERSITY COLLEGE, LIVERPOOL.

(By a Member of the Staff.)

In the old days, when almost every medical man had one or two pupils, it was no uncommon thing in the larger provincial towns for a few of the leading practitioners to collect these young gentlemen and give them short courses of lectures, preparatory to the time

when they should proceed to "walk the hospitals" in London or Edinburgh. Even dissecting was carried on in a furtive and incomplete way. In 1834, just over half a century ago, a few of these private lecturers in Liverpool agreed to combine their efforts, and thus was founded the Liverpool Medical School. For eleven years its work was carried on in rooms belonging to one of the larger public institutions of the town; but in 1845 the Trustees of the Royal Infirmary erected a building upon the Infirmary grounds, and the school thenceforth became the "Royal Infirmary School of Medicine." Its progress for a long time was very slow, and once, indeed, the attendance was so small that the lecturers entertained serious thoughts of entirely abandoning the enterprise. By degrees, however, it drew slowly ahead, and about fifteen years ago participated in that sort of general revival which visited nearly all the provincial schools. Doubtless this was greatly due to the change which has come over the style of medical practice in the great northern towns, the increasing size and wealth of which has enabled them to support men working at specialties. Pure physicians and surgeons, oculists, aurists, gynaecologists, and dermatologists can now make good livings, and give time for teaching also, where formerly there were none but general practitioners, so immersed in practice that teaching, as we now understand it, was an impossibility with them.

In 1871 the lecturers of the school felt the necessity of improving the building in which they laboured, and by a vigorous appeal to the public succeeded in raising a sum of between five and six thousand pounds, which was expended upon additional class-rooms and upon a museum and physiological laboratory. Within the last few years the generosity of the Liverpool public founded the University College, and the medical school became allied to it as its medical faculty. Its Council wisely determined that the first thing to do was to get a staff of able teachers, who should have an assured income, in addition to their fees, so as to be placed in a position of security. Eleven chairs have therefore been endowed each with the interest of 10,000*l.* The funds immediately in hand having been thus employed, it has been found necessary to accommodate the science and arts professors (except chemistry) in a temporary building which has been altered and arranged so as fairly to meet present wants. But there is not the least doubt that before many years have passed one which shall be worthy of the College and of the city will be erected. Even now there is rapidly approaching completion a portion of a new chemical department, which when finished in its entirety will probably cost about 15,000*l.* The present chemical rooms will then be added to the physiological department. In the subjects of physics, zoology and chemistry the students of the medical faculty have the best possible opportunities of study provided in the college for which the names of Professors Oliver Lodge, Herdman and Campbell Brown are a fair guarantee.

To University College, and notably to its medical faculty, the past year has been one of the greatest interest, inasmuch as it has marked the affiliation of the College to the Victoria University, as the second of the various colleges of which that body is to be the head. Ere long it is hoped that the Yorkshire College at Leeds will make a third, and in due time probably others will come in also, thus completing the great scheme of popular university education for the north of England. The students of the Liverpool School, therefore, take rank now as university students. Touching the medical degree of the Victoria University, its general principles were laid down by a Board of Studies after much deliberation, in which



they were aided by the counsels and suggestions of such men as Lister, Gairdner, Lauder Brunton and sundry other teachers of repute, who constituted the first body of external examiners. In general outline the plan of the degree follows that of the London University as regards the number of its examinations, and the subjects thereof, but in some points the example of the University of Edinburgh has been imitated. Thus for the degree of M.B. there are an Entrance Examination in Arts, a Preliminary Examination in Science, an Intermediate in Anatomy, Physiology and Materia Medica, and a Final in the practical departments of professional study. When the Bachelor of Medicine wishes to proceed to the doctorate he is not worried with further examinations, provided he produces a thesis (after the fashion of the Edinburgh School) which shall be satisfactory to the University. So far, the examiners have shown a strong tendency to set sound practical questions, which every student ought to know, and to demand good answers to them. The examinations are conducted by the University professors, each aided in his own department by an external examiner, who is a teacher of acknowledged repute in some other school of medicine. Seeing that the Victoria University is a teaching university and not a mere examining board, it can hardly be considered unfair that it demands from its graduates two years of study out of their whole curriculum at one of its colleges. All the rest of the time may be spent at any recognised medical school.

The Liverpool Royal Infirmary, founded in 1749, has through its Committee extended a warm support to the school which so long took its name from it. Constructed at a period when sanitary knowledge, and indeed architecture in general was at its lowest ebb, the present building has been felt to be quite behind the times, and the public have recently subscribed 100,000*l.* to build a new one, which, it is hoped, will be soon commenced. The present building contains 300 beds, with 40 special beds for the treatment of the diseases of women. Among the list of those who have acted as surgeons to the institution appears the distinguished name of Park, who, next after the Moreaus, introduced the excision of joints. His celebrated case of the sailor, whose elbow-joint he excised, and who was afterwards able to follow his occupation and even to go aloft, was long quoted in surgical text-books. Alanson also was one of its surgeons, who was probably the first to practise amputation by flaps, in contra-distinction to the old circular method. Among its physicians was Currie, the friend of Roscoe, and the author of an admirable "Life of Burns," and other literary productions. In the beginning of this century he advocated the use of cold affusion in fever, and drew attention to the clinical value of thermometry. Fifty years after his death his suggestions began to be put in practice.

While it is admitted that a small school possesses certain disadvantages in its inability to afford systematic training in special subjects, it has, on the other hand, certain advantages. It may be claimed for Liverpool that it affords great opportunities in the abundant material for Practical Anatomy at the school, and in the extensive surgical work done in the wards of the Royal Infirmary. Abundance of dissection and an unlimited field for dressing, counterbalance the loss of much special work, which the student gains at the great crowded schools, at the expense of having to wait weeks for a part (even then sharing it with another man), and of having often to act as dresser to a very few patients only. Moreover, the College and the Infirmary being in the same grounds, the student does his arts' work and pursues his scientific, his strictly medical and his practical courses almost under the same roof.

## THE OWENS COLLEGE (VICTORIA UNIVERSITY) MEDICAL DEPARTMENT.

(By a Professor of the Medical Faculty.)

IN the year 1872, the Manchester School of Medicine, which had then existed for upwards of 50 years as the largest provincial school, was incorporated into the Owens College, and since then has formed the Medical Department of the College. New school-buildings were then erected, new professorships founded and endowed, and the medical school began to flourish to such an extent, that a further extension was necessary, and additional accommodation was provided ten years ago, chiefly in the form of laboratories and workrooms which are now in full working order. The permission to give medical degrees having been granted to the Victoria University four years ago, and the Owens College being then the only incorporated College of the Victoria University, a further development, especially in the clinical teaching, which is carried on in the Manchester Royal Infirmary and the special hospitals, was found requisite to meet the requirements of the University, and a number of clinical lectureships were established. The department of biology has also been considerably extended, and a special building containing the museum of Zoology, Botany, Geology, and Palæontology, with the necessary laboratories and lecture rooms, is being erected at a cost of 80,000*l.*, and will be finished in the course of the next six months. During the last session, the college had to deplore some very severe losses, which will be felt for some time. Death has unfortunately removed two of the ablest professors of the Medical Department, Professors M. Watson and J. Thorburn; Mr. A. H. Young has been appointed Professor of Anatomy, and Dr. J. C. Cullingworth replaces the late Professor Thorburn. The appointments thus made have caused further vacancies, namely, the lectureships in surgical pathology and medical jurisprudence, which have not yet been filled up. The College has also to deplore the loss of the great services of Professor A. Gamgee, who has resigned the Professorship in Physiology, which he had held since 1872 with such singular success and benefit to the College. Professor Gamgee's successor will be appointed next October. Amongst the recent additions to the Medical Department must also be mentioned the establishment of a complete Dental Department, with lectureships in Dental Pathology, Mechanical Dentistry, Dental Metallurgy, and Dental Anatomy, the clinical teaching in Dentistry being conducted in the newly established Victoria Dental Hospital. To assist the lecturers and to give students assistance in their work in the medical school two tutorships have been recently founded. Dr. A. Wilkinson has been appointed medical, and Dr. J. Thorburn, son of the late Professor Thorburn, has been appointed surgical tutor. Similar teachers in the form of registrars have been appointed in the Manchester Infirmary to supervise the clinical work of the students and to provide additional teaching power. Dr. J. Bury takes charge of the Medical Registrarship; a Surgical Registrar will be appointed next October.

The arrangements for systematic teaching in all branches of medicine and the collateral sciences are very complete. The laboratory arrangements for the teaching of chemistry are as good as any in the kingdom, and a new laboratory for qualitative analysis is about to be erected. In the anatomical department, the dissecting room has been enlarged, with additional rooms containing dissections, and always accessible to the students. The physiological laboratory consists of a large lecture room, private laboratories, laboratory for practical phy-



siology, rooms for observations on physiological optics, photographic room, and laboratories for physiological chemistry and histology. The pathological laboratories, under Professor Dreschfeld, consist of a private laboratory, a laboratory fitted up with all the necessary apparatus for bacteriological research, a large laboratory for practical pathology and morbid histology, and a room containing a teaching set of morbid specimens from the museum. The pathological museum is being re-arranged and extended, and for this purpose an additional curator has been appointed. The work done in this department consists of a complete course of lectures on pathology, extending over the session, a practical class on morbid histology, and a systematic course on bacteriology. The materia medica department possesses a very extensive museum, a laboratory for pharmacological research, and a laboratory for pharmacy. Facilities for original work in pharmacology are given. A course of demonstrations on mental diseases is held in the Cheadle Asylum during the summer session. The clinical teaching in connection with the school has been much extended, and for this purpose the large material in the different special hospitals is drawn upon, and members of the staff from these hospitals have been placed upon the teaching staff of the College, to ensure systematic teaching. The clinical teaching in medicine and surgery is done by the staff of the Royal Infirmary. Systematic courses are given on auscultation and percussion and on bandaging and minor surgery. In addition to the clinical lectures, there are also held ward classes for elementary, and special classes for advanced clinical teaching. Clinical classes in gynaecology are held in the Infirmary and St. Mary's Hospital. Clinical classes in Ophthalmology are held in the Infirmary and Royal Eye Hospital. A new and very large eye hospital with accommodation for 100 beds has just been erected in the neighbourhood of the College. Clinical instruction in the diseases of children is given in the Dispensary and Hospital for Children at Pendelbury. A maternity department exists in connection with St. Mary's Hospital, and is accessible to students. The College offers some valuable scholarships to students. The Berkeley fellowships (value 100*l.* per annum) given for original research, which have hitherto been confined to the Arts and Science department of the College, will in future also be open to the Medical Department, and an important impetus to original research in medicine is thus given.

### SHEFFIELD SCHOOL OF MEDICINE.

(By a Member of the Staff.)

For more than half a century a good school for the teaching of practical medicine and surgery has existed in Sheffield. The large population of the town and district, consisting as it does mainly of a working class ready to avail itself of public charity, and engaged in pursuits provocative of disease, coupled with the unavoidable accidents necessarily arising in connection with the large ironworks, collieries, and factories, render the material for the study of medicine and surgery exceptionally large and varied. In the town there are the following medical charities, viz.:—The General Infirmary (200 beds), the Public Hospital and Dispensary (101 beds); and at these institutions the clinical teaching is mainly carried on, the practice of both being open to all the students of the School, and clinical instruction by the physicians and surgeons given daily. In addition to the above-named there are:—The Jessop Hospital for Women (with 45 beds and a Midwifery Department), the Fever Hospital, and the Hospital for Sick

Children. At the Infirmary there is a large ophthalmic department, and special facilities are afforded for studying this branch of practice. In connection with the Medical Charities there are five house surgeoncies (salaries varying from 130*l.* to 50*l.* a year), and one clinical assistantship. Five of these posts are held by former pupils of the School. The incorporation of the Medical School with the Firth College, which has recently taken place, will without doubt mark a new era in the medical education of Sheffield, for the students here are now offered not only the best opportunities for the practical study of the profession, but also the greatest facilities for obtaining a thorough scientific training. The teaching now is so arranged as to include not only all the subjects required by the Royal College of Physicians and Surgeons, but also those of the University of London and other Examining Boards.

### YORKSHIRE COLLEGE MEDICAL DEPARTMENT.

(By a Member of the Staff.)

THROUGH the amalgamation which took place a year ago, the Leeds School of Medicine has become the Medical Department of the Yorkshire College. The buildings specially appropriated to the purposes of the Medical Department occupy a central position in the town, close to the General Infirmary, and a few minutes' walk from the new buildings of the Science and Art Departments situated in College Road, which were formally opened in July last by His Royal Highness the Prince of Wales. The present premises were built specially for the purposes of a Medical School, and the teaching in purely medical subjects is there given. The teaching in Chemistry and Physics, Practical Chemistry, Practical Toxicology, Biology and Botany is given in the College Road Buildings, the lecture-rooms and laboratories of which are amongst the most commodious in the kingdom. It is expected that the Yorkshire College will almost immediately be affiliated to the Victoria University, when the Leeds' students will be able to obtain a degree at the end of their ordinary curriculum. The subject of Physiology is taught by a professor, who devotes the whole of his time to the work of his chair. In the Anatomy course there are—a professor, a paid demonstrator, whose whole time is given up to the students, and four honorary demonstrators. In addition to the ordinary courses, lectures on Ophthalmic Surgery and Hygiene, and a practical course of Operative Surgery are given. The accommodation for teaching comprises all the conveniences necessary for the various branches of study. The Anatomical and Pathological Museum contains carefully prepared Anatomical Sections and other specimens of Human Anatomy, and a large number of Pathological preparations, some of them very rare and valuable. Specimens illustrative of the Pathology of the Eye, and of Dental Anatomy and Pathology are also being added. The valuable collection of Comparative Anatomy specimens, when studied along with the Zoological specimens in the Museum of the Philosophical Society, also open to students, gives every opportunity for the study of this branch of biology. The Dissecting Rooms and Physiological Laboratories include every convenience for the practical study of Anatomy and Physiology. They consist of a large Dissecting-room for the general work of students, Private Dissecting and Injecting-rooms, a spacious Students' Laboratory for Practical Physiology, and a Private Laboratory. The teaching is conducted with the aid of the most recent physiological instru-



ments and appliances, of which there is an important collection. The Materia Medica Museum contains a complete and valuable series of the official and chief non-official drugs. The Library, which contains about 10,000 volumes, is well supplied with standard works on medicine and surgery and allied subjects, and with the leading medical periodicals; it is open to all students of the school, who have the advantage also of using the books belonging to the Leeds and West-Riding Medico-Chirurgical Society. Special attention is given to the preparation of students for the higher examinations, the professors of physiology, biology and chemistry holding classes appropriate to that end. Several valuable prizes are given annually.

The Institutions to which the students of the College have access, for purposes of Hospital and Clinical Instruction, comprise the Leeds General Infirmary, the Leeds Public Dispensary, the Hospital for Women and Children, the Leeds Fever Hospital, and the West-Riding Lunatic Asylum, at Wakefield. The General Infirmary, which is close to the school, and in its teaching intimately associated with it, has accommodation for 330 beds, which are allotted as follows:—Medical cases, 71; Surgical cases, 217; Ophthalmic cases, 30; Gynæcological cases, 12. During 1884, 4,040 in-patients and 23,806 out-patients were treated. Clinical teaching is given daily by the Honorary Physicians and Surgeons, who also regularly deliver Clinical Lectures. Major operations are performed every Thursday, minor operations being done daily after the ward visits of the surgeons. Every Wednesday morning consultations are held in the operating theatre on interesting and important surgical cases, students being permitted to attend. Teaching is conducted in the Out-patient Department by the Honorary Assistant Physicians and Surgeons. Due facilities are given for the study of Diseases of the Eye and Ear, and special departments are about to be formed for Diseases of the Skin and Throat. Gynæcological and Extern Obstetric Departments have just been added, supplying a want which has long been felt. Resident Medical, Surgical and Obstetric Officers are appointed from time to time, and annually two House Physicians and four House Surgeons are elected, the appointments being open to the Leeds students. There are also three Resident Medical Officers appointed from time to time at the Public Dispensary, a stipend with residence being given; for these appointments Leeds students are frequently chosen.

## MEDICAL EDUCATION IN SCOTLAND.

### INTRODUCTORY ARTICLE.

(By our Edinburgh Correspondent.)

No one can deny that in proportion to its population Scotland is abundantly supplied with medical *examining bodies*; for while England only possesses one to about every three million of its inhabitants, the Scottish bodies are in the proportion of one to about every half million. It must, however, in justice be added that the three Scottish Licensing Corporations have recently admitted the disadvantages of their co-existence by rolling themselves into one, so far as the function of giving an ordinary diploma is concerned; while of the four Universities, one is employed very largely, and the other three to a considerable extent, in examining and giving degrees to students from other countries, especially England. The same is also true of the Scottish Corporations, the diplomas of which have been held in great favour by a certain class of English medical students. The regulations and requirements of both the

Scottish Universities and Corporations will be found concisely given in our synoptical tables (pp. 375, 376). It will be seen that the course of education required, the examinations imposed, and the fees for graduation are almost identical in the case of all the Universities, having been framed in conformity with an Ordinance of the Universities (Scotland) Commissioners, dated March 16th, 1861. By all the student is required to spend two years at a recognised University, and the Universities which have a school attached to them, require the student to reside one of these years at that school. The Licensing Corporations now only give their individual licences to candidates who have already a degree or qualification; unqualified students must take the conjoint licence. Each of the bodies, however, retains full liberty with regard to the conferment of its higher diplomas. It will be noted that the requirements of these bodies for their licenee are considerably inferior to those of the Universities, and their curriculum is arranged with a view to the convenience of the many poor Scottish students, who continue their studies only in the winter, and employ themselves otherwise during the summer months. All the Scottish Corporations require the student to pass a Preliminary Arts Examinations, and hitherto they have conducted one themselves; but henceforth the Arts Examination of the Edinburgh Colleges will be conducted by the Educational Institute of Scotland. The Glasgow Faculty will still hold preliminary examinations in general education, the dates of which during the next twelvemonth are fixed for October 8, 1885, and April 1 and July 1, 1886; fee 10s.

The centres of *medical education* in Scotland are the Universities of Edinburgh, Glasgow and Aberdeen. Each of these institutions possesses a complete Medical Faculty, attendance on the classes of which, besides qualifying for their respective degrees, qualifies for the examining boards in any of the kingdoms. Each city, moreover, possesses a hospital or hospitals where the necessary clinical and practical instruction can be obtained. Besides these University Schools, there exist, moreover, in Edinburgh and Glasgow what are known as Extra-mural or Extra-academical Schools of Medicine. In Edinburgh, this school comprises a body of over forty lecturers, whose courses qualify for the examining boards and to a certain extent are recognised by the University as qualifying for their degrees. In Glasgow, the Extra-academical School embraces the Medical Faculty of Anderson's College, and the more recently formed School of Medicine attached to the Royal Infirmary. In Aberdeen no such school exists, all the medical teaching being done under the auspices of the University.

The existence side by side with the University Faculty of an Extra-academical School of Medicine is a matter of the highest importance in relation to the general question of medical education in Scotland. It does not admit of doubt that this co-existence accounts in great measure for the attraction which Edinburgh, during recent years, has offered to students from all parts of the world. Here, the Extra-mural School has been in a state of high efficiency for many years, and a form of rivalry has existed between it and the University which has been fraught with the greatest benefit to the teaching of Medicine. The possible extent and effect of this competition will be seen when it is stated that a student, besides obtaining at the Extra-mural School all the classes necessary for the Boards of Edinburgh, London and Dublin, may also take out a maximum of four classes, attendance on which will count in the same way as the corresponding classes in the University would do for the University degree. How this tells on efficiency can be readily understood. It is within the nature of things that the occupant of a university chair should now and then prove either unable or unwilling to fulfil its duties in a satisfactory manner. Without the assistance of the Extra-mural School, the teaching of the subject represented by the chair would suffer seriously. No sooner, however, does such a contingency arise, than the student turns to the lecturers outside the academic walls, and among them he never fails to find one at least able and willing to supply all reasonable demands. And not only does the healthy competition of this school provide efficient substitutes for inefficient university professors, and so



maintain the standard of medical education, but the mere fact that the number of his students depends in some degree, at any rate, on his efficiency, serves as a healthy stimulus to the lagging professor, too intent on his *otium cum dignitate*. At no period has the Edinburgh Extra-mural School been in a more healthy and vigorous state than it is at present. On each of the chief branches of medical study there are several lecturers, so that there is abundance of opportunity for selection, while all the special departments, such as the eye, ear, skin, &c., are more or less fully represented. No one can doubt that the high standard of efficiency which the Edinburgh School as a whole has attained, has proved the main attraction to students during the past decade.

In Glasgow, the competitive influence of the extra-mural system is of more recent origin than in Edinburgh. It is beginning to have its effect, and its development ought to obtain every encouragement from the University. No policy could be more short-sighted and suicidal than any endeavour on the part of the University authorities to curb the growth of its less favoured rival. In addition to the healthy stimulus which such legitimate competition brings to bear on the holders of chairs, it cannot fail to develop a many-sidedness in the teaching of Medicine which is apt to be missed under the narrower auspices of a University acting alone. In such a city as Glasgow, with its wealth of material in its hospital and dispensary practice, the rapid development of its medical school is a matter of certainty provided its growth is not stunted by narrowness and jealousy.

In Aberdeen, the absence of the competitive influence is not as yet seriously felt. This is due to the fact that its numbers are comparatively small, and the field for extra-mural teaching is limited. Moreover, provided as the Medical Faculty is with a body of professors, whose efficiency and energy as teachers and workers will challenge comparison with any school in the United Kingdom, this University is producing work of the highest order. That this is due in great measure to the fact that the limited number of students permits an amount of individual teaching which is impossible elsewhere is undoubtedly true, and this consideration should not fail to point a moral.

A movement has been recently set on foot to found a medical school at Dundee in connection with the oldest of the Scottish Universities, that of St. Andrews. It has received the warm support of Professor Gairdner, of Glasgow, in an address published a few weeks ago in these columns, and we hope that another year may see the new school successfully launched.

## UNIVERSITY OF EDINBURGH—FACULTY OF MEDICINE.

Session 1885-6.

### LECTURES AND CLASSES.

\**Practice of Physic*—Professor G. Stewart.

\**Chemistry: Practical Chemistry*: †*Organic Chemistry (advanced)*—Professor Crum Brown.

\**Surgery*: †*Operative Surgery, &c.*—Professor Chiene.

\**Institutes of Medicine: Practical Physiology*—Professor Rutherford.

\**Midwifery and Diseases of Women and Children*: †*Obstetrical and Gynecological Operations*—Professor Simpson.

\**Anatomy: Practical Anatomy: Demonstrations*—Professor Turner.

\**Materia Medica: Practical Materia Medica*—Professor Fraser.

\**General Pathology: Practical Pathology*: †*Practical Morbid Anatomy*—Professor Greenfield.

*Natural History: Practical Natural History*—Professor Ewart.

\**Medical Jurisprudence*—Professor MacLagan.

\**Botany: Vegetable Histology*—Professor Dickson.

*Clinical Medicine*—Professors G. Stewart, T. R. Fraser, Greenfield.

" " (Diseases of Women)—Professor Simpson.

" " (Diseases of Children)—Dr. Andrews and Dr. Carmichael.

*Clinical Surgery*—Professor Annandale.

\**Diseases of the Eye*—Dr. Argyll Robertson.

\**Mental Diseases with Clinical Instruction*—Dr. Clouston.

\* Winter Session only.

† Summer Session only.

The subjects to which no reference is attached, are taken in both Sessions.

THE following means are afforded for Practical Instruction:—

The *Royal Infirmary* is open at noon daily—Perpetual ticket in one payment, 12*l.*; Annual ticket, 6*l.* 6*s.*; Six months, 4*l.* 4*s.*; Three months, 2*l.* 2*s.* *Dissecting Rooms* open daily under the superintendence of Professor Turner, assisted by David Hepburn, M.B., C.M., J. S. McLaren, M.B., C.M., and other assistants. *Anatomical Museum* under the superintendence of Professor Turner. *Chemical Laboratories* open daily, under the superintendence of the Professor, assisted by Drs. Gibson and Waddell. *Physiological Laboratories* open daily, under the superintendence of Professor Rutherford, assisted by G. F. Alexander, M.B., C.M., and H. H. Ashdown, M.B., C.M. *Tutorial Class of Clinical Medicine*, in the wards of the Royal Infirmary, by J. Murdoch Brown, M.B., C.M., under the superintendence of the Clinical Professors. *Tutorial Class of Clinical Surgery*, in the Infirmary, by James Bennet, M.B., C.M., under the superintendence of the Clinical Professor. *Materia Medica Museum and Laboratory*, open daily, under the superintendence of Professor Thomas R. Fraser, assisted by George Armstrong Atkinson, M.B., C.M., and Ralph Stockman, M.B., C.M. *Practical Pathology and Morbid Anatomy*, under the superintendence of Professor Greenfield, assisted by G. S. Woodhead, M.D., C.M., and W. H. Barrett, M.B., C.M. *Physical Laboratory*, open daily from 10 to 3, under the superintendence of Professor Tait. *Medical Jurisprudence Laboratory*, open daily from 10 to 3, under the superintendence of Professor MacLagan, assisted by Charles Hunter Stewart, M.B., C.M., B.Sc. *Natural History Laboratory*, open daily, under the superintendence of Professor Ewart, assisted by J. Duncan Matthews and E. E. Prince. *Practical Surgery*, under the superintendence of Professor Chiene, assisted by A. W. Hare, M.B., C.M. *Obstetric Operations*, under the superintendence of Professor Simpson, assisted by Alex. H. Barbour, M.A., M.D. *Royal Botanic Garden, Herbarium, and Museum*, open daily during summer, under the superintendence of Professor Dickson, assisted by Patrick Geddes and J. M. Macfarlane, D.Sc. *Practical Botany and Vegetable Histology*, by Professor Dickson, assisted by Mr. Patrick Geddes. *Natural History Museum*, in the Museum of Science and Art, Chambers Street, open to the Students attending the Natural History Class.

There are numerous fellowships, scholarships, bursaries and prizes open to graduates and undergraduates of the University, and others, particulars of which will be found in the University Calendar.

*Minimum Cost of attending the Medical Classes, with the Order of Study*.—Whilst there is no authorised order of study, the usual course is given below:—Preliminary Examination in Arts to be taken in the month of March or October, before entering medical classes. By order of the General Medical Council, all medical students require to be registered as such within fifteen days after the commencement of the session. Students are recommended to commence their studies in the summer session. *First Summer Session*.—Preliminary examination, fee, 10*s.*; matriculation fee, 10*s.*; Botany (garden fee, 5*s.*), 4*l.* 4*l.*; Natural History, 4*l.* 4*s.*; total, 9*l.* 8*s.* *First Winter Session*.—Matriculation (for whole year), 1*l.*; Anatomy, 4*l.* 4*s.*; Practical Anatomy, 3*l.* 3*s.*; Chemistry, 4*l.* 4*s.*; hospital perpetual ticket, 12*l.*; total, 24*l.* 11*s.* *Second Summer Session*.—Botany or Natural History, if not attended previously; Practical Chemistry, 3*l.* 3*s.*; examination in Botany, Natural History, and Chemistry, in October following, 5*l.* 5*s.*; total 8*l.* 8*s.* *Second Winter Session*.—Matriculation 1*l.*; Institutes of Medicine, 4*l.* 4*s.*; Surgery, 4*l.* 4*s.*; hospital examination in Botany, Natural History, and Chemistry, in April, if not previously passed; total, 9*l.* 8*s.* *Third Summer Session*.—Practical Pharmacy, 3*l.* 3*s.*; hospital; total, 3*l.* 3*s.* *Third Winter Session*.—Matriculation, 1*l.*; Materia Medica, 4*l.* 4*s.*; Pathology, 4*l.* 4*s.*; Clinical Surgery, 4*l.* 4*s.*; hospital; examination in Anatomy, Physiology, Materia Medica, Pathology, in April or July, 5*l.* 5*s.*; total 18*l.* 17*s.* *Fourth Summer Session*.—Medical Jurisprudence, 4*l.* 4*s.*; outdoor dispensary, 2*l.* 2*s.*; hospital and clinical lectures; total, 6*l.* 6*s.* *Fourth Winter Session*.—Matriculation 1*l.*; Practice of Medicine, 4*l.* 4*s.*; Midwifery, 4*l.* 4*s.*; Practical Midwifery,



1*l.* 1*s.*; Clinical Medicine, 4*l.* 4*s.*; Vaccination, 1*l.* 1*s.*; outdoor dispensary, 1*l.* 1*s.*; hospital; total, 16*l.* 15*s.* *Fifth Summer Session.*—Hospital; final examination for M.B. and C.M., 10*l.* 10*s.*; total minimum expenses for M.B. and C.M., 107*l.* 6*s.* (This total is irrespective of any additional classes which may voluntarily be attended.) Only one course of instruction on each subject is here stated, that being the minimum.

Further information as to the classes, courses of lectures, &c., may be obtained on application to Thomas R. Fraser, M.D., Dean of the Faculty of Medicine; or from the University Calendar, published by James Thin, Edinburgh.

## SCHOOL OF MEDICINE, EDINBURGH.

THE Practiseal Anatomy Rooms and Chemical Laboratories will be opened on October 1st. The courses of lectures will be commenced—Winter Session, October 27th; Summer Session, May 3rd.

### WINTER SESSION.

*Anatomy: Practical Anatomy and Demonstrations*—Mr. J. Symington and Mr. Macdonald Brown.  
*Chemistry: Practical and Analytical Chemistry*—Dr. Stevenson Macadam, Mr. J. Falconer King, Mr. Ivison Macadam, and Dr. Drinkwater.  
*Practice of Physic*—Dr. John Wyllie, Dr. J. O. Affleck, and Dr. Byrom Bramwell.  
*Surgery*—Mr. Duncan, Mr. A. G. Miller, Dr. C. W. MacGillivray, and Mr. C. W. Cathcart.  
*Midwifery and Diseases of Women and Children*—Dr. Charles Bell and Dr. Peter Young.  
*Institutes of Medicine and Practical Physiology*—Dr. James and Mr. James Hunter.  
*General Pathology*—Dr. Alexander Bruce.  
*Clinical Medicine (Royal Infirmary)*—Drs. Claud Muirhead, Brakenridge, and Wyllie, Dr. Angus Macdonald (*Diseases of Women*).  
*Clinical Surgery (Royal Infirmary)*—Mr. Joseph Bell.  
*Medical Jurisprudence and Public Health*—Dr. Littlejohn.  
*Materia Medica and Therapeutics, and Practical Materia Medica, (including Practical Pharmacy)*—Dr. William Craig, and Dr. G. A. Gibson.  
*Diseases of the Ear*—Dr. Kirk Duncanson.  
*Diseases of the Eye*—Dr. John Robertson.  
*Diseases of the Skin*—Dr. Allan Jamieson.  
*Vaccination (Royal Dispensary)*—Dr. Husband.  
*Practical Midwifery*—Dr. Angus Macdonald.  
*Practical Gynaecology*—Dr. Halliday Croom, and Dr. David Berry Hart.  
*Practical Midwifery and Clinical Gynaecology*—Dr. Charles Bell and Dr. Peter Young.

### SUMMER SESSION.

*Practical Anatomy and Demonstrations*—Mr. J. Symington and Mr. Macdonald Brown.  
*Practical and Analytical Chemistry*—Dr. Stevenson Macadam, Mr. J. Falconer King, Mr. Ivison Macadam, and Dr. Drinkwater.  
*Materia Medica and Therapeutics (Practical Materia Medica, including Practical Pharmacy)*—Dr. William Craig, and Dr. G. A. Gibson.  
*Midwifery and Diseases of Women and Children*—Dr. Angus Macdonald, Dr. Halliday Croom, Dr. Charles Bell, and Dr. David Berry Hart.  
*Medical Jurisprudence and Public Health*—Dr. Littlejohn.  
*Clinical Medicine (Royal Infirmary)*—Drs. Claud Muirhead, Brakenridge, and Wyllie, Dr. Angus Macdonald (*Diseases of Women*).  
*Clinical Surgery (Royal Infirmary)*—Mr. Joseph Bell.  
*Practical Physiology*—Dr. James and Mr. James Hunter.  
*Practical Pathology*—Dr. Alex. Bruce.  
*Pathology and Morbid Anatomy*—Dr. William Russell.  
*Laryncology and Medical Ophthalmology*—Dr. John Wyllie.  
*Botany and Practical Botany*—Mr. A. N. McAlpine.  
*Natural History, Zoology, and Comparative Anatomy*—Dr. Andrew Wilson.  
*Diseases of the Eye*—Dr. J. Robertson and Mr. George Berry.  
*Diseases of the Ear*—Dr. Kirk Duncanson.  
*Practical Medicine and Diagnosis*—Dr. Byrom Bramwell.  
*Diseases of the Ear and Throat*—Dr. P. McBride.  
*Diseases of the Skin*—Dr. Allan Jamieson.  
*Vaccination*—Dr. Husband.  
*Insanity*—Dr. J. Batty Tuke.  
*Practical Surgery*—Mr. Duncan.  
*Operative Surgery and Surgical Anatomy*—Mr. A. G. Miller, Dr. C. W. MacGillivray, and Mr. C. W. Cathcart.  
*Clinical Midwifery*—Dr. Halliday Croom.  
*Practical Midwifery and Clinical Gynaecology*—Dr. Charles Bell and Dr. Peter Young.

The lectures qualify for the University of Edinburgh and the other Universities; the Royal Colleges of Physicians and Surgeons of Edinburgh, London, and Dublin; and the other medical and public Boards.

*Fees.*—For a first course of lectures, 3*l.* 5*s.*; for a second, 2*l.* 5*s.*; perpetual 5*l.* 5*s.* To those who have already

attended a first course in Edinburgh the perpetual fee is 2*l.* 4*s.* *Practiseal Anatomy* (six months' course), 3*l.* 3*s.*; course of demonstrations, 2*l.* 2*s.*; perpetual, 4*l.* 4*s.* *Practiseal Anatomy*, with course of demonstrations, 4*l.* 4*s.* *Practiseal Chemistry*, 3*l.* 3*s.*; *Analytical Chemistry*, 2*l.* a month, 5*l.* for three months, or 10*l.* for six months. *Practiseal Materia Medica* (including *Practiseal Pharmacy*), *Diseases of the Ear and Diseases of the Skin*, each, 2*l.* 2*s.* *Vaccination*, 1*l.* 1*s.* For summer courses of *Clinical Surgery and Clinical Medicine*, each, 2*l.* 4*s.*; *Practiseal Anatomy* (including anatomical demonstrations), *Operative Surgery*, and *Practiseal Medicine and Medical Diagnosis*, each 2*l.* 2*s.*; *Insanity*, 1*l.* 1*s.*

The minimum cost of the education in this School of Medicine for the triple qualification of Physician and Surgeon from the Royal Colleges of Physicians and Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, including the fees for the joint examinations is 100*l.*, which is payable by yearly instalments during the period of study.

## UNIVERSITY OF GLASGOW—FACULTY OF MEDICINE.

### LECTURES AND CLASSES.—WINTER SESSION.

*Anatomy, Junior; Anatomy, Senior; Practical Anatomy*—Professor Cleland and Demonstrators.  
*Chemistry, Chemical Laboratory*—Professor Ferguson.  
*Clinical Medicine*—Professor McCall Anderson, and Professor Gairdner.  
*Clinical Surgery*—Professor George Buchanan, and Professor Macleod.  
*Materia Medica*—Professor Charteris.  
*Midwifery*—Professor Leishman.  
*Pathology*—The Pathologists of the Infirmary.  
*Physiology*—Physiological Laboratory: Professor McKendrick.  
*Practice of Physic*—Professor Gairdner.  
*Surgery*—Professor Macleod.  
*Zoology*—Professor Young.

### SUMMER SESSION.

*Botany, Botanical Demonstrations*—Professor Bayley Balfour.  
*Clinical Medicine*—Professor McCall Anderson, and Professor Gairdner.  
*Clinical Surgery*—Professor Buchanan, and Professor Macleod.  
*Embryology, and Demonstrations on Anatomy, Elementary Anatomy, Practical Anatomy*—Professor Cleland and Demonstrators.  
*Forensic Medicine*—Professor Simpson.  
*Lectures on the Eye*—Dr. T. Reid.  
*Operative Surgery*—Professor Macleod.  
*Practice of Medicine*—Professor Gairdner.  
*Practical Chemistry, Organic Chemistry, Chemical Laboratory*—Professor Ferguson.  
*Practical Materia Medica*—Professor Charteris.  
*Practical Physiology*—Professor McKendrick.  
*Zoology and Zoological Laboratory*—Professor Young.  
*Diseases of Women*—Professor Leishman.  
*Insanity*—Dr. Yellowlees.

*Class Fees.*—Fee for each course, 3*l.* 3*s.*, except lectures on the Eye, 1*l.* 1*s.*; lectures on Insanity, 2*l.* 2*s.*

In addition to the University courses, the Hospitals and Dispensaries afford ample means for practical instruction in the various departments of Medicine and Surgery.

*Glasgow Western Infirmary.*—This Hospital contains 400 beds for medical and surgical patients, with wards for skin diseases and for diseases of women. The fees for admission to the practice of the Infirmary are:—First year, 10*l.* 10*s.*; second year, 10*l.* 10*s.*; afterwards free. The fees for clinical lectures are included in the foregoing.

## GLASGOW ROYAL INFIRMARY SCHOOL OF MEDICINE.

Lectures are delivered on the subjects necessary for qualifying, and extra courses are given on practical and special subjects now required by examining boards. During the summer, lectures on Insanity will be given by Dr. A. Robertson, Physician-Superintendent of the City Parochial Asylum.

### LECTURES.

*Anatomy*—Mr. H. F. Clark and Dr. Macintyre, Demonstrator.  
*Chemistry*—Mr. James M. Milne, Ph.D.  
*Clinical Medicine and Clinical Surgery*—The Physicians and Surgeons of the Hospital.  
*Dental Surgery*—Dr. J. C. Woodburn.  
*Diseases of the Ear*—Dr. Macfie.



*Diseases of the Eye*—Mr. H. E. Clark.  
*Diseases of the Skin*—Dr. Provan.  
*Diseases of the Throat*—Dr. Newman.  
*Forensic Medicine*—Dr. Glaister.  
*Materia Medica*—Dr. John Dougall.  
*Medicine*—Dr. J. W. Anderson.  
*Mental Diseases*—Dr. A. Robertson.  
*Midwifery*—Dr. J. Stirton.  
*Pathology*—Dr. D. Newman.  
*Physiology*—Dr. Barlow.  
*Practical Physiology and Op. Surgery*—Dr. Barlow and Dr. Macewen.  
*Surgery*—Dr. W. Macewen.

**Class Fees.**—For each course of lectures, first session, 2*l.* 2*s.*; second ditto, and perpetual, 1*l.* 1*s.* The Anatomy Class fees are—first session, 4*l.* 4*s.*; second ditto, 4*l.* 4*s.*; afterwards 1*l.* 1*l.* 6*d.* per annum for Practical Anatomy; Practical and Systematic Pathology, 3*l.* 3*s.*

The *Royal Infirmary* contains 532 beds. Of these 214 are for medical, and 318 for surgical cases, with special wards for the treatment of venereal disease in males and diseases of women. Diseases of the ear, throat and skin are specially treated at the out-door department. The fee for perpetual attendance on the practice of the Infirmary and on the courses of clinical instruction and lectures is 21*l.*; six months, 6*l.* 6*s.*; three months, 4*l.* 4*s.* Prospectus can be obtained from Dr. Thomas, the Superintendent of the Hospital.

**Appointments.**—There are four physicians' and six surgeons' assistants, who are boarded and lodged in the Hospital free of charge, and who perform all the duties of house-physicians and house-surgeons. These appointments are held for twelve months—six in the medical, and six in the surgical wards—and are open to those students of the Infirmary who have completed their curriculum and passed all their examinations except the last, or who have a qualification in Medicine or Surgery, the latter being preferred. Clinical clerks, dressers, and dispensary clerks are selected from the students without any additional fee; and from the large number of accident cases, and cases of acute disease received into the wards, these appointments are numerous and invaluable to the student.

#### ANDERSON'S COLLEGE, GLASGOW.— FACULTY OF MEDICINE.

The Winter Session begins on Tuesday, October 27th, 1885, and closes on Friday, 2nd April, 1886, and the Summer Session begins on the first Tuesday of May, and closes about the middle of July.

##### WINTER SESSION.

*Chemistry*—Professor Dittmar.  
*Surgery*—Professor Dunlop.  
*Junior Anatomy, Senior Anatomy, Practical Anatomy*—Professor A. M. Buchanan and Demonstrator.  
*Institutes of Medicine (Physiology) and Practical Physiology*—Professor Christie.  
*Materia Medica*—Professor Morton.  
*Practice of Medicine*—Professor Gemmell.  
*Ophthalmic Medicine and Surgery and Clinical Instruction at Ophthalmic Institution*—Dr. J. R. Wolfe.

##### SUMMER SESSION.

*Operative Surgery*—Professor Dunlop.  
*Surgical Anatomy, Dissection, Osteology*—Professor A. M. Buchanan and Demonstrator.  
*Midwifery*—Professor A. Wallace.  
*Ophthalmic Medicine and Surgery and Clinical Instruction at Ophthalmic Institution*—Dr. J. R. Wolfe.  
*Aural Surgery*—Dr. Thomas Barr.  
*Medical Jurisprudence*—Professor Alex. Lindsay.  
*Public Health*—Dr. James Christie.  
*Practical Medical Chemistry*—Professor Dittmar.  
*Botany*—Professor Wilson.

**Class Fees.**—For each of the above courses of lectures (Anatomy excepted), first session, 2*l.* 2*s.*; second session, 1*l.* 1*s.*; afterwards free. **Anatomy Class Fees.**—First session (including Practical Anatomy), 4*l.* 4*s.*; second session (including Practical Anatomy), 4*l.* 4*s.*; third session, and perpetual, 1*l.* 1*s.*; summer fee (including Practical Anatomy), 1*l.* 1*l.* 6*d.*; Practical Anatomy only, 1*l.* 1*s.*; Osteology, 1*l.* 1*s.* Students who have attended classes at other schools, but who desire to pursue their studies at Anderson's College, will be admitted to such classes as they may have attended elsewhere at the reduced fees.

Vaccination fee, 1*l.* 1*s.* *Clinical Instruction* may be obtained at the Royal Infirmary (v. above); also at the Ophthalmic Institution, students of Anderson's College being admitted to the practice of this Institution on paying a matriculation fee of 5*s.*

The fees for all the lectures and hospital practice required of candidates for the Diplomas of Physician and Surgeon amount to 48*l.* This is not payable in one sum, but students simply pay the fees for their classes as they take them out.

#### UNIVERSITY OF ST. ANDREWS.

There is no proper Faculty of Medicine in this University, but it is possible for the student to make an *annus medicus* by attendance on certain of the courses—as *Natural History*, Professor McIntosh, M.D.; *Chemistry*, Professor Heddle, M.D.; and *Anatomy and Medicine*, Professor Pettigrew, M.D.

#### UNIVERSITY OF ABERDEEN.—FACULTY OF MEDICINE.

##### LECTURES.—WINTER SESSION.

The Winter Session commences on Wednesday, October 21st, and the Summer Session on Monday, April 26th.

*Anatomy*—Professor Struthers.  
*Practical Anatomy and Demonstrations*—Professor Struthers and Assistant.  
*Chemistry*—Professor Brazier.  
*Institutes of Medicine*—Professor Stirling.  
*Surgery*—Professor Alex. Ogston.  
*Practice of Medicine*—Professor Smith-Shand.  
*Midwifery and Diseases of Women and Children*—Professor Stephenson.  
*Materia Medica*—Professor A. D. Davidson.  
*Pathological Anatomy*—Professor D. J. Hamilton.  
*Practical Pathological Anatomy*—Professor D. J. Hamilton.  
*Natural History*—Professor Alleyne Nicholson.

##### LECTURES.—SUMMER SESSION.

*Botany*—Professor Jas. W. H. Traill.  
*Practical Botany*—Professor Traill.  
*Practical Anatomy and Demonstrations*—Professor Struthers and Assistant.  
*Practical Chemistry*—Professor Brazier and Assistant.  
*Natural History*—Professor Alleyne Nicholson.  
*Practical Natural History*—Professor Alleyne Nicholson.  
*Practical Physiology*—Professor Stirling.  
*Practical Pathological Anatomy*—Professor D. J. Hamilton.  
*Operative Surgery*—Professor Alex. Ogston.  
*Practical Pharmacy*—Professor A. D. Davidson and Assistant.  
*Practical Midwifery and Gynecology and Clinical Diseases of Children*—Professor Stephenson.  
*Medical Logic and Medical Jurisprudence*—Professor Matthew Hay.  
*Practical Medical Jurisprudence and Hygiene*—Prof. Matthew Hay.

The Anatomical Course in Summer includes instruction in Histology and in the use of the Microscope; and instruction in Osteology for beginners.

The following additional Courses of Practical Instruction are delivered in the University, or at the Institutions mentioned: *Practical Ophthalmology*—Prof. A. D. Davidson. *Dental Surgery*—Dr. Williamson. *Insanity*—Dr. Reid. *Royal Lunatic Asylum. Public Health*—Dr. Simpson. *Diseases of the Ear and Larynx*—Dr. McKenzie Booth. *Dispensary. Diseases of the Skin*—Dr. Garden, Royal Infirmary and Sick Children's Hospital.

The *Aberdeen Royal Infirmary* contains about 200 beds, and is visited by the members of the staff daily, at noon. Perpetual Fee to Hospital Practice, 6*l.*; or, first year, 3*l.* 10*s.*; second year, 3*l.* *Clinical Medicine*—Drs. Smith-Shand, Beveridge, and A. Fraser, 3*l.* 3*s.* *Clinical Surgery*—Drs. A. Ogston, Will, and Garden, 3*l.* 3*s.* *Pathological Demonstrations*—Dr. Rodger.

*Sick Children's Hospital.* Daily at 11 a.m.

*General Dispensary, and Lying-in and Vaccine Institution.* Daily, 10 a.m.

*Eye Institution.* Daily, 2.30 p.m.

*Royal Lunatic Asylum.* Physicians—Drs. Jamieson and Reid.

The Regulations relative to the Registration of Students of Medicine, and the Granting of Degrees in Medicine and Surgery, may be had of Professor Brazier, Dean of the Faculty of Medicine.



## MEDICAL EDUCATION AND EXAMINATIONS IN IRELAND.

### INTRODUCTORY ARTICLE.

(By our Dublin Correspondent.)

IN Ireland there are five Licensing Bodies, namely :—(1) The University of Dublin. (2) The King and Queen's College of Physicians. (3) The Royal College of Surgeons. (4) The Royal University. (5) The Apothecaries' Hall of Ireland.

I.—THE UNIVERSITY OF DUBLIN, founded by Queen Elizabeth in the year 1591, is the most ancient of the educational institutions in Ireland. On the 3rd of March in the year named, a College was incorporated by Charter, or Letters Patent, as "the mother of an university," under the style and title of "the College of the Holy and Undivided Trinity, near Dublin, founded by Queen Elizabeth." Since that date, several Royal Charters have been granted by succeeding Sovereigns, extending the privileges of the University, and making such alterations in the statutes and constitution of Trinity College as were from time to time deemed necessary. The degrees in Medicine, Surgery, and Midwifery granted by the University are as follows :—(1) Bachelor of Medicine; (2) Doctor of Medicine; (3) Bachelor in Surgery; (4) Master in Surgery; (5) Master in Obstetric Science. The last-named degree (M.A.O., or "Magister Artis Obstetriciæ") was instituted in June 1876, when also a Licence in Obstetric Science was established. A candidate for the Degree of Bachelor of Medicine must be a Graduate in Arts, but may obtain the Degree of Bachelor of Medicine at the same Commencements as those at which he receives his Degree of B.A., provided the requisite medical curriculum shall have been completed, and the requisite Examinations passed. A Bachelor in Surgery must also be a Bachelor in Arts, and have spent four years in the study of Surgery and Anatomy. He must further have passed the M.B. Examination before presenting himself at that for the B.Ch. Degree, having previously completed the prescribed curriculum of study. A Master in Obstetric Science must have passed the M.B. and B.Ch. Examinations and produce certificates of having attended—(1) One winter course in Midwifery; (2) six months' practice in a recognised Lying-in Hospital, or Maternity; (3) a summer course in Obstetric Medicine and Surgery; and (4) two months' practice in the Cow-pock Institution of the Local Government Board for Ireland. The higher degrees in Medicine (M.D.) and Surgery (M.Ch.) are conferred on graduates in Medicine and Surgery of three years' standing on complying with certain regulations, such as the reading of a thesis publicly before the Regius Professors of Physic and Surgery respectively. The University also grants Licences to Practise Medicine, Surgery, and Midwifery—or Obstetric Science—to candidates who have matriculated in Medicine, and who have completed two years in Arts, and four years in Medical Studies. The curriculum and examination required for these Licences are identical with those for the Degrees in Medicine, Surgery, and Obstetric Science respectively. From the antiquity and fame of the University of Dublin, and from the fact that their possession implies a full curriculum in Arts, the degrees in the Medical Faculty of the University are in great repute, and deservedly so. A qualification in State Medicine is also granted, after a searching and practical Examination, to candidates who are Graduates in Medicine of the University.

II.—THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND was incorporated by Charter in 1667, and was re-incorporated by Charter of William and Mary in 1692, since which year it has been known under its present name. The College of Physicians grants the following qualifications :—(1) Licence to Practise Medicine; (2) Licence to Practise Midwifery; (3) Licence to Practise as a Midwife

and Nurse-tender. Of these the first two are registrable qualifications, and are in much request. In the year 1884 as many as 143 candidates presented themselves for the Licence in Medicine, of whom 99 were successful; and 106 for the Licence in Midwifery, of whom 100 passed. Stated Examinations for the Licences in Medicine and Midwifery are held in the week following the first Friday in each month, except August and September. Among other requirements for the Licence in Medicine is an attendance during twenty-seven months at a recognised Medico-Chirurgical Hospital, six winter and three summer months in each of three years being the period allotted for clinical instruction. A three months' clinical study of fever, with notes of five fever cases, is also required of candidates. The word "fever" in the By-law as to fever cases includes the following diseases only, viz. :—Typhus, Typhoid, or Enteric, Scarlet Fever, Small-Pox, Measles. The Professional Examination is divided into two parts, namely, — First: Anatomy, Physiology, Practical Physiology including Histology, Chemistry, and Materia Medica. Second: Practice of Medicine, Clinical Medicine, Pathology, Medical Jurisprudence, Midwifery, Hygiene, and Therapeutics. The Licence in Midwifery is open to qualified candidates, who are not Licentiates in Medicine of the College, on certain specified conditions, a privilege which is largely availed of. The College also grants a Certificate in Sanitary Science to Licentiates in Medicine, as well as to Registered Medical Practitioners of the United Kingdom generally. In the case of the latter class of candidates the fee is raised from five to ten guineas. The examination for this certificate is held quarterly, in January, April, July, and October, and embraces the following subjects :—(1) Engineering; (2) Law; (3) Ætiology and Prevention of Disease; (4) Chemistry; (5) Meteorology, Climatology, and Vital Statistics. The Candidates are further examined in the analytical chemistry of air, water, and food. The higher qualifications are the Membership and the Fellowship. Only Licentiates in Medicine of the College are eligible for the Membership, and Members alone are eligible for Fellowship. An examination for the Membership is held quarterly in January, April, July, and October, except in the case of candidates who were already Licentiates in Medicine on December 12th, 1878, the date upon which the Supplemental Charter of the College, constituting the order of Members, was granted. The Fellows are elected by ballot on fixed days in April and October. It is necessary to observe that the College of Physicians admits women to its Licences and the Membership. They are, however, debarred from the Fellowship under the terms of Russell Gurney's Act of 1876 (39 & 40 Viet. cap. 41.).

III.—THE ROYAL COLLEGE OF SURGEONS IN IRELAND was founded just over one hundred years ago, in 1784. In 1882 the Regulations relating to the Education and Examination of Candidates for the Licence to Practise Surgery were completely re-modelled. Every candidate for the diploma, or "Letters Testimonial," is required to pass a Preliminary Examination, and Four Professional Examinations in successive years. The Letters Testimonial will not be granted to any candidate at an earlier period than forty-five months subsequent to his registration as a medical student, or to any one who has not attained the age of 21 years. The First, Second, and Third Professional Examinations are held in the July and October of each year. Should a student fail to pass in July, he may present himself at the Examination held in October. As a rule, the Examination of each year must be passed before a new session can be entered on. The Fourth and Final Professional Examination is also held in July and October, and in the following April. The College grants, in addition to the Letters Testimonial, a Diploma in Midwifery. Every candidate must be a Fellow or Licentiate of the College. Candidates for the Fellowship are admitted to Examination under five grades :—(1) As candidates possessing no qualification; (2) as Licentiates of the College of less than ten years' standing; (3) as candidates of less than ten years' standing, possessing qualifications in Surgery of other bodies; (4) as Licentiates of the College of more than ten years' standing; and (5) as candidates of more than ten years' standing, possessing qualifications in Surgery of other bodies. The College has recently been granted a new Charter,



which provides among other things for the admission of women to the examination for the Letters Testimonial.

IV.—THE ROYAL UNIVERSITY OF IRELAND. On the 15th of August, 1879, an Act "to promote the advancement of learning, and to extend the benefits connected with University Education in Ireland" received the Royal Assent, and on April 27th, 1880, Letters Patent were issued founding an University in accordance with the provisions of the University Education (Ireland) Act, 1879, just referred to, under the style and title of "The Royal University of Ireland." This, the youngest but one of the Universities of the United Kingdom, may be said literally to have been built upon the ruins of the Queen's University in Ireland. In the Medical Faculty four degrees, those of Bachelor of Medicine, Doctor of Medicine, and Master in Surgery, and Master of Obstetrics and a Special Diploma in Sanitary Science, are conferred. The degrees of M.Ch. and M.A.O. and the diploma in Sanitary Science are granted only to graduates in Medicine of the University. The course for the degree of M.B. is of at least four years' duration. Besides fulfilling the specified curriculum all candidates are required to pass the following examinations:—The Matriculation Examination; the First University Examination; the First and Second Examinations in Medicine; and the Degree Examination. The last three are to be passed at intervals of one year from each other. The Matriculation and First University Examinations, which must be passed by candidates for Medical Degrees, embrace the following subjects:—(1) Latin; (2) Any one of these languages, viz., Greek, French, German, Italian, Spanish, Celtic, Sanskrit, Hebrew, or Arabic; (3) English Language and Literature; (4) Mathematics; (5) Experimental Physics. One Academical year must intervene between these two Examinations. It will thus be observed that one year in Arts only is required of candidates for medical degrees in this University. Furthermore, the fees are low, namely:—Matriculation Examination, 10s.; First University Examination, 1l.; First and Second Examinations in Medicine, 1l. each; M.B. Degree Examination, 3l.; M.D. Degree Examination, 5l.; M.Ch. Examination, 5l.; Diploma in Obstetrics Examination, 2l.—18l. 10s. in all, compared with 43l. 1s. payable by a candidate for the Licences of the Colleges of Physicians and Surgeons. All the degrees, honours, prizes, &c., of the University are open to students of either sex.

V.—THE APOTHECARIES' HALL OF IRELAND was incorporated in 1791 (31 Geo. III., cap. 34, "An Act for the more effectually preserving the Health of His Majesty's Subjects, for erecting an Apothecaries' Hall in the City of Dublin, and regulating the Profession of an Apothecary throughout the Kingdom of Ireland"). The Hall grants one Licence which entitles its possessor to practise Medicine and Pharmacy, and is recognised as a full qualification in Medicine for appointments in the Army Medical Department, the Naval Medical Department, and the Poor Law Medical Service in both England and Ireland. Candidates for the Licence must undergo a preliminary examination and a professional examination, of which the latter is divided into two parts. The fee for the Preliminary is 10s., and that for the Professional, 16s.; so that the total cost of this qualification is only 1l. 6s. The Hospital attendance required of candidates is apparently only eighteen months, namely, Practice of Medicine and Clinical Lectures on Medicine, during two Winter and two Summer Sessions, and Practice of Surgery and Clinical Lectures on Surgery, during one Winter and one Summer Session; there being no proviso that the surgical attendance shall not be synchronous with the Medical.

For the Examinations of the above Licensing Bodies, students are prepared in five Metropolitan and three Provincial Medical Schools, in all of which the Course of Study is adapted, with more or less variations, to the requirements of the Licensing Bodies.

THE METROPOLITAN SCHOOLS are:—(1) The School of Physic in Ireland; (2) The School of Surgery of the Royal College of Surgeons; (3) The Carmichael College of Medicine; (4) The Ledwich (Original) School of

Anatomy, Medicine, and Surgery; (5) The School of Medicine of the Catholic University. The Provincial Schools are those connected with the Queen's Colleges at Belfast, Cork, and Galway. A few explanatory remarks touching each of these institutions may prove of interest:—

1. *The School of Physic in Ireland* is a Medical School formed by an amalgamation of the Schools of the College of Physicians, and of Trinity College, Dublin, in conformity with the "School of Physic Act" (40 Geo. III., cap. 84), and subsequent Acts of Parliament, particularly the Statute of 30 Vict., cap. 9. The School is governed jointly by the Provost and Senior Fellows of Trinity College, and by the President and Fellows of the College of Physicians. The Teaching Staff of the School consists of five Professors appointed by the College, and four Professors and one Lecturer appointed by Trinity College. Of the five Professors appointed by the College of Physicians, four King's Professors are, by virtue of their office, Clinical Teachers in Sir Patrick Dun's Hospital, Dublin, of which the President and the four Censors of the College are *ex-officio* Governors, and have a voice in all matters connected therewith. And in this connection it is necessary to observe that this is the only instance now in Ireland of a School of Medicine being intimately bound up with, or attached to, a hospital. A few years ago the Medical School attached to Dr. Steevens' Hospital became extinct, although clinical work is still effectively carried on in that Hospital. In this respect the Irish Hospitals and Schools present a remarkable contrast to those in London and in the larger provincial towns of England. The Irish arrangement no doubt arises from the comparatively short distances between the hospitals and schools in Dublin, and it possesses the advantage of securing for both hospitals and schools a variety of talent from different quarters. The School of Physic stands at the east end of the park of Trinity College, and includes a splendid chemical laboratory, a physiological laboratory, extensive dissecting rooms, and lecture theatres and museums. In addition to many recent enlargements and improvements the Board of Trinity College are about to spend a further sum of 11,000l. upon the buildings of this Medical School.

2. *The School of Surgery of the Royal College of Surgeons* is attached by charter and has existed as a department of the College for nearly a century. It is carried on within the College buildings and is specially subject to the supervision and control of the Collegiate Council, who are empowered to appoint and remove the professors and to regulate the methods of teaching pursued in the School. Within the past few years the School has been considerably enlarged, indeed reconstructed, and fitted with the most modern and improved appliances. The Anatomical Department has been entirely remodelled, and a new laboratory has been constructed for the special accommodation of students in practical physiology.

3. *The Carmichael School of Medicine* was founded in the year 1826, by Ephraim MacDowel, Richard Carmichael, and Robert Adams, Surgeons to the Richmond Hospital, under the title of the Richmond Hospital School of Medicine. Subsequently, Mr. Carmichael endowed it with a valuable Prize Fund amounting to about 100l. a year, and bequeathed a large sum of money to the School for building purposes. In consideration of this munificent bequest the school has since been called the Carmichael School. In 1878 it was determined to transfer the School to the south side of the city. Accordingly a site was obtained at the corner of Aungier Street and Whitefriar Place, facing York Street, in immediate proximity to the Meath; Adelaide, and Mercer's Hospitals, and but a moderate distance from the City of Dublin Hospital. On this ground the present buildings, entirely new from the foundation, were erected; and in their construction and arrangements the directors have rendered every department fully adequate to the requirements of the most advanced modern teaching of Medicine and Surgery. In consequence of these changes the title was altered to that of the Carmichael College of Medicine. The buildings include a Dissecting Room of large size, a "Bone Room," a Chemical Lecture Theatre and Laboratory, a Histology Room, capable of accommodating 250 pupils, and separate



rooms for Physiological Chemistry and Physiological Instruments. Prizes to the value of over 100*l.* are awarded annually.

4. *The Ledwich School of Medicine* was founded in 1810, by Dr. Kirby, and since then has been successively under the management of the Messrs. Ledwich and Mason, after the former of whom it is named. It is situated in Peter Street, Dublin, close to the Adelaide Hospital, with which institution, however, it has no direct connection. Its governing body have gone with the spirit of the times, and have introduced many modern improvements, including the lighting of the Dissecting Room at night with electricity.

5. *The School of Medicine of the Catholic University* is situated in Cecilia Street, Dublin. It is conducted under the authority and supervision of the Catholic University of Ireland, of which institution it practically forms the Medical Faculty. Its students are sent up for Degrees in Medicine to the Royal University, of which several of its Professors and Lecturers are Fellows.

THE PROVINCIAL SCHOOLS OF MEDICINE are the Medical Faculties of the Queen's Colleges, which were established by Charter in 1849. These Colleges are three in number, and are called Queen's College, Belfast; Queen's College, Cork; Queen's College, Galway. Before the dissolution of the Queen's University in Ireland, these Colleges were its feeders; and in order to graduate in the University not only was it necessary to undergo the two University Examinations, but three sessions at one of the Colleges had also to be kept. Now, the place of the Queen's University has been taken by the Royal University, but no such intimate connection exists between the Colleges and the new University, to which the Colleges are in no way affiliated.

THE CLINICAL HOSPITALS OF DUBLIN are ten in number, exclusive of the Rotunda Lying-in Hospital, the Coombe Lying-in Hospital, Cork Street Fever Hospital and House of Recovery, the Children's Hospital, Eye and Ear Infirmaries, Orthopædic Hospitals, Westminster Lock Hospital, &c.

We name them here in chronological order.

1720.—Dr. Steeven's Hospital.

1721.—The Charitable Infirmary, Inn's Quay (afterwards Jervis Street Hospital).

1734.—Mercer's Hospital.

1770.—Meath Hospital (constituted the County Dublin Infirmary in 1773).

1791.—House of Industry Hospitals (Richmond, Surgical, Whitworth, Medical, and Hardwicke, Fever).

1798.—Sir Patriek Dun's Hospital (opened in 1808).

1832.—City of Dublin Hospital.

1834.—St. Vincent's Hospital.

1861.—Mater Misericordiæ Hospital.

1861.—Adelaide Hospital.

Among the principal PROVINCIAL HOSPITALS are the Belfast Royal Hospital; the North Charitable Infirmary, Cork; the South Charitable Infirmary and County Hospital, Cork; the County Infirmary, Galway; and Barringtons' Hospital and City of Limerick Infirmary.

THE HOSPITAL FOR WOMEN, SOHO SQUARE, W.—In connection with this Institution there is now an organised School of Gynæcology, open to qualified Medical Men and Students after their third year. A strictly limited number of Clinical Assistants to the Physicians and Surgeons in the in-patient and out-patient departments are appointed every three months. A course of Lectures on the Anatomy and Physiology of the Female Pelvic Organs is given during each Quarter by Dr. J. A. Mansell Moullin, Senior Assistant Physician to the Hospital. Clinical Lectures are given in the Operating Theatre on alternate Thursday afternoons at 3.30 p.m. throughout the winter Session. Prizes are given annually after examination, and are open to past and present Clinical Assistants. For the three months course, five guineas. Any further information can be obtained by letter addressed to the Dean at the Hospital.

## THE CLINICAL HOSPITALS OF DUBLIN.

### DR. STEEVENS' HOSPITAL.

MEDICAL AND SURGICAL STAFF.—*Physicians*: Dr. H. J. Tweedy; Dr. R. A. Hayes. *Surgeons*: Mr. W. Colles; Mr. E. Hamilton; Mr. R. M'Donnell. *Ophthalmic Surgeon*: Mr. P. W. Maxwell. *Resident Surgeon*: Mr. Percy Drought.

FEES.—Hospital Practice, nine months, 12*l.* 12*s.*; ditto, six months, 8*l.* 8*s.* Further particulars may be learned from the Resident Surgeon at the Hospital; or from Dr. R. A. Hayes, Hon. Sec., 32, Merrion Square South.

### JERVIS STREET HOSPITAL.

MEDICAL STAFF.—*Physicians*: Drs. MacSwiney and Martin. *Surgeons*: Messrs. Austin Meldon, Wm. Stoker, J. J. Cranny, Robt. McDonnell, J. V. Lentaigne, Christopher Gunn and Arthur Chance.

This Hospital is now rebuilt on an extensive scale, and will be opened on 29th September. From its proximity to the quays, principal factories and large railway depôts it presents unrivalled opportunities of studying every form of surgical injury. Resident Pupils and Dressers are appointed without the payment of any additional fee. Twelve Interns are appointed yearly, and are provided with apartments, &c., free of expense. Special certificates are given to the Resident Pupils and Dressers who have performed their respective duties to the satisfaction of the Physicians and Surgeons. Gold and silver medals will be given after examinations held at the close of the Summer Session. Certificates of attendance are recognised by all the Licensing Bodies and Examining Boards in the kingdom.

Clinical Instruction is given every morning from 8 till 11. Operation days, Tuesday and Friday at 10 a.m.

The prospectus of the Hospital can be obtained from the Hon. Secretary, A. G. Chance, Esq., 15, Westland Row, Dublin.

### MERCER'S HOSPITAL.<sup>1</sup>

MEDICAL AND SURGICAL STAFF.—*Physicians*: Dr. T. P. Mason; Dr. Charles Frederiek Knight. *Surgeons*: Mr. E. S. O'Grady; Mr. F. Alcock Nixon; Mr. M. A. Ward.

This Hospital is situated in a central position, and is in close proximity to the School of the Royal College of Surgeons, to the Carmichael College of Medicine and Surgery, to the Catholic University, and the Ledwich School of Medicine.

Fees for the winter and summer session (nine months), 12*l.* 12*s.*; for the six winter months, 8*l.* 8*s.*; for the three summer months, 5*l.* 5*s.* Further information can be obtained from any of the medical officers of the Hospital, or from Dr. James Shaw, Registrar to the Medical Staff.

### MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.<sup>1</sup>

MEDICAL AND SURGICAL STAFF.—*Physicians*: Dr. Arthur Wynne Foot and Dr. John William Moore. *Surgeons*: Sir George H. Porter, Mr. James H. Wharton, Mr. Philip Crampton Smyly, Mr. Rawdon Maenamara, Mr. Lambert H. Ormsby, Mr. William J. Hepburn.

The session will commence on October 1st, and the course of clinical lectures on the first Monday in November. Clinical lectures, of which four will be delivered weekly, and instructions in Medicine and Surgery will be given on

<sup>1</sup> No return.



alternate days. The physicians and surgeons on duty will visit the Hospital at 9 a.m., so as to allow the members of the class to be in attendance at their respective Schools of Medicine at 11 a.m. The Hospital, which contains 120 beds for the reception of medical and surgical cases, and to which an extensive dispensary (open daily), lending library, and physical laboratory are attached, is within a few minutes' walk of the University, the Royal College of Surgeons, the Carmichael College of Medicine and Surgery, and the Ledwich School of Medicine. An additional ward has been erected for the reception of children, in which the pupils will have an opportunity of studying that highly important subject—infantile disease. Certificates of attendance at this Hospital are recognised by all the universities, colleges, and licensing bodies in the United Kingdom. Prizes will be given at the termination of the winter course to the best students in their respective classes. The office of Resident Pupil is open to pupils as well as apprentices. Further information may be obtained on application to Mr. W. J. Hepburn, Hon. Sec., 31, Upper Merrion Street, Dublin; or at the Hospital.

#### RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

**MEDICAL AND SURGICAL STAFF.**—*Physicians*: Dr. J. T. Banks; Dr. B. G. McDowell; Dr. S. Gordon; Dr. R. D. Lyons. *Surgeons*: Mr. William Stokes; Mr. William Thomson; Mr. W. Thornley Stoker; Mr. A. H. Corley. *Consulting Obstetric Surgeon*: Dr. Kidd. *Assistant Physician and Pathologist*: Dr. G. P. L'Estrange Nugent. *Assistant Surgeon*: Mr. J. J. Burgess. *Resident Surgeon*: Mr. J. P. Kennedy. *Curator of the Museum*: Mr. Blake Knox. *Ophthalmic Surgeon*: Dr. A. Jacob.

Clinical instruction will commence on October 1. These Hospitals contain 312 beds—110 for surgical cases, 82 for medical cases, and 120 for fever and other epidemic diseases. Premiums will be awarded in Clinical Medicine and Surgery. The Richmond Institution for the Insane, containing over 1,200 patients, adjoins these Hospitals. Eight resident clinical clerks are appointed each half year.

**FEES.**—For the winter and summer session (nine months), 12*l.* 12*s.*; for the six winter months, 8*l.* 8*s.*; for the three summer months, 5*l.* 5*s.* Resident clinical clerks, 21*l.* for the winter session, 15*l.* 15*s.* for the summer session, including certificate of attendance.

#### SIR PATRICK DUN'S HOSPITAL.<sup>1</sup>

**MEDICAL AND SURGICAL STAFF.**—*Physicians*: Dr. John Malet Purser; Dr. W. G. Smith; Dr. J. Magee Finny. *Midwifery Physician*: Dr. J. R. Kirkpatrick. *Surgeons*: Dr. Thomas E. Little; Dr. Edward H. Bennett; Dr. Charles B. Ball.

**FEES.**—*Clinical Lectures and Hospital Attendance.*—The payment of 12*l.* 12*s.* entitles a student to the benefits of hospital attendance and clinical teaching for the winter and summer sessions, commencing October 1. Fee for winter session only, 8*l.* 8*s.*; fee for summer session only, 5*l.* 5*s.* *Practical Midwifery.*—Students desirous of entering for twelve months' instruction in Practical Midwifery are required to pay a maternity fee of 3*l.* 3*s.* each. Students of Trinity College are not liable to any other payment for instruction in Practical Midwifery. Other students are required to pay 3*l.* 3*s.* each to the King's Professor for twelve months' practical instruction, in addition to the hospital maternity fee. Students who have paid the hospital maternity fee are entitled to attend the demonstrations in Obstetric Surgery given by the King's Professor.

**PRIZES.**—The governors of the Hospital award a silver clinical medal in Medicine to the student who shall pass the best examination on the medical cases treated in the Hospital during the year; and a silver clinical medal in Surgery to the student who shall pass the best examination on the surgical cases treated in the Hospital during the year.

<sup>1</sup> No Return.

#### CITY OF DUBLIN HOSPITAL.

*Physicians*: Dr. Hawtrey Benson and Dr. George F. Duffey. *Surgeons*: Mr. Henry Gray Croly, Mr. William I. Wheeler, and Dr. Henry Fitzgibbon. *Ophthalmic and Aural Surgeon*: Mr. Arthur H. Benson. *Gynaecologist*: Dr. William J. Smyly.

**FEES.**—Nine months' hospital attendance, 12*l.* 12*s.*; six months, 8*l.* 8*s.*; three months, 5*l.* 5*s.* For further particulars apply to Mr. Wheeler, 27, Lower Fitzwilliam Street.

#### ST. VINCENT'S HOSPITAL.

**MEDICAL AND SURGICAL STAFF.**—*Physicians*: Dr. Francis J. B. Quinlan, Dr. M. F. Cox. *Assistant Physician*: Dr. M. McHugh. *Surgeons*: Mr. Edward D. Mapother, Mr. J. S. McArdle. *Assistant Surgeon*: Mr. R. F. Tobin. *Gynaecologist*: Dr. J. A. Byrne. *Ophthalmic Surgeon*: Mr. Redmond.

**FEES.**—Winter and summer session, 12*l.* 12*s.*; separately, 8*l.* 8*s.* and 5*l.* 5*s.* Further particulars may be learned on application to the Secretary of the Medical Board, Dr. Quinlan, 29, Fitzwilliam Street, Dublin, or at the Hospital during the hours of attendance.

#### MATER MISERICORDIÆ HOSPITAL.

**MEDICAL AND SURGICAL STAFF.**—*Physicians*: Dr. Christopher J. Nixon, Dr. Joseph Redmond, Dr. Michael Boyd. *Assistant-Physician*: Dr. John Murphy. *Surgeons*: Mr. Patrick J. Hayes, Mr. Charles Coppinger, Mr. Malachy Kilgarraff. *Assistant-Surgeon*: Mr. Kennedy. *Obstetric Physician*: Dr. T. M. Madden. *Dental Surgeon*: Mr. D. Corbett. *House Surgeon*: Dr. Conway Dwyer.

Certificates of attendance upon this Hospital, which contains 250 beds, including 50 beds for fever and other contagious diseases, are recognised by all the licensing bodies in the United Kingdom.

**PRIZES.**—Two clinical prizes (the "Leonard Prizes") of 15*l.* each, one medical and one surgical, will be given at the end of the winter session.

**FEES.**—For nine months, 12*l.* 12*s.*; six winter months, 8*l.* 8*s.*; three summer months, 5*l.* 5*s.*

#### ADELAIDE MEDICAL AND SURGICAL HOSPITALS.<sup>1</sup>

*Physicians*: Dr. Henry H. Head and Dr. James Little; *Obstetric Physician*: Dr. R. D. Purefoy; *Assistant Physician*: Dr. Wallace Beatty; *Surgeons*: Mr. J. K. Barton and Mr. Kendal Franks; *Ophthalmic Surgeon*: Dr. Rosborough Swanzy.

Further particulars can be obtained from any member of the staff.

#### ROTUNDA HOSPITAL.

*Master*: Arthur V. Macan, M.B., F.K.Q.C.P.; *Consulting Physician*: James Little, M.D., F.K.Q.C.P.; *Consulting Surgeon*: William Colles, M.D., F.R.C.S.I.; *Assistant Physicians*: John Lilly Lane, B.A., L.K.Q.C.P., L.R.C.S.I., R. H. Fleming, M.B., B.Ch. This Institution consists of two distinct Hospitals, namely, the Lying-in Hospital, into which 1,200 labour cases are on an average admitted annually, and the Auxiliary Hospital, set apart for the reception and treatment of patients suffering from the various forms of uterine and ovarian disease; about 500 patients are received into this Hospital during each year. There is also in connection with the Hospital a large Extern Maternity (1,700 patients were in the past year attended at their own homes), and a dispensary for Diseases Peculiar to Women, which is open daily. Pupils are admitted to the practice of all these departments.

<sup>1</sup> No Return.



Clinical Instruction in Midwifery and the Diseases of Women is given daily, and Lectures are delivered regularly during the Session on these subjects. The diploma from this Hospital is granted to pupils on their passing an examination before the Master and Assistants after a period of six months' attendance on the Practice of the Hospital. It is recognised by the Local Government Board as a qualification in Midwifery for all hospitals and dispensaries under their control. Accommodation is provided for a limited number of intern pupils. Pupils can enter at any time.

TERMS OF ATTENDANCE.—Intern pupils, for six months, 21*l.*; three months, 12*l.* 12*s.*; two months, 9*l.* 9*s.*; one month, 6*l.* 6*s.* Extern pupils, for six months, 10*l.* 10*s.*; three months, 6*l.* 6*s.* Application to be made to the Master or Assistant Physicians at the Hospital, Britain Street.

## PROVINCIAL MEDICAL SCHOOLS IN IRELAND.

### QUEEN'S COLLEGE, BELFAST.—FACULTY OF MEDICINE.

#### PROFESSORS AND LECTURERS.

*Anatomy and Physiology*—Dr. P. Redfern.  
*Chemistry*—Dr. E. A. Letts.  
*Materia Medica*—Dr. J. S. Reid.  
*Medical Jurisprudence*—Dr. J. F. Hodges.  
*Midwifery*—Dr. R. F. Dill.  
*Natural Philosophy*—Dr. J. D. Everett.  
*Practice of Medicine*—Dr. James Cuming.  
*Practice of Surgery*—(vacant).  
*Zoology and Botany*—Dr. R. O. Cunningham.

The demonstrations in Anatomy are delivered by Dr. Sinclair. The lectures in Medical Jurisprudence and the courses of Botany and Practical Chemistry will commence in May.

FEES.—Anatomy and Physiology—First course, 3*l.*; each subsequent course, 2*l.* Anatomical Demonstrations and Practical Anatomy—each course, 3*l.* Practical Physiology and Histology, 3*l.* 3*s.* Practical Chemistry, 3*l.* Other medical lectures—first course, 2*l.*; each subsequent course, 1*l.*

Two Medical Scholarships are awarded to the students of each year of the medical course. The examinations commence on October 27.

*Clinical Instruction is given at the following Hospitals:—*

BELFAST GENERAL HOSPITAL.—A winter session, 5*l.* 5*s.* A summer session, 2*l.* 2*s.* Perpetual fee, payable in two instalments, 10*l.* 10*s.* Hospital fee, 10*s.* 6*d.* each winter or summer session.

THE ULSTER HOSPITAL FOR DISEASES OF WOMEN AND CHILDREN AND MIDWIFERY DISPENSARY, 11, FISHERWICK PLACE.—Fee for winter or summer six months, 3*l.* 3*s.*

THE BELFAST LYING-IN HOSPITAL.—Fee for six months, 2*l.* 2*s.*

THE BELFAST DISTRICT LUNATIC ASYLUM.—Fee for summer session, 3*l.* 3*s.*

### QUEEN'S COLLEGE, CORK.—FACULTY OF MEDICINE.

#### PROFESSORS.

*Anatomy and Physiology*—Dr. J. J. Charles,  
*Chemistry and Practical Chemistry*—Dr. Maxwell Simpson.  
*Materia Medica*—Dr. C. Yelverton Pearson.  
*Midwifery*—Henry Corby, B.A., M.D., M.Ch.  
*Natural Philosophy*—Prof. John England.  
*Practical Anatomy*—The Professor, assisted by Demonstrators.  
*Practice of Medicine*—Dr. D. C. O'Connor.  
*Practice of Surgery*—Dr. Stephen O'Sullivan.  
*Zoology and Botany*—Professor M. Hartog.

All the lectures are recognized by the Royal University of Ireland, by the Universities of London, Glasgow, Aber-

deen, and St. Andrew's; the Colleges of Surgeons of Dublin, Edinburgh, and London; by the Apothecaries' Companies; by the Army, Navy, and East Indian Medical Board, &c.

HOSPITAL ATTENDANCE.—Clinical lectures on Medicine and Surgery are delivered at the North and South Infirmarys, by the Physicians and Surgeons of those Institutions—Fee for twelve months, 8*l.* 8*s.*; fee for six months, 5*l.* 5*s.* Practical Pharmacy at the same Infirmarys—Fee for three months, 3*l.* 3*s.* Clinical Midwifery at the Lying-in Hospital, with Practical Attendance upon thirty Midwifery cases—Fee for six months, 3*l.* 3*s.*

Clinical instruction is also given at the Mercy Hospital, the District Lunatic Asylum (Fee, 3*l.* 3*s.*), the Children's Hospital, the Fever Hospital, and the Ophthalmic and Aural Hospital.

SCHOLARSHIPS.—Eight Scholarships are awarded to students in Medicine, if qualified, viz., two Scholarships of 25*l.* each to students commencing their first, second, third, and fourth years. Clinical Medicine and Surgery at the North and South Infirmarys, and Clinical Midwifery at the Lying-in Hospital.

### QUEEN'S COLLEGE, GALWAY.—FACULTY OF MEDICINE.

#### PROFESSORS AND LECTURERS.

*Anatomy and Physiology, and Practical Anatomy*—Dr. J. P. Pye.  
*Botany and Zoology*—Dr. R. J. Anderson.  
*Chemistry*—Dr. T. H. Rowney.  
*Logic and Mental Philosophy*—Dr. T. W. Moffatt.  
*Materia Medica*—Dr. N. W. Colahan.  
*Medical Jurisprudence*—Dr. R. J. Kinkead.  
*Midwifery and Diseases of Women and Children*—Dr. R. J. Kinkead.  
*Natural Philosophy*—Dr. Joseph Larmor.  
*Practice of Medicine*—Dr. John I. Lynham.  
*Practice of Surgery*—Dr. J. V. Browne.

Clinical instruction is given at the County Galway Infirmary, Town, and Fever Hospitals which are in the immediate vicinity of the Queen's College.

Eight Scholarships of the value of 25*l.* each, and Exhibitions varying in value from 12*l.* to 16*l.*, are appropriated to students pursuing the course for the degree of M.D.

FEES.—Anatomy and Physiology, 3*l.* first session; afterwards 2*l.* Practical Anatomy, 3*l.*; Practical Chemistry, 3*l.*; Operative Surgery, 3*l.*; other classes, 1*l.* for each course extending over one term only, 2*l.* for each course extending over more than one term, and 1*l.* for each re-attendance on the same. Hospitals, 4*l.* 4*s.*

For further information, application may be made to Professor Townsend, M.A., D.Sc., Registrar.

MR. THOMAS COOKE'S SCHOOL OF ANATOMY, PHYSIOLOGY, SURGERY, &c.—This school is intended to meet the requirements of three classes of students—(1) Qualified practitioners and advanced students, *i.e.*, gentlemen wishing either to obtain some of the higher qualifications, or to compete for appointments in Her Majesty's Army, Navy, and Indian Medical Services. (2) Students preparing for the usual Primary and Pass Examinations of any of the Licensing Bodies. (3) Beginners entering upon their Medical Studies, either by a short term of apprenticeship, or under the new Regulations of the Examining Board in England. Rapid advance classes, complete in three months or less but still thoroughly practical, are provided: and also, as required, more elementary classes of six months' duration. The instruction is given on the dissected and undissected body, with normal and pathological specimens, microscopical preparations, chemical, physiological, and surgical apparatus, splints, &c. The operations of surgery are performed on the dead body. Arrangements can be made for attendance on midwifery cases, and for practical work in the dispensary. The dissecting room is open daily. The physiological and chemical laboratories are fitted with the requisites for practical work, and every effort is made to render the teaching thoroughly practical and demonstrative. For prospectus of particulars and terms, apply to Mr. Thomas Cooke's private address, 40, Brunswick Square.



SYNOPSIS OF THE REGULATIONS OF THE EXAMINING BODIES.

EXPLANATION OF LETTERS USED IN TABLES.

- (a) A first or second class gained in the Natural Science School, enables the student to dispense with these two years of study.

(b) In each examination, subjects (1) and (2) may be taken separately.

(c) Four years, if B.A. has been passed with honours.

(d) The examination in Physiology and Histology may be postponed to a subsequent year.

(e) Graduates who have passed the B.S. or M.B. respectively in the First Division are excused one year of hospital, or two years of private practice.

(f) The University of Durham also grants Licences in Medicine and Surgery. The subjects of examination and other conditions are the same as those for the corresponding degrees, but no extra examination in Arts is required.

(g) The October examination is intended only for students who have failed in the previous July, or who have received special permission to present themselves.

(h) The first part may be passed at any time subsequent to completion of third year from registration as a medical student.

(i) The different parts may be taken separately.
- (j) Graduates in Arts of a recognised university are exempt from this examination; and candidates who have passed a recognised Arts examination are not re-examined in the subjects in which they have passed.

(k) The first two parts may be taken together at the end of the third year, or all four parts together at the end of the fourth year.

(l) Graduates in Arts of a recognised university are exempt from examination in Logic, Moral Philosophy, &c.

(m) The curriculum and fees for the degrees of the University of Glasgow are the same as in the case of the University of Edinburgh.

(n) Candidates who have passed the previous professional examination of a recognised corporation are excused from passing this examination.

(o) The University also grants Licences in Medicine, Surgery, and Obstetrics respectively to candidates who have completed two years in Arts but have not taken the B.A. degree; also a degree in Obstetrics.

(p) Unless attended in first year.

THE ENGLISH UNIVERSITIES.

University of Oxford.

	B.M.		M.D.
	1st Examination.	2nd Examination.	
(1) DATE OF EXAMINATIONS...	Yearly, in Trinity Term... ..	Yearly, in Trinity Term.	
(2) CONDITIONS— <i>Examinations to be previously passed</i>	Examinations for B.A. ... ..	1st B.M. examination ... ..	2nd B.M. Examination.
<i>Period of professional study required</i>	Two years from examination in one final school (a)	Sixteen terms from B.A. testamur—Two years from 1st B.M. examination	Three years.
<i>Subjects of examination and courses to be attended</i>	Human Anatomy and Physiology—Comparative Anatomy and Physiology—Mechanics with Physics—Botany—Chemistry	Medicine including Diseases of Women and Children—Materia Medica—Therapeutics—Pathology—Surgery—Obstetrics—Forensic Medicine—Hygiene	A dissertation publicly read.
<i>Hospital practice—period required</i>	... ..	Satisfactory evidence.	

University of Cambridge.

	M.B.			M.D.	B.C.	M.C.
	1st.	2nd.	3rd.			
(1) DATE OF EXAMINATIONS	Michaelmas and Easter Terms	Michaelmas and Easter Terms	Michaelmas and Easter Terms	... ..	Michaelmas and Easter Terms	Michaelmas and Easter Terms.
(2) CONDITIONS— <i>Examinations to be previously passed</i>	B.A. or Previous Examination	1st M.B. ... ..	2nd M.B. ... ..	M.B. ... ..	First part of 3rd M.B. Exam.	B.C.
<i>Period of professional study required</i>	... ..	Two years ... ..	Three years' residence, and five years' medical study (c)	Three years' after M.B.	... ..	Two years from B.C.
<i>Subjects of examination and courses to be attended</i>	(b) (1) Chemistry and Physics (2) Elementary Biology Certificates are required of one course of lectures on Chemistry and one course of practical Chemistry	(b) (1) Human Anatomy and Physiology (one course of each) (2) Pharmacy (one course) Dissections (one season)	(1) Surgery (one course); Midwifery (one course and 10 cases) and diseases of women; Pathological Anatomy (one course) (2) Medicine (one course and a course of Pharmacology); Pathology; Medical Jurisprudence (one course); Hygiene Thesis and <i>viva voce</i> examination	Ex tempore essay and <i>viva voce</i> examination—Thesis on subject approved by the Regius Professor of Medicine	(1) Surgical operations and apparatus (2) Examination of Surgical patients—Practical Surgery (one course)	(1) Pathology. (2) Principles and Practice of Surgery. (3) Surgical Anatomy and operations. (4) Clinical Surgery—Extempore Essay.
<i>Hospital practice—period required</i>	... ..	Six months ... ..	Three years' Hospital, including one year's Surgical practice—Clinical Clerk for six months, or special charge of patients—Proficiency in Vaccination	Five years' medical study	Two years' Surgical practice—Dresser or House Surgeon for six months	
(3) FEES ... ..	£3 3s. ... ..	£3 3s. ... ..	... ..	£10 10s. ... ..	£2 2s. ... ..	£3 3s.



University of London.

	M.B.		B.S.	M.S.	M.D.
	Intermediate Exam.	M.B. Examination.			
(1) DATE OF EXAMINATIONS	End of July ... ..	End of October ... ..	Early in December	Early in December	Early in December.
(2) CONDITIONS— <i>Examinations to be previously passed</i>	Matriculation and preliminary scientific examinations	Intermediate examination	M.B. ... ..	B.S. ... ..	M.B.
<i>Period of professional study required</i>	Two years from preliminary science examination	Four years' medical study from preliminary science examination—Two years from intermediate examination.			
<i>Age ... ..</i>	19 years	21 years.			
<i>Subjects of examination and courses to be attended</i>	Anatomy, Physiology & Histology ( <i>d</i> )—Materia Medica—Organic Chemistry — written, practical and <i>viva voce</i> examination in each subject Dissections (two winters) —Practical Chemistry (one course)—Practical Pharmacy Certificates of attendance on three courses of lectures are required	Pathology, Therapeutics, and Hygiene—Surgery — Medicine — Midwifery (twenty labours) —Forensic Medicine—written, practical and <i>viva voce</i> examination in each subject Certificates of attendance on two courses of lectures, other than those for which certificates have been accepted for the Intermediate.	Surgical Anatomy and operations— Examination of patients Certificate of having attended a course of Operative Surgery, and operated on the dead subject	Logic and Psychology—Surgery	Logic and Psychology—Medicine.
<i>Hospital practice—period required</i>	... ..	Two years' Medical practice and two years' Surgical practice, besides six months' special charge of patients—Twelve months of hospital practice must have been attended subsequent to passing the Intermediate—Proficiency in Vaccination	The same as for M.B.	( <i>e</i> ) Two years' hospital practice, or one year's hospital and three years' private practice, or five years' private practice, all subsequent to B.S.	( <i>e</i> ) Two years' hospital practice, or one year's hospital and three years' private practice, or five years' private practice, all subsequent to M.B.
(3) FEES... ..	£5 ... ..	£5 ... ..	£5 ... ..	£5 ... ..	£5.

University of Durham.

	M.B. ( <i>f</i> )					
	1st Examination.	2nd Examination.	3rd Examination.	M.D.	M.S.	M.D. for Practitioners.
(1) DATE OF EXAMINATIONS	April and September	April and September	June and December ...			
(2) CONDITIONS <i>Examination to be previously passed</i>	An Arts' examination qualifying for registration	The first examination	A recognised Arts' examination The second professional examination	M.B. ... ..	M.B. ... ..	An examination in Arts.
<i>Period of professional study required</i>	... ..	... ..	Four years, one to be spent at Newcastle	Two years' practice, subsequent to M.B.	... ..	Fifteen years' practice, subsequent to qualification.
<i>Age ... ..</i>	... ..	... ..	21 years ... ..	24 years.. ...	... ..	40 years and upwards.
<i>Subjects of examination and courses to be attended</i>	(1) Elementary Anatomy (a winter's lectures and dissections)—Elementary Physiology (a winter's course and a three months' practical course) (2) Chemistry (a winter's course and a three months' practical course)—Physics—Botany (a three months' course)	Anatomy (a winter's lectures and dissections) — Physiology (a winter's course) —Materia Medica and Pharmacy (a three months' course and a course of Practical Pharmacy)	Medicine and Surgery (of each two six months' courses) — Midwifery, Forensic Medicine, Therapeutics and Pathology (of each a three months' course)—Public Health (a six months' course)	Essay and examination thereon	Surgery (written examination)—Surgical operations and instruments—Operative Surgery (one course)	Medicine—Psychology — Medicine and Hygiene—Surgery — Midwifery — Pathology — Medical and Surgical Anatomy—Therapeutics—Forensic Medicine and Toxicology No certificates of attendance on lectures required, but a certificate of moral character from three registered practitioners.
<i>Hospital practice</i>	... ..	... ..	Three winter and two summer sessions of Hospital practice and <i>p.m.</i> demonstrations — Clinical Lectures during two years — Twenty Labours—Vaccination			
(3) FEES... ..	£5 ... ..	£5 ... ..	£10 for examination and £6 for Degree	£5 for examination, and £6 for degree	£5 for examination and £6 for degree	£52 10s.



## Victoria University.

	M.B.		M.D.	Ch. M.
	Intermediate Examination.	Final Examination.		
(1) DATE OF EXAMINATIONS	July and October (g) ...	July and October (g)... ..	Dissertation to be sent in on or before October 1st	October.
(2) CONDITIONS— <i>Examinations to be previously passed</i>	(1) Entrance Arts' examination, or a recognised Arts' examination, and (2) Preliminary examination in Science	The intermediate examination in Medicine ...	The M.B. final examination	The M.B. final examination.
<i>Period of professional study required</i>	... ..	Four years, including two passed in a College of the University, one subsequently to preliminary examination in Science ... ..	One year from M.B.	One year from M.B.
<i>Age ... ..</i>	... ..	21 years		
<i>Subjects of examination and courses of lectures required</i>	Anatomy (one winter session and Dissections) — Physiology, Physiological Chemistry and Histology (two winter sessions and a laboratory course)—Materia Medica and Pharmacy (one summer session and practical instruction)	<i>First Part (h)</i> —Systematic Surgery (one winter session)—Pharmacology and Therapeutics (one session)—General Pathology (one year and laboratory instruction) <i>Second Part</i> —Systematic Medicine (two winter sessions)—Clinical Medicine (two years)—Obstetrics, &c. (two summer or one winter session, and twenty labours)—Forensic Medicine (one summer session)—Hygiene (one summer session)—Morbidity Anatomy—Systematic Surgery (one winter session)—Practical Surgery (one winter session)—Clinical Surgery (two years)	An original Dissertation and examination thereon	Surgical Anatomy, Surgical Pathology (a Systematic Practical course) — Operative Surgery (a special course)—Clinical Surgery, Ophthalmology (one course).
<i>Period of Hospital practice required</i>	... ..	Three years—two subsequent to Intermediate Examination—Twelve months' <i>p.m.</i> Demonstrations—Three months' Clinical Instruction in Women's Diseases—Vaccination	... ..	One year, including a six months' Surgical appointment.
(3) FEES ... ..	£1 ... ..	Examination £2—Degree £5 ... ..	£2 on sending in Dissertation, Degree £10	Examination £2. Degree £10.

## THE ENGLISH LICENSING CORPORATIONS.

## Royal College of Physicians and Royal College of Surgeons.

(EXAMINING BOARD IN ENGLAND.)

	L.R.C.P.L. and M.R.C.S.E.		
	1st Examination.	2nd Examination.	Final Examination.
(1) DATE OF EXAMINATIONS ...	January, April, July and October	January, April, July and October	January, April, July and October.
(2) CONDITIONS— <i>Examinations to be previously passed</i>	An Arts' examination recognised by the Medical Council	1st examination ... ..	2nd examination.
<i>Period of professional study required</i>	One winter session at a recognised school before taking part (2)	Six months from 1st examination—eighteen months' study at recognised school	Forty-five months from registration; two years from 2nd examination.
<i>Age... ..</i>	... .. (i)	... .. (i)	21 years. (i)
<i>Subjects of examination and lectures for which certificates are required</i>	(1) Chemistry and Chemical Physics, Materia Medica, Medical Botany, and Pharmacy (2) Elementary Anatomy and Elementary Physiology Certificates of having received instruction in Chemistry, Practical Chemistry, Materia Medica, Botany and Pharmacy are required	(1) Anatomy — (one winter session, and a three months' practical course; twelve months' dissections) (2) Physiology (one winter session)	(1) Medicine (a six months' course), including Therapeutics, Medical Anatomy and Pathology (a three months' course). (2) Surgery (a six months' course), including Surgical Anatomy and Pathology. (3) Midwifery and Diseases of Women (a three months' course and twenty labours). Certificates of having received systematic practical instruction in all three subjects. Forensic Medicine (a three months' course) and Public Health.
<i>Hospital practice — period required</i>	... ..	... ..	Three winter and two summer sessions; nine months' clinical lectures on Medicine and Surgery respectively; three months clinical study of women's diseases; clinical clerkship and dressership, each of six months duration; instruction in vaccination.
(3) FEES ... ..	£10 10s. ... ..	£10 10s. ... ..	£15 15s.



Society of Apothecaries, London.

	L.S.A.	
	Primary Examination.	Final Examination.
(1) DATE OF EXAMINATIONS ... ..	Every Wednesday and Thursday ...	Part 1.—On 2nd and 4th Wednesday and Thursday in each month. Part 2.—Every Wednesday and Thursday.
(2) CONDITIONS— <i>Examinations to be previously passed...</i>	Registration as Medical Student. A recognised examination in Elementary Mechanics	The first examination.
<i>Period of professional study required...</i>	Two winter and one summer session...	Forty-five months, including three winter and two summer sessions, at a recognised school.
<i>Age ... ..</i>	... ..	21 years.
<i>Subjects of examination and lectures for which certificates are required</i>	Anatomy and Physiology (two winter courses, dissections and demonstrations)—Chemistry (one course of lectures and one of practical Chemistry)—Materia Medica and Botany (one course each)—Pharmacy (a practical course)—Histology Examination on the living body	(i) (1) Surgery (one course of lectures and clinical lectures) and Surgical Anatomy and Pathology, Surgical Instruments and Appliances—Midwifery and Diseases of Women and Children (one course and twenty labours)—Obstetric Instruments—Pelvic Anatomy. Examination of cases. (2) Medicine and Therapeutics (attendance on Medical Clinical classes)—Pathology—Midwifery, &c. (oral)—Forensic Medicine—Mental Diseases—Hygiene. Examination of cases.
<i>Hospital practice—period required ...</i>	... ..	Three winter and two summer sessions—clinical clerkship—instruction in vaccination.
(3) FEES ... ..	£3 3s.... ..	£3 3s.

THE SCOTTISH UNIVERSITIES AND LICENSING CORPORATIONS.

University of Edinburgh.

	M.B. and C.M.				M.D.
	1st part.	2nd part. (k)	3rd part.	4th part. (k)	
(1) DATE OF EXAMINATIONS	October 16th and 17th, 1885, April 1st and 2nd, 1886, and July 28th, 1886	July and April ...	June ... ..	June	
(2) CONDITIONS— <i>Examinations to be previously passed</i>	A preliminary Arts examination (j)	The first part ... ..	The second part ...	The third part ...	M.B. and C.M., and an examination in Greek; Logic or Moral Philosophy, and one other arts' subject (l).
<i>Period of professional study required</i>	One year ... ..	Three years ... ..	Four years ... ..	Four years (including one at Edinburgh and one either at Edinburgh or at another University)	Two years' practice subsequent to M.B.
<i>Age ... ..</i>	... ..	... ..	... ..	21 years ... ..	24 years.
<i>Subjects of examination and lectures, for which certificates are required</i>	Chemistry (course of one hundred lectures and a three months' practical course)—Botany (fifty lectures)—Natural History (fifty lectures)	Anatomy (one hundred lectures and a course of dissections)—Physiology (one hundred lectures)—Materia Medica (one hundred lectures and a practical course)—Pathology (one hundred lectures, or fifty lectures and an extra course of practical Medicine)	Surgery (one hundred lectures)—Medicine (one hundred lectures) Midwifery (one hundred lectures and a practical course or six labours)—Forensic Medicine (fifty lectures)	Clinical Medicine—Clinical Surgery (of each one six months' or two three months' course)	A Thesis.
<i>Hospital practice—period required</i>	... ..	... ..	... ..	Two years' and six months' out-patient or dispensary practice	
(3) FEES... ..	... ..	... ..	... ..	For degrees of M.B. and C.M. £22	£5 5s. and £10 Government Stamp.



University of Glasgow. (m).

	M.B. and C.M.				M.D.
	1st part.	2nd part.	3rd part.	4th part.	
(1) DATE OF EXAMINATIONS	October and April ...	October and April	October and April ...	June and July	Requirements identical with those of the University of Edinburgh.
(2) CONDITIONS— <i>Examinations to be previously passed</i>	A recognised Arts examination	The first part ...	The second part ...	The third part	
<i>Period of professional study required</i>	One year ... ..	Five sessions ...	At end of third winter session	Four years (including two at a recognised University, one of them at Glasgow)	
<i>Age ... ..</i>	... ..	... ..	... ..	21 years	
<i>Subjects of examination and lectures, for which certificates are required</i>	Chemistry — Botany — Natural History	Anatomy — Physiology	Regional Anatomy—Materia Medica and Pharmacy — Pathology	Surgery and Clinical Surgery — Medicine and Clinical Medicine — Therapeutics—Midwifery — Forensic Medicine	
<i>Hospital practice—period required</i>	... ..	... ..	... ..	Two years, and six months' out-patient or dispensary practice	
(3) FEES ... ..	... ..	... ..	... ..	Same as at Edinburgh	

University of Aberdeen.

	M.B. and C.M. ; and M.D.
DATE OF EXAMINATIONS, CONDITIONS, &c. ...	There are three examinations for M.B., each held in March and July—the subjects of the first examination may be taken at separate times. Requirements and fees the same as in the University of Edinburgh. One of the four years of medical study to have been in the University of Aberdeen and another either at Aberdeen or at a recognised University.

University of St. Andrew's.

	M.B. and C.M. ; and M.D.	M.D. For Registered Practitioners.
(1) DATE OF EXAMINATIONS	End of April ... ..	End of April.
(2) CONDITIONS— <i>Examinations to be previously passed</i>	Requirements the same as in the University of Edinburgh	
<i>Period of professional study required</i>	Two of the four years of medical study to have been passed in a recognised University	
<i>Age ... ..</i>	21 years ... ..	40 years.
<i>Subjects of examination and lectures, for which certificates are required</i>	The same as in other Scottish Universities An original dissertation is required of Candidates for the M.B. and C.M.	Materia Medica and Therapeutics—Forensic Medicine—Medicine and Pathology—Surgery—Midwifery and Diseases of Women and Children. Three certificates as to professional position from medical men are required.
(3) FEES ... ..	£21 ... ..	£52 10s.

Royal Colleges of Physicians and Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.

	Triple Qualification (L.R.C.P. and L.R.C.S. Ed. and L.F.P.S.G.)	
	1st Examination. (n)	2nd Examination.
(1) DATE OF EXAMINATIONS ...	January, April, July and October ...	Immediately after 1st examination.
(2) CONDITIONS— <i>Examinations to be previously passed</i>	A recognised Arts' examination ...	The 1st or an equivalent examination.
<i>Period of professional study required</i>	One summer and two winter sessions	Forty-five months, including four winter, or three winter and two summer sessions at a recognised school.
<i>Age ... ..</i>	... ..	21 years.
<i>Subjects of examination and courses of lectures required</i>	Anatomy (two winter courses and twelve months' dissections, or one winter course and eighteen months' dissections)—Physiology (fifty lectures)—Chemistry (a six months' course and three months' practical instruction)	Medicine (a six months' course and six months' clinical lectures)—Surgery (a six months' course and six months' clinical lectures)—Midwifery, &c. (a three months' course and six labours)—Materia Medica (a three months' course and three months' practical Pharmacy)—Pathological Anatomy (a three months' course or attendance in p.m. room)—Forensic Medicine (a three months' course).
<i>Hospital practice — period required</i>	... ..	Twenty-four months at a general hospital and six months at a public dispensary or as assistant to a registered practitioner.
(3) FEES ... ..	£3 8s. ... ..	£12 12s.



THE IRISH UNIVERSITIES AND LICENSING CORPORATIONS.

University of Dublin. (o)

	M.B.		B.Ch.	M.D. or M.Ch.
	Previous Examination.	Final Examination.		
(1) DATE OF EXAMINATIONS ...				
(2) CONDITIONS— <i>Examinations to be previously passed</i>	The B.A. examination ... ..	The previous examination ... ..	The B.A. and M.B. examinations	The M.B. or the B.Ch.
<i>Period of professional study required</i>	... ..	Four years ... ..	Four years ... ..	Three years subsequent to the M.B. or B.Ch.
<i>Age... ..</i>				
<i>Subjects of examination and courses of lectures on which attendance is required</i>	Anatomy, Practical Anatomy, Physiology, Chemistry (of each one winter course)—Materia Medica, Comparative Anatomy, Practical Chemistry (of each one summer course) — Heat, Electricity and Magnetism (of each a terminal course)	Medicine, Surgery, Midwifery (of each one winter course) — Medical Jurisprudence, Histology (of each one summer course)—Physiological Anatomy, Pathology, Therapeutics, Clinical Medicine.	Operative Surgery and Ophthalmic Surgery (one course of each)—Dissections (two courses)	A Thesis to be read and examination undergone before the Regius Professors of Physic and Surgery respectively.
<i>Hospital practice — period required</i>	... ..	Three nine-months' courses of Clinical Lectures — Attendance on Fever Cases — Six months' Practical Midwifery with Clinical Lectures—One months' Vaccination.		
(3) FEES ... ..	... ..	For the M.B. degree £11 ... ..	£10 ... ..	For the M.D. degree £13. For the M.Ch. degree £11.

Royal University of Ireland.

	M.B.			M.Ch.	M.D.
	1st Exam.	2nd Examination.	Degree Examination.		
(1) DATE OF EXAMINATIONS ...	April and October	April and October ... ..	April and October ... ..	April and October	April and October.
(2) CONDITIONS— <i>Examinations to be previously passed</i>	Matriculation and 1st University Examination	The 1st examination ... ..	The 2nd examination ... ..	The M.B. degree examination	The M.B. degree examination.
<i>Period of professional study required</i>	One academical year from Matriculation	One academical year from the 1st examination	Four years from Matriculation	... ..	Two years' practice subsequent to the M.B.
<i>Age... ..</i>	... ..	... ..	21 years	... ..	23 years.
<i>Subjects of examination and courses of lectures on which attendance is required</i>	Zoology and Botany (one course)—French or German	Anatomy, Physiology, including Histology, Practical Anatomy, Materia Medica (of each one course)—Chemistry (a six months' course) — Practical Chemistry (a three months' course)	Anatomy, including Practical Anatomy, Physiology, including Practical Physiology and Histology, Medicine, Surgery, Forensic Medicine (of each one course)—Midwifery and Diseases of Women (one six months' or two three months' courses, and six months' practice with 20 labours) — Mental Diseases (three months' clinical instructions)	Surgery and Operative and Clinical Surgery (three months' Operative Surgery) — Written examination	Clinical examination in Medicine and Surgery with reports on cases. An original Thesis.
<i>Hospital practice — period required</i>	... ..	Hospital Practice with Clinical Lectures (one winter session)	Hospital Practice with Clinical Lectures (eighteen months) — Attendance at a Fever Hospital (three months) — Vaccination and Dispensing		
(3) FEES ... ..	£1 ... ..	£1 ... ..	£3 ... ..	£5 ... ..	£5.



King and Queen's College of Physicians in Ireland.

	Licence in Medicine.	
	Previous Examination. (o)	Final Examination.
(1) DATE OF EXAMINATIONS ...	January, April, July and October ...	Monthly, except in August and September.
(2) CONDITIONS— <i>Examinations to be previously passed</i>	A recognised Arts' examination to be passed before end of second year	The previous examination or an equivalent.
<i>Period of professional study required</i>	Two years ... ..	Four years.
<i>Age ... ..</i>	... ..	21 years.
<i>Subjects of examination and courses of lectures on which attendance is required</i>	Anatomy (two courses)—Physiology with Histology, Chemistry, Practical Chemistry, Materia Medica (of each one course)	Medicine and Pathology, Medical Jurisprudence (of each one course)—Midwifery (one course with a six months' practical course and twenty labours)—Candidates are also examined in Clinical Medicine, Hygiene and Therapeutics, and must have attended a course of Surgery.
<i>Hospital practice — period required</i>	... ..	Hospital Practice and Clinical Lectures (three years)—Attendance on Fever Patients (three months).
(3) FEES ... ..	... ..	For the Licence £15 15s.

Royal College of Surgeons of Ireland.

	L.R.C.S.I.			
	1st Examination.	2nd Examination.	3rd Examination.	Final Examination.
(1) DATE OF EXAMINATIONS ...	July and October	July and October ...	July and October ... ..	July and October.
(2) CONDITIONS— <i>Examinations to be previously passed</i>	A recognised Arts' examination	The 1st examination ...	The 2nd examination ...	The 3rd examination.
<i>Period of professional study required</i>	Nine months from registration	Nine months from 1st examination	Nine or six months from 2nd examination ( <i>vide</i> below)	Nine months from 3rd examination, or six months if resident pupilship be taken after instead of before 3rd examination.
<i>Age ... ..</i>	... ..	... ..	... ..	21 years.
<i>Subjects of examination and courses of lectures on which attendance is required</i>	Physics—Chemistry—Botany—Osteology—Practical Pharmacy	Anatomy (a winter course)—Physiology and Histology (a winter and a summer course)—Elementary Surgery (a winter course)—Chemistry ( <i>p</i> ) (a winter course), and Materia Medica ( <i>p</i> ) (a summer course)	Anatomy (a winter course of demonstrations and dissections)—Surgery (a winter course)—Candidates must produce certificates of attendance on Medicine and Medical Jurisprudence, but are not examined in those subjects	Surgery and Surgical Anatomy (a course of demonstrations and dissections)—Midwifery (one course and six months' practice with thirty labours) Operative Surgery (one course) and Ophthalmic Surgery—Medicine—Medical Jurisprudence.
<i>Hospital practice — period required</i>	... ..	Hospital Practice (nine months)	Hospital Practice (nine months as extern, or six months as resident pupil)	Hospital Practice (nine months as extern. Vaccination.
(3) FEES ... ..	£5 5s.	£5 5s.	£5 5s.	£5 5s.

Apothecaries' Hall of Ireland.

	Licence.		
	1st Part.	2nd Part.	3rd Part.
(1) DATE OF EXAMINATIONS	January, April, July and October (first Monday)	January, April, July, and October (first Monday)	January, April, July and October (first Monday).
(2) CONDITIONS— <i>Examinations to be previously passed</i>	A recognised Arts' examination	The First part ... ..	The Second part.
<i>Period of professional study required</i>	Two years from registration	Three years from registration...	Five years from registration, or four years if a satisfactory examination in Chemistry, Biology and Physics has been passed prior to registration.
<i>Age ... ..</i>	... ..	... ..	21 years.
<i>Subjects of examination and course of lectures required</i>	Materia Medica and Pharmacy (a three months' course)—Elementary Chemistry (a six months' course)—Medical Botany and Zoology (a three months' course)—Human Osteology	Anatomy and Histology (a six months' course and twelve months dissection) Physiology—Pathology and Morbid Anatomy (a three months' course)—Practical Chemistry (a three months' course)—Vaccination	Medicine, Surgery and Midwifery (of each a six months' course)—Mental Disease and Forensic Medicine (of each a three months' course)—Hygiene (one course)—General Therapeutics.
<i>Hospital practice—period required</i>	... ..	... ..	Hospital practice and clinical lectures during four winter and three summer sessions—Practical study as pupil, or twelve months' instruction in Pharmacy—Practical instruction with case of patients.
(3) FEES ... ..	£2 2s. ... ..	£2 2s. ... ..	£2 2s. Licence 10s.



## MEDICAL EDUCATION IN VIENNA.

(By Our Vienna Correspondent.)

I HOPE that a short account of the educational arrangements at the Medical Faculty of Vienna, which has long been a favourite place of resort for foreign medical students and practitioners, may prove of some use to your English readers. Those who cherish the intention of some day visiting the school at which Hyrtl, Rokitsansky, and Skoda received their education and carried on their important work, and which is now represented by such distinguished men as Brücke, Billroth, Bamberger, Nothnagel, Braun, Stellwag, Kaposi, and others, will find perhaps in these lines a special interest.

Before giving you a view of the educational facilities at the Vienna Medical Faculty in general, I must devote a few words to the arrangements which especially concern the students who wish to pass their examinations here. Every student of an Austrian Medical Faculty has to attend lectures during a period of five years, and he cannot be admitted to the final examinations for the degree of Doctor of Medicine until he has fulfilled the so-called "quinquennium." Foreigners who possess the right of attending the Universities of their own country are also received at the Universities in question, and are subjected to the same laws as native students. If they have already taken the degree of doctor at a foreign faculty, they are received as "extraordinary students," and are not obliged to complete the five years if they wish to take the degree at one of the Medical Faculties of Austria, but may pass their examinations when they please.

All public lectures, most of which are delivered by ordinary professors, are open to foreigners for the same fee as is required of the ordinary student. The fee for each course of lectures is in proportion to the number of hours which they occupy during one week, each hour a week being charged at the rate of 1fl. 5kr. (about 1s. 10d.) for the whole semester. Thus for the course of lectures on Internal Medicine, which occupies ten hours a week, the fee is 10fl. 50kr. per semester. Payment is made each semester at the commencement of the course.

The lectures in the different departments of Medicine are so arranged that the student has an opportunity of attending all his subjects in the course of five years. To elucidate this point it will be necessary to give the hours of the different lectures. The lectures on Anatomy are delivered every day, except Sunday, from 9 to 10 a.m. The dissecting rooms are open on the same days from 8.30 a.m. till dusk, the respective professors giving demonstrations from 3 to 5 p.m. The fee for dissections and demonstrations for the whole semester is the same as that for a course of six hours a week, namely, 6fl. 30kr. The lectures on Anatomy and the demonstrations in the dissecting rooms are in the hands of two professors, Prof. Charles v. Langer and Prof. Charles Toldt. Their hours of lecturing coincide, as in all cases where there are two professors for the same subject, so that the student may follow whichever of the teachers he please. The lectures on Physiology and Histology, by Professor v. Brücke, take place from 11 to 12 o'clock five times a week. The physiological laboratory, also under the direction of Professor Brücke, is open on every week-day, and the fee for the whole semester is the same as that for a course of six hours (6fl. 30kr.). Besides these lectures there are many others in the same departments which serve as "repetitoria," and in which students have the opportunity of perfecting their knowledge, as for instance, two so-called "private courses," by Professor Schenck, on Histology and Embryology, and courses on some selected subject in Physiology by the Extraordinary Professors Exner and v. Fleischl, assistants to Professor Brücke. The fees for these lectures, however, differ from those I have mentioned above, the extraordinary professors, privat-docents, &c., being allowed to fix whatever fees they please; hence the name "privat-Curse," or briefly "Curse," the name of the official lectures being "Vorlesungen," or "Collegia." The students of the Vienna Medical Faculty

are occupied during their first two years with the various branches of Natural History (Zoology, Botany, Mineralogy,) and with the above-mentioned subjects, and in the second year with Pharmacology five times a week, from 10 to 11 a.m. (delivered only in winter), by Professor Vogl.

At the beginning of the third year they commence their clinical studies and the subjects connected with them, as Pathological Anatomy and so on. The hours for Internal Medicine are from 8 to 10 a.m. in winter (in summer from 7 to 9 a.m.), those for Surgery from 10 to 12 in winter (from 9 to 11 in summer). In each case the lectures are delivered by the respective professors at the same hour five times a week, Bamberger, Nothnagel and Schrötter having charge of Internal Medicine, Billroth and Albert of Surgery. Pathological Anatomy is taught from 12 to 1 in winter (from 11 to 12 in summer), by Professor Kundrat. The class of Practical Pathology is held three times a week from 3 to 4 p.m., also under the direction of Professor Kundrat. Besides this there are also, as in other subjects, private courses by the assistants of the professors and others, by extraordinary professors and privat-docents, as for instance by the Extraordinary Professors Benedikt, Stern, Drasche, Rosenthal, Stoffella, and by the Privat-docents Bettelheim, Breuer, Heitler, Drozda, Jakseh, Biach, Langer, Abeles, Oser, Kretsch and Hein, in Internal Medicine; in Surgery by the Extraordinary Professors Mosetig-Moorhof, Dittel, Salzer, Böhm, Wölfler, Hofmökler and Ultzmann, and the Privat-docents Englisch, Fieber, Jurié, Frisch, and Maydl. The lectures on General and Experimental Pathology, by Professor Stricker, are delivered from 1 to 2 p.m. on five days a week in winter, in summer from 9 to 10 a.m. Forensic Medicine from 2 to 3 p.m. (five times a week), by Prof. Edward Hofmann; lectures on Mental Diseases from 5 to 6 p.m., by Professor Meynert, five times a week, and by Professor Leidesdorf, from 5 to 6½, three times a week. A student has therefore the opportunity of attending the lectures on Internal Medicine, Surgery, Pathological Anatomy, General and Experimental Pathology, Forensic Medicine and Psychiatry, or some of them in the same semester. The lectures on Dermatology, by Professor Kaposi, are delivered from 8 to 10 a.m. in winter (7 to 9 in summer); Ophthalmology from 10 to 12 in winter (in summer 9 to 11), by Professor v. Stellwag and Dr. v. Reuss (the Second Chair of Ophthalmology being vacant); Gynecology and Obstetrics from 12 to 2 in winter and summer, by Professors Charles v. Braun and Spaeth. All these lectures are delivered five times a week, and they are fixed at such hours that they can all be attended in the same semester. The lectures on Syphilis, by Professor Neumann, are delivered from 3 to 4 in winter, (in summer from 9 to 10) and the lectures on the same subject, by Professor Auspitz, are given from 9 to 10 a.m. in winter, and 10 to 11 a.m. in summer, in both cases five times a week. The student who desires to study dermatology has the best possible opportunity in Vienna. In winter he may attend Kaposi from 8 till 10; Auspitz from 10 till 11; and Neumann from 3 to 4. In summer Kaposi lectures from 7 till 9; Neumann from 9 till 10; Auspitz from 10 till 11. There are also several courses by privat-docents and assistants. Lectures on Children's Diseases are delivered four times a week by Professor Widerhofer, and on Surgical Pædiatrics once a week by Professor Weinlechner, both in the St. Anna Children's Hospital, from 11 to 12 in winter and summer.

Besides these official lectures, the fees for which are fixed on the scale already mentioned, there are some important courses which deserve to be noticed. The lectures on Laryngoscopy and Rhinoscopy, by Professor Schrötter, take place five times a week from 10 to 11 a.m. The course lasts six weeks, and the fee for each course is 20 florins. Professor Stoerk holds a course on the same subjects from 11 to 12 a.m. also five times a week, the length of the course and the fee being the same. Professor Schnitzler's course on the same subjects occupies from 8 to 10 five times a week, the course lasting four weeks; the fee for this too is 20 florins. There is also a course on the same subjects by Privat-docent Dr. Chiari, occupying five hours a week (the time of meeting is fixed according to the wishes of the class); the fee for each course of six weeks is 20 florins. Courses on Diseases of the Ear are delivered



by the Extraordinary Professors Dr. Adam Politzer, five times a week from 12 to 1, and Dr. Gruber, five times a week from 11 to 12; each of these courses lasts six weeks, and the fee is, for practitioners 15 florins, for students 10 florins. A further class on Diseases of the Ear meets six times a week, from 4 to 5 p.m., under the direction of Privat-docent Dr. Urbantschitsch, the duration of the course being six weeks, and the fee being for practitioners 15 florins, for students 10 florins. Privat-docent Dr. Albertus Bing also holds a class on Ear-Diseases twice a week, Saturday and Sunday, 10 to 11.30 a.m.; duration of course three months; fee both for practitioners and students 10 florins. It would take too much space to enumerate all the other "courses" in the different departments of medical science, and I will content myself with remarking that in each semester lectures are delivered by about 18 ordinary professors, 36 extraordinary professors, 61 privat-docents, and 31 assistants; the number of the courses being 201.

The study of Medicine at Vienna is greatly facilitated by the fact that almost all the lectures are delivered in the General Hospital, and in adjoining establishments, as the Institution for Anatomy and Physiology, the St. Anna Children's Hospital and the polyclinics. The new building of the University (a master-piece of architecture) is also in the neighbourhood of the General Hospital, so that medical students and practitioners have a good opportunity of attending the lectures delivered in the other faculties if they care to. English students and practitioners who are not acquainted with the German language, will find that almost all the teachers in Vienna are more or less acquainted with English, and can give the necessary explanations; the only difficulty is in understanding the official lectures delivered by the ordinary professors, but they may be looked upon as providing a good opportunity of learning German.

## MISCELLANEOUS INFORMATION.

### CHANGES IN THE STAFFS OF THE LONDON HOSPITALS AND SCHOOLS.

*St. Bartholomew's Hospital.*—Dr. Francis Harris, one of the Consulting Physicians, has died since the issue of our last student's number. Dr. Davies and Dr. Nias have succeeded Dr. Steavenson and Dr. Herringham as Casualty Physicians.

*Charing Cross Hospital.*—Dr. H. Montague Murray has been appointed Assistant Physician. Drs. Willcocks and Murray have been appointed to be Joint Teachers of Practical Medicine. Mr. Stanley Boyd has been appointed Demonstrator of Morbid Anatomy.

*St. George's Hospital.*—There have been no changes of importance.

*Guy's Hospital.*—Dr. R. E. Carrington and Dr. W. Hale White have been elected Assistant Physicians. The School and Hospital have lost the services of Dr. Mahomed since last year.

*King's College Hospital.*—Dr. N. I. C. Tirard has been appointed Assistant Physician in place of the late Dr. Buchanan Baxter; he has also succeeded Dr. Baxter as Professor of Materia Medica and Therapeutics. Dr. Burney Yeo has been appointed Professor of Clinical Therapeutics. Dr. Norman Dalton has been elected Pathological Registrar.

*The London Hospital.*—Dr. Herbert Davies, Consulting Physician to the Hospital, has died since last year. The vacancy on the Surgical Staff caused by the resignation of Mr. James Adams has been filled by Mr. Treves; Mr. F. S.

Eve has been elected Assistant Surgeon. Dr. A. H. Lewers has been appointed Assistant Obstetric Physician.

*St. Mary's Hospital.*—In consequence of the resignations of Drs. Handfield Jones and Shepherd, Dr. Sydney Phillips and Dr. Robert Maguire have been appointed Physicians to out-patients. Dr. Waller has been appointed Lecturer on Physiology.

*Middlesex Hospital.*—Dr. D. W. Finlay has been appointed Physician, and Dr. J. J. Pringle Assistant Physician.

*St. Thomas's Hospital.*—Mr. Battle has succeeded Mr. Makins as Resident Assistant Surgeon. Mr. Shattock has been appointed Curator of the Museum in succession to Mr. Stewart.

*University College Hospital.*—Mr. John Marshall has been appointed Consulting Surgeon. Mr. Marcus Beck succeeds him as Surgeon and Professor of Surgery. Mr. Victor Horsley has been elected Assistant Surgeon. Mr. Bilton Pollard has been appointed Surgical Registrar.

*Westminster Hospital.*—There have been no changes of importance.

**EDUCATIONAL VACCINATION STATIONS.**—In order to provide for the granting of those special certificates of proficiency in vaccination which are required as part of the medical qualification for entering into contracts for the performance of public vaccination, or for acting as deputy to a contractor, the following arrangements are made:—

1. The Vaccination Stations enumerated in the subjoined list are open, under certain specified conditions, for the purpose of teaching and examination.

2. The Public Vaccinators officiating at these stations are authorised to give the required certificates of proficiency in vaccination, to persons whom they have sufficiently instructed therein; and

3. The Public Vaccinators whose names in the subjoined list are printed in italic letters, are also authorised to give such certificates, after satisfactory examination, to persons whom they have not themselves instructed:—

**LONDON.**—Principal Station—Surrey Chapel, Blackfriars Road. *Dr. Robert Cory*, who attends on Tuesday and Thursday, at 2 p.m. North-west Stations—Marylebone General Dispensary, 77, Welbeck Street: Mr. William A. Sumner, on Tuesday, at 2 p.m.; Hall of the Working Men's Christian Association, Omega Place, Alpha Road: Mr. William A. Sumner, on Wednesday, at 10 a.m. West Station—9, St. George's Road, Pimlico, S.W.: Mr. Edward Lowe Webb, on Thursday, at 10 a.m. East Station—Eastern Dispensary, Leman Street: Mr. Charles T. Blackman, on Wednesday, at 11 a.m. North Station—Tottenham Court Chapel, Tottenham Court Road: Mr. William Edwin Grindley Pearse, on Monday and Wednesday, at 1 p.m. South-west Station—Western Dispensary, Rochester Row: Mr. William Edwin Grindley Pearse, on Tuesday, at 10 p.m. Strand Station—14, Russell Street, Covent Garden: Mr. Robert William Dunn, on Thursday, at 11 a.m. South-east Station—Vestry Hall, St. John's, Horselydown: Mr. John Gittins, on Monday, at 2 p.m. St. Thomas's Hospital: Dr. Robert Cory, on Wednesday, at 11.30 a.m.

**BIRMINGHAM.**—St. Jude's School-room, Hill Street, near Smallbank Street, on Monday, at 11 a.m.; the Assembly Rooms, 103, Constitution Hill, opposite Bond Street, on Tuesday, at 11 a.m.; the Wesleyan Methodist Infant School-room, Monument Road, on Wednesday, at 11 a.m.; the Wesleyan School-room, Peel Street, Winson Green Road, on Wednesday, at 2 p.m.; and "The British Workman" Reading Rooms, Sherborne Street, near Grosvenor Street, on Thursday, at 11 a.m.: *Dr. Edmund Robinson.*

**BRISTOL.**—The Public Vaccination Station, Peter Street; *Mr. Henry Lawrence*, on Wednesday, at 10 a.m.

**EXETER.**—The Odd Fellows' Hall: *Mr. William A. Budd*, on Thursday, at 3 p.m.

**LEEDS.**—Heed Street: *Mr. Frederick Holmes*, on Tuesday, at 2.30 p.m.

**LIVERPOOL.**—The Welsh Chapel, Holt Road, Edge Lane, West Derby: *Mr. Roger Parker*, on Thursday, at 2.30 p.m.

**MANCHESTER.**—72, Rochdale Road: *Mr. Ellis Southern Guest*, on Monday, at 2 p.m.

**NEWCASTLE-UPON-TYNE.**—The Central Vaccination Station, 21, Nuu Street: *Mr. John Hawthorn*, on Wednesday, at 3 p.m.

**SHEFFIELD.**—The Public Vaccination Station, Townhead Street: *Mr. William Skinner*, on Tuesday, at 3 p.m.

**EDINBURGH.**—Royal Dispensary: *Dr. William Husband*, on Wed-



nesday and Saturday, at 12. The New Town Dispensary: Dr. James O. Affleck, on Wednesday and Saturday, at 1.

GLASGOW.—The Hall of the Faculty of Physicians and Surgeons: Dr. Hugh Thomson, on Monday, at 12. The Royal Infirmary: Dr. Robert Duulop Tannahill, on Monday and Thursday, at 12. The Western Infirmary; Dr. David Caldwell McVail, on Monday, at 1 p.m.

Candidates for the certificate by examination are recommended to communicate some days beforehand with the Examiner at whose station they propose to attend.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN: SCHOOL OF PHARMACY.—The session will commence on October 1st, 1885, and extend to July 31st, 1886. Lectures on Chemistry will be delivered by Professor Dunstan, on Monday, Tuesday, and Wednesday mornings, at 9 o'clock, commencing on Monday, October 5th. There will be two courses of sixty lectures during the session—the course which commences in October and ends in February being repeated, with additions, in the following five months. Each course will be complete in itself. Demonstrations in Practical Pharmacy will be given by Joseph Ince, F.L.S., under the direction of Emeritus Professor Redwood. Lectures on Botany and Materia Medica, by Professor Bentley, on Thursday, Friday, and Saturday mornings, at 9 o'clock, commencing Thursday, October 1st. During the session, two courses of lectures will be delivered, each consisting of 60 lectures. The first course, extending from October to the end of February, will comprise Botany and Materia Medica with especial reference to Structural Botany, and the use of the microscope in distinguishing the various drugs; and the second course, which commences in March and extends to the end of July, will also comprise Botany and Materia Medica, with especial reference to Systematic and Practical Botany. Each course will be complete in itself, although each will have a definite object in view. The portion of the second course on Systematic and Practical Botany, consisting of 20 lectures, commences in May and ends in July. Separate entries may be made for this portion. The laboratories for the study of Practical Chemistry will be opened on Thursday, October 1st, at 10 a.m., under the direction of Professor Atfield, assisted by the Demonstrator of Practical Chemistry, Mr. F. W. Short, and the Assistant-Demonstrator, Mr. E. J. Eastes. Pupils can enter for any period at any date. A complete course of instruction, including the higher branches of Quantitative Analysis, occupies ten full months, and dates from the day of entry to that day twelvemonth. The laboratories are open daily. Vacation months, August and September. Prospectuses and further particulars may be had of the professors or their assistants, 17, Bloomsbury Square, W.C.

WEST LONDON PREPARATORY SCHOOL OF MEDICINE.—At the school recently organised in connection with the West London Hospital lessons are given in the subjects of the first part of the first examination for the conjoined diplomas of L.R.C.P. and M.R.C.S., namely, chemistry, physics, materia medica, and botany. Osteology is also taught, and the students are admitted to the practice of the hospital, which contains over 100 beds and has a large out-patient department. The time counts for a part of the four years' curriculum; and the fees are—18 guineas for one winter session, 25 guineas for one year. The school has an excellent laboratory—chemical and physical—and a complete collection of materia medica. One of the main purposes of the school is to give intending medical students an early insight into medical work so that they may, without needless loss of time or money, be able to judge whether or not they have chosen the right profession.

DEVON AND EXETER HOSPITAL, EXETER.—Medical and Surgical Staff: *Consulting Physician*, Dr. Drake; *Physicians*, Dr. Lewis Shapter, Dr. H. Davy; *Consulting Surgeons*, Mr. A. J. Cumming, Mr. T. U. Caird; *Surgeons*, Mr. Bankart, Mr. Budd, Mr. Harris, Mr. Domville; *House Surgeon*, Dr. Blomfield. The Hospital contains 214 beds (including special children's ward). There is a good library, museum, dissecting and *post-mortem* rooms. Attendance on the practice of this Hospital qualifies for all the examining boards. Arrangements may be made by which students can attend Midwifery. For further particulars as to fees, &c., apply to the House Surgeon. WEST OF ENGLAND EYE INFIRMARY, EXETER.—*Surgical Staff*, Mr. Bankart, Mr. Tossill; *Registrar*, Mr. Roper. The Infirmary contains 50 beds. Arrangements could be made for students of the Exeter Hospital to attend the practice of the Eye Infirmary.

THE LONDON SCHOOL OF MEDICINE FOR WOMEN.—Three of the licensing bodies now admit women for their diplomas and degrees, viz., the University of London, the Royal University of Ireland, and the King and Queen's College of Physicians in Ireland. All the courses of lectures required by these bodies are given at 30, Henrietta Street, Brunswick Square, W.C., the sessions corresponding with those of other medical schools. Clinical instruction and lectures are given at the Royal Free Hospital, which contains 150 beds; attendance on confinements is obtained in connection with one of the lying-in hospitals, and practical experience of fever cases, a certificate of which is required by the Irish College of Physicians, may be acquired at the London Fever Hospital. The composition fee for the ordinary curriculum and clinical instruction at the Royal Free Hospital amounts to 125*l*. An entrance scholarship of 30*l*. is offered for competition at the end of September in each year.

BATH ROYAL UNITED HOSPITAL (120 beds).—Honorary Consulting Physician, Dr. Coates; Honorary Physicians, Drs. Goodridge, Cole, and Fox. Honorary Surgeons, Messrs. Stockwell, Fowler and Freeman; Honorary Medical Officers for out-patients, Dr. Field, Messrs. Cowan and Craddock; Honorary Assistant Surgeons, Messrs. Green, Scott, and Ransford; Dental Surgeon, Mr. Gainc; Pathological Registrar and Curator, Mr. H. Culliford Hopkins. The Hospital is recognised by the Royal Colleges of Physicians and Surgeons, &c., and licensed for dissections. It contains a library and an excellent museum, in which are a large number of interesting specimens, both in pathology and comparative anatomy. Fees for attendance—twelve months, 10*l*. 10*s*.; six months, 5*l*. 5*s*.; instruction in Practical Pharmacy, 5*l*. 5*s*. Number of patients admitted during the past year, 1,159; out-patients, 8,383. Operations performed, 189. Anæsthetics recorded, 199. For further particulars apply to Registrar and Curator.

LONDON FEVER HOSPITAL, ISLINGTON.—This Hospital is recognised by the Royal University of Ireland, and certificates of attendance on fever cases given by the Resident Medical Officer are accepted both by the University and by the King and Queen's College of Physicians in Ireland.

SPECIAL HOSPITALS IN LONDON.—Besides those special hospitals already mentioned, the practice of the following may also be attended:—The Hospital for Sick Children, Great Ormond Street, W.C. (9 a.m. every day). The Evelina and East London Hospitals for Children. The Hospital for Diseases of the Throat, Golden Square, W. The Central Throat and Ear Hospital, Gray's Inn Lane, W.C. The Hospital for Women (clinical lectures during the Session). St. Peter's Hospital for Stone. St Luke's Hospital for the Insane (two Clinical Assistants appointed half-yearly). The National Hospital for the Paralysed and Epileptic, &c.

UNIVERSITY OF CAMBRIDGE, CERTIFICATE IN SANITARY SCIENCE.—The next examination for this Certificate, open to all whose names are on the Medical Register of the United Kingdom, will begin on Tuesday, October 6th. The names of Candidates must be sent, on or before September 23th, to Professor Liveing, Cambridge.



# Medical Times and Gazette.

SATURDAY, SEPTEMBER 12, 1885.

## THE PROSPECTS AND THE PROMISES OF MEDICINE.

EVERYONE who makes choice of a profession, is at some time exercised by a consideration of the prospects it presents to him for the attainment of "success." Few words convey at different times and to different men more varied meanings. Comfort, independence, wealth, the satisfied ambition of rank, or fame, or power have their share in that eagerly sought compound of material welfare which the world for convenience' sake groups under a single name. But all these are differently valued by each separate individual, who also imports into his estimate of their relative and collective importance the personal element of his own peculiar idiosyncrasies; so that for him success in life—whether he ultimately succeeds in attaining it or not, whether Fortune seems to withhold it to the last or to yield it almost unsought, or whether he carves it for himself from out a formless chaos of adversity—has a meaning differing by something subtle yet distinct from that assigned to it by his fellows. Not long since a would-be philanthropist took occasion to point out that of all the professions open to aspiring youth, medicine presented the least enticing prospects of material success. Already overcrowded, it promised to become still more so. Compared with other callings it was poor in prizes. Amongst its members competition was keen, and not always over-scrupulous in method. It is not possible to deny the general truth of these statements. For the modern *Æsculapius*, though he reach the utmost pinnacle of success in his profession, there is nothing like the Woolsack or an Archbishopric in store; the man whose personal skill has saved a hundred lives, and who has enriched humanity with knowledge that will save millions throughout years to come, receives from the State less honour and reward than awaits the successful soldier and the complaisant politician. But the whole truth is something more. There can be no doubt that one great secret of the attraction which calls so many to the ranks of our profession, and which enables them to find therein if not success its next best substitute, lies in the scope which it affords for the exercise and cultivation of a man's individuality. While human beings come into the world and pass out of it, there will be need of the doctor. But while ignorance and vice and folly breed sorrow and disease, there will be no lack of work for him to do; and in doing it he will succeed best who knows and appreciates not merely the bodily ailments, but also the several personalities of his patients. It is a trite saying that no man knows all minds. But the delicate shadings of character which one will miss are recognised by another, and *vice versa*. So it comes

to pass that, just as each practitioner comes in time to reckon amongst his patients mainly those whose mental leanings he is specially able to appreciate—there being as it were a link of unconscious congeniality between their natures and his own—amongst the diverse peculiarities of individual character, there are always to be found those whom the complemental individuality of some medical man will suit. In some sense this is a doctrine of affinities, but such affinities hold an important place in human nature, and their due appreciation is an important factor in real professional success. The practice of medicine, in short, is concerned with human nature no less than with the structure and the ailments of the human body. Herein lie at once its difficulties and its charm, and some would say, its dangers. The charm has been already alluded to as one of the great attractions of the profession. The difficulties are not greater than those which attend any work that is worthy of man's best efforts, and for which this life is all too short. Its so-called dangers will not deter him who enters on his calling with a reverent appreciation of its nobility, determined to fulfil its duties in the spirit of an upright honourable man. It is but a cynical doctrine, degrading alike to patient and practitioner, which teaches that the human nature which enters so largely into those problems of disease that we are asked to solve, shall be studied only in the abstract—as if anatomy were to be learned only in the dissecting room and not applied practically for the alleviation of the living sufferer; which would have the doctor comport himself like some physiological combination of spanner and oil-can, prepared to screw up the slackened bolts and to lubricate the creaking joints of the human machine with a cold metallic accuracy: but which would sternly repress any interchange of human sympathy and friendship. By friendship is here meant, of course, something infinitely different from the familiarity which sometimes masquerades under that name, and whose very essence is the contempt which is sooner or later proverbially developed on one or both sides. No practitioner was ever yet the worse for having honestly gained the honest friendship of a patient, and it would be hard to say how often and how greatly such friendships have proved of benefit to both. What would the world at large gain by the practice of a social asceticism which would seriously limit our usefulness by setting up a bar to mutual confidence, and rendering barely possible the exercise of mutual respect?

On the whole, then, there is encouragement as well as welcome to those whose names will appear in the Students' Roll of 1885. They may be assured that there is still room in the profession for all those who adopt it with unselfish earnestness, and that honest labour for lofty aims will not fail of due reward. We might go further still, and say that there is probably no other calling in which a man, who really knows his work, and who performs it in the courteous spirit of a conscientious gentleman, will find so much satisfaction, and the world so pleasant a place to live in. Whatever be the line of practice that he may have adopted, the educated physician is surrounded by opportunities of keeping touch with those who are making the history



of other branches of knowledge. His daily work is on the borderland of all the sciences ; he can gather information from the nooks and corners of existence ; and it is his province to teach some of the truths most important to the welfare of mankind. And all this can be done, can be best done, without any sacrifice of humanity to science. His words of warning, of advice, or of encouragement will not be the less regarded because they fall from the lips of a man who—while he cannot afford to be merely sentimental—feels real sympathy and exhibits true kindness. Surely this is not a despicable prospect, but one which any man might gladly strive to realize. Towards it there runs no certain road but that of honest work—work which is good in plan, in inception, and in execution. Genius will raise one man in a million above his fellows ; but even genius, in so far as it is more than an infinite capacity for taking pains, acts by making a man work exceptionally well in an exceptional manner. Whatever the superstructure, and whether that be completed or not, the foundation of success in the medical profession, as in any other, is painstaking application. Work done at its proper time and in the proper way, steadily and conscientiously, is one of the best safeguards against the worries and disappointments which injure the health and the *morale*, and sour the temper of the half-hearted dreamer. Work so done in such spirit enables the doer to face his examinations as the well-mounted horseman takes the easy fences in the hunting field, almost in his stride. His professional life is the great examination of the medical man, who can never cease to be a student, and his achievements there must be largely dependent upon the thoroughness of his earlier training. For such a man the rewards of material prosperity are reasonably assured ; but they will not be found sweeter than the consciousness of good work well done to the best of his ability. And, although public honours and distinction have their value, it is also true that in this world, in which it is not always the best man who wins, it is sometimes better to deserve than to have attained “success.”

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## PHTHISIS AND THE HIGHER EDUCATION OF WOMEN.

IN Dr. Crichton Browne's introduction to the translation of Dr. Hertel's work on “Overpressure in High Schools in Denmark,” some statistics are given as to the relative liability of the sexes to phthisis, which are, we believe, entirely new, and which are certainly deserving of close attention. “At all ages above thirty-five,” Dr. Crichton Browne says, “men die of consumption in much larger proportion than women ; the rate for England and Wales, calculated on a period of twenty years (1861–80), was 3,535 per million living for the one, and 2,613 for the other. From twenty to twenty-five years of age the death-rate from this disease is almost equal for the two sexes ; thus in the twenty years 1861–80 it was per million living 3,688 for men and 3,748 for women. But from five

to twenty years of age a very different state of things is met with, for then the death-rate of females from consumption is vastly in excess of that of males. In the twenty years 1861–80 the death-rate from consumption of males between fifteen and twenty years of age was 954 per million living, while that of females between the same ages was 2,740. In males again from five to fifteen years of age the death-rate from consumption was 459 per million living, while in females it was 669.”

Various interpretations may be put upon these remarkable figures, but there seems to be no escaping Dr. Crichton Browne's deduction from them that they supply a clear indication of the importance of avoiding in the education of girls every condition and habit of life that can possibly contribute to the establishment of lung disease. That studious pursuits unduly prolonged may, by the imperfect expansion of the lungs which they involve, conduce to consumption, cannot be doubted, and that the nervous excitement which necessarily accompanies rivalry and competitive trials in beings of sensitive organisation, has the same tendency is more than probable. Were there no other answer to the unphysiological demand that boys and girls should be educated on the same plan, along the same lines, and at the same rate, it would be sufficient to point out that girls from fifteen to twenty years of age are three times more liable to consumption than boys.

Consumption has, of course, been greatly restricted in its ravages by social and sanitary reforms, and the death-rate from it has been falling steadily at all ages during the last twenty years. But curiously enough girls from five to fifteen years of age, who ought, we should have thought, considering their indoor life, to have benefited by these reforms more than boys, have really benefited by them less. The death-rate has in their case fallen considerably less than that of boys, and during the last five years it has actually ceased to fall and has indeed risen slightly. Here we have, at any rate, the suggestion that the pressure which has indisputably been brought to bear upon girls of all classes of late years has led to the extension of phthisis and counterbalanced some of the gains to health which the sanitary work has accumulated. The case of Ellen Watson—a brilliantly distinguished graduate of London University, who succumbed to consumption in her twenty-fourth year—is referred to by Dr. Crichton Browne, as a typical one of pulmonary mischief set up by education when pursued not wisely but too well, while that of Professor Clifford, Ellen Watson's teacher, is pointed to as a corresponding instance in the opposite sex. It is unfortunately too true that young men and women of the highest promise often fall victims to phthisis, and that in many of them there are good grounds for believing that they have squandered their living in riotous study, and a prodigal expenditure of strength. The whole subject of the connection of phthisis with educational excesses is eminently deserving of investigation.

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## EDITORIAL NOTES.

THE following are the arrangements by which the opening of the ensuing session will be celebrated at the various medical schools. At St. Bartholomew's Hospital there is, as usual, to be no introductory address on October 1st, but in the evening there will be the ordinary old students' dinner; on October 8th Mr. Morratt Baker will open the session of the Abernethian Society with an address. There will also be no address at Charing Cross, Guy's, and the London Hospitals. At the last-named there will be no public ceremony at all, as the College is in the builder's hands, but at Guy's there will be the usual *soirée* on the evening of the 1st. At St. George's Hospital the address will be delivered at 4 p.m. by Mr. Timothy Holmes. At King's College the prizes will be distributed and an address delivered by the Bishop of London at 4 p.m. At St. Mary's the Session will open with an Introductory Address by Mr. Pepper, after which the prizes will be distributed by Dr. Handfield Jones. The Annual Dinner of past and present students will take place the same evening, Dr. Cheadle in the chair. On Friday, October 2nd, a *Conversazione* will be held in the New School Buildings, at 8.30 p.m. At the Middlesex Hospital Medical School, which is now entering on its second half century, Dr. J. K. Fowler will occupy the position of Orator, and there will be the usual dinner in the evening. At St. Thomas's the address will be delivered by Mr. Mackellar, and the annual dinner will be held in the Governor's Hall at 6.30. At University College Professor Schäfer will give the address at 4 p.m., and the annual dinner will be presided over by Mr. John Marshall. At the Westminster, as already announced, an entirely new medical school will be opened on the 1st. Mr. George Cowell will give the address at 3 p.m., and there will afterwards be a *conversazione*. In the provinces, the Yorkshire College, at Leeds, has secured Mr. Jonathan Hutchinson to officiate at the opening on October 1st of its second session, which corresponds to the fifty-fifth session of the Leeds School of Medicine. At University College, Liverpool, the opening meeting of the Session will be held at St. George's Hall, on Saturday, October 3rd, at 3 p.m., when the prizes will be distributed by Lord Derby, and the address delivered by Professor Bradley. At Sheffield, the address will be given on the 1st, at 5 p.m., by Mr. Rutherford Pye-Smith. At the other provincial schools, the session will open, we believe, without an address on the 1st, though at Newcastle there will be a distribution of prizes at 2 p.m. by Mr. Gainsford Bruce, Q.C.

THE cholera is still raging in Spain, though with diminished severity, as shown by the smaller proportion of deaths to cases. On Wednesday last, 1,569 cases and 572 deaths were recorded. In France, the epidemic has not increased to any notable extent; but there has been an outbreak in Sicily, at Palermo, in the house, it is said, of a laundress who had washed the linen of a sailor disembarked from a French steamer. Cholera

is also stated to have broken out in Belgium at Mons; and during the week the death of a man at Cardiff, who had been engaged to unload a ship from Spain, and had drunk some foul water shipped in that country, has caused a certain amount of consternation in this country. Active measures were, however, at once taken, and the disease has not spread.

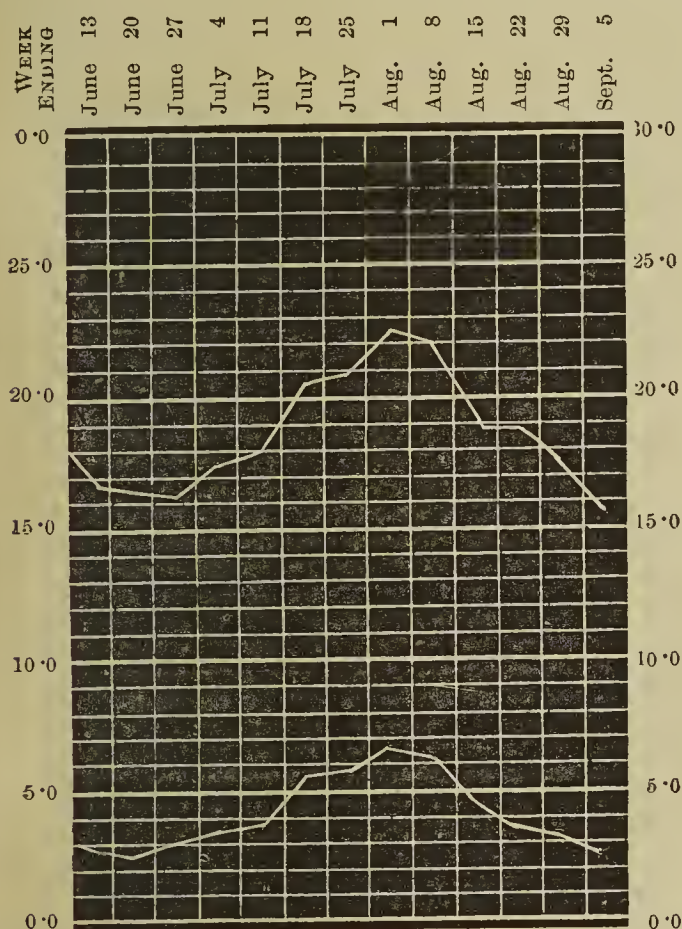
THE accounts that reach us of the state of things in Spain grow more and more terrible. The articles of the special correspondent sent out by the *Times*, and still more the letters from a medical correspondent published in the *Scotsman*, bring before us a tale of horror which needs a Defoe to do it justice. And still in England not a finger is raised to send out help, our city merchants being apparently indisposed to be charitable to a nation which taxes our manufactures. This neglect is not unnoticed in Spain, as the following extract from one of the letters of the *Scotsman's* medical correspondent will show: "Last night I was sitting with my good friend the cura, smoking our cigarettes. There is, I think, a certain Freemasonry between us which rises above creeds, as we have stood together often in the same scenes of woe and sorrow. 'Amigo,' he asked drily, 'how many do you think have already died in this epidemic?' 'Well, padre,' I replied after what I considered a decent interval of silence, 'I should say about seventy thousand.' 'Yes, my friend, that is my calculation, too; and do me the favour to answer another question—Which, in your opinion, was the bloodiest war of modern times?' 'The Civil War in the United States; and in that war, padre, as I read the other day, from the opening shot at Fort Sumter, including seven days' terrible fighting in what are called the battles of the Wilderness, down to the day when the rebel leader gave his sword up to his victorious junior before the lines at Richmond, there fell in the Northern armies in battle 66,000 men.' 'Yes, my friend, and to every quarrel where blood is to be shed, neutral nations send money, doctors and nurses; but here, with a nation in its agony, all Europe stands aside with folded arms gazing upon us, and criticising our statistics as we die.'"

THE fifty-fifth annual meeting of the British Association was opened on Wednesday, at Aberdeen, under the presidency of Sir Lyon Playfair. The President delivered a long and most interesting address on the relations of science to the public weal, comment on which we must defer through want of space until our next number.

OUR Pharmaceutical friends would seem to have lofty ideas as to their own functions, for we observe that at the recent Congress at Brussels a discussion on cooking and drinking water took place, but such a debate was perhaps not inappropriate, seeing that a few days before they had resolved that the title of Doctor of Pharmacy ought to be substituted for the now generally used terms of apothecary, chemist, &c. We can readily believe that they were in earnest when they decided that "this assembly desires to see pharmaceutical patent medicines absolutely prohibited."



THE death-rate of London last week touched a lower point, viz., 15·8 per 1,000, than it has reached for exactly four years. The month of September is generally almost the healthiest of the year; the diarrhoea curve which usually attains its highest in the hot weather of July and August has then almost fallen to its normal level, while the cold weather mortality from bronchitis, whooping-cough, &c., has not yet begun to rise. If only enteric fever, the autumnal disease *par excellence*, is not more than endemically present, a temperate September is almost always distinguished by a low death-rate. Last week London was fortunate in its mortality compared with other large centres of population; only two of the 27 large English towns taken



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past thirteen weeks.

account of by the Registrar-General scored a lower death-rate, viz., Huddersfield and Hull. The London death-rate, in fact, was nearly 4·0 per 1,000 lower than the average death-rate of the other large towns. The total deaths in London were 252, and the zymotic deaths 134 below the average. The deaths of London residents from small-pox numbered only 6, but there was a slight rise in the week's admissions. The deaths from scarlet and enteric fever, whooping-cough, and diarrhoea were also below the average, the mortality from the last-named disease being less than half the average; but the deaths from measles and diphtheria were above the average. Diarrhoea was very fatal in Birmingham, Portsmouth, Salford, and Preston. The temperature of the week was 2·7° below the average and there was aggregate rainfall of 0·40 of an inch.

LAST Saturday, in the unavoidable absence of the Home Secretary, a numerous and influential deputation

representing the Local Board and inhabitants of Hackney, waited on Mr. Godfrey Lushington, to whom they presented a memorial drawing attention to the "dangerous and pestilential condition of the river Lea," and suggesting "a large scheme of drainage as a necessary work for the future" as well as the urgent need for temporary relief not only by frequent flushing, but by dredging the river bed. Mr. Gane, Chairman of the Local Board, Mr. Runtz, the representative of the parish on the Metropolitan Board of Works, Sir Guyer Hunter, and Sir Lewis Pelly were among the speakers. Mr. Gane suggested the turning of the Tottenham Sewage into the Metropolitan system, but Mr. Runtz urging, as we did in our article of last week, that those sewers were already over-taxed, advised the construction of a Lea Valley sewer to convey the sewage of the entire district to Barking, and that the Tottenham Board be meanwhile compelled to use the same means for deodorisation as have been employed with very fair success by the Metropolitan Board. The cost of the sewer spread over 50 years, would not, he thought, necessitate a rate of more than 5*d.* or 6*d.* in the pound. Sir W. G. Hunter thought that if the unanimous concurrence of all the local authorities could be secured, the burden would be even less, but meanwhile urged the adoption of temporary measures, and the reconstitution of the Lea Conservancy Board with increased powers. Sir Lewis Pelly would have the Imperial Government interfere, and take the matter in hand, relying on the subsequent sanction of Parliament.

MR G. LUSHINGTON'S reply was even more unsatisfactory than those which are usually vouchsafed to deputations; though it must be conceded that he could not speak with the authority of an actual minister. The Home Secretary, he said, sympathised with them, but could not rectify the evil by a stroke of the pen. He could not order the Water Company to take less water than they were entitled to and the people of London required, nor the Conservancy to do more in the way of cleansing the river than they had done, nor the Metropolitan Board of Works to undertake the disposal of more sewage than they considered their sewers could accommodate. Legislation alone could effect a remedy, but it was not in his power to anticipate the form it should take, nor the public department or private individuals by whom it should be promoted. Of the duties and shortcomings of the Tottenham Board he said nothing.

THE inhabitants of north-east London, however, are in real earnest, in fact in a state bordering on open insurrection, so much so, that one of the speakers at the demonstration that took place later in the day deemed it necessary to deprecate resort to violence. This demonstration was, as befitted the occasion, grim and funereal, albeit almost grotesque in its hideous paraphernalia. Black boats, draped with crape, were carried on carts, while black and white banners were plentifully displayed, bearing such mottoes as "Death," "Sewage and Starvation," "Tottenham Sewer, once our River Lea," "Cholera invited," &c., and profusely



adorned with skulls and crossbones, most of the devices having been designed and executed by a boat proprietor, who felt a painful pleasure in conducing to the effectiveness of the scene, his takings having fallen from 35*l.* to 2*l.* weekly, in consequence of the state of the river. A steady downpour of rain added to the gloom as the processions numbering some thousands in all wended their way, enlivened only by the bands of the Conservative and Radical Clubs.

THE meeting was even more representative than the previous deputation. On the improvised platform were the members for the present borough, the Liberal and Conservative candidates, the leading members of the Local Board, the several political clubs, the clergy, medical men, and inhabitants generally. The matter of the speeches was the "old, old story," but the Conservative candidates were loudest in their demand for radical reform, Mr. Darling urging continued agitation until the authorities, and especially the Lea Conservancy, were roused to action, and Sir Louis Pelly stating it as his opinion that the nuisance had attained to such proportions as to be beyond the reach of parochial authority, and that as the subject was one of deep interest to the whole of the metropolis, he thought the meeting was quite justified in appealing to the Local Government Board. Dr. East moved that the future members of Parliament for the Borough (of whom we sincerely trust Sir Guyer Hunter will be one) should seek to obtain a Select Committee of the House of Commons on the whole subject, and that the existing Local Committee be made permanent.

THE anomaly of the exemption of the metropolis from the provision of the Public Health Act adds to the difficulties by which the question of the Lea pollution is surrounded. The sufferers therefrom being within the metropolitan area cannot, in the present state of the law, appeal to the Local Government Board, though the originators of the nuisance are within its jurisdiction, and any sewerage scheme for the relief of the population of the East London Boroughs would come under the cognisance of that Board, and be entirely out of the jurisdiction of the Home Secretary, who is the supreme arbiter for the metropolis in such matters. It is not generally known that the process by which the Tottenham Board pretend to purify their sewage is that of Hillé, one which has long been proved utterly useless for the purpose. It is simply the old lime process with the addition of carbolic acid. Could not the Local Government Board compel them to make some temporary arrangement with the A.B.C. Company pending the construction of sewerage works for the whole valley of Lea? Whatever opinion may be held as to the value of the artificial guano as a manure, or the commercial success of such undertakings, we can assert from personal knowledge that the A.B.C. effluent is odourless and colourless, which cannot be said of Hillé's.

THE late public excitement about the pollution of the River Lea and the sanitary state of Tottenham, has stimulated the Local Government Board to make public a report which has been pigeon-holed since the latter end of May. About that time, in consequence of the prevalence of diphtheria and enteric fever in the Tottenham Urban Sanitary District, Mr. R. D. R. Sweeting made a report upon it. From diphtheria during 1884 there were 48 deaths, and besides these 33 deaths referred to various throat troubles, such as cynanche, laryngitis, ulcerated throat, &c., may with great probability be also attributed to diphtheria. Up to the end of April this year there were 17 deaths from diphtheria. With the exception of 7 cases all these deaths were of children under ten years of age. From enteric fever during 1884 there were 29 deaths, and up to April 9th of this year there were 7 more; in all cases the victims were above 15 years of age. The fatal cases of both these diseases appear to have been evenly distributed over the whole district. As a result of his enquiry M. Sweeting reported that ventilation of the sewers is irregularly provided throughout the district, and is in many places inadequate. Systematic flushing of the sewers is not provided. He found that there was a strong public belief that these diseases were due to faulty sewer conditions. The water supply of Tottenham is intermittent, and as a consequence water is stored in cisterns many of which were so situated as to render the water stored in them unfit for drinking. Defects in the house drainage of the usual kind were found in 65 per cent. of the houses where enteric fever had broken out, and in 20 per cent. of those where there had been cases of diphtheria. The want of regular systematic scavenging is pointed out as a serious cause of complaint, and many of the houses are unprovided with ashpits. Since the last inspection eleven years ago by Mr. Netten Radcliffe, the Moselle Brook has been culverted in a great part of its length, and where still open its bed and sides have been cemented, but notwithstanding he found it in places foul-smelling, and silted up with sewage deposit, the result of the emptying into it of the overflow from an 18-inch sewer. There are no adequate means of isolation, but the Sanitary Committee of the Local Board are said to be on the look-out for one. The report concludes with recommendations for amending the various defects to which attention has been called.

PEASANT proprietorship, which is proclaimed in some quarters as the surest means of elevating the masses and relieving national want, does not seem entirely satisfactory when the results for which it is responsible in other lands are examined with the unprejudiced eye of the sanitarian and tested by the principles of political economy. The French peasantry, for instance, are quoted all the world over as examples of thrift, and in France peasant proprietorship has now been for long a part of the national order of things. But the patch of landed property to which each peasant is so rigorously *adscriptus*, is so small, or so broken up into scattered morsels, that "thrift" becomes for the most part only another name for the struggle



of keeping body and soul together, which allows no time and no means for the softening or embellishment of life and its surroundings. The pictures which Lady Verney gives of peasant existence—it scarcely accords with our ideas of life—in France are corroborated by other observers, and they afford the clearest explanation of the stationary condition of the population of the country. Every additional mouth to feed is a serious burden to people who buy their land, when they can afford to buy at all, by the *toise* (six feet square) or so at a time. Amidst the hardy French Canadians, who have trebled their numbers within the last hundred years, the average number of children in a family is six. In rural France there are seldom more than two or three, not rarely none; and the reply to questioners on the subject is “Je n'en ai pas; à quoi bon avoir des enfants? Il faut vivre.” This “voluntary limitation of families” is forced upon the people as one of the conditions of their life. In the words of a Frenchman remarking on this fact, “Ils n'ont pas le Malthus, mais ils pratiquent instinctivement ses principes.” A Swiss writer—and some of the Swiss cantons furnish examples quite as striking—says, “It is only because the French have such small families and the population is absolutely stationary, that the peasant proprietors can live.”

In some alarm, apparently, at the numerical stasis of the population, the French Chamber of Deputies has recently revived a law of the Revolution which provided board and education at the expense of the State for the seventh child of French families, and have agreed to a vote of 400,000 francs for the purpose. By the law of 1805 the privilege was limited to boys only; but both sexes are now to be placed on an equality, the only restriction being that the children shall be in necessitous circumstances. The State will not adopt the child before the age of six, and will again disown it on the completion of its education. The paradox appears complete. The liberty which enforces the ownership of small holdings by compelling the subdivision of a man's landed property amongst his children, leads to the abuse of individual freedom. The equality which gives a share of the land to every one is no friend to fraternity, for these small owners are admittedly bad and jealous neighbours. And the bounty which was offered eighty years ago with a view to recruit the military strength of the country, exhausted by wars and pestilence, is resuscitated in 1885 by a Government startled into offering a premium for the growth of the population which its own laws keep in check. England is not a sparsely populated country; but we should be sorry to see the growth of its people stunted by such a cause as this. Providence may not be the most striking virtue of the English labourer; and his lot is too often hard, monotonous and unhealthy. But we would not willingly see it transformed into a sordid and unlovely struggle for a bare existence, with no room for beauty and no leisure for enlightenment.

## CORRESPONDENCE.

### THE DISSENSIONS IN AMERICA.

[To the Editor of the Medical Times.]

DEAR SIR,—I notice in the *New York Medical Record*, of August 1, a quoted editorial article from your Gazette (date not given). Instead of replying directly to your editorial, it may be just as well to send you a copy of a letter sent to Sir William MacCormac a few days ago, in reply to a letter from him, published in the *Boston Medical and Surgical Journal*, of August 13th. The numbers of the *Journal of the American Medical Association* which I send with this letter, will substantially answer your editorial, and all other similar editorial articles that have appeared in various journals in Europe.

I am, Sir, yours, &c.

N. S. DAVIS.

*Journal of the American Medical Association*,  
65, Randolph St., Chicago, Aug. 20, 1885.

To SIR WILLIAM MACCORMAC, 13, Harley Street,  
London.

MY DEAR SIR,—Having just read in the *Boston Medical and Surgical Journal*, of August 13th, your letter to Dr. J. Collins Warren regarding the International Medical Congress, I feel that it is incumbent upon me to reply to it personally, not only on the part of the medical profession of the United States, but also on the part of the American Medical Association; and also on account of your manifest misapprehension of the “serious disagreement” of which you speak in your letter. *Imprimis*, I will say that everything that has as yet been said by the European press generally, and by the letters of individual men in Europe, bears the evidence of misapprehension and misinformation. Our foreign *confrères*, have accepted, unreservedly, the statements of certain medical journals and private parties in Philadelphia and New York, who from the very first of this little misunderstanding (which should be a private affair until it is definitely settled in one way or the other) have endeavoured to obstruct the Committee of Arrangements for the Ninth International Medical Congress. I have said that it should be a private affair until it is definitely settled. It is unfortunate that some Americans have a morbid tendency to hang their laundry on the front street, where each passer-by may tell at a glance the character and extent of his neighbour's wardrobe. But still, it ill becomes his neighbour to tell it the world; still less does it become the outside world to animadvert on it before hearing both sides of the question. The profession in Europe seems to have heard of this matter from one side only, and, without being conversant with the facts, have hastily jumped to very illogical conclusions. As there is only one body in England representative of the whole English or British profession, the British Medical Association, so there is only one in the United States which could, under any possible circumstances, represent the profession in the United States; and that is the American Medical Association. From Maine to California, and from the British possessions on the North to Mexico on the South, every State and Territory is represented in that body. Now, you say in your letter that you are “sure that it was present to the mind of every one there (Copenhagen) that the invitation (to have the Congress meet in Washington in 1887) was one from the profession of America and not from any section of it, or any particular medical society in it.” To which it may be replied: The invitation was extended by Dr. Billings, and Dr. Billings had been appointed to extend the invitation. Who appointed him? Whence came his authority for assuring the Congress that it would receive a warm welcome in this country in 1887? He was one of a committee appointed at a meeting of the American Medical Association.



tion, by the President of the Association, who acted for the Association, and by the authority of the Association. And the necessary funds for enabling this Committee to perform their work were voted to it by the Association; and they drew upon the Treasurer of the Association for the money. Further than this, the Committee was known and recognised as the Committee of the American Medical Association on the Organisation of the Ninth International Medical Congress. They themselves recognised the fact that they were the Committee of the American Medical Association; else why should they have reported to the Association at its last meeting, in April, 1885? Can any one imagine a body of sane men reporting to another body to which they owe nothing, and to which they are in no way amenable? Yet, when the creator of that Committee, the body to which it owed its very existence, saw fit, on just grounds, to revise a part of their work, and to appoint additional members to the Committee to aid in such revision, they boldly say that the Association has nothing to do with it. The merest tiro in Parliamentary law knows that the power which appoints a committee may refuse to accept any of the work, and appoint a new committee if it see fit. That right is unquestionable, and unquestioned save by those who know not whereof they speak. The American Medical Association has invited the Congress to meet in Washington in 1887, and the invitation has been accepted. The American Medical Association is fully competent to make all necessary arrangements for that meeting, on as liberal a basis as has characterised any of the preceding Congresses. We only ask that our brethren in Europe will reserve their comments until the programme is completed and before them.

I am, Sir, yours, &c.,  
N. S. DAVIS.

[We have not space in the present number to deal fully with Dr. Davis's letter or with the other documents stating the case of the American Medical Association which have reached us. We may, however, point out here that the British Medical Association has never claimed to represent the whole English profession, though we believe its claim to do so, if it should ever be so ill-advised as to make it, would be much more valid than the claim put forward on behalf of the American Medical Association. Whatever Dr. Davis may say, the fact remains, as the officers of the London Congress have stated, that on no previous occasion has any medical body attempted to capture and run the International Congress as the American Association is now attempting to do.—EDITOR *Medical Times*.]

## MEDICAL NEWS.

### DEATHS.

HARRIS, FRANCIS, M.D., of 24, Cavendish Square, and The Grange, Larnberhurst, Kent, on September 3, aged 55.  
HEDLEY, CHARLES, M.R.C.S., L.S.A., at Welford, Rugby, on September 1st.  
PORTEOUS, G. M. M.D., J.P., at Croftweet, Crieff, on September 2nd, in his 69th year.  
WATT, JOHN PATON, M.D., at Georgetown, Demerara, West Indies, on August 12th, in his 48th year.

## NOTES, QUERIES, AND REPLIES.

### THE CASE OF DR. BRADLEY.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—Will you kindly publish the following additional list of subscriptions received for the Bradley Fund?

I remain, yours faithfully,  
RICHARD JEFFREYS.

Eastwood House, Chesterfield.

P.S.—The following is a copy of a letter received:—

Cromwell House, Chapel-en-le-Frith,  
near Stockport.

DEAR SIR,—I enclose cheque for one guinea towards the subscription you are getting up for Dr. Bradley. I was in the Court

during the hearing of the case, and thought the verdict a most shameful and illegal construction of the evidence. With sincere sympathy for your cause and trusting it may prosper,

I remain, Sir, yours, &c.,

R. Jeffreys, Esq.

W. STIRLING ANDERSON.

Mr. Frederick William Jowers, Mr. Edward Lund, each, £5 5s.; Mr. C. A. Aitkin, £3 3s.; Dr. T. Grainger Stewart, Dr. Arthur W. Edis, Mr. Septimus W. Sibley, Dr. Anthony H. Corley, Dr. Marriott, Dr. J. T. Banks, Dr. Dyce Duckworth, each, £2 2s.; Mr. G. O. Siddall, Dr. M. Griffith Evans, Dr. Robert Laurie, Mr. Charles J. Pinching, Dr. Thomas William Kyle, Mr. M. George Biggs, Dr. C. J. Cullingworth, Dr. George Ernest Herman, Dr. Arthur W. Orwin, Dr. J. Halliday Croom, Dr. G. H. Rickards, Dr. Joseph Coats, Dr. Withers Moore, Dr. S. J. Ramsbotham, Dr. W. J. Sinclair, each, £1 1s.; Dr. J. Caldwell Unthoff, Dr. Henry S. Ferguson, Mr. Joseph Bell, each, £1; Mr. Ethelbert Hosking, Mr. Langsford Clay, Dr. G. Dickson, Dr. C. K. Hitchcock, each, 10s. 6d.; Mr. Charles Crossley, Mr. John R. Baumgartner, Dr. Alfred Neale, Mr. Frederick Melland, Mr. Frank S. Goulder, each, 10s.; Mr. James Dewar, Mr. Albert Haslewood, Dr. Jno. Ritchie, each, £5.

*Medicus*.—The case you mention is not one in which the General Medical Council would take the initiative. If the matter were brought before the Corporation from whom the offender obtained his diploma, some good might result.

### COMMUNICATIONS RECEIVED—

Professor GAIRDNER, Glasgow; Dr. WILLOUGHBY, London; Mr. NOBLE SMITH, London; Dr. SHELLY, Hertford; Mr. MAKINS, London; Mr. DAVIS, Chicago; Dr. SHOEMAKER, Philadelphia; Mr. G. TOPHAM, London; MEDICUS; Dr. ROBERT REILLY, Boyle; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; The Rev. F. LAWRENCE, York; OUR BOMBAY CORRESPONDENT; THE DEAN OF THE MEDICAL SCHOOL, ST. MARY'S HOSPITAL, London; Mr. JOHN BELLAMY, London; Mr. JAS. DIXON, Dorking; Mr. JOHN MILLER, Glasgow; THE REGISTRAR - GENERAL FOR SCOTLAND, Edinburgh; Dr. FOWLER, Glenlivet; THE REGISTRAR - GENERAL FOR ENGLAND, London; Dr. DRESCHFELD, Fürth; OUR DUBLIN CORRESPONDENT; OUR EDINBURGH CORRESPONDENT; Mr. WALTER PYE, London; Messrs. BARR & SON, London; THE PRESIDENT, ETC., OF GUY'S HOSPITAL, London; Mr. R. JEFFREYS, Chesterfield; Dr. DAY, London; Mr. FIELD, London.

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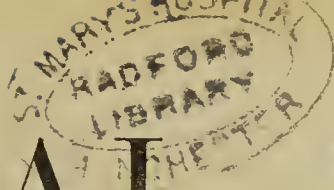
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# MEDICAL TIMES

AND GAZETTE.

No. 1838. LONDON, SATURDAY, SEPTEMBER 19, 1885.

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By W. T. GAIRDNER, M.D., LL.D.,

Professor of Medicine in the University of Glasgow.

(Continued from page 275.)

THE case which I mentioned to you as comparable in some respects with that of Jane M., is that of Mary Jane S., aged 10, who was admitted to the Western Infirmary on the 13th March, 1885. There is this marked difference, however, between the two cases, that while I was never at any time very uneasy as regards the one already narrated, I felt on the other hand, from the first, that Mary Jane S. was in great, even immediate, danger of collapse; and it was only from the observation of the good effects within a few days of the remedies employed, that I

began to hope that she might so far recover as to be a chronic invalid, and that with very great care she might possibly escape for a more or less considerable time. Yet she, not less than Jane M., had passed for a healthy child up to three weeks before admission; her previous history is, indeed, not so well known to us, but we know that she was at school up to a week before the day of her admission, although she is described as listless and drowsy and unable to learn; also as physically very weak during her reported illness, *i.e.*, from the latter end of February. I am tolerably certain, but still without positive evidence, that she may have been failing in health even before this; her first symptoms were in every particular those of what is commonly called “*tabes mesenterica*” (or, popularly, “consumption of the bowels,” as in the elder sister of Jane M.), *i.e.*, flatulence with pain, tumid abdomen, diarrhœa, some cough, emaciation, and probably more or less fever. It was the diarrhœa, gradually increasing in severity, that finally drove her away from school, and led to her being brought to us. Vomiting had been an early, but by no means a persistent, symptom, being brought on apparently by some powders prescribed for her. There was nothing to lead us to infer that she had been the subject of any serious illness preceding the present.

When she first came under our observation I was afraid to handle or disturb her too much. There was great tenderness of the whole abdomen, which was much distended, and the superficial veins very much



enlarged. Had it been a case of typhoid fever (and there was no absolute security that it might not prove to be so) I should have been apprehensive of perforation, either actually present or impending. The face was flushed and bedewed with perspiration. The temperature, however, did not exceed  $101.6^{\circ}$ , and I noticed that she had not the peculiar aspect of acute peritonitis from perforation; nor had she the disposition to draw up the knees, nor to lie in a constrained position on account of pain. There were no rose-spots, and I concluded, on the whole, that it was probably not a case of typhoid fever. The statement of the physical signs in the abdomen is very much a repetition, with variations in detail, of what we observed together so carefully in the case of Jane M., and accordingly I shall abstain from giving you all the facts over again. But in the chest there were both symptoms and physical signs not present at any time in Jane M.'s case; in the main those of a mild general bronchitis, but without any expectoration; and we learned that cough, though not much complained of, had even preceded the abdominal symptoms. Both mucous and sonorous râles were heard on both sides, predominating towards the bases. The percussion of the chest was normal.

These facts were not fully ascertained till three days after admission, as I was unwilling to disturb her by too much examination. Opium was at once begun in doses of  $\frac{1}{3}$  gr. with gr. ij of quinine three times a day. Fomentations were applied to the abdomen evidently with much relief. On the 16th of March she was already so much better that I was able to present her to the clinical class, but still with extreme precautions as to handling the abdomen overmuch. We were able at that time to make out that, as compared with a purely tympanitic abdomen (e.g., from flatus), or a purely ascitic abdomen from serous effusion in the peritonæum, there were slight variations in the elastic resistance of particular parts of the abdomen. These differences further corroborated and reduced to order, by a very delicate and careful use of percussion, gave us as a final result the diagram you see here, which I

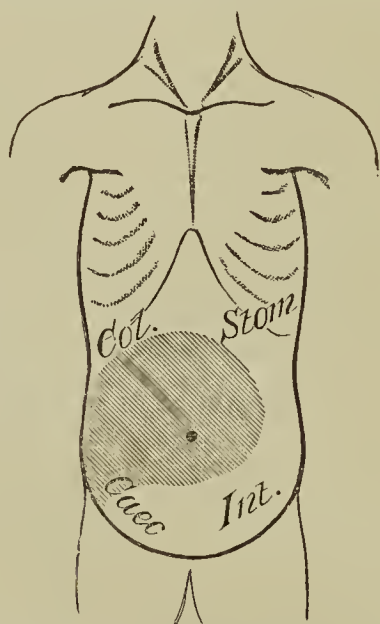


Diagram of percussion of abdomen in case of Mary Jane S., æt. 10.

do not, however, mean to do more than indicate generally as emerging from several examinations by myself and Dr. Middleton, sketched out and perhaps a little idealised, on the blackboard in lecturing on the case within the next week. In other words, the observations had to be made with such reserve, and the facts themselves were so difficult to demonstrate, that I cannot suppose them to have been made quite clearly apparent to the whole class, or perhaps in all

points even to the very few who were allowed to participate in the observations. Still, the report of the 16th March bears that I had no doubt at all, myself, even at that date, as to the essential facts, and you may therefore compare this diagram of them, constructed on the basis of data then obtained, with the much more detailed report, at a much later date (July 10th), of Jane M.'s case, which almost every one of you could verify for himself. The facts are essentially the same in both cases—there is a relatively dull area corresponding, I suppose, with the great omentum, which you can shew to be *relatively* dull (but only to the most extremely delicate and superficial percussion-stroke) by comparing it with the gastric area or with that of the colon, cæcum, or intestine anywhere except at the anatomical seat of the great omentum. In other words, the great omentum is thickened in front of the small intestines; but not so much thickened as to prevent your being able easily to elicit everywhere the tympanitic note proper to the abdomen generally, *which only fails to be elicited in this particular area when the force of the percussion-stroke is very carefully reduced to a minimum*. And it is further to be observed (though I will not now trouble you with the details) that both Dr. Middleton and I succeeded in convincing ourselves, and I think also some members, if not all, of the class at this period, that there was no considerable amount of freely gravitating fluid (or perhaps of fluid at all) in the abdominal cavity to interfere with the observations in other respects. We concluded, therefore, that there was thickening of the peritonæum generally, and especially of the great omentum, from fibrinous deposits, including, perhaps, some fluid, but not such an amount as to give rise to physical signs as such.

Upon this subject of the *minimised percussion-stroke*, I should like to take this opportunity of making a few remarks incidentally, because it is one, in my opinion, erroneously, or at least ambiguously, stated in some of your text-books; and practical errors and confusions arising from this source are not uncommon in my experience.

Most persons, and almost all beginners, in employing percussion for the delimitation of organs, *err by percussing too hard*. The desire is, naturally enough, to get a definite and recognisable *quantity* of sound; and, by percussing hard, more sound is got, of course, than when, as in the observations just referred to (case of Mary Jane S.), a carefully minimised stroke is employed. But in increasing the quantity of sound so as to make it apparently or really more easily audible, you are, in most cases, *exactly in a corresponding degree reducing the value of your results*. In other words, the carefully minimised stroke gives you approximately exact definitions: while the stronger stroke necessarily gives you less exact, or wholly inexact, limits of dull and clear areas under like circumstances; the degree of inexactness or vagueness of the results increasing immensely with every degree of added force employed, so that, according to the quite ordinary mode of percussion used by many persons, and by almost all young or inexperienced persons, nothing like exact results can ever be obtained at all. Both in the case of Mary Jane S., for example, and in that of Jane M., all the best results of our percussion would have wholly escaped us, had we employed such a force of percussion-stroke as I observe many of you employ through an instinct and habit that it seems to take much teaching to get over.

Piorry, the great master of *mediate* percussion (as he first called it), and unquestionably a very great man in this art, appears in his numerous writings to proceed throughout on the assumption that percussion operates directly downwards, or in the direction only of the impact, in the way of educing the characteristic sound; and accordingly he speaks always of *superficial* and of



deep percussion (*pereussion profonde*) as if they were facts of the same order and of equal exactness in the delimitation of organs. No doubt Piorry had ways of his own of attaining valuable results both from superficial and from deep percussion, and of thus obviating practically some of the faults of his method, or, at all events, of his doctrine. But he left a legacy of fatal confusion to his successors by teaching that for every organ or structure in the body there was a process of delimitation of its deeper relations, which he implicitly regarded as equally available for exact definition with the superficial; the means for deep percussion being simply a stronger percussion-stroke, which, as I have already said, can never under any circumstances give an exact, or even approximately exact, result in delimitation at all. For it is a physical law which no amount of experience can evade or set at nought, that percussion does *not* operate directly downwards or in the direction of the impact *only*; but, in proportion to the strength of the stroke, laterally, diagonally, and in every possible direction in educing sound. And, therefore, as I said before, deep percussion (so-called) is *necessarily* inexact percussion; and what you gain in volume of sound, by strengthening your stroke, you lose, and far more than lose, in definition,<sup>1</sup> according to a physical law which no amount of skill can overcome. To trace this principle out into a refutation of all the nonsense that has been written in books about the deep and superficial, absolute and relative, limits of certain organs according to percussion, would occupy too much time. I will, therefore, pass to one consideration only, which is very directly related to the subject of this clinical lesson.

What I mean by a *carefully minimised* percussion-stroke is this: You are to percuss so as to elicit the distinctions of sound depending on air-filled or not air-filled viscera when superficially placed in reference to the abdominal wall; but you are not, as a rule, to strengthen your stroke beyond what is absolutely necessary for this purpose, at least when you are in search of objects, such as the thin edge of the liver, which closely underly the surface, or rather the wall of the abdomen.<sup>2</sup>

When your object is (as it may very well be) to determine not *limits*, but the qualities of large masses of sound as elicited by strong percussion, remember always that what is gained in volume is more than lost in exactness of delimitation; and that by no sort of management is it physically possible to determine accurately an edge, or limit, or any kind of definite form of an object, even half-an-inch below the wall of the thoracic or abdominal cavity under ordinary circumstances. Hence, you can determine with tolerable accuracy the fact, and the extent, of a thickened omentum; but you cannot determine with like accuracy, by percussion alone, the enlargement of a mass of mesenteric glands: unless, indeed, they are thrusting aside the intestines, and (what is quite unusual in fact) thus becoming superficial. By using palpation along with percussion, you can sometimes, but not always, distinguish the two conditions. About this diagnosis I have something to say further on.

Meanwhile, observe the precautions which, in this case and in the other, we actually employed, and have

reason to urge upon you as necessary in exploring the abdomen by percussion in search of thickening of the great omentum or any similar lesion. The first point is to determine the existence, or the absence, of gravitating fluid in such quantity as to affect separately the percussion. In this case, our diagnosis on this point, by the quite ordinary tests, was in the negative. Then, we had to consider that under normal circumstances the intestinal canal, in one or other of its divisions, occupies the whole anterior wall of the abdomen, giving rise to a well-defined, though not identical, tympanitic note, which is reached by a nearly equal force of percussion-stroke all over the anterior surface. If, therefore, we can find even a few points at which a very gentle tap elicits this normal quality of sound, we know that under like physical conditions the same gentle percussion-stroke, and no more, ought to elicit a more or less similar tympanitic note all over; and if it is otherwise, we ought to study the facts carefully in detail, and to know, if possible, the reason why. These points or areas of quasi-normal percussion afford us the necessary data, then, for what I call *minimising the stroke*. Now if we find that over a particular area corresponding anatomically with the area of the great omentum, or of some portion of it, there exists a dull percussion which contrasts notably with the quasi-normal areas just referred to, being absolutely without sound to a *minimised* stroke, while to a very slightly stronger stroke it gives a tympanitic percussion quite like the quasi-normal areas, to what conclusion can we possibly come but that within this area of abnormal percussion there is something interposed between the abdominal wall and the air-filled intestines; something which is thick enough to differentiate the percussion, but not so thick as to give dull percussion to a stronger stroke; which is therefore, as I expressed it in the report, "easily penetrated" by percussion? And if this "something" is in the anatomical position of the omentum, why should it not actually be the omentum, involved in a possibly more general peritoneal morbid process, but presenting (owing to its double fold) the changes due to this in a more marked form? And, although this diagnosis may be confirmed and strengthened indefinitely by palpation, showing a diminution of elastic resistance over a like area as compared with other parts of the abdomen, it may, and often does, emerge with a fair amount of accuracy and security from the percussion alone, employed in the manner now described.

Such were the physical data, the processes and the results, by which, and to which we were guided in our examination on 16th March last (three days after her admission), in the case of Mary Jane S. I will now enquire shortly how far the progress of the case, which has been most anxiously watched and carefully reported in great detail through many changes occurring over four months, corresponds with, or modifies the views thus adopted. The opium and quinine employed from the first along with local applications in a few days very greatly relieved the pain, and also controlled the diarrhoea, which had been the leading and most urgent symptom on admission, so completely, that on March 20th we were able to report constipation (evidently from the opium), as substituted for the former condition, no alvine evacuation at all having taken place for several days. The temperatures, too, had been normal since the 17th, and the abdominal tension was much reduced; pulse 96, tongue nearly clean and natural, so that in four days this girl seemed to have passed from a prospect of immediate death into a state of almost complete convalescence as regards the acute symptoms. Even the physical details of the percussion and palpation of the abdomen appeared, on March 22nd, to be undergoing a satisfactory modi-

<sup>1</sup> The introduction of Wintrich's hammer in percussion was, from this point of view, a great misfortune; and after using it for some years, more or less, from my earliest initiation into physical diagnosis, I abandoned it entirely on this account, except in eliciting the cracked-pot sound; because I found that the result of using it habitually was to cultivate a habit of too strong, and therefore inexact, percussion. Yet I found the hammer, in the hands of Traube and others, almost universal in Berlin in 1872.

<sup>2</sup> I have again and again been obliged to demonstrate to young and even to some skilful operators, that the lower edge of the liver has been shewn by them as half-an-inch, or even an inch, too high, in consequence of the percussion-stroke not being carefully minimised.



fication, especially on the left side; and a very critical examination of the chest next day, showed there also a considerable improvement, though leaving a mere *suspicion* of some disease (apart from the general bronchial râles) in the left apex.

Under these circumstances, the opium and quinine were intermitted, and cocoa-nut oil, very gently rubbed over the whole abdomen with the hand, was substituted as a local remedy for the fomentations. A complete and very detailed survey of all the facts, on March 30th, left no doubt of still further progress, although pain in the abdomen had never been entirely absent, and was easily excited by anything like too much or too careless manipulation.

During the whole month of April, being the academical recess, I was absent from home and from hospital duty, and I found on my return that no notes had been made during this period, and that, while improvement had continued during the earlier part of the month, there was reason to doubt if it had been continued during the later. On May 6th, I found that she was losing rather than gaining in weight; that the temperatures, which had been normal up to 16th April, were again more or less disturbed, and that ten days in succession showed a mean morning temperature of  $98.5^{\circ}$ , while the evening mean was  $100.4^{\circ}$ , and on 28th April a maximum of  $102^{\circ}$  was recorded. But a still more patent fact in the direction of an unfavourable change was the existence of manifest signs of a considerable amount of gravitating fluid in the abdomen, and although we have seen in the case of Jane M., that in a child this fact does not necessarily carry a very grave prognosis, or even interfere greatly with comfort, yet in the case of Mary Jane S. it was distinctly, and almost alarmingly, associated with the other ominous facts just alluded to. Accordingly, during the entire months of May, June, and July, we find that there has been a progressive loss of body-weight, which, although not extending to more than six lbs., has been steadily progressive, and a certain amount, not great, but still appreciable, of febricula has usually been present; the abdomen, on the whole, rather diminishing in size, from the absorption of a part, at least, of the fluid effusion. But pain has never been long entirely absent, and has sometimes been severe; the child looks ill, and is weak and dispirited: very unlike the physiognomy, habit, and manner of Jane M., on which I remarked to you already, directing your attention to it as an important element in the prognosis. I greatly fear that in this poor girl we must give up the hope of a "cure," in the popular, or in any practical sense of the word. But we are still working in that direction, well knowing that in young subjects, although too many cases disappoint our expectations, still there are now and then recoveries apparently complete, and of a marvellous order, even under the most unfavourable circumstances. I do not absolutely despair of Mary Jane S., grave as the aspect of her case was on admission, and in a certain sense still is after four months of treatment.

[Up to the date of printing this communication, the progress in this case is still, though very slowly, downwards. There is no diarrhoea, and the appetite is well, perhaps too well, maintained. There is absolutely no pain, but feverishness continues, although upon the scale only of an exceedingly mild febricula, and this not constant (max. temp. during July and August  $101.2^{\circ}$ , the majority under  $100^{\circ}$ ). Nor is there any chest symptom of importance, but she is still slowly losing weight, and is even increasingly dispirited and languid. I have very little doubt that there is now extensive tuberculisation, not only of the peritonæum, but of the mesenteric glands, and also, more or less, of the mucous membrane of the intestinal canal, as well as of the lungs and bronchial

glands. The treatment of late has been limited to careful nourishment, and the use of belladonna externally in order to restrain sweating, if possible, the weather having been unusually warm.]

(To be continued.)

## CLINICAL REPORT ON THE EFFECTS OF SMALL CONTINUOUS DOSES OF A NATURAL MINERAL SALINE WATER IN RICKETS, GLANDULAR SWELLINGS, AND OTHER DISORDERS OF CHILDHOOD.

By WALTER PYE, F.R.C.S.,

Surgeon to St. Mary's Hospital, and to the Victoria Hospital for Children.

For the past four months I have been observing and noting the action of Friedrichshall water upon children of all ages up to eleven years. The cases in which I have ordered it fall naturally into two groups: those where it was given as a simple aperient in some transitory ailment, and those where it was desired to produce some definite alterative effect upon a disorder of growth, nutrition, or the like.

It is not necessary to give details of the cases in the first of these groups. As a simple aperient I have given it in seventeen cases in all, in doses of from one ounce and a half to four ounces, and have found it generally efficient to procure one or two actions of the bowels without griping. On the whole, I am inclined to believe that this water has a somewhat less purgative effect in children than in adults, other things being equal.

On two occasions an undue amount of griping with watery evacuations resulted, but on the other hand in two or three others it was said to be more comfortably borne than any other purgative medicine which had been tried. For young children, as a purgative, Friedrichshall water will probably be found to be preferable only in exceptional cases to the common vegetable laxative preparations of rhubarb and senna.

But the case stands differently with regard to the second group, and for this reason I append short notes of the following fifteen cases in which the water has been given in small doses for weeks or months together. The general outcome of these cases seems to show that in the saline ingredients of Friedrichshall water we have an efficient means of quickening tissue changes throughout the body, and especially of improving the condition and work of the lymphatic glands and of the liver. Its effect also in regulating the action of the intestines in the colicky attacks which are so common in diseases of nutrition, such as rickets and congenital syphilis, is very marked.

In almost every case it was found to be desirable to lessen the dose after the first week or ten days in order to avoid purging, but this increased susceptibility never amounted to intolerance, Cases VI and XV being ones in which the water was unsuitable from the first.

Friedrichshall water should be given warm, and the first thing in the morning. In children, at any rate, it is best to warm it by the addition of a little very hot water. Any attempt at flavouring or disguising the saline taste only makes matters worse, but children, as a rule, take the plain water quite readily. A cup of tea or warm milk and water a quarter to half an hour after it has been taken, aids its purgative action,



but it is not required when small doses are being regularly given.

*Abstract of Notes of Fifteen Cases where small continuous doses of Friedrichshall Water were given.*

CASE I.—(f.) 3 years. Born in India in a malarious district; stated to have had intermittent fever; is but slightly better in health since leaving; suffers from attacks every ten days or so of colicky pains with loose clayey stools; in the interval is generally constipated, but the stools always pale. Is wasted looking, with dirty complexion, but no real jaundice. The whole abdomen is tumid, and the liver is easily felt to be enlarged; spleen apparently normal. Has slight rickety curvature of tibiae. Has been taking cod-liver oil and Parrish's food, small doses of quinine and grey powder occasionally. The oil was continued, and Friedrichshall water, in tablespoonful doses, ordered to be taken every morning. This was increased to an ounce in a few days, which was shortly able to be gradually reduced. The stools improved in colour quickly, and in ten days the abdomen felt almost natural, the liver edge hardly lower than it should be. She steadily gained flesh, and her complexion became fresher. She had no colicky attacks whilst she was under direct observation, and is now, four months later, stated to be "very well, for her," and to be still taking the Friedrichshall water frequently, but not regularly.

CASE II.—C. B. (m.), 1 year and 4 months, suckled 3 months only. Brother to Case I; also born in India; suffering with much the same symptoms, but in a much less degree, and having, in addition, cervical glandular enlargements, threatening to break down, and head and wrists having the appearance of commencing rickets. Ordered Friedrichshall water, a small tablespoonful every morning, and an almost exclusively milk diet. He improved very rapidly, but it should be noted that the symptoms were at no time severe, and that at his age the effects of the change of climate would naturally be more quickly apparent.

CASES III (f.), IV (m.), and V (m.) were all cases of rickets developing between the years of 3 and 5, with marked glandular enlargement and large abdomen. In all, the usual intestinal troubles which are associated with rickets were present, and in all, doses of Friedrichshall water of from one to four tablespoonfuls were very distinctly beneficial. In these three cases the need for a gradual diminution of the dose after the first week, or even after five days, was very apparent.

CASE VI.—(f.) 3 years, 9 months; was to all appearance similar to III, IV, and V, namely, one of rickets with constipation, alternating with diarrhoea, colicky pains, and lumpy stools, but the water was not at all well borne. On two occasions two and one and a-half tablespoonfuls respectively, given in the morning, produced no action of the bowels until the evening of the same day, and then caused a rather copious and griping purge with some mucus. Grey powder and rhubarb was afterwards borne well.

CASE VII.—S. T. (m.), 11 years; has suffered from hip disease, with abscesses, &c., for years. Two years ago his hip joint was excised by myself. The acetabulum and pelvis were extensively diseased, but he made a fair recovery, and for the past 18 months has been and now is getting about with a stick. The wound, however, has never closed, and during the past six months he has had albuminuria, occasional attacks of jaundice, and latterly some ascites. He is also troubled much with constipation and commencing piles. He finds that nothing that I have previously ordered for him has acted so well in procuring soft painless motions as half a large wineglassful of

Friedrichshall water. He has taken this for the last month. The ascites is somewhat less, the urine is increased in quantity, and *pro tanto* the albumen is diminished. This improvement is no doubt partly due to the favourable weather at this time of the year, and is at best only temporary, still it may be taken as a proof that the water is borne well in cases of advanced amyloid disease.

CASE VIII.<sup>1</sup>—C. F. (f.), 7 months; was brought to me as "suffering from the effects of vaccination." However that might be, the infant had an attack of patchy cutaneous erysipelas, which attacked various parts of the body successively. The bowels were obstinately confined, and by the eighth day of the attack the child's condition was somewhat critical. The action of half ounce doses of the Friedrichshall water in relieving the constipation and regulating the bowels without any purging, was quite distinctly beneficial.

CASES IX and X, aged 7 and 5 years (brother and sister), were cases of strumous glandular enlargement in the arm pit and groin respectively. They had been taking preparations of iron and cod-liver oil for some months, and were hardly improving. They were often constipated, and had taken for this, grey powder, with or without rhubarb. The iron was left off, and the cod-liver oil continued, with small doses of Friedrichshall water every morning, and occasional larger ones. Both children improved rapidly.

CASE XI.—G. H. (m.), 4 years. A case of congenital syphilis, with wasting; puckered, fissured mouth, dirty sallow complexion, and a distinctly enlarged liver, with clayey stools. Had been treated by mercurial inunction, and was fast recovering from an attack of stomatitis, probably mercurial. Three grains of iodide of potash were given thrice a day, and two tablespoonfuls of Friedrichshall water every morning, with cod-liver oil and a nearly exclusive milk diet. The child's nutrition improved, the motions became natural in colour, and the liver has receded.

CASE XII.—(m.) aged 9. One of multiple strumous periostitis of the fingers and toes, five digits being affected. The lymphatic glands to be felt over the body generally were enlarged. The patient was poorly nourished, and frequently suffered from "bilious attacks" with light coloured motions. Three to four tablespoonfuls of water were taken every morning at first, and after a week the dose was reduced to two. The cod-liver oil and Parrish's food which had been previously taken were continued. The abdominal symptoms quickly disappeared, and the patient is steadily improving.

CASE XIII.—H. C. (m.), 9 months. Born in India, and never suckled; said to have nearly died on the voyage home of sickness and diarrhoea. The infant was brought to me in consequence of a congenital hydrocele, which has not returned after tapping. Since he has been home he had alternating diarrhoea and constipation; small doses of Friedrichshall water have done more to relieve this than anything else which has been tried.

CASE XIV.—(f.) 3 years. A case of rickets with enlargement of the liver, similar in all respects to III, IV, and V. The water has only recently been ordered, but is apparently having a beneficial effect.

CASE XV.—(f.) 7 years. This child suffers from habitual constipation, probably due to mismanagement and ill-feeding. Small doses of the water have no effect, and larger ones produce griping and general discomfort. It does not seem to be suitable to this case.

<sup>1</sup> This case hardly belongs properly to this series, but is given as an example of useful action of the water.



## PRACTICAL NOTES ON THE ORDINARY DISEASES OF INDIA.

By NORMAN CHEVERS, C.I.E., M.D., F.R.C.S. Eng.,  
President of the Health Department, Social Science Association.

(Continued from page 315.)

### DISEASES OF THE EAR.

THE Bengal Census return of 1881<sup>45</sup> gives 12·32 per 10,000 of *Deaf Mutism* against 5·07 in England.

A poor woman, of the Koonjur class, applied to Dr. R. F. Hutchinson saying that she was outcasted because the largely perforated lobe of her right ear had been accidentally torn through. Two snips with scissors, removing the cicatrised ends, and one suture did the needful for her and restored her to her tribe.

*Pendulous Tumour.*—Dr. A. Campbell and Mr. M. J. Bramley have described<sup>46</sup> a "Pendulous Tumour of the External Ear." Both ears are usually affected. The tumours arise from any portion of the external ear. The growth is so rapid that a tumour two months old can seldom pass unobserved. These are liable, when growing from the helices, to draw down and double over the ears so as greatly to obstruct hearing. They may be so large as to reach the shoulder. A pair removed from a woman weighed two pounds. Men, women and children are alike subject.

Dr. Campbell describes this as a very frequent disease in the Valley of Nipal, often occurring in the subjects of goitre. His enquiries, as far as he was able to carry them, led Mr. Bramley to believe that it only occurred in Neel Kheut, a small village which, with its environs, may occupy a square mile. In the first volume of the "Calcutta Medical and Physical Transactions," Dr. John Adam described and figured a pendulous tumour of the integument, surrounding the outer ear, which rode upon the shoulder, and descended behind and before, reaching, at last, the plane of the nipple. It was clearly *molluscum*. I have alluded, in the chapter on *Leprosy*, to the tuberculated hypertrophy of the lobe of the ear which is so almost invariably a characteristic of that disease.

*Ear-Ache*, from diffused or circumscribed inflammation of the external meatus, is not infrequent in India.

A case published in April, 1884, makes me aware that laudanum with oil has not yet gone out of use as a soothing application. In cases of ear-ache, &c., this "venomous distilment" acts like liquid fire upon the sensitive mucous membrane. I always used pure opium rubbed up with olive oil. The application of two or three leeches precisely in the cleft between the mastoid process and the ear, and the free use of steaming by means of a jug of hot water and a towel, will, I believe, nearly always render incision needless.

When I was civil surgeon of Howrah, opposite to Calcutta, in 1853, *Inflammation of the External Meatus* giving rise to *Chronic Otorrhœa*, was a widely spread endemic, among natives, thousands of cases occurring along the right bank of the river. I did not see any case in a European, nor could I learn that the disease was prevalent on the Calcutta bank. In the Mutiny, a young brother officer contracted the disease when sleeping on the ground at Barrackpore (on that side of the river) and lost hearing in that ear.

Dr. W. J. Moore<sup>47</sup> speaks of diseases of the ear as being remarkably common in Joudpore. Children especially suffer from these complaints, and deafness of one or both ears is very frequent. The affection generally commences by inflammation of the external auditory canal, which, being neglected, leads to extension of the disease inwards, perforation of the membrana tympani and destruction of the internal apparatus. It appears to originate from irritation produced by the fine particles of sand which, during the hot weather, load the atmosphere and are deposited in the aural passages. Instead of frequently washing and cleansing the parts, inserting wool is a common practice. This tends to extend rather than allay irritation. In the early stages of the affection frequent washing and gentle syringing will effect a cure.

Mr. G. C. Hall speaks<sup>48</sup> of *Bather's Ear-ache* as a very common affection in India wherever there is a swimming bath. He attributes it to diving, the pressure of the water causing small foreign bodies to be carried into the meatus, causing inflammation. It occurs especially in those who dive much. The symptoms given are those of catarrh of the meatus, sometimes going on to abscess. Mr. Hall uses opium and glycerine and 15 grains of alum to an ounce of glycerine warmed and poured into the ear.

The water of a bathing-place near Athens is said to cause ear-ache.

*Maggots in the Ear.*—At Chittagong I attended an officer's daughter, aged 18, who was a paralysed and bed-ridden idiot. The meatus of one ear was suppurating and filled with large maggots. I used various lotions [I learnt at Guy's not to syringe the ear, but to place the head flat on a low pillow and to fill the meatus and concha with warm water or medicated fluid, which was allowed to remain there as long as might be needful] which did not appear to trouble the parasites at all. I, therefore, removed them with dissecting forceps, all of them clinging on and resisting with great tenacity. In doing this, I found that the bony canal was quite bare. The meatus was lightly plugged and dressed regularly. The surfaces granulated, and healing went on to such an extent that the cicatrised meatus remained as a round hole two-thirds smaller than was natural. At the same time in the following year I was called to her again and found her moribund, the other meatus was filled with maggots.

In the article cited above, Dr. Moore, in describing *Peenash*, as it occurs in Marwar, says, "Similarly I have occasionally met with maggots in the ear, after otitis and perforation of the tympanum."

*Foreign Bodies.*—At Howrah an East Indian boy, of 4, was brought to me with a custard apple seed far back in the meatus, which was a good deal inflamed and swollen. This spindle-shaped seed is as hard, polished and slippery as a piece of smooth carnelian of the same form would be. It took me nearly an hour to hook it out.

Assistant-Apothecary Adie reported<sup>49</sup> the case of a native male child which had a pea in the meatus for eighty hours, the passage being much swollen. He broke it in two with a sharp probe and so removed it. The handiest instrument for this purpose is a lady's black wire hair-pin bent into the form of a scoop.

The fact that I only observed *disease of the mastoid cells* once, in a Mahomedan woman, is probably due to the immunity from struma of the natives of Lower Bengal.

(To be continued.)

<sup>45</sup> Cited in the *Indian Medical Gazette*.

<sup>46</sup> *Calcutta Medical and Physical Transactions*, Vols. vi, p. 488 and vii, Part 1, p. 71.

<sup>47</sup> "Indian Annals of Medical Science," No. xx, p. 525.

<sup>48</sup> *Indian Medical Gazette*, December, 1876, p. 315.

<sup>49</sup> *Indian Medical Gazette*, December, 1875.



## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

### EAST LONDON HOSPITAL FOR CHILDREN.

#### AURAL DISEASE—ABSCCESS ABOVE RIGHT AURICLE—NECROSIS OF TEMPORAL BONE — COMA — DEATH FROM CEREBELLAR ABSCCESS—AUTOPSY.

(Under the care of Mr. R. W. PARKER.)

(For these notes we are indebted to Mr. GELL.)

ROBERT H., aged 6 years, was admitted to the Princess Mary ward on September 1, 1885, suffering from an abscess about the size of a five-shilling piece, situated above the right auricle.

The record of his previous history was, that when 8 months old he had had scarlet fever, since which time he had always had a discharge from the right ear with considerable tenderness of that side of the head, and occasional attacks of ear-ache. Ten days previous to admission the pain in the ear had become more acute, and to relieve it poultices had been applied. Four days previous the swelling showed itself above the right ear. From the age of 18 months to 4 years he had been subject to fits of an epileptoid character, the account of which, however, was too indefinite to associate them with any localized cerebral affection; for the last 2 years he had been entirely free from them. Eight months before admission he had had an attack of pneumonia. He had never been at all a robust boy, though he had been in better health for the last few months.

The family history showed no especial taint, with the exception of the death from "consumption" of the maternal grandfather. The mother herself was not strong, and had lost 3 children: 1 from scarlet fever, 1 was stillborn, 1 had died of pneumonia.

*Present condition.*—The patient, who walked into the ward, looking decidedly ill, was a pale complexioned, fair-haired, delicate-looking boy, somewhat deaf and mentally dull. When put to bed he lay very quiet, showing great unwillingness to be roused, or to take his food, or to answer questions, but complaining of no pain except when the affected side of the head was touched. The abscess situated over the right auricle also extended about half-way down behind it, while from the right ear there was a copious purulent discharge. The fauces were slightly congested and the right tonsil was enlarged. There was no paralysis, ocular or otherwise. Pupils reacted to light. The temperature was 102.4° F.

The abscess was opened under chloroform, and about two ounces of foetid pus were evacuated; a small patch of necrosed bone was felt at the base of the squamous portion of the temporal bone at its junction with the mastoid.

September 2.—Patient has slept well, is very quiet and drowsy, and continues in the same condition of mental dulness. The discharge from the abscess cavity is small in amount and less fetid. There is considerable tenderness of this side of the head. Temperature 101° F.

September 3.—There is scarcely any discharge from the abscess cavity, and, what there is, is inodorous. Temperature 99° F. In the course of the day the boy became much duller and more difficult to rouse. He could not at first be made to take his dinner; but after two or three spoonfuls had been put into his mouth, he began to feed himself in a mechanical way, continuing the action after he had eaten all the food on his plate.

He is quite conscious and somewhat irritable. There are no signs of paralysis or rigidity. He passes his water under him.

September 4.—Patient lies either asleep or in a semi-conscious state with eyes staring; by gesture he resents any interference. Does not speak, but cries out a little when the abscess is dressed. Passes his water under him. No paralysis or rigidity. Has to be fed, but swallows well. Temperature 100° F. Pulse and respiration regular. Tache cerebrale well marked. Fundus oculi on either side normal, and the margin of the discs and the vessels quite distinct.

September 5.—Patient is becoming increasingly comatose. Has to be fed through the nose. In the afternoon some slight convulsive movements of right arm and leg were noticed. Throughout the day the temperature rose rapidly, from 97.4° F. at 6 a.m., to 106.6° F. at 10 p.m.

September 6.—Patient died at 6 a.m. The temperature which at 2 a.m. was 106°, was taken in the rectum a few minutes after death and found to be 108°.

*Post-mortem* examination of the cranium and its contents was made 8 hours after death, and showed the mischief to be localized to the temporal bone of the right side, to the dura mater covering it, and to the corresponding lobe of the cerebellum. The meninges and the encephalon otherwise showed nothing abnormal. Externally there was necrosis of the temporal bone over an area the size of a shilling at the base of the squamous portion at its junction with the mastoid. Corresponding to this interiorly there was necrosis of the roof and posterior part of the petrous portion from the internal auditory meatus up to its junction with the squamous. It was at this point that on removal of the brain an adhesion presented itself between the cerebellum, the dura mater and the bone. There was here an ulcerated hole in the dura mater about the size of a three-penny piece, while at the corresponding point in the cerebellum there was a perforation, which communicated with an abscess cavity occupying almost the whole of the right lobe of the cerebellum, and filled with thick greenish foetid pus. In the adjacent part of the lateral sinus there lay a small, partially decolourised adherent clot. The membrana tympani was obliterated, the ossicles were destroyed, and the tympanum was filled with pus while the adjacent mastoid cells were eroded, excavated and filled with thick caseous material. In the internal ear the semi-circular canals showed commencing disorganization: the cochlea was intact.

*Remarks by Mr. PARKER.*—During life, it seemed pretty evident that the boy's condition was connected with his ear disease. There had been an access of rather severe ear-ache shortly before his admission; to such attacks, however, he had been liable for many years, and no serious consequences were at first anticipated; there was tenderness over the whole side of the head, but this did not appear of much importance seeing that there was a large external abscess which had to be opened. Of the deep mischief, the only symptom was the advancing coma; at first he was noted as being intellectually dull; this dulness increased, and then he began to be drowsy; finally coma supervened, and then death. There was no paralysis, nor any localising lesion whatever, so that I was quite unable to diagnose the nature or site of the brain disease which I felt sure was present. The absence of all symptoms associated with meningitis—a so frequent cause of death in such cases—was seen at the autopsy to be due to the manner in which the brain was adherent to the dura mater around the perforation through which the tympanum and the corresponding lobe of the cerebellum had become directly continuous. It is not improbable that the firmness of these adhesions depended on chronicity of the lesion, which fact may possibly also explain the absence of symptoms.



## BECKETT HOSPITAL, BARNESLEY.

## EMPHYEMA — PARACENTESIS — FREE OPENING—DEATH FROM PERITONITIS.

(Reported by Mr. ARTHUR MAUDE, Resident Medical Officer.)

HENRY N., æt. 7, was well till July 6th, when he began to ail, vomited occasionally, had slight cough, and slight distress of breathing; was apparently feverish and delirious at night. His family history was good; he had had no acute diseases. A medical man stated that at the beginning of his illness he had broncho-pneumonia, and soon developed pleurisy on the left side.

He was admitted on July 27th, with slight dyspnoea, and a short cough, and constant left-sided decubitus. There was marked bulging of the left chest in front, especially in the upper part, and also absolute dulness to half an inch from the right side of the sternum. The heart was pushed over and felt under right nipple. The spleen was three inches below ribs; there was absolute dulness over the left back. Complete absence of breath sounds all over left chest with good breathing, and resonance over right side. There was a soft systolic bruit over the præcordium. Temperature  $101.2^{\circ}$  F. He was at once aspirated, and two pints of healthy pus withdrawn.

July 28th.—Faint breathing over root of left lung behind. Heart's impulse indistinctly felt in normal position, sounds clear. He was evidently much relieved.

August 4th.—Distinct breath sounds were now audible over both backs.

August 6th.—Breathing sounds over the two left upper interspaces in front; increasing in force over back. Temperature below  $99^{\circ}$  F. at night.

August 7th.—Temperature rose to  $103^{\circ}$  F.; aspirated again and 8 ozs. of sweet pus removed.

August 8th.—Heart again felt on right side. Temperature continued high; no change in auscultatory signs.

August 12th.—Free opening made in fourth left space, and a double drainage tube arranged on Mr. Battams' plan was inserted; 22 ozs. of healthy pus were removed. Dressings of McGill's salicylated silk were subsequently applied.

August 17th.—There was not much discharge from the cavity. The temperature continued lower till last night, when it reached  $101.4^{\circ}$  F.; the discharge is slightly offensive to-day. The cavity was washed with weak sanitas solution.

August 21st.—The discharge has continued more or less offensive. The heart continued on the right side, and there was no appreciable change in physical signs. To-day he developed pain and tenderness in the abdomen, frequent vomiting and slight distension of abdomen.

August 23rd.—The symptoms of peritonitis have increased; he gradually sank.

*Autopsy* (by Dr. G. Parker) showed the left lung to be completely compressed against its root, the pleural cavity quite empty. The right pleura contained a small quantity of thick pus in its posterior part. The pericardium was healthy. The peritonæum was covered with lymph and thin pus. There was no communication between the pleural and the peritonæal cavities.

*Remarks by Mr. MAUDE.*—In two admirably recorded cases of peritonitis secondary to empyema (*Medical Times*, June 22nd, 1883, and Dr. Eustace Smith's "Disease in Children," p. 684), this complication occurred after free incision and drainage. I

raise the question, therefore, whether a low counter incision, on the old plan, would not tend to clear the diaphragmatic pleura of pus, and avert this danger, incomplete through the drainage afforded by an opening into such a narrow space as the lower pleura may be. Secondary peritonitis in such cases "which is usually fatal, arises from the pus making its way into the abdominal cavity through the small lymphatics of the diaphragm" (Fraentzel; Ziemssen's *Cyclopaedia*); and obviously to keep the diaphragm free from pus will prevent this reflux. If then this great danger is of sufficiently frequent occurrence, it would seem to demand, especially in tuberculous subjects, any means tending to prevent it. The collection of such cases is consequently of value, and I should be glad to see other similar ones recorded.

## Medical Times and Gazette.

SATURDAY, SEPTEMBER 19, 1885.

THE British Association opened its annual Congress at Aberdeen on Wednesday week with Sir Lyon Playfair's Presidential Address, which was admirable and beyond criticism as a plea for the due recognition of science by the State, and which, we may hope, will not be without converting and convincing effect on our more enlightened M.P.'s, schoolmasters and millionaires. On Thursday, the chairmen in most of the sections delivered their opening addresses. Professor Armstrong, in the section of Chemistry, at first travelled over some of the ground previously traversed by Sir Lyon Playfair, and strongly advocated the teaching of Chemistry in schools in such a way as to develop the intellectual faculties and to teach the pupil to appreciate "the sacredness of accuracy." Subsequently, he dealt with the special subject of chemical action, not before, however, he had had a fling at a favourite topic of his, the teaching of chemistry to medical students. The following is worth quotation: "Seeing that the practice of medical men largely consists in pouring chemicals into that delicately organised vessel, the human body, and that the chemical changes which thereupon take place, or which normally and abnormally occur in it, are certainly not more simple than those which take place in ordinary inert vessels in our laboratories, the necessity for the medical man to have a knowledge of chemistry—and that no slight one—would appear to ordinary minds to stand to reason; that such is not generally acknowledged to be the case can only be accounted for by the fact that they never yet have been taught *chemistry*, and that the apology for chemistry which has been forced upon them has been found to be of next to no value. No proof is required that the student has ever performed a single quantitative exercise; and I have no hesitation in saying that the examinations in so-called practical chemistry, even at the London University, are beneath contempt: after more than a dozen years' experience as a teacher under the system, I can affirm that the knowledge gained is of no permanent value, and the educational discipline *nil*!" The remaining addresses, with the exception perhaps of Mr. Galton's in the Anthropological Section on



Types and their Inheritance, contained nothing of medical interest.

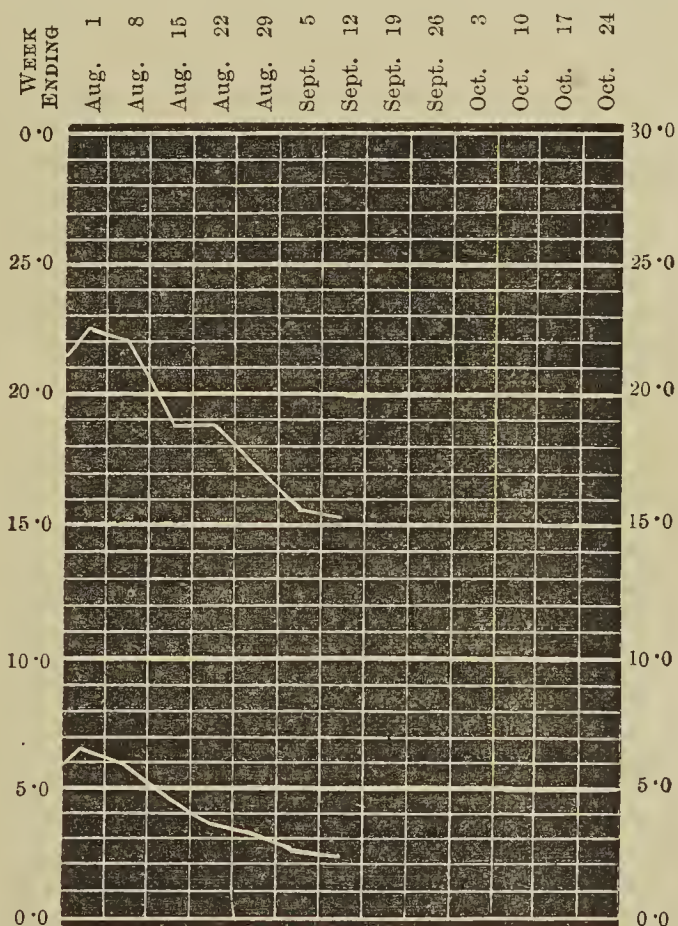
In the subsequent work of the sections, one or two matters came up which deserve brief notice. Professor Turner advocated the adoption of the axis of the pelvic brim as a basis for the classification of man. He found that the pelvis of the lower races of mankind approximated to that of the lower animals. Professor McKendrick described some experiments on the action of cold on microphytes, which proved that organic fluids might be exposed to  $-120^{\circ}$  Fahr. for at least 100 hours, and yet after being kept in a higher temperature fermentation and putrefaction went on in the ordinary way. These experiments destroyed all hope of any practical result being obtained by sterilization from cold. An analogous result was stated by Mr. Coleman to have been obtained from his experiments with ozonized air, which was found to kill putrefactive germs, but only to inhibit the action of their spores.

At the concluding meeting of the Chemical Section an important discussion on the action of water upon lead was introduced by Mr. A. H. Allen. He stated that it had been found at Huddersfield, where they had an epidemic of lead-poisoning some years ago, that chalybeate water had a more marked action on lead than water which contained no iron, but that this action could be obviated by filtering through a bed of limestone. Mr. Allen thought it was a fallacy that hard water acted upon lead more freely than soft water; but he had himself verified the statement that snow dissolved lead more quickly than ordinary water. The latter fact, Professor Frankland explained, showed that the presence of dissolved oxygen was essential to the dissolving action of water on lead. Professor Dewar described a method used in many towns in America for neutralising this action: it consisted in pumping into the water atmospheric air at a pressure of fifteen atmospheres, the effect of which was presumably to oxidise a great deal of its organic matter. Both Dr. Frankland and Mr. Dewar uttered a warning against the use of the so-called "tin-lined" pipes. Several other papers of medical interest were read in the subsection of physiology. The whole meeting is described as being a very great success. Next year the Association will meet at Birmingham, and at Manchester in 1887.

Two chief facts, both of agreeable import, have to be recorded this week in connection with the cholera in Spain. The first is that the epidemic is steadily, if not rapidly, diminishing; the second that the Lord Mayor has at length opened a Mansion House Fund, to which nearly 2,000*l.* has already been contributed. The fund is under the control of a strong Committee, and will act in concert with the Distributing Committee formed in Madrid by the Queen of Spain. Though the prevalence of cholera in that country has greatly diminished, there are still about a thousand cases and some three hundred deaths reported daily, and there is consequently much present suffering to relieve,

as well as much distress left by the previous ravages of the disease. It is estimated that since May there have been over 250,000 cases, and 100,000 deaths; and even in the first ten days of the present month there were 6,379 deaths. But an unbroken decline in the mortality may now be counted upon with fair security. Elsewhere than in Spain the cholera smoulders only. In France it is exacting scattered victims in the southern departments and is reported to have made its way to Paris, but it is dying out at Marseilles and Toulon. There has been no excessive mortality at Palermo or in other parts of the Italian Kingdom. In the whole of that Kingdom, from August 6th to September 13th there were 146 cases and 86 deaths.

LAST week is likely to be long memorable from the fact that a lower death-rate, viz., 15.6 per 1,000, than any on record was attained in London, the 1,221 deaths registered being 227 below the average. The deaths from measles fell from 46 last week to 25, but this was partly counterbalanced by a rise in the deaths from whooping cough and diphtheria, to which disorders 39 and 22 deaths were accredited, and this latter figure it may be noted is exclusive of the 10 deaths of children under the age of 5 years, which we find attributed to croup. Of the 62 deaths from diarrhoea,



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past seven weeks.

43 were of infants under the age of one year; 12 deaths were referred to enteric fever. Respiratory diseases showed a slight excess of deaths over the average of the last few weeks, attributable, no doubt, to the rough weather we experienced, for the temperature was  $2.3^{\circ}$  below the average, there was considerably more wind than usual, and a rainfall of 1.93 inches. In the provinces, diarrhoea was very prevalent and



fatal in Liverpool, Manchester, Birmingham, Nottingham, Salford, and Huddersfield. In Glasgow and Dublin, too, its effects were severely felt.

DR. HERBERT WATNEY, whose candidature in the liberal interest for Greenwich we recently announced, has followed in the steps of Mr. Ernest Hart, and expressed himself in favour of the unconditional repeal of the Contagious Diseases Act.

WE are glad to hear that some useful practical results are likely to follow the establishment of the extensive electrical department recently added to St. Bartholomew's Hospital. During the present vacation, Mr. Bruce Clarke and Dr. Steavenson have been trying the efficacy of the American plan of treatment of stricture of the urethra by electrolysis, and have obtained some most satisfactory results. Several cases have to all appearances been cured with the smallest amount of pain to the patients and without the use of an anæsthetic. Some time, of course, is necessary before it can be determined what amount of contraction is likely to follow, but we believe the gentlemen named intend bringing the subject before one of the medical societies when they have satisfied themselves on this important point. An attempt has also been made to dissolve the middle lobe of the prostate by electrolysis in a case of prostatic enlargement. Should this mode of treatment also result in success, one of the most difficult problems in surgery will have been solved. No plan of treatment at present devised for enlargement of the prostate is in any way satisfactory. When catheterism fails in relieving a patient, his condition is at the best one of most serious import. We look forward to the report of the results of this mode of treatment by electricity with considerable interest.

THE future prospects of members of the medical profession in the country parts of Ireland are not likely to be very satisfactory under the benign sway of the "Uncrowned King." Mr. Henry Donovan, the Medical Officer of the Kilfinane Dispensary District, Co. Limerick, has been peremptorily called upon to resign his appointment by the Dispensary Committee on the alleged ground that he made use of some disparaging remarks respecting certain "Redemptorial Fathers" who were holding a Roman Catholic Mission at Kilfinane. Mr. Donovan studied at Queen's College, Cork, of which he is an Ex-Senior Scholar and First Prizeman, and he holds the diplomas of the Royal Colleges of Physicians and Surgeons of Edinburgh. We can scarcely think that he should been guilty of such "outrageous conduct" (these are the words of the resolution adopted by the Dispensary Committee) as to merit the severe penalty of compulsory resignation. Surely an ample apology should atone for the offence.

THE Harveian lectures will be delivered by Dr. Buzzard at the Harveian Society, on November 19th and 26th, and December 3rd, the subject being: "Some

Forms of Paralysis Dependent upon Peripheral Neuritis."

A CORRESPONDENT tells us that some remarks which appeared in our issue of last week, anent the almost stationary condition of the population obtaining amongst the peasant proprietors of France, constitute "an eloquent pleading in favour of the prudential restriction of the birth-rate." They were not so intended, and we regret to find that they have been misconstrued in such a sense. We are told that it was not fair to compare the rapid increase of the French Canadian population with the unprogressive state of "an old country like France, where for years, practically, the whole of the available soil has been in use." The comparison was, however, a perfectly fair one, since its very object was to show how the same race, when in possession of a relatively large extent of territory, increases at a rate and has families of a size which are impossible, or not permitted, amongst an overcrowded and under-landed peasantry. England and France, however, are both old countries, and of practically the same age, in relation to Canada at all events, and a comparison between the birth-rates of the labouring classes of these two nations is not favourable to the laws by which, in one of them, a large part of the available soil is used after a particular fashion by subdividing it into minute properties. "Seeing," says our Correspondent, "that the French peasant's small holding just suffices to keep body and soul together in at most four persons, how would he and his family be benefited by this holding having to support eight or twelve individuals?" This is not, save perhaps in an unintended sense, the "simple question" which it is pleasantly termed. It is clear that what will just suffice to support at most four persons cannot by any known means support eight or twelve. And it is just this hard logic of facts which drives the small peasant proprietor to practise that system of the "voluntary limitation of families" which has so marked an effect upon the population of his country at large—a result for which we stated the system of peasant proprietorship appeared in France to be ultimately and to a large extent responsible. A thousand of these tiny estates, if worked with equal industry as a whole, might, we are told, be made to support more than the thousand several families which now all but starve upon them. It was a consideration of matters such as these that induced us to enter a warning protest against the too ready adoption of a political remedy, which appears to be at least capable of abuse, which, in its results, cannot merely plead only too persuasively for the prudential restriction of the birth-rate, but which is apt to make life, even for those whom it permits to live, a dreary hand-to-mouth existence in dwellings as bare of comfort as of ornament; which can, in short, expunge from the vocabulary of the poor the comprehensive epithet "homely"—a word as expressive and as dear to the sanitarian and to the moralist as to the poet.

WE hear from our Vienna correspondent that Dr. Fuchs, of Liège, who recently favoured our columns with an original article, has been appointed



by the Emperor Francis Joseph to the second chair of ophthalmology at the Vienna University, with the title of ordinary Professor. Prof. Fuchs will probably enter upon his duties at the beginning of the winter session. Prof. Spaeth, who was prevented from lecturing last session on account of ill health, is now able to return to work. The number of students at the University of Vienna in the summer session was 5,122, of whom 2,145 belonged to the Medical Faculty. There were also 103 occasional students studying medicine. Dr. Rosanes, late operator in Billroth's clinic in the General Hospital in Vienna, has been appointed Superintendent with charge of the surgical department of the new Crown Princess Stephanie Hospital, Neulerchenfeld. Dr. Ehrendorfer has been approved as privat-docent in midwifery and gynecology in the University of Vienna.

PROFESSOR STARKE, directing physician of the Charité Hospital, Berlin, and lecturer in the Military Academy, one of the most gifted military surgeons in Germany, died in Berlin on the 17th ultimo.

PRIVAT-DOCENT M. KAPUSTIN, has been appointed professor of hygiene in the University of Kharkov, and Dr. Penzoldt to the chair of medicine and charge of the clinic in Erlangen, rendered vacant by the removal of Prof. Leube to Würzburg.

WE wish to call the attention of the managers of convalescent homes to the exacting reports and certificates which are now often required from medical men before a patient can be admitted into their institutions. The medical officers of hospitals and infirmaries have always been anxious for the establishment of convalescent homes to which they might be able to send patients who, not being able to return to work, would more rapidly progress towards recovery if they could be removed from their insanitary surroundings, and have the benefit of a change of air. But side by side with the greater accommodation for convalescents there proceeds an increased demand upon the time, the forbearance and the charity of medical men. When some years ago the Charity Organisation Society first offered to assist out-patients of the Metropolitan Hospitals who required for their recovery change of air and other assistance, a very simple form of certificate was required from the medical officer recommending their cases. Now, in addition, a much fuller report and certificate is often required from the home into which the patient is to be admitted, involving a thorough examination of the case for that especial purpose. Many a medical man now hesitates to suggest a convalescent home to a patient, for fear of adding considerably to the excessive demand already made upon his time by gratuitous medical work. In addition to the thorough medical report required, the doctor knows that if it is not in every way satisfactory to, or full enough for the secretary of the home to which the patient has been recommended, he may be involved in a correspondence which would take up a considerable amount of time and cause him great inconvenience. By this means, the help formerly offered by convalescent homes, and so thankfully accepted by the medical profession, has

been robbed of much of its value. Some of the certificates medical men are asked to fill up almost equal, if they do not exceed, in exacting details the reports required by insurance companies on the health of those proposing to take out a policy on their lives. A full report is required of the state of the heart, lungs, and brain; the origin, history, and treatment of the attack of illness from which the patient is recovering; the present symptoms and parts chiefly affected; the present condition and state of health; condition of the uterine functions; whether paralysed or suffering from loss of memory or speech; powers of progression; whether the temperature is raised; whether there are abscesses, suppuration, or ulcers of any kind; and so on. In addition, with regard to prognosis, the medical man is often asked to state whether it is probable that the patient will be able to resume work in a certain number of weeks; whether the malady is chronic; whether the patient can support himself on his return to his own home; and an assurance that he would not require any medical attendance or special treatment at the home. Some of the answers given may not be intelligible to the non-medical mind of the secretary, and then follows a series of letters, asking for and giving explanations. No doubt it is necessary for some of the homes to have explicit information of the nature of the cases they are asked to admit, and great inconvenience is sometimes experienced by unsuitable cases being sent to them, often necessitating the immediate return of a patient to his home. But when this is the case, some of the funds of the institution ought to be devoted to the payment of suitable medical referees. Such appointments have been made in London, by some of the best managed convalescent homes. The Charity Organisation Society is now increasing its staff of paid secretaries. Would it not be an advantage, also, if they appointed some medical men to examine cases referred to them for assistance?

WE are glad to observe that the charges of mismanagement at the Aberdeen Royal Infirmary, recently made by Dr. Angus Fraser, are not likely to be hushed up. That gentleman has followed up his former communication with a more lengthy document in reply to the request of the committee of management, that the staff would specify any defects that have come under their observation, and offer suggestions for their removal. Dr. Fraser commences by citing the statement communicated to the Board more than a year ago by Dr. Garden and himself, after their visit to the Dundee Infirmary. That statement dealt almost exclusively with financial questions. In the present letter, he points out that the discipline and management are most inefficient, giving in illustration the way in which certain defects which have been pointed out to the Committee, and acknowledged by them, are nevertheless allowed to exist. But his chief complaint is in regard to the nursing. The staff, he says, have strongly represented to the Committee that it was greatly deficient, that the nurses were of a different and an inferior class to those in other large Scotch Infirmarys, and that the nurses were called upon to perform a variety of duties entirely outside their province. He enumerates



a list of the duties of the nurses supplied to him by the head nurse, and after reading it, we can readily believe that lady's statement, that a nurse is as much out of her ward as in it. The lavatory, bath-room, and water-closet accommodation he characterises as simply disgraceful. In conclusion, he strongly urges that the managers should obtain a report on the state of the Infirmary from some one who is recognised as an efficient hospital superintendent.

THE complete text of the report of the House Committee in reply to Dr. Fraser's original letter has lately been published. In it an attempt is made to show that the managers have done all that could be expected of reasonable human beings to obviate any defects as soon as they were brought to light; any that have not been remedied are only waiting until the necessary arrangements in regard to enlarging the hospital buildings have been completed, for fear of incurring considerable expense in some premature scheme which would not lead to permanent good. The only satisfactory thing about this portion of the report is the definite official recognition that the defects do exist which are here recorded. This is a great step, and now that it has been gained, the time will not be far distant before the means of applying a remedy will be discovered. The greater part of the report is occupied with an apparently plausible account of the death from secondary hæmorrhage to which we alluded in a former issue. After a careful perusal of all the documents in reference to this unfortunate case, we are satisfied that Dr. Garden is fully justified in his remarks upon it in his official statement, and agree with him that "there is no thorough method or system in the internal management and arrangements, while anything like proper discipline is at a complete discount."

Two outbreaks of enteric fever having lately occurred in the rural sanitary district of Lincoln, Dr. Gresswell was sent to investigate the matter on behalf of the Local Government Board, and his report<sup>1</sup> is now before us. The outbreaks were isolated, one occurring in the Parish of Faldingworth and the other in the parish of Barlings. The outbreak in the former village was clearly traced to a girl who had been in service in Newark, where typhoid fever was then prevalent, and who came home from there suffering from typhoid; other members of her family were subsequently taken ill, and several members of the families of the near neighbours likewise suffered. Though in some of these cases the disease might have been contracted by direct communication with infected families, it was more probable that they all caught the disease from using the water from a well in the garden of the family first infected; for no fresh cases occurred after the well was condemned, and it was subsequently ascertained when it was cleaned out that a sink cesspool close by had leaked into it. The other outbreak at Barlings was traced to impure water supply. This is derived from the village beck which

passes through the villages of Nettleham and Sudbrook, receiving the sewage from the former direct. The water is allowed to filter through the gravel bed of the beck into ordinary land drain-pipes; by these it is conducted to a well, and thence to a second well, from which it is pumped by hand for general use. It was found that the water in the beck had become contaminated by sewage, and on enquiry the way in which this had happened was very evident. When one of the wells was being cleaned some months previously some of the pipes leading to it were removed, and when they were replaced they were laid in rubble instead of in puddled clay. For some time after this there was a great scarcity of water, so that the sewage had plenty of opportunity to percolate into the pipes. As soon as these facts were discovered, fresh water pipes properly cemented were laid down, and the sewage was conveyed in an iron pipe; and no more cases of enteric fever have occurred since these changes were made.

#### THE ENDOWMENT OF MEDICAL EDUCATION.

IN his address to the British Association at Aberdeen last week, Sir Lyon Playfair stated the case for the endowment of the higher education with undeniable force. It was not his fault if his arguments were mostly of an *a priori* nature. Generations of experience are still needed before we can solve the question whether the endowment of education is likely in practice to secure the ends promised for it in theory. The magnificent scientific endowments in our manufacturing cities are all too modern to furnish an answer to this question, and certainly the history of ancient educational endowments is not one to provide us with much encouragement. In few countries has university and indeed secondary education been more liberally endowed than in England, and yet it would be difficult to find a country where ancestral dower has been so glaringly abused. Is there any guarantee that the colleges which are springing up in our great cities at the command of modern munificence, will not as years roll on sink into the same hidebound uselessness as that which so long characterized the schools and colleges endowed by the munificence of the renaissance? Is any one bold enough to predict for the foundations of our modern merchant princes a happier fate than that which has befallen the foundation of one, Thomas Gresham? It may be answered that what Sir Lyon Playfair demands is endowment and the supervision of endowment by the State, and that the State may be safely counted upon to secure a due return for the moneys expended by it or placed under its charge. That opens a very large question indeed, into which our readers would hardly thank us for entering. But we may remind them that we have frequently had reason to criticize one state-endowed institution, the University of Edinburgh, and that only last week our Edinburgh correspondent gave expression to a view held by many in that city that the medical faculty of the University is kept up to its work very largely through the competition of the

<sup>1</sup> These reports can be obtained from Knight and Co., 90, Fleet Street; Shaw and Sons, Fetter Lane; Hadden, Best and Co., West Harding Street, Fetter Lane; and P. S. King and Son, Canada Buildings, King Street, S.W.



extra-academical school. Surely an endowed institution that owes much of its efficiency to the rivalry of an institution without endowment is not far from being a concrete example of the *reductio ad absurdum*.

The cry for educational endowment is not one that is confined to older countries. We publish this week in another column an extract from one of the leading medical journals of the United States, in which the admitted deficiencies of medical education in that country are traced to the absence of endowment, and it is proposed that no school shall be allowed to be established without a sufficient permanent revenue. For our part we should have said that what is wanted to raise the standard of medical education throughout the United States is not so much the extinction of inefficient schools by the endowment of their more efficient rivals, as the restriction of degree-giving powers and an agreement on the part of the different States to grant qualifications to practise only to those who have gone through a satisfactory curriculum and passed a satisfactory examination. Such a course would do more to extinguish bogus medical schools, than any endowment. The advisability of endowing medical schools involves an entirely different question from the advisability of endowing scientific education in general. The fees at present willingly paid by medical students would be quite sufficient to handsomely remunerate medical teachers, if the work of the latter were but properly economized. If we had only four instead of eleven completely organized medical schools in London there would be no semblance of a just claim for State or individual endowments. It must be borne in mind, moreover, that, as it is, the appliances of medical education are more handsomely endowed than those of any other form of education whatever. The main difficulty in the way of procuring efficient teaching in other sciences is the expense of providing laboratories for practical work. But in the teaching of the practical side of medicine we have laboratories—in other words hospitals—splendidly endowed and freely open as a rule to the medical student without his being called upon to contribute a farthing to their maintenance. All that he has to pay for is the instruction given by his clinical teachers, and though the latter are at present very inadequately remunerated, the fees now paid by medical students would be sufficient to make clinical teaching a fairly well-paid occupation if the expenditure on the teaching of the primary medical subjects were but duly economized. It might not be unfair to claim that Anatomy and Physiology should share in the endowments now being devoted to the teaching of the wealth-producing sciences, Chemistry and Physics, but at present there seems to be no sufficient reason for asking for endowment on behalf of the ordinary teaching of the more advanced medical subjects.

There are, however, two directions in which medical education might with advantage receive some share of the liberality of enlightened beneficence. So far as it is conducted with a view to the requirements of the licensing corporations medical education can support itself. But beyond the standard of the strictest examining body, there is a field where teaching becomes unremunerative in the pecuniary sense. This, if any,

is the form of medical instruction which deserves external support. At present, setting apart the endowed lectures at the College of Physicians and College of Surgeons, and the Brown lectures at the London University, there is no recognized public teaching of advanced medicine. We are glad to know that this want in medical education, which makes of it all a sort of truncated pyramid, is thoroughly recognised by the supporters of university reform in London, and we hope that the supplying of the want will be made an integral part of their programme. The other direction in which medical education might with advantage be more liberally endowed than it is at present, is in the provision of scholarships for poor students and fellowships for poor but able physicians and surgeons. While we do not put forward any claim that the State should make medical education cheaper for the majority of students by throwing a portion of the expense on the tax-payer; while we are quite content that most practitioners should recoup themselves for the capital spent on their education out of the fees of their patients; and further, while we do not wish to see any large number of pauper students entering the profession of medicine; we cannot but confess that medicine must suffer when exceptionally able men are unable to gratify their bent to it, because handicapped by want of funds. If at every medical school a free education were given to one or two students, selected, not as the winners of medical scholarships are now, for their knowledge of Greek and Latin, &c., acquired perhaps at an expensive school, but carefully chosen for their promise and their poverty, we might draw to us many intellects which are at present sacrificed at the shrine of commerce, because they have not the fees necessary to secure them a place in the temple of medicine.

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#### THE CANVEY ISLAND SCHEME.

THE question, what to do with the sewage of London, seems at length likely to receive a practical solution. The problem has increased in magnitude and in difficulty with the growth of the great city, but quite recently it has been further complicated by that of the disposal of the sewage of a congeries of large and populous villages in the lower valley of the Lea. As they are to all intents and purposes parts of the metropolis, legal technicalities apart, it would seem most natural that they should share in any scheme for the disposal of the metropolitan sewage. But urgent as the case of the Lea valley towns may be, the Metropolitan Board of Works feel themselves quite unable to undertake the task, their own sewers being already overtaxed. We have always maintained that there are only two satisfactory methods of dealing with the excreta and sewage of towns, viz., the midden system for poorer communities and small towns where a market can be readily found for the materials among the neighbouring farmers, and treatment of the sewage by downward intermittent filtration for large towns where it is only by water-carriage that the excreta can be speedily removed from the centres of population. We have repeatedly insisted on the fact that this mode



of treatment can by no means be viewed as utilisation, being rather of the nature of destruction in which the crops, whatever they may be, merely assist in the process. But it is owing to this destruction by oxidation and nitrification that the effluent attains such a degree of purity as to permit of its being passed into rivers without offence. Where local circumstances absolutely preclude such treatment, the A B C alone of chemical processes produces an effluent of like purity, which may be safely allowed to pass into running streams.

Were we now engaged, like the German engineer, Hobrecht, in sewerage for the first time, we should certainly follow the plan so successfully carried out by him in Berlin of conducting the sewage of separate areas by a number of radiating main sewers to as many points in the lowest lands on either side of the river, both above and below the city; but, unfortunately, it is now too late to retrieve the huge mistake of the past, and we must take the metropolitan main sewerage as we find it. One thing, however, is certain, the outfalls at Barking and Crossness must be discontinued, not only on account of their proximity to the metropolis, but because in a tidal river the sewage oscillates perpetually up and down. The Royal Commissioners in their final report declared "that it is neither necessary nor justifiable to discharge the sewage of the metropolis in its crude state into any part of the Thames"; and stated their opinion "that, however dealt with, the effluent should be taken at least as low as Hole Haven." Of the justice of these views there can be no doubt; but the question now arises whether the sewage shall be poured into the estuary as such, or be previously subjected to some process of purification, and if so whether this shall be a chemical one or simple filtration through the soil.

Sir Joseph Bazalgette, in his capacity of official adviser to the Metropolitan Board of Works, proposes to carry the sewage from the southern outfall under the Thames by means of a huge siphon to a point near Rainham, and thence to convey the sewage of both north and south London in a culvert nearly twenty miles in length to Thames Haven, where, after some sort of depuration, it would be pumped into the river, which here has become an arm of the sea. But to this project there is, in our opinion, one serious objection. By no known chemical process, the A B C excepted, can sewage be deprived of its characters, and this one is out of the question on account of its cost and the impossibility of disposing of the enormous quantity of so-called native guano that would be produced. The action of sea water on sewage, coagulating the albuminoid matters and transforming the sulphates into sulphides, would lead to consequences scarcely, if at all, less grave than exist at present, and the Local Board of Southend would justly resent the pollution of the waters in their immediate proximity.

Mr. Bailey Denton and Colonel A. S. Jones have proposed a scheme which, bold as it may appear, is perfectly feasible. It is to convert the Island of Canvey into a vast sewage farm. This island has an area of 5,000 acres of low alluvial land reclaimed from the sea. Its surface is ten feet below high water mark, but it is protected by a sea wall fourteen feet

high. Leaving a zone of a mile in width on the northern side of the island, or that adjoining the Essex coast, on which the necessary buildings would be erected, they would divide the rest of the area, about 4,000 acres, into a series of irrigation fields and filter beds, in which the sewage, brought by the culvert proposed by Sir Joseph, would be pumped, and there treated by precipitation and downward intermittent filtration. As Canvey Island is only a mile further eastwards than Thames Haven a very slight extension of the culvert would be required. The effluent resulting from the proposed method of treatment would not have the slightest deteriorating effect on the sea-water, being in fact far purer than the water of the Medway and other rivers flowing into the Thames. At Merthyr Tydvil it has been shown to contain but '012 of organic nitrogen and '025 parts of ammonia in 100,000 parts, a composition little removed from that of potable waters. Even now a slimy mud lines the sea-shore at Leigh and Southend, and it is in the highest degree probable that Sir J. Bazalgette's scheme would ruin these towns as health-resorts, and be most detrimental to the fisheries. From these objections Mr. Denton's scheme is free, and the additional cost would be insignificant. The island could be acquired by a rate on the metropolis of three farthings in the pound, and the work of buying out the 300 inhabitants who are now saddled with a rate of 13s. 4d. in the pound for the repair of their sea-wall could not be very expensive. It is calculated that the island would suffice for the treatment of the entire sewage of the metropolis for a hundred years, by which time the accumulated sludge would have raised the level of its surface to that of the sea-wall. And then—if there is need to speculate as to so remote a future—it might revert to agriculture, and perhaps a new Canvey be reclaimed from the sea, or the scene of operations be removed to the boundless flats of Foulness.

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#### THE DISSENSIONS IN AMERICA.

A FEW days after the earliest news of the danger threatening the next International Medical Congress had been published in Europe (*Medical Times*, July 11th and 18th, 1885), the two most prominent officers of the London Congress, Sir James Paget and Sir William MacCormac, each wrote to an American friend to express their view of the situation, a view which coincided in all particulars with that previously given vent to in our columns. These letters were not merely an expression of individual opinion, but were the result of consultation with several of the most influential members of the London Congress. Sir James Paget, in giving his recollection of what took place at Copenhagen when the American invitation was accepted, writes: "Certainly it was not supposed that the Congress would be regulated with any degree of exclusiveness, by the members of one medical association, however numerous, and I think it quite as certain that, if this had been thought possible, the proposal that the next meeting should be held in the United States would not have been adopted." "I am sorry, also," he adds, "to feel sure that if the Congress be not



supported by the eminent men who have now declared that they will take no part in it, the members of the profession in this country who attend it will be very few." Sir William MacCormac, in his account of what happened at Copenhagen, says: "I am sure it was present to the mind of everyone there that the invitation was one from the profession of America, and not from any section of it, or any particular medical society in it. Otherwise, I feel pretty certain Professor Virchow's invitation to meet on the next occasion in Berlin would have been accepted." In our last issue we published what may, we suppose, be called the official reply to Sir W. MacCormac's letter. In it, Dr. Davis, the editor of the *Journal of the American Medical Association*, censures with some bitterness those Americans who have "a morbid tendency to hang their laundry on the front street," and complains that so much attention should have been given to "this little misunderstanding" by European medical journals. Possibly some of the readers of those journals may sympathise with that complaint, but as the welfare of the next International Medical Congress is not a matter solely of American interest, it seems to us to have been the bounden duty of individual men in Europe, and of the European medical press generally, to point out to what extent the organisers of the Washington Congress were departing from the established precedent, which, at any rate, has the argument of unbroken success in its favour. Dr. Davis complains that "the outside world" animadverted on the conduct of the American Medical Association before hearing both sides of the question. It may be replied to that complaint, first, that the action of the Association in disregarding the precedent of previous Congresses, and monopolising the conduct of the Washington Meeting, was in itself a sufficiently accomplished fact to warrant any amount of European animadversion; secondly, that the subsequent action and arguments of the supporters of the Association have served rather to weaken than to strengthen their case; and thirdly, that it may be fairly assumed that the publication of European criticisms has had a measurable share in determining the new Committee of Organisation to reconsider the whole question at issue during the present month, instead of deferring it, as originally intended, until next spring.

We may remind our readers that two main objections have been raised to the action of the American Association—first, that contrary to precedent the Association put itself forward as the sole and exclusive organizer of the Congress; and, secondly, that equally contrary to precedent, it determined that only its own members or delegates from the societies in affiliation with it should be allowed to take part in the Congress. We are glad to hear that the latter objection has been founded on a misconception, and that the conditions of membership were still under consideration and were not to be finally settled until the third of this month. We hoped to have been able to give our readers information as to the result of the meeting at which this point was to come on for consideration, but up to the time of going to press we have received no report of the proceedings. We trust, however, that the more liberal views which have governed the

admission of members at previous congresses will have prevailed, and if so, it may, we think, be safely claimed that the opportune advice of Sir James Paget, Sir William MacCormac, and the European journals has had some share in the result.

But the objection still remains that the American Association, in taking charge of the Washington Congress, has introduced an innovation in the conduct of International Medical Congresses, which is distinctly a matter for international criticism, and, in our deliberate opinion, for international condemnation. One of the most representative medical men in the United States, who had been looked to by the new Committee of Organization as a possible successor to Dr. Billings in the office of Secretary-General of the Congress, Dr. Packard, of Philadelphia, has stated it as his conviction "that it is contrary to all precedent for the American Medical Association to assume any control of the management of the Congress which is a body by itself, and the members of which will be in no sense the guests of the Association, or subject to it." "Were I Secretary-General of the Congress," he adds, "I should not consider myself the appointee of the American Medical Association, nor responsible to it in any degree." We believe that all the officers of past congresses will fully sympathise with Dr. Packard in this candid expression of opinion, even though it implies the condemnation of the action of the original Organizing Committee which first raised the whole question and gave itself over, bound hand and foot, to the American Medical Association, by admitting its responsibility to it. That the original Committee acted with great lack of judgment, first, by a too lavish distribution of offices amongst themselves, and secondly by reporting to the Association, is now, we believe, generally admitted. On this technical point no doubt the advocates of the Association have the best of the argument. But they have as yet proved no vestige of a right on the part of the Association to break through the rule of previous congresses, and to assume the sole management of the Congress of 1887. Dr. Davis's argument that "as there is only one body in England representative of the whole English or British profession, the British Medical Association, so there is only one in the United States which could under any possible circumstances represent the profession in the United States, viz., the American Medical Association"—is ludicrous rather than convincing to the English or British reader, especially when the wise self-effacement of our own Association at the time of the London Congress is borne in mind.

But the further action of the American Association proves better than anything how wise has been the precedent of previous congresses and how ill-advised the attempt to break through it. One of the first acts of the American Medical Association when it got hold of the Congress was to insist that only those in accord with the National Code of Ethics should become officers of the Washington meeting, and as a result of this, many practitioners whose names are household words to us, and who are described by Dr. Noyes in a published letter as "the brightest lights and best workers in the profession," have been expelled from all official connection with the Congress.



By that action, the Association at once broke the pledge deliberately given at Copenhagen, relit the old Code dispute, and attempted to score a point against the "new-coders," by enlisting against them the European visitors to the Congress. The full and final results of this policy have yet to be seen, but its first fruits, in the form of an electioneering manifesto published by the Association and sent to us by its representative, Dr. Shoemaker, are not particularly reassuring. This manifesto is headed, *more Americano*, "PENNSYLVANIA SUSTAINS THE CODE OF ETHICS," and then follows a long list of practitioners in that State, all of whom profess to heartily endorse the action of the Association in raising the Code question. We need hardly add that this single official leaflet will do more to deter respectable English practitioners from taking part in the Washington Congress than all "the statements of certain medical journals and private parties in Philadelphia and New York," of which Dr. Davis so bitterly complains in his letter to Sir W. MacCormac. In our opinion, the time has now come for the officers of past International Medical Congresses to meet together, and decide that, unless the pledge given at Copenhagen is kept, and all attempts to embroil the Congress in ethical disputes are unconditionally given up, the acceptance of the invitation to meet at Washington should be rescinded, and arrangements made to hold the Congress of 1887 in a country where the medical profession possesses greater solidarity.

## CLINICAL PAPERS.

### XXIV.—INFANTILE CEREBRAL HEMIPLEGIA.

For many years the pathology of paralysis in children was wrapped in obscurity, and essential paralysis was the name given to a condition now universally admitted to be due to lesion of the spinal cord. The very name suggests that the atrophic form is *par excellence* the paralysis of childhood, and it was not without some surprise that the present writer lately met with the statement that paralysis in children is more often of cerebral than spinal origin. A careful review of his own experience since meeting with the above remark has convinced him that the statement is not far short of the truth. Paralysis in children is indeed much more commonly of cerebral origin than the amount of attention paid to it in the text-books would lead the student to suppose.

There is little need here to dwell on the symptoms. In a lecture on the diseases of children, recently published in these pages, it was stated that in regard to most diseases children are but little old men and women. The remark is certainly true in the case of infantile hemiplegia. There are, however, certain characteristics which may be briefly pointed out. First, then, in regard to the mode of onset, and here the writer purposely excludes all cases coming on after any of the acute infectious disorders: measles, whooping-cough, scarlet fever, and diphtheria in his experience are about equally liable to be complicated with hemiplegia

towards the termination of the acute stage. But there are a large number of cases of hemiplegia coming on in infants from six to eighteen months old in which no such exciting cause can be found. The onset is sudden, the child is taken with convulsions (his previous state of health having been perfectly good), which last for several hours, a whole day, or even three or four days. The convulsions are general, but are usually more marked on one side than the other. When the child comes out of the convulsions the parents find that he no longer uses the arm and leg on one side, and perhaps notice that his face is drawn. The side which was most convulsed is the one afterwards found to be paralysed. Hemiplegia coming on in this way is generally more or less permanent; a certain amount of improvement is the rule, but complete recovery is not common. The paralysis of the face usually disappears. Where the child was old enough to speak at the time of the attack some measure of aphasia is common. In a considerable proportion of cases impairment of the mental faculties comes on with the hemiplegia, sometimes amounting even to complete idiocy. In not a few cases a liability to epileptic convulsions remains. In some cases a tendency to purposeless movements, often amounting to athetosis, of the affected side is left behind. There is rarely any loss of sensation in the paralysed limbs. Some degree of rigidity in the paralysed limbs supervenes, and the deep reflexes are often, though by no means always, exaggerated. A prominent feature is that the paralysed limbs do not grow so rapidly as those on the sound side, so that by the time the child is four or five years old, the difference between the two sides may be considerable. There is no true muscular wasting beyond what would be due to mere disuse. As a rule, the optic discs are healthy. One other feature alone remains to be mentioned. If a cyrtometric tracing of the skull be taken it will sometimes be seen that there is very marked asymmetry, the side opposite to the paralysed limbs being distinctly smaller than the other side.

But little is known as to the ætiology of this complaint. The cases in which any infectious disease preceded the onset have already been excluded. In a few cases hereditary syphilis may have played a part, but in many instances there has been no reason to suspect syphilis. Sometimes there is a clear history of a blow or fall on the head, but in a considerable number no cause can be assigned, the infant up to the moment of the convulsive seizure having appeared to be in perfect health. So that in this respect much yet remains to be worked out. Nor is the pathology of the affection much better understood.

The ultimate result—for many cases have been examined after the lapse of some time—is a condition of atrophy and sclerosis of the cortex in the motor area of the opposite side of the brain, spreading into the frontal region when mental symptoms have been prominent, and accompanied by thickening and adhesion of the pia mater over the affected area. But what the changes are which lead to this final result is still a matter of speculation, inasmuch as the chance of making a *post-mortem* examination in the earliest stages is never obtained, or if it be obtained it is



before the symptoms are sufficiently pronounced for the disease to be recognised.

Tumour, which is perhaps the most common form of brain disease in children, may be set aside as negatived by the course of the symptoms. Hæmorrhage may likewise be excluded as extremely improbable apart from any hæmorrhagic or scorbutic tendency. Embolism is more difficult to exclude, and it no doubt is frequently the cause in those cases coming on after one of the exanthemata; but there must always be a cause for embolism, and in the majority of cases this cause would be discoverable if it existed. Thrombosis is still more difficult to exclude, and has the sanction of a very recent and very great authority on nervous disorders; but then, again, thrombosis is hardly a primary condition. A very recent German writer has put forward the suggestion that the lesion primarily affects the large multipolar cells in the motor area, corresponding to the lesion in infantile spinal paralysis, and proposes the name of polio-encephalitis; this view has received the approval of a well-known French neurologist, but the theory hardly accords with what is known as to the ultimate changes in the central nervous system in this disease. On the whole, it seems probable that a local simple meningitis may be the starting point, and that it may be followed either as just stated by thrombosis, or as has lately been suggested by capillary hæmorrhage into the meninges and brain substance owing to the violence of the convulsions.

## II.

### ESSAYS ON MEDICAL CLASSICS.

#### XI.—BILLING.

ARCHIBALD BILLING was born in Ireland in 1791. He studied medicine at Trinity College, Dublin, and afterwards at Oxford, taking the Degree of M.D. at the latter University. He became a member of the Royal College of Physicians in 1818, and a Fellow in 1819. He settled in practice in London, and in 1821 was elected Assistant Physician to the London Hospital. As a student he had been active and enthusiastic, and he now devoted himself with similar energy to the task of teaching; the first regular class of clinical lectures ever given at any hospital in London was instituted by him. In a few years he was appointed Physician and Lecturer on Medicine to the London Hospital, and he continued to attend and teach there regularly until 1836, when he resigned on being appointed a Member of the Senate of the newly-formed University of London. He was elected a Fellow of the Royal Society, and was a member of various continental medical societies. He wrote frequently in the medical journals, but his contributions have never been collected. His chief works are (1) the "Principles of Medicine"—his *magnum opus*. It was favourably noticed from the first, and passed through six editions, the first of only 132 pages, the sixth, including some republished clinical lectures, of more than 700 pages. (2) A treatise on Diseases of the Heart

and Lungs. (3) On "Cholera," which he studied in the London epidemic of 1832. He gave much of his leisure time to the hobby of studying and collecting gems, and published a work on that subject. After a distinguished career, he died as recently as September, 1881, at the age of 90.

Though living in quite modern times, Billing represents the past still more, by his deep appreciation and loyal preservation of what is valuable and lasting in medical tradition. Not that he was blindly or obstinately attached to ancient doctrine, for he was decidedly eclectic, and while after careful trial adopting the old methods by preference, was just as ready to seize and take advantage of any modern discoveries and improvements. He was one of the first to appreciate Laennec's method of auscultation, and to adopt the stethoscope, but on the whole he maintained a cautious attitude in regard to all novelties.

The "Principles of Medicine" is the book which most deserves attention, as it embodies the author's general views, plainly brings out his originality, and is marked throughout by great force and clearness of exposition and reasoning. He writes with evident sincerity and pleasure in communicating his thoughts, as if confident of making darkness light and rough ways smooth. The only objection that might be taken to assigning it a high place in literature is that it is intended as a text book for students and practitioners, and its style is therefore somewhat cramped. His apology for writing, after 20 years' experience as student, assistant and professor, is the recollection of the difficulties which he had met with in the study of his profession, and the hope of removing these from the path of others. As a student, he was "appalled to find medicine and surgery a complete chaos"; but he found that among opposite systems, provided the physician of each school was a man of talent and experience, the results were fairly balanced, and he therefore concluded that general principles would reconcile them. "Men who consider themselves opposed in theory, coincide nevertheless in essential points of practice." He also remarks, in the same spirit, that "every medical man has his hobby to carry him to the same point, which, though he thinks it very different from his neighbour's, is as like it as one four-legged jade is to another." And so he looks for fundamental identity beneath superficial differences. He takes care to make it thoroughly understood that nothing but clinical experience can give sound knowledge; but still it is easy and right to attain principles which shall enable us to act rationally, and not as mere empirics. Far from scepticism, he insists that remedies are by no means valueless and inoperative, but to produce the desired beneficial effect they must be of the right sort, and must be given in the right quantity and at the right moment. His rules are intended to inspire confidence and to help the practitioner to employ heroic remedies with courage and effect, and by avoiding them on improper occasions, to avoid doing injury and bringing them into undeserved discredit. On the whole his principles coincide with the ancient and traditional doctrines: as might be expected, he is an advocate of the antiphlogistic system; not, however, resorting



to it universally, but having a fresh front and method for every principal variety of disease.

Above all, he insists on the importance of always determining the actual condition of the patient at the time, and not being satisfied with recognising that he is suffering from a certain disease; for diseases of the same kind, according to the most approved classifications of the day, require very opposite kinds of treatment; and cases between which our ordinary text-books suggest no connection at all are in reality precisely alike—at any rate so far as the indications for treatment are concerned. Therefore he continually protests against the nosologists, who base everything on nomenclature, and think they have done everything in giving a disease a name. The cure of skin diseases in particular, he maintains, has been much retarded by the well-intended labours of nosologists, with their never-ending distinctions and refinements, which, after all, are only waste of time, the genera being really remarkably few, and requiring only various degrees of the same treatment; drugs must be given according to the state of the constitution. One of his first proceedings in teaching is to lay down clearly the distinction between “inflammation” and “irritation,” the two main classes into one or other of which all diseased states fall, though they often co-exist. These terms had hitherto been used equivocally and interchangeably, and for the sake of preventing such confusion for the future Billing substitutes the term “morbid sensibility” for “irritation.” It is of the greatest importance to apprehend rightly the nature of inflammation, which, after all, is a simple process, and always essentially the same wherever it exists, varying only in intensity and according to the constitutional state; and this essential condition is a loss of power (*i.e.*, of contractility) in the capillaries, so that they become relaxed and dilated; and, though the heart acts more rapidly, the current of blood through the ultimate vessels is slower. Just as a steel spring, heated in a flame, first loses its tonicity, then bends and finally melts, so do the inflamed capillaries lose their contractility, become dilated, and at last may be destroyed, leading to ulceration and gangrene. This loss of power in the capillaries may be produced by some direct local injury, or through debility of the nervous system; thus idiopathic fever, which does not essentially differ from an inflammation, is due primarily to debility of the central nervous system, brought about by some poison or other disturbance.

The therapeutic part of the work is the most suggestive and useful; the wide, general, and, on the whole, accurate notions that are given of the action of remedies, and made the grounds for their classification, are extremely striking, and are none the less thoroughly practical, being founded on the soundest principles of pathology, in correspondence with the surest indications, and it is perhaps superfluous to say that there is but little resort to the laws of pure physics and chemistry. All remedies are divided into four great groups—stimulants, sedatives, narcotics, and tonics: any one may often be substituted with indifference for another of the same group, and by properly combining two or more the effect of another may be exactly

reproduced. The action of each class is thus described. Stimulants increase the action of the heart and other organs through the medium of the nervous system, by causing an immediate liberation of nervous influence; they are either diffusible and general or local; in the latter case usually acting by sympathy through the stomach upon the distant organs with which it is related. A sedative is the exact contrary; instead of liberating it represses nervous influence; thus it diminishes the action of the heart, and in a large dose depresses the spirits and makes the muscles unsteady. But it is of the utmost importance to remember that this depressing effect is produced only in a state of health or real exhaustion; if there is *apparent* debility from oppression or plethora, sedatives will produce a healthy and pleasurable state, by removing the “morbid sensibility.” And, of course, it must be borne in mind that opposite states will produce similar appearances, and skill in diagnosis is requisite in each case to decide correctly whether the debility is real or apparent—due to exhaustion or plethora. Thus “sedative” does not imply “putting to sleep”; that is the function of hypnotics, and is much more special and brought about in various ways, according to the particular conditions of the case; but “a sedative” produces an effect on the nervous system “as if it had been refreshed by sleep,” by preventing the undue extrication of nervous influence. It is sometimes the reverse of hypnotic, causing increase of perception and wakefulness—*e.g.*, digitalis and green tea. On this account sedatives are of great use in fevers, whereas stimulants, on the other hand (until the last stage), are just as prejudicial, by increasing the excitement. The best sedatives for fevers are known as antiphlogistics, a name which, unfortunately perhaps, has now become almost a dead letter. The principal agents for the purpose are bleeding, rest, and low diet, to keep the pulse down, and sedative drugs to steady (and thereby refresh) the nervous system.<sup>1</sup> Sedatives only act either on the heart and arteries, and of these bleeding is the chief, or locally on the capillaries (chiefly of the *primæ viæ*), for which salines, antimony, mercury, colchicum, or digitalis may be employed. The heart in typhus, he says, is like a tired horse trying to pull a cart up a hill; stimulants, like a whip, force it to an effort under which it sinks; sedatives remove part of the load behind and enable it to accomplish the task, and thus they, in fact, give strength by facilitating recovery of power. The error of the Brunonians lay in confining themselves to stimulants, expecting the effect to be the same as in the healthy body. External cold is a powerful sedative. Salines constrict the capillaries and arterialise the blood. Slightly nauseating doses of antimony will prevent the formation of an abscess. The use of sedatives will often dispense with the need for venesection, but they only lessen the violence of a fever, they do not cut it short. Fever is gone when the nervous system begins to generate nervous influence—especially manifested by the *movements of the eye*.

Narcotics diminish the sensibility of the nervous system, allay pain, check volition, and promote sleep;

<sup>1</sup> Billing considers it impossible to dispense with bleeding, and absurd to try to do so, and he remarks with astonishment that there are even persons who have been thirty or forty years in extensive practice who have not made use of a lancet so many times.



they impede the communication of nervous influence, but do not alter its quantity. Some have such a strong and disagreeable local influence that they cannot be used in sufficient amount to act on the brain and produce sleep. The true mode of giving hypnotics successfully is to know what treatment, whether sedative, stimulant, or tonic, to join with them. Thus, opium, being a stimulant as well as a narcotic, requires the addition of a sedative in fever. Hyoscyamus is a sedative narcotic, and, if given when a stimulant is indicated, would produce delirium instead of sleep. Aconite, belladonna, and tobacco are likewise sedative narcotics, and in excess or wrongly applied, will produce delirium tremens and sickness. In the later stages of fever there is often much morbid sensibility and undue susceptibility to impressions on the nerves and central organs, shown by the effects on the sensory, organic and motor nerves; for this condition opium does most good, and if some fever still remains it should be associated with antimony, digitalis, or salines. Or if at an earlier period the patient be constitutionally weak, morphia may be used to lower the pulse instead of bleeding.

Tonics do not call forth action, but give power to the nervous system to generate influence. They are of most use during the reparative process after inflammation, though bleeding, purging, &c., may be needful at the same time to prevent recurrence of disease. In small doses, as an alterative, mercury may be a tonic, by causing the capillaries to contract in chronic inflammation, but in large doses it stops nutrition. Iron is of value in anæmia, not by supplying material for the formation of blood, but by restoring the tone of the system, thus encouraging the production of new blood and strength. When anæmia depends on special causes, iron fails, while bark succeeds in ague, mercury in hepatic diseases.

A good deal of attention is also paid in this work to special diseases, with a view to elucidating their nature, and giving directions for properly combating them. The disease which will most of all attract attention is cholera, the proposed treatment being novel, almost startling, and without thorough confidence in the *rationale*, requiring much courage in adoption. Billing rightly calls it a febrile disease: the characteristic collapse is not dependent on the diarrhoea, &c., but is really the usual first stage of a fever only in a very intense degree. It follows, therefore, that the same treatment that serves for ordinary fevers, will answer best in this instance. In accordance with these principles, the best prescription will be tartar emetic gr.  $\frac{1}{10}$ th with sulphate of magnesia gr. xij every half hour, and a few doses will probably speedily cause the vomiting and purging to abate, and improve the patient's condition; sometimes it will quite remove all dangerous symptoms, but of course will not save every case. But the administration of brandy and external warmth should be strenuously avoided, as these only aggravate the malady. After a good effect has been produced, five grains of calomel may be given. Sometimes a patient may be roused in the algid stage by bleeding; the blood is too thick and tarry to flow freely at first, but as soon as it does, it

gives relief. Common salt and mustard may be given if antimony, &c., are not at hand. Similarly, ague may be treated by bleeding or emetics in the cold stage, with calomel and bark in the intervals. Influenza also requires antimony at first, then salines and tonics. Billing holds that there is but one kind of fever, with several varieties—exanthematic, petechial or continued, and may-be typhous.

Neuroses, like inflammations, are diseases of the nervous system; but in the latter there is want of motive power, in the former the machinery is out of order. Ague is a connecting link between the two. Neuroses are marked by morbid sensibility in one form or another. As a rule they do not bear depletion well. The exposition of this class of diseases is very good, and considerably developed in the later editions of the work; we would especially call attention to the account and explanation given of hysteria and insanity.

As before remarked, Billing has some original and suggestive observations on the kinship and resemblance of drugs; thus cubebs is identical with a mixture of turpentine and pepper, which may be used instead with almost equal effect; arsenic is equivalent to mercury and bark, and will sometimes cause salivation. The subjects of gout and rheumatism are also touched upon, their grounds of resemblance and difference pointed out, and the error of mistaking the local phenomena for the general disease; also the entirely different methods of cure demanded by gout in a strong and a weak constitution. He protests against sending the victims of phthisis indiscriminately to a warm climate, for more good is to be done by tonics and generous living at home; and in the same way he protests against extreme restriction of the diet in dyspepsia, his aim being rather to restore the tone of the stomach, to enable it to digest ordinary food. Throughout the work there is not much room for anatomical details, and perhaps this is no great pity. Billing was equal, however, to such matters, and when occasion arose, discussed some questions warmly, taking great pains, for instance, to prove the valvular origin of the sounds of the heart. But his chief merit lies in insisting on the importance of constitutional states and their chief variations; and in showing how, by attending rightly to these, local conditions, which may be the best indices, may be best overcome. For his encouragement of the habit of taking broad and sensible views, instead of falling into the confusing ways of minute philosophers, as well as for his clearness, simplicity and sincerity, this work of his is likely for long to take a high rank among authorities to be consulted with profit.

N. H.

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UNIVERSITY COLLEGE.—The annual dinner of the old and present students of the Faculty of Medicine, will be held on October 1st, at 6.30 p.m., at the Freemasons Tavern. Professor John Marshall, F.R.S., will preside, and many distinguished former students (including Sir William Jenner) have expressed their intention of being present. Tickets, 12s. each, may be obtained from the Honorary Secretaries, Dr. Poore and Mr. Stonham.



## REVIEWS AND NOTICES OF BOOKS.

*A System of Practical Medicine by American Authors.* Edited by WILLIAM PEPPER, M.D., assisted by LOUIS STARR, M.D., Vol. II. London: Sampson Low, Marston, Searle and Rivington, 1885.—The second instalment of this great undertaking has appeared with a punctuality which is most praiseworthy. In it the general diseases commenced in the former volume are continued and concluded, and the diseases of the digestive system are subjected to exhaustive treatment. The major part of the volume is devoted to diseases of the alimentary tract, which are dealt with in twenty-six separate chapters; this has necessitated an amount of sub-division of the subject that is not altogether advantageous—for instance, in regard to the stomach alone, we have one chapter on the functional and inflammatory diseases to which it is liable, one on simple ulcer, one on cancer, one on hæmorrhage from the stomach, another on dilatation of that viscus, and lastly one on its minor affections. If the editors had “run on” some of these articles, we should not have been disposed to quarrel with them. The article on diseases of the liver, which subject has been allotted to Dr. Bartholow, is excellent, constituting, as it does, a complete account of our present state of knowledge on the subject. We notice, however, that he does not deem hypertrophic cirrhosis as a distinct variety or worthy of a separate description. Although the first to sound the gall-bladder for gall-stones, he does not consider it so safe an undertaking as a recent distinguished writer in this country would have us believe. Abscess of the liver he attributes in a majority of instances to dysentery or to a special form of inflammation of the rectum. Diseases of the pancreas have fallen to the lot of the assistant editor, Dr. Louis Starr, who has given an excellent summary of what is known on this somewhat obscure subject. Dr. Alonzo Clark contributes the section on diseases of the peritonæum, which is rendered of additional value by the interesting account he gives of the introduction of the treatment of acute peritonitis by opium, in bringing about which he had no small share. The early part of the volume is occupied with the continuation of the account of general diseases commenced in the former volume, the first article being upon rheumatism, and written by Dr. R. P. Howard. Of this and of the succeeding article on gout, by Dr. W. H. Draper, we may say that both are models of what such articles ought to be, concise and lucid descriptions of the diseases of which they respectively treat. The article on rachitis is by Dr. Jacobi, whose long experience of children's diseases entitles him to write with authority on this subject. He agrees with most writers on this side of the Atlantic in regarding the main cause as “bad, insufficient, improper food, with its immediate result, viz., intestinal catarrh”; bad air alone, even when damp, is in his opinion insufficient to cause it. The question of the part played by syphilis in the ætiology, so strenuously supported in the affirmative by the late M. Parrot, he discusses at some length, accepting the generally received view of the present day that though syphilis may be a cause of rickets, it certainly is not the cause of it. We are not so sure, however, that his views on congenital rickets will be regarded on this side of the water as quite sound; we have been learning to regard foetal rickets as a totally distinct affection, resembling ordinary rickets only in name, but for Dr. Jacobi they are one and the same disease. No statistics are given as to the relative frequency of rickets in the United States, an omission much to be deplored considering that the alleged rarity of the disease in that country as compared with England might, if duly attested, serve as a basis for a better understanding of its causation. Dr. Jacobi claims craniotabes and sub-periosteal vascular thickening of the cranial bones as rachitic, without a hint as to the possibility of their being syphilitic, which will probably surprise many readers here; and he does not separately recognise that large class of cases where the disease seems to have fallen mainly on the muscles and ligaments which are remarkable for their flabby and lax condition, the long bones remaining

straight and their extremities not thickened. The remarks on treatment are very good. Then follow short articles of scurvy, by Dr. Philip Wales, and on purpura, by Dr. J. E. Atkinson. The next article is on diabetes mellitus, and is written by Dr. James Tyson, who commences with a clear summary of the most recent views as to the pathogenesis of the disease. As regards the morbid anatomy, he has been quite unable to recognise any changes in the central nervous system, and he seems inclined to regard disease of the pancreas as playing an important part, at any rate in a considerable proportion of the cases. Diabetic coma is in his experience always due to acetonaemia; he does not regard coma as an absolutely fatal symptom, as it occurred in a little girl aged 12 under his observation who made a good recovery. He speaks very highly of the skim-milk treatment, which he finds suitable for all but the most advanced and complicated cases. The treatment of diabetic coma is dismissed with the single remark that transfusion of blood has been recommended for acetonaemia. Scrofula is the subject of a careful article by Dr. J. S. Lynch. Probably most of our readers will agree with his opening statement to the effect that there is no disease of which it is more difficult to give an exact and satisfactory definition. His views on the relationship of scrofula, tubercle and pulmonary consumption are a little confusing, and hardly in accord with the most modern teaching. He denies anything more than a purely incidental relationship between the two former, but between scrofula and pulmonary consumption he believes there is the very strongest possible connection, as he holds that fully 95 per cent. of all cases of pulmonary consumption are of inflammatory origin, and that every stage in the process is attended with that abundant cell production, and the process itself is marked by that inveteracy and intractability which always characterise scrofulous inflammations. The last article under the head of general diseases is on hereditary syphilis, by Dr. J. William White. The author commences with a discussion of the means by which the foetus may become infected, showing himself to be thoroughly acquainted with the views that have been at various times expressed on this subject. The symptoms of hereditary syphilis are considered in detail, but we should have been glad to see a fuller description of retino-choroiditis, and we regret to find the author attributing the prominence of the forehead to a past arachnitis and hydrocephalus, an opinion that we thought had been exploded for some time, instead of to its undoubtedly right cause, viz., massiveness of the frontal bones. A copious index concludes the volume, which, as a whole, fully justifies and maintains the high opinion we formed of the undertaking from a perusal of its predecessor.

*Les Microbes Pathogènes; Leçons professées à la Faculté de Médecine de Bordeaux;* par Le Dr. C. ARTIGALAS, Professeur Agrégé, Médecin des Hôpitaux. Bordeaux: H. Duthu, pp. 258, with six plates.—In this volume, which consists of lectures delivered by the author during the past six months, M. Artigalas has aimed at placing before his class the present state of our knowledge on micro-organisms. The first lecture plunges headlong into the subject by giving an account of actinomycosis. Next come five lectures on Methods, Cultures, &c.; then six on Tuberculosis, while the remaining six are devoted to Pneumonia. The author is an ardent supporter of the germ theory, and we gather from a perusal of the whole work that he holds the belief that tubercular and pneumonic diseases are due to micro-organisms whether present or absent. Micro-organisms having been found in tubercles, therefore, even when no bacilli are to be discovered by any known method, it is because they are in some condition insusceptible of coloration. Naturally, therefore, Professor Artigalas states that the tubercular microbe exists under more than one form. These forms, three in number, are (1) The micrococci of Aufrecht, Toussaint and Klebs; (2) The zooglæa described by Malassez, sometimes composed exclusively of spheroidal elements, sometimes being a mixture of coeci and rodlets; (3) The bacillus of Koch. The history of the tubercular zooglæa is too curious to be withheld. Two hours after the death



of a person a tubercle was taken from the skin of the external surface of the forearm. (As to tubercle in any other part of the body, no reference is made.) Examination of this tubercle showed no sign of tubercle bacillus. Guinea pigs and rabbits were inoculated with matter taken from the cutaneous tubercle, and although in all cases pulmonary and serous tubercles were found in these animals after death, no bacilli were discovered till the sixth generation, when they suddenly appeared. This account is highly suggestive of some error; but in favour of the statement we will admit that we have more than once been unable to find bacilli in cases of acute tuberculosis, but have found colonies of micrococci. The author bewails the tendency of too warm sympathisers with the germ theory to push their views to an extreme, but in more than one place he himself advocates ultramontane doctrines, such as that of panspermism; *e.g.*, on p. 15 occurs the statement that this case (actinomycosis from wall mould) would tend to prove the theory of panspermism, and to quote the actual words: "ce changement en micro-organisme pathogène, dans certaines conditions, d'une mucédinée ou d'un schizomycète indifférent de sa nature." Thus, the author, like the schizomycete, is "indifférent de sa nature" as to consistency, for at one time we find him telling us that a special microbe is required to produce tubercle or pneumonia, and at another, as in the passage above quoted, that a mere ordinary fungus, if the conditions of its life be changed, is quite sufficient to do the business. Another specimen of advanced doctrines is, "la cellule géante seul vestige du vaisseau." Now, if anything is as yet unproved histologically, it is that the giant cell is a direct derivative of a blood vessel. We have never seen anything which might be taken for a logical proof of the connection, but if assertion is to be considered demonstration, we shall then be prepared to admit the vascular origin of a giant cell. And having made the statement that giant cells are derived from blood vessels, the author proceeds from these premisses to prove why the bacilli of tubercle are found at the centre and periphery of giant cells. It would take too long to transcribe the whole cycle of tubercular inflammation as given by our author, but we feel bound to indicate his notion of the formation of a grey tubercle. Bacilli pass from the peri-alveolar blood-vessels into the endothelial cells, and owing to the swelling of these cells, find themselves in the centre of the alveoli. Then the infundibula, blocked by cells containing bacilli and by a little fibrillary fibrin, form what is called a grey tubercle. We cannot refrain from alluding to what is called cardiac tuberculosis, or perhaps, more correctly, the presence of a few microbes in the vicinity of the heart. According to M. Artigalas, when the heart is invaded by micro-organisms, these make their first appearance in what is denominated the subvalvular triangle, an anatomical area at the junction of the aorta with the aortic valves and cardiac muscle. Now, it would appear that M. Artigalas has examined the heart ten times for bacilli, and in this subvalvular space has found in one single case four bacilli. We consider the inference which is drawn from this fact to be a very fair specimen of what might be termed scientific Chauvinism. Scattered through the work are some references to certain "Fortes ante Agamemnona." It is almost needless to state that the Fortes are Gallic, and that Koch may perhaps be considered the Agamemnon. Nor is perfidious Albion spared, for in the chapter which discusses pneumonia as an infectious disease, it is stated that emanations from drains play an important part in English pathology. "C'est là une théorie chère aux Anglais." This, we think, will be quite enough to show what the author's views are like in matters associated with tubercle; and now let us turn to the last third of the work, which deals with pneumonia. Here the author shows himself even more enthusiastic, and devotes three lectures to demonstrate that pneumonia simplex, or acute lobar pneumonia, is a malady at once infectious, contagious, epidemic and inoculable. Furthermore, its invariable cause is a specific microbe distinguished by one end being larger than the other, and by the possession of a definite capsule, and these micrococci form colonies which are found in more or less abundance in the blood according to the intensity of the pneumonia. It is also as well to know that there are a con-

siderable number of bacteria free in the exudation or in the endothelium, which they occupy after the manner of the bacillus tuberculosis. With regard to the mode of ingress to the body of the specific microbe of pneumonia, the author expresses his inability to decide. It is in the blood, but how it gets there M. Artigalas does not know. These may be facts, and if so with some special meaning, but when the writer goes on to say (p. 217) that the presence of the microbe determines an intense congestion of that part of the lung affected, and that this congestion always terminates at a more or less distant time in hæmorrhage, we feel bound to regard all the facts which seem novel to us by the light of Nature and experience. Of course, it is rare to meet on the *post-mortem* table with pneumonia in its earlier stage. Yet we have more than once had this opportunity, and the microscopical appearances gave no indication of hæmorrhagic extravasation into the alveoli. Moreover, such a condition of things would presuppose a general and extensive injury of the smaller blood-vessels, and when the rapid and numerous recoveries from severe croupous pneumonia are taken into consideration such a hypothesis, for it is nothing more, is quite groundless. We, of course, do not mean to assert that red blood corpuscles are never to be found in the alveoli; but to say that the first stage of pneumonia is a hæmorrhagic congestion, and consists of a very intense diapycnosis of red corpuscles into the alveoli, seems to us an unwarrantable assertion, and we feel inclined to back up Klebs, whom M. Artigalas takes to task for mixing up the three so-called stages of pneumonia. The author brings out one important point in the pathology of pneumonia with which we can agree, and this is the prominent and efficient part played by the endothelium of the alveoli, and we are glad to see that little part is ascribed to the action of the white blood corpuscles. We will quote one more instance of the style of argument adopted by the perfervid school of mycologists. In chapter 13, it is stated, in reply to the ideas of Traube and of Bernheim, that "nothing is less rare than to find pneumonic foci round about confluent granulations in tuberculous persons. The co-existence of the two microbes in the same subject is thus demonstrated." Almost everybody who keeps an aniline dye and a test-tube half full of gelatine seems unable to resist this feminine form of logic. We have picked out from the volume a few things which seemed to call for notice: in other respects these lectures do not appear to differ much from other books of the same size on the same subject. We have not noticed anything particularly new except the point which is made of the subvalvular triangle as a receptacle for micro-organisms, and this we sincerely deplore because other mycologists less capable than M. Artigalas may now feel prompted to investigate other parts of the human frame for analagous microbic depôts.

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## ABSTRACTS AND EXTRACTS.

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MEDICAL EDUCATION IN THE UNITED STATES.—The *Boston Medical and Surgical Journal* in the course of a leading article on this subject remarks: "It is disgraceful, and yet it happens constantly, that men are graduated by prominent medical schools or colleges in this country without ever having listened to an abnormal heart-sound, seen a case of measles, or been present at a confinement. So long as a medical college is dependent entirely upon the fees of its students for support, the highest educational good cannot be attained. The question concerns endowment, and the statement of a few facts will demonstrate this need. With our present population of fifty millions we have eighty-seven medical schools (the irregular schools are not included in this enumeration). Of these schools thirty-nine have been opened within fifteen years, and twenty-one within five years. With them are associated 1,300 instructors and over 10,000 students, and about 3,600 new doctors are annually 'turned loose on the community.' Forty-six per cent of these schools offer only a two years' course, and practical work is for the most part optional. A little



dissection, a thesis and examinations upon the lectures are all that is required in many colleges, before receiving a diploma. There are fortunately a few colleges where a much higher standing is required. The reason why so many of our students annually go abroad to Paris, Berlin and Vienna is that they can join small classes where they can practically demonstrate every fact for themselves under the guidance of an instructor. But practical work means increased expense. There need to be laboratories for chemical, physiological, anatomical and pathological research, rooms for photography and for the reception and treatment of patients at clinics. Increased expenses mean higher charges with the risk of seeing students leave for cheaper and easier colleges. This lack of endowment is a check upon all growth. General Eaton, the Commissioner of Education, strongly advises that every medical school or college be required by law to procure forthwith an endowment of not less than \$300,000. A certain amount of endowment required by law would prevent the formation of new medical colleges without proper laboratories, apparatus, or facilities of any kind. To-day the value of income-bearing funds of eighty-seven medical colleges does not exceed \$350,000, with an annual income of about \$20,000. The precarious footing on which these institutions stand is to be inferred from the fact that fifty-one medical schools and colleges have ceased to exist within a century. It is a grave misfortune that so many medical colleges now exist, for it is a farce to attempt to educate medical students away from the hospitals and dispensaries which only the largest cities furnish in abundance. The tendency to-day in all branches of education is more and more toward placing practical work and personal observation before tradition and theoretical instruction. Medical education should not be left behind in facilities."

## PHARMACOLOGY AND THERAPEUTICS.

**ANTIPYRIN IN SUNSTROKE.**—Dr. B. F. Westbrook records two interesting cases (*New York Medical Journal*, July 25th) in which this remedy was used successfully. The first was that of an Englishman, aged 22, who, after working out of doors all the forenoon with the thermometer at 99° Fahr. in the shade, became comatose and convulsed on reaching home at mid-day. When first seen, the head was congested, eyes suffused, pulse rapid and strong, skin dry, and the coma profound. The bowels had moved spontaneously and he had vomited freely. The rectal temperature was 109° Fahr. One drachm of a fifty per cent. solution of antipyrin was administered hypodermically and ice applied to the head. About three-quarters of an hour later the rectal temperature was 107.5°. Towels wrung out of ice-cold water were applied to the head and body, and another drachm of the solution was given *sub-cute*. In thirty minutes the rectal temperature was found to be 99°. The cold applications were at once discontinued, and dry heat applied to the surface, while whiskey was injected subcutaneously. The body surface was now cool, the pulse 120, the coma profound, and all the limbs twitching convulsively. The conjunctivæ were still injected, the pupils contracted but responding feebly to light, and the respirations irregular and groaning. Two ounces of whiskey and forty grains of chloral hydrate given by enema were not retained. Half an ounce of whiskey was then given subcutaneously, and in half an hour the surface temperature began gradually to rise. Then followed a series of violent tetanic convulsions. Venesection occasioned the withdrawal of thirteen ounces of blood from the arm, but was interrupted by a most violent convulsion, in the course of which the limb was forcibly flexed, and the opening in the vein thus occluded. But after this the patient became quiet, and the rectum retained forty grains of chloral hydrate. The axillary temperature was found to be 103.75°. One drachm of Lente's solution (of quinine) was given hypodermically every two hours until four doses were administered. At 8.15 p.m., as slight convulsions were recurring, six leeches were applied to the temporal region, twenty grains of antipyrin given *sub-cute*, and forty grains

of chloral hydrate by the rectum. From this time sleep was quiet, and the temperature slowly declined until it was 99° on the morning of the next day. The patient was then put on full doses of sodic bromide and sulphate of quinine, gradually decreased as convalescence proceeded. The second case, which occurred on the same day, was less severe, although the rectal temperature on admission was found to be 110°. Thirty-five minutes after the injection of half a drachm of antipyrin beneath the skin it had fallen to 101° Fahr. No cold applications were used in this case, with the exception of ice to the head. Enemata of whiskey and chloral were used. The man, an Italian, made a good recovery. Dr. Westbrook, who had never before seen so bad a case as the first recover, remarks that where antipyrin is used the external application of cold would appear unnecessary; and that although the temperature declines under the use of the drug, the cerebral symptoms still continue—several hours being required by the vaso-motor apparatus for recuperation after such intense hyperpyrexia and vascular excitement. Half a drachm of antipyrin seems a sufficient dose. A fifty per cent. solution is easily made, and produces very little irritation when injected under the skin.

**SOLUTION OF COCAINE IN PETROBASELINE.**—M. Pierre Vigier, in one of his pharmaceutical articles in the *Gazette Hebdomadaire*, July 17, calls attention to the great value of a new vehicle for the administration of cocaine. It is a liquid hydro-carbon formed from vaseline by depriving it of the 25 per cent. of paraffine which it contains, and which gives it its consistence. It is a new prodigy of industry to which a manufacturer has given the name of *pétabaseline*, and is now obtainable at all druggists at two or three francs the kilogramme. It is an inodorous and colourless liquid, resembling clear water in appearance; it is volatile at a high temperature, insoluble in water, and yet does not grease. It possesses the power of dissolving the carburetted hydrogens, while it is less inflammable than they are. It lubricates all bodies, and preserves them from oxidation; and, in fact, is a marvellous agent, endowed, as it is, with the principal properties of water, alcohol, glycerine, and the fixed oils. It is destined to have many applications, and already perfumery has made great use of it, and it cannot be too soon introduced into medicine and pharmacy. A solution of cocaine may be made by adding 1 gramme of this to 40 grammes of petrobaseline. This is to be dissolved by aid of a very gentle heat, and then filtered or allowed to deposit. This solution is unalterable and is convenient in application. When the price of cocaine has diminished, it will be able to be employed in the proportion of 1 gramme to 25, which is the point of saturation.

**BORATED PETROBASELINE.**—M. Pierre Vigier observes in the *Gazette Hebdomadaire*, August 28th, that if he has become so ardent an advocate of petrobaseline it is because he thinks that this beautiful preparation of vaseline is called to perform great services, while it is so cheap that it costs only 3 francs 75 cents. the kilogramme. His former observations, he says, upon the proper employment of the hydro-carburets have been so little attended to that he feels called upon to repeat them. At present practitioners seem to think all they have to do is to substitute in their prescriptions vaseline for lard; so that on the occasion of the introduction of the new hydrocarburet, termed petrobaseline, he wishes to repeat the principles which should guide the employment of topical applications: (1) Lard and oils by softening the skin form the best vehicles for medicinal substances; (2) the solid and liquid hydrocarburets, while possessing the great advantage of not undergoing any change, oppose to a certain point, or, at all events, retard absorption considerably; (3) glycerine and its compounds, not moistening the skin, entirely oppose absorption, and should be employed as topics only *sui generis*, and not as excipients. But glycerine is most useful as a vehicle when we wish to prevent absorption, as *e.g.*, with corrosive sublimate, or when irritating effects have to be attenuated, as with regard to carbolic acid or arnica. As to petrobaseline it seems destined to play an important part in therapeutics; but its properties require further study, as these are sometimes very singular. Thus, while it will not dissolve



boracic acid it will dissolve borax itself, and the following is a useful combination of this sort—liquid petrobaseline 25 and powdered borax 1 part, dissolve at a gentle heat and filter.

**PYRIDINE IN ASTHMA.**—Prof. Germain Sée, in a paper inserted in the *Bulletin de Thérapeutique*, June 30th, observes that in the treatment of nervo-pulmonary and cardiac asthma, the only curative agent is iodine, and that of 370 cases so treated by him during the last five years, most of them were cured by its agency. Still, the occurrence of intolerance of the remedy in the shape of iodism in some of them rendered it necessary to have recourse to various empirical and often secret remedies. By chemical analysis it has, however, been found that all this effect is due to a substance named *pyridine*. This is obtained by the dry distillation of organic matters of various kinds, forming a colourless and easily vaporisable liquid of penetrating odour, which is readily mixable with water, and forms very soluble salt with mineral acids, which, however, are easily separable. The conclusions to which the author arrives on this substance are as follows: 1. Whatever be the form of the asthma, whether it be nervous, emphysematous, or catarrhal, whether it be primordial or of a gouty or dartrous origin, iodisation constitutes the true curative method. When iodism supervenes, the employment of pyridine is indicated, being the most certain agent for the relief of the paroxysm, the best palliative just as iodine is the most efficacious remedy. 2. It is superior in power to the injection of morphia, its action being also more durable and far more inoffensive. 3. In simple nervo-pulmonary asthma, the paroxysms can be completely put an end to. In severe asthma complicated with permanent pulmonary lesions, the treatment has to be continued for more than eight or ten days, in order to consolidate the amelioration obtained. And when we have to do with cardiac asthma, with or without renal or dropsical complications, pyridine may still be of the greatest service in combating the most persistent and the most painful of the phenomena—that is, oppression of breathing whether continuous or paroxysmal. The pyridine is administered by inhalation.

**THE ANTIDOTE TO DATURINE.**—A Hungarian physician being called to a child of four who was in a comatose condition from having eaten, as her playfellows said, two handfuls of the ripe berries of the thorn apple (*Datura Stramonium*), and in whose vomit the berries could be plainly detected, gave pilocarpine hypodermically, thinking that as that had proved successful in atropine poisoning it ought to be useful in datura poisoning also. He began with the fourteenth of a grain, and as no effect was produced he increased the dose to a seventh. As improvement was now evident this was repeated. Altogether in five hours he gave six-sevenths of a grain, and by that time the child was convalescent. No physiological symptoms of pilocarpine were produced until the last dose was given, which was followed by profuse secretion of saliva and perspiration. The author therefore concludes that five-sevenths of a grain of pilocarpine had been required to neutralize the daturine, its own physiological action not coming into play until that was completely effected. He thinks that this case sufficiently demonstrates that pilocarpine is antidotal to daturine.

**THE CONSTITUENTS OF THE URINE.**—Dr. Dresser has investigated the relationships of the acid and alkaline constituents of urine. Solutions of acid magenta were injected into the dorsal lymph sac. After this the urine was of a deep red, and the addition of an acid did not change the tint. This shows that an acid substance is secreted equivalent to the quantity of alkali which would bleach the colour. After fifteen to twenty hours the colour was fainter, but was changed by acid but not by hydrogen peroxide or other oxidizing agents, so that it is not reduction but combination with an alkali that takes away the colour. The author found that it is possible to have an alkaline reacting solution and at the same time acid reacting substances present. He considers the urine to consist of two components—the acid and the alkaline, the former originating from the

tubuli contorti, the latter being the filtrate from the glomeruli. During unusual activity the alkaline secretion preponderates.

**IMPROVED SOLUTION OF OSMIC ACID FOR INJECTION.**—Osmic acid is very expensive, and if dissolved in water alone, the solution changes colour after three or four days, and shortly afterwards becomes unfit for use. A Russian physician, Dr. Schapiro, finds that if glycerine—which, by the way, must be chemically pure—is added to the solution, it will keep for some weeks. He advises the proportions osmic acid 1, distilled water 60, glycerine 40. He has injected this under the skin of the face without any untoward result. His treatment of neuralgia of the fifth nerve by means of injections of osmic acid has been very successful, five out of eight cases of long standing, which had resisted other modes of treatment, having been completely cured, while two were relieved. Only one case was unrelieved, and here some central disease of the nervous system was believed to exist.—*St. Petersburg Medicinische Wochenschrift*.

**AN ANTISEPTIC OINTMENT.**—Dr. Thayer has found the following ointment very useful at the hospital department of the Mexican Central Railway: Iodoform 5j, sub-nitrate of bismuth 5iv, boracic acid 5ij, vaseline 3ij. It is spread on a sheet of absorbent cotton sufficiently large to cover the wound and a considerable extent of surface around it. It is well suited for the after-treatment of amputation-wounds, as it can be easily removed when necessary without adhering to the wounded surface. The first dressing is usually left undisturbed for from four to six days. Even in the warm climate of Mexico, there was not present the least disagreeable odour. It was employed in more than 400 cases, comprising some very important wounds, and with great success.—*New York Medical Record*, July 18.

**ANTIDOTE IN CASE OF POISONING BY RESORCINE.**—Dr. Andreer, having remarked that in poisoning by resorcine the arteries are almost empty while the venous system is engorged, made use of hot baths as restoratives; their effect, however, was contrary to what he had expected. He then had recourse to red wines, especially the good vintages of Bordeaux and Burgundy, and under the influence of these general stimulants the toxic symptoms rapidly disappeared.—*Le Scalpel*.

## DERMATOLOGY.

**HYPODERMIC INJECTION OF LIQUOR ARSENICALIS IN MULTIPLE SARCOMA OF THE SKIN.**—At the end of 1882 K. B., aged 31, began to suffer from pain and swelling behind the angles of the lower jaw. Two months later nodules appeared in the skin over the right shoulder, then on both arms, then in the abdominal wall. The appearance of the nodules was preceded by local tenderness and followed by discolouration. In July, 1883, the patient was noticed to be pale, with œdema of the face and eyelids, most marked on the right side; the bodily functions were fairly well performed; pulse 120, regular, weak. Scattered throughout the skin of the upper extremities and of the body as far as the umbilicus were hundreds of nodules mostly of the size of a pea. On the inner aspect of the arms the nodules were discrete, not prominent, slightly tender, and the skin was movable over them and not discoloured. Elsewhere the nodules were so thickly sown as to form large plates and masses, very hard and only slightly tender; the skin covering them could not be pinched up or wrinkled, and was markedly erythematous with slight scaly desquamation of the epidermis. On the legs a very few nodules were observed, and there was no erythema. The glands at the angles of the jaw were enlarged, but those in the groins and axillæ were apparently normal. Careful examination failed to reveal any material modification of the great viscera. The diagnosis of multiple sarcoma of the skin was made by Dr. Shattuck, and confirmed by Drs. White, Wigglesworth, and Tilden. General tonic treatment was



prescribed in the first instance; but at the end of August an injection of  $\text{miv}$  of Fowler's solution, diluted with an equal bulk of water, was given once daily, deep in the thigh. Towards the end of September the injection was increased to  $\text{mvi}$ . The patient's general health improved, and though a few fresh nodules showed themselves, the old ones disappeared in much larger numbers. On November 3rd she was discharged in order that she might resume her occupation of dressmaking, but the treatment was steadily persisted in till the middle of March, 1884, when an abscess in the thigh—the only one which formed during the whole time—was opened. A few discrete nodules were then the only ones remaining. She has since been working steadily at her trade without any treatment whatever, and now (March, 1885) remains to all appearance perfectly well. Multiple sarcoma of the skin is rare, its course is usually rapid, and the prognosis bad. Köbner's case—treated with hypodermic injections of *Liq. Arsenicalis*—is the only recovery recorded up to date. In Köbner's case the diagnosis was confirmed by the microscopical examination of one of the excised nodules; in the present instance the patient strongly objected to such a proceeding, which was therefore not carried out.—*Boston Medical Journal*.

**MEDICATED SOAP.**—Dr. Shoemaker, in an article of which an abstract is given in the *New York Medical Journal*, June 6th, expresses a high opinion of the utility of medicated soaps when judiciously used, that is to say in moderation, and as adjuvants rather than as the principal modes of cure. Among many others employed with advantage at the Philadelphia Hospital for Diseases of the Skin, he mentions the following:—*Arnica Soap* of 10 per cent. is very useful in sore nipples, and in affections around the mucous outlets, as also in clearing boils, carbuncles and many pustular eruptions: it is also an excellent remedy in abrasions, wounds and bruises of the integument; *Boro-glyceride Soap*, 10 per cent., possesses antiseptic and deodorant properties, and is valuable for cleaning ulcerative and sloughing surfaces: pruritic affections, especially of the genitals, are benefited and often relieved, and it is very useful in acne and seborrhœa; *Eucalyptol Soap*, 5 per cent., is a useful disinfectant for all foul-smelling sores, and is very efficacious in foetid perspiration; *Naphthol Soap*, 5 per cent., is one of the most efficacious of all the soaps, being useful in many skin diseases and devoid of odour: it is effectual against lice and other parasites, especially in the pubic and axillary regions, superseding the filthy mercurial ointment: possessed of antiseptic properties, it is highly useful in offensive discharges from the skin; *Salicylic Acid Soap*, 4 per cent., is far superior to carbolic acid in its antiseptic action, and is devoid of its irritant property and smell: it is admirably suited for the toilet, and is serviceable in thickened conditions of the epidermis of the palmar, plantar and extensor surfaces: it is also serviceable in foetid perspiration, and all foul-smelling wounds or sores, as it is in syecosis and pustular eczema, especially when the hair is matted, accompanied by a foetid odour; *Sublimate Soap*, 1 per cent., is a valuable antiseptic: freckles and pigmentary deposits, especially chloasma, are greatly relieved by it: it is one of the best agents in all kinds of itching, and in the various syphilitic eruptions; *Tar Soap*, 10 per cent., eczema and psoriasis, especially the chronic varieties, are greatly relieved and sometimes cured by this, and it is useful in removing the scales in pityriasis and ichthyosis: it would prove useful in the same affections as naphthol, but for its smell and irritating qualities.

**LEUCOPLAKIA (ICHTHYOSIS) BUCCALIS ET LINGUÆ, AND ITS CURE BY THE GALVANO-CAUTERY.**—Dr. Ingals states (*Boston Surgical Journal*, July 16th) that several different affections, e.g., "smokers' patches," the condition found in old glass-blowers and called "professional patches," and various manifestations of syphilis have been described as true leucoplakia or as one of its phases. It is a chronic affection of the buccal mucous membrane characterized by thickening of the epithelium and the formation of white, opaline, elevated patches, which usually become fissured and painful and are likely to terminate eventually in epithelioma. It is largely confined to men past middle life, but occurs occasionally in women. It is so commonly found in in-

terate smokers that the abuse of tobacco may be fairly claimed as an exciting cause. The affection is chronic, and most cases terminate in true epithelioma; the chief indication of this development consisting in non-inflammatory enlargement of the lymphatic glands, with exfoliation of the thicker portion of the patch and the formation of an ulcer; the supervention of sharp local pains, salivation, and, at length, induration of the subjacent tissue; finally, great swelling in the region of the jaw is apt to occur, and death takes place from exhaustion. As regards treatment, all sources of irritation—especially those resulting from the use of alcohol—should be avoided; and derangement of digestion should receive attention. Internal medication is of no avail in checking the disease, and local applications are either useless or merely serve to increase the irritation. The galvano-cautery rapidly relieves pain, and ultimately effects a cure; it should be applied to only one small spot at a sitting, and that carefully, so as not to destroy the healthy tissue beneath the changed epithelium. The actual cautery would probably act equally well, if its application can be regulated with the same nicety.

**TRAUMATIC LINEAR ATROPHY OF THE SKIN.**—Dr. V. J. Bowditch reports in the *Boston Medical Journal*, June 25, the case of a sensitive and nervous widow, aged 60, who, after suffering for some time with an annoying paroxysmal cough, began to complain of extreme sensitiveness of the lower abdomen; this region presently became notably hyperæmic, and presented numerous whitish oedematous-looking elevations, from one-eighth to one-fourth of an inch in width, most closely aggregated near the pubes, and towards the median line, and disappearing within the extreme limits of the hyperæmia. The general arrangement was dendritic, and the elevations gave to the touch the sensation of very soft crumpled rice-paper. By another week the hyperæmia had extended, and the elevations increased in size and number, in some cases having coalesced so as to produce lumps half the size of a pullet's egg. There was no marked tenderness, but a feeling of heat and puckering with distension. Two weeks later, the hyperæmia and swelling had entirely disappeared, leaving only numerous cicatrices similar to those noticed on the thighs and abdomen of a multipara. The case is regarded as one of linear atrophy of the cutis of traumatic origin, traceable to the long-continued paroxysmal cough, causing frequent and violent distension of the abdomen in a debilitated patient, the resulting acute hyperæmia and swelling finally subsiding, and leaving only the small cicatrices of the ruptured corium. The treatment adopted in this case was practically nil.

## SPECIAL CORRESPONDENCE.

### PROFESSOR STRICKER'S ELECTRIC MICROSCOPE.<sup>1</sup>

(By our Vienna Correspondent.)

VIENNA, Sept. 8th.

I HAVE no doubt that your readers will peruse with interest the following description of the electric microscope which has been invented by Professor Stricker, and his assistant, Dr. Gärtner, both of the Medical Faculty of Vienna, and constructed by S. Plössl and Co., of this city. Of the advantages of the electric microscope in the teaching of histology I will speak when I have described its construction and mode of employment.

The whole apparatus may be divided (1) into the source of illumination and the case containing it, and (2) the microscope proper. The necessary illumination is furnished by the electric arc-light, which is worked by a dynamo in the cellars of the Pathological Institution of the General Hospital here, the dynamo being driven by a gas-engine of six-horse power. The positive carbon has

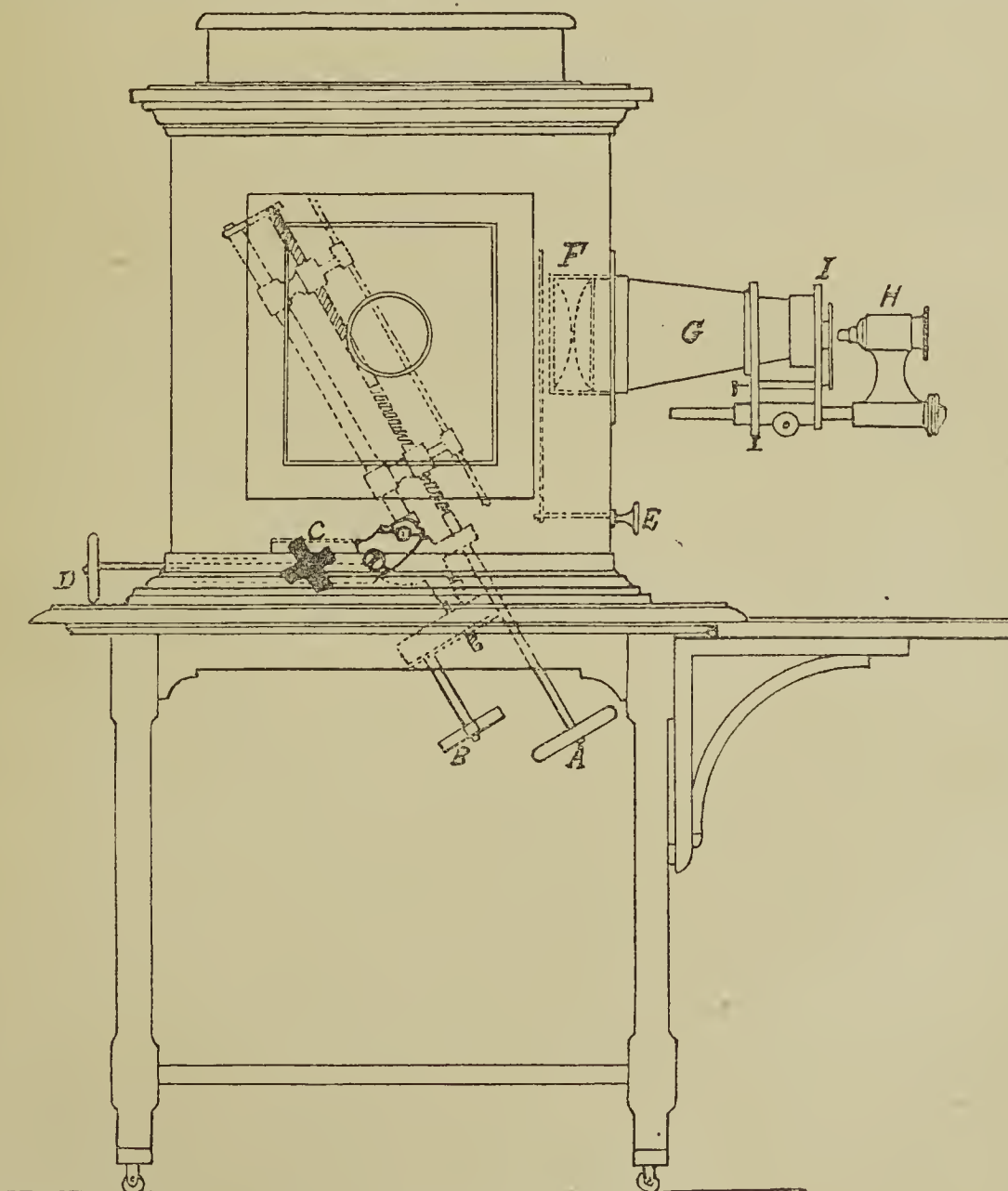
<sup>1</sup> For the details of this article I am indebted to Professor Stricker and Dr. Gärtner.



a diameter of 13 mm., the negative a diameter of 12 mm. The light thus produced, disregarding resistance, is equal to an illumination of 2,500 candles. The light is regulated, not by an automatic apparatus, but by the hand, a man being specially detailed for this purpose; even the most perfect automatic regulator will not prevent that flickering which is so adverse to histological demonstrations. The regulator essentially consists of a metal rod, the upper part of which is a screw with its thread turning from left to right, while the lower half is a screw with the thread turning in the reverse direction. The inclination of the thread of the upper screw is in proportion to that of the lower as two to one. The rod, which is fixed, carries the two carbon-holders, which are provided with a female screw, and connected with a guiding rod, so that when the regulating rod is turned by means of the wheel attached to its lower end, the carbon-holders approach or retreat from each other according to the direction in which the wheel is turned. But on account of the above mentioned difference in the inclination of the threads of the screw, the upper holder always moves exactly twice the distance travelled by the lower.

Each holder carries a carbon pencil, the upper being the positive, the lower the negative one, and as the positive carbon is consumed twice as quickly as the negative, it was necessary to vary the thread of the screws as above mentioned, in order to keep the point of illumination constant. The light, in fact, always remains in exactly the

same position, for when regulated it is neither raised nor lowered, as the carbon pencils are advanced exactly in proportion to their rate of consumption. The case containing the light is provided with a glass window, through which the carbons can be observed. One great advantage of the apparatus is that one can easily move the source of light in three different directions at right angles to each other. This is done by means of three screws. The first screw (B) (*v. Fig.*) raises and lowers the lamp *in toto* without changing the mutual positions of the carbons or their distance from each other, and thus serves to regulate the height of the light, and to bring it into the same horizontal plane with the optic axis of the apparatus. The second screw (D) moves the lamp forwards and backwards, while the third (C) moves it to the right or the left. By the action of the second screw the light can be moved towards or away from the lens (F), without its position in relation to the axis of the lens being in any way altered. By this arrangement the best light for the various powers of the microscope can be obtained. Rays from the arc fall on the large condensing lens of the apparatus (F) and are thus rendered convergent, so that the luminous pencil has the shape of a cone. The height of this cone, *i.e.*, the distance of its apex from the centre of its base, depends, as we all know, on the distance of the source of light from the lens. The nearer the light is brought to the lens the further does the apex of the cone travel from it, and in a certain position, *i.e.*, when the light reaches the focus of the lens,



SIDE-VIEW OF PROFESSOR STRICKER'S ELECTRIC MICROSCOPE.

(Reproduced from Dr. Gärtner's work on the Electric Microscope.)

A, Regulating Screw; B, Screw for raising or lowering the light; C, Screw for moving the light laterally; D, Screw for moving the light forwards or backwards; E, Button for moving the inner screen; F, Lens; G, Water reservoir; H, Power holder; I, Specimen stage.



the apex of the cone is projected into infinite distance; in other words, the cone is now a cylinder, the rays of light emerging from the lens parallel to each other. Now, if a screen is placed in front of the lens at right angles to its axis, a transverse section of the luminous cone will appear on the screen as an illuminated disc. If the source of light is brought nearer the lens the illuminated disc formed at a certain distance on the other side of the lens reaches its minimum, and then, as the lamp is moved still nearer to the lens, the disc grows larger and larger until it is of the same size as the lens. Under this condition the rays of light are parallel. If the source of light is brought nearer the disc grows still larger and larger, the rays diverging as they issue from the lens.

The illuminating apparatus just described is contained in an oak case about 30 inches by 18, and 3 feet high. Two of its sides are provided with large doors, and the back of the box is also movable, so that one can easily get at the apparatus. The bottom and the top of the case are formed of strong tinned iron-plate, and the latter contains several large openings for ventilation, provided with coverings in order to prevent any escape of the intense light produced in the case. The parts of the case which are made of wood are protected from the effect of the heat by asbestos. The doors of the case are provided with large, round windows, filled with dark glass, through which one can watch the carbons. The case is made large intentionally, first, in order to allow of the light being removed sufficiently far from the lens; and secondly, to prevent its sides from getting too hot. The latter are, for the same reason, made of wood, and not, as in the case of Duboseq's apparatus, of metal, for when one uses such strong electric currents as are necessary for purposes of demonstration, the small case of Duboseq soon gets so hot that one cannot approach it, and the heat being conducted by means of the metal tube surrounding the lens to the specimen stage, most specimens are thereby irremediably damaged and rendered useless. This disadvantage is avoided by the use of a large wooden case.

The microscope-case is fixed on a firm table 3 feet high and running on wheels so that it is readily transportable, while the distance of the microscope from the screen can be regulated even during use, and the necessary corrections made. At the upper and posterior edge of the apparatus are the connections for the insertion of the wires from the dynamo. The positive pole is to be connected with the upper carbon pencil.

The second important constituent of the projection-microscope is the arrangement for the collection of the light. Various experiments have shown that mirrors are not adapted for this purpose, and that condensing lenses must be used. The lens or system of lenses by which the most distinct image could be obtained was determined empirically; it was found that lens No. IV. of Hartnack was most suitable. The distance of the specimen from its side of the lens is 31 centimetres, while the distance of the carbons from their side of the lens is 27 centimetres, when the specimen is greatly magnified. The part of the microscope (G) between the lens and the specimen stage is a reservoir of the form of a truncated cone, and is filled with distilled water, so that the rays of light must pass through a column of water 30 centimetres in length before they reach the specimen. This reservoir is bounded by two plane glass discs, and is fitted with two tubulures (not shown in the figure), one above and one below. The latter is provided with a throttle-valve and caoutchouc tube, by means of which the reservoir is filled with water, while the air escapes by the upper tube. The object of this arrangement is to cool the heat-rays and prevent the specimen from being injured. The screen for the reception of the image, which is formed of a plate of pure gypsum about five feet in diameter, fixed in a strong iron frame, is now placed at a distance of about eighteen feet from the microscope. The second auxiliary apparatus, the "Skiptikon," which serves to give feebly magnified images of very large objects, as, for instance, brain-sections, is also inserted if necessary.

*Remarks as to the Method of Working the Apparatus.*—When the apparatus has been placed in proper relation to the screen, and the two battery-wires have been inserted,

the wheel (A) is turned to the left until the carbon-holders are at a proper distance from each other. This distance must depend on the proposed duration of the demonstration. With the electric currents usually employed in Professor Stricker's laboratory, about 9 centimetres of the carbons are consumed in an hour, viz., 6 centimetres of the positive and 3 centimetres of the negative. If, for instance, it is desired to prepare the apparatus for a two hours' demonstration, the carbon-holders are so far removed from each other that from 18 to 20 centimetres of carbon are available. The wires which proceed from the cellar of the Pathological Institution into Professor Stricker's lecture-room, are provided with a permutator which is fixed to one of the walls of the room, and which serves to turn the electric current either into 29 incandescent lamps, by which the room can be brightly illuminated, or into the arc-light of the microscope. As soon as this is done, the room is quite dark, the windows being so covered that not a ray of daylight can enter.

When the whole apparatus has been arranged for the demonstration, the reservoir filled with distilled water and the windows of the room covered, the doors of the case are shut, and the permutator is arranged for the arc-light. The electric current now passes through the carbons, which are in contact, and a slight glow is seen. The ends of the carbons are then separated to the extent of a few millimetres, by quietly turning the regulator, and soon the arc-light appears in all its brilliance. All that now remains to be done in order to have a quiet and steady light is to turn the screw every ten or fifteen seconds a little to the left, and thus bring the carbons towards each other, in exactly the proportion that they have burnt away. The experience of electricians, which is confirmed by that of Professor Stricker and Dr. Gärtner, tells us that the proper distance between the carbon points, is the shortest interval at which burning takes place without noise, and this interval, in the arrangement of Professor Stricker's electric microscope, is about 8 mm. When the light has once been correctly centred, the power and the specimen which one wishes to demonstrate are inserted, and the screw D is turned until the best distance of the lamp from the condensing lens is determined.

As to the practical employment of the electric microscope, it may be remarked that inanimate objects such as sections and specimens which have been teased out with needles should be somewhat deeply stained, and that those colouring methods should be chosen which show the histological elements in strongly contrasted colours. Carmine, gold, or silver staining is to be preferred for different tissues.

In order to give your readers some idea of the utility of the electric microscope for histological demonstration, I will take as an example, a transverse section of an inflamed tendon stained with gold chloride. The specimen, which has a diameter of 2 mm. when observed with lens No. 3, gives an image on the screen of about 30 inches in diameter. When observed near, the image clearly shows the tendon-cells stained a dark violet colour together with their processes, also stained the same colour, which form a reticulum, and enclose bright islets representing the fibrous matrix. At a greater distance, however, one only sees that a part of the specimen, that, viz., which is inflamed, is darker than the rest. The specimen is now moved until the image falls on the centre of the screen, and a stronger power, Hartnack No. VIII, is introduced. The image is now of the same size as the screen itself, and shows a quarter only of the specimen; the whole auditory, 300 persons, can now see quite distinctly the details above-mentioned, viz., the tendon cells with their processes and the bright matrix. At the inflamed part of the tendon, the cells are greatly enlarged, while their processes are thickened and more numerous than in the normal portion. When a very strong immersion lens, for instance, Seibert No. VIII, is used, one sees only a small part of the specimen in the visual field, viz., about five tendon-cells in a diameter, but the cells are now as large as the palm of the hand, and at the same time one notices a much richer reticulum of processes; secondary and tertiary ramifications which could not be distinguished in the image produced by the lower power, are now distinctly seen.



Another example: a human red-blood corpuscle, when seen with Seibert No. X, appears as a disc with a diameter of 6 centimetres, with Reichert 1.25 or Seibert No. VIII, its image still has a diameter of nearly 3 centimetres. A white blood-corpuscle, the diameter of which, as is well known, is two to three times greater than that of a red one, showed the amœboid movements (which are very favourably influenced by the high temperature), very distinctly to an assembly of 300 persons, the more distant of whom were provided with opera-glasses. In order to make the white-blood corpuscles quite distinct a procedure which Professor Stricker employs in his lectures is to be recommended, viz., he passes through the fresh blood a solution of fuchsin in water, containing 0.6 per cent. of common salt. The living cells absorb the pigment very slowly, whereas the fluid in which they are contained takes a distinct red colouration. The white blood-corpuscles, therefore, appear as bright, white spots on a coloured ground, and do not lose by this procedure anything of their mobility. The red blood-corpuscles also remain distinct with the appearance of yellow spots.

Nearly every histological specimen may be demonstrated with the electric microscope. A few objects, however, such as certain microbes, the image of which cannot be distinctly seen at a distance even with the strongest power, cannot be shown to advantage. On the other hand, there are some specimens which cannot be observed with the electric microscope in its usual form, as they do not admit of a perpendicular position of the specimen stage, but these can be shown by the aid of an auxiliary apparatus consisting of an arrangement of prisms.

The great advantages which the objective microscope presents, not only for instruction, but also for investigation, were, not long ago, brought under the notice of the Society of Physicians of Vienna by Professor Stricker, Professor Kundrat and Dr. Gärtner, Professor Stricker's Assistant. The last-named projected the picture of the mesentery of a living frog on the screen, and showed an experiment on the contraction of the blood-vessels. He demonstrated that exposure to a high temperature caused considerable contraction of the vessels, their lumen being nearly obliterated. Dr. Gärtner first protected the specimen from the influence of the heat rays, and the blood-vessels were seen on the gypsum-screen in a state of dilatation; he then arranged the apparatus so that the specimen should be exposed to the heat rays, and the blood-vessels were at once seen to undergo marked contraction. In order to meet the objection which might possibly be made in regard to this experiment—in fact, in order to prove that the contraction is indeed a vital process, and that it is not simply a shrivelling of the tissues as a result of excessive heat—Dr. Gärtner showed that when the specimen was only exposed to a high temperature for a short time the vessels dilated again after some minutes, and he claimed this fact as an argument sufficient to meet the objection. The fact that the circulation continued in the narrowed blood-vessels is also a proof that the temperature which thus irritated the muscular coat of the blood-vessels was not excessive, for if it had been only a fraction above 60° C., the albuminoid bodies of the blood would have been coagulated, and the circulation would have ceased instantaneously. Dr. Gärtner remarked that the hæmostatic influence of heat, which was especially employed in gynæcological practice, has thus obtained experimental confirmation.

Before the same assembly, which consisted of 200 persons, Professor Stricker delivered a lecture on the structure of tendon with demonstration of specimens with the electric microscope, and Professor Kundrat subsequently showed some morbid histological specimens. He demonstrated on the screen a transverse section of the eye, showing an epithelial carcinoma on the margin of the cornea, a specimen of carcinomatous degeneration of the sternum, of secondary medullary carcinoma of the lung with infiltration of the bronchial mucous membrane and pulmonary lymphatics, of "carcinoma psammomum" of the ovary, a section of enchondroma of the thigh with formation of physalides on the cartilage-cells, an intracanalicular adeno-sarcoma of the mamma, interstitial orchitis, the head of a *Tænia solium*, a male *Trichocephalus dispar*, and lastly, a specimen of

phlegmonous subcutaneous cellular tissue with colonies of micrococci.

I may add that the invention of the electric microscope is mainly due to the zealous desire of Professor Stricker to perfect his lectures. He has always been most anxious to give his pupils the clearest possible explanations, convincing them of the truth of what he states, maintaining the principle of every zealous scientific investigator, to exclude the "jurare in verba magistri," and to give his pupils palpable demonstration of what he affirms to be true. No one who attends the lectures of Professor Stricker will hesitate to admit the great advantages offered by the electric microscope for instruction, and to applaud the zeal with which its inventor attempts to give a real vital force to his teaching.

During the coming session Professor Kundrat will give a demonstration of pathological specimens with the electric microscope every Saturday at 11 a.m.

## INDIA.

(From Our Bombay Correspondent.)

### *Cholera—The Sanitary Condition of Quettah—Health of Bombay—Indian Medical Officers: Another Hardship.*

THE general health of the garrison at Quettah and neighbouring districts continues to be bad. The cholera, though it has abated somewhat, has not ceased its ravages altogether, the mortality among the troops, both British and native, being still high. Few people in England can have any conception of the terrible mortality which has occurred at Rindli, in Scinde, in the Bolan Pass, and in Quettah during the past three months. Cholera, and not only cholera, but fever and dysentery also, have worked sad havoc among all whose misfortune compelled them to stay in Lower Bolan and Rindli. It is a fact that at Quettah alone Her Majesty's 43rd Regiment lost nearly 50 men and 1 officer, whilst the 47th lost 20 men and 1 officer. An officer of the Royal Engineers and another of the Staff Corps died of cholera. The Railway Transport and Commissariat Departments have all borne their share of the dire malady. A detachment of the 17th Native Infantry lost nearly half its number at Rindli. A large number of officers have had to be sent home to England on sick leave. The medical officers at Rindli, Messrs. Wade, Pratt, and Cooper, deserve great praise, the last-named having himself taken cholera and died of it. The state of things of which I have given but a bird's-eye view is so bad from sickness, as well as other causes, that the troops loathe the very idea of serving in these parts, and domestic servants cannot be got to go there or to stop there for any time, even for exorbitant wages. It gives me, therefore, some satisfaction to announce, on the authority of a Simla telegram to a Bombay contemporary, that the Government of India have deputed General C. Macgregor, Quarter-Master General, to proceed to Quetta and select a site on a higher level in the vicinity of that place for a new cantonment, in view, it is said, of abandoning Quettah. In noticing the unsatisfactory sanitary condition of Quettah I wrote (*Medical Times*, June 6th) "it is problematical that Quettah could ever be rendered salubrious; the abandoning of the place for hygienic reasons will, ere long, have to be faced in some practical form or other." In the interests of our troops and the Government alike it is to be hoped that this will be carried out in its entirety, and not too much weight be attached to the representations of political and other officials who have personal interests at stake, or who have already pledged their opinion to the healthiness of Quettah; some one or two have even gone the length of vaunting it as a perfect "Salutland," the ideal land of health, *par excellence*, of Dr. Richardson, whereas, as a matter of fact, it is a mere barren waste, surrounded by equally barren towering hills. When the troops first went there the sanitation of the place was de-



plorably neglected, large latrines on the trench-system were put up everywhere in close proximity to sources of water-supply, and the ground then used for latrines by the troops and numberless camp-followers and others has since been built upon. Nothing short, as I have urged, of evacuating the place can now prove of any avail, and this should be effected with celerity and in no half-hearted manner if the health of the troops be looked upon as a matter of prime concern.

Mr. D. C. Davidson, Health Officer of Bombay, has recently submitted his report for the first quarter of 1885. The total mortality reached to 177 more than in the corresponding period of last year. This increased mortality is attributed by Mr. Davidson chiefly to cholera, phthisis, diseases of the respiratory system, dysentery and measles. The mortality from "fever" is less, however, than in the first quarter of 1884. There were altogether 5,730 deaths registered (exclusive of still-born), being 15 more than in the last quarter, and, as already noted, 177 more than in the corresponding months of the past year. The death-rate was equal to 27·15, taking into account the annual increment of the population. The "fever" mortality was 136 less than in the last quarter, and 84 less than in the corresponding portion of last year; 1,641 deaths are referred to "fevers," of this total 1,278 are referred to remittent fever, against 1,371 in the fourth quarter of the past year; to ague 84 are ascribed; to simple continued fever 274, and to enteric fever 5. Twenty deaths were registered from small-pox during the quarter; from measles 135, being 85 more than in the past quarter, and 28 more than in the corresponding quarter of 1884. The mortality from cholera is 141 more than in the preceding quarter, and 110 more than in the corresponding months of the past year. There were altogether 351 cases, of which 278 proved fatal. It is noteworthy that at the commencement of the outbreak which occurred towards the end of the second quarter under review, a considerable number of deaths from cholera occurred amongst pilgrims who had contracted it at Nassick. They arrived in Bombay actually suffering from cholera, or developed symptoms of a few hours or days subsequent to their arrival, showing, says Mr. Davidson, that the disease had been contracted at Nassick and not in Bombay. And in order to protect the statistics from being swelled by this death-rate from cholera from Nassick, the health department at Bombay made arrangements for the removal from trains of persons suffering from cholera, and their subsequent treatment in hospital, and for this purpose two native medical practitioners were appointed, Messrs. R. N. Speneer and M. Bottliwalla. Another, Mr. J. C. Voz, was appointed to attend those sick of cholera at their homes, and Dr. Macdonald was appointed to the charge of a special cholera hospital. Mr. Davidson says that the stopping of the trains near to Bombay, and examining and removing those sick of cholera, was attended with such good results, that he recommends a similar course for the future. There are other details of vital statistics reported which I need not notice: 3,910 bodies were buried, 1,885 were cremated, and 262 were consigned to the Towers of Silence of the Parsees. Mr. Weir, the Health Officer of Bombay, has obtained a further extension of his leave, and Mr. Davidson continues to act for him.

Owing to the prospect of a war with Russia which had prevailed, a number of Indian medical officers, holding military appointments on furlough in England, were ordered out at once, the Government paying the passage out; but now should some of these officers desire to return and complete the remaining portions of their leave, which they can do by existing regulations, they will have to pay their own expenses back. This certainly is both unfair and a hardship. While those in military employ were thus inconvenienced, and put in many cases to great expense and pecuniary loss, apart from the passage-money, their brethren of the same service in civil employ were unaffected, and were neither troubled to return to duty or put to any pecuniary loss. This matter deserves attention, and it is to be trusted that the India Office may be moved to grant some sort of compensation, at least, to those who may wish to resume their furlough.

## OBITUARY.

WILLIAM AUGUSTUS GUY, M.B. Cantab, F.R.C.P.,  
F.R.S.

WE regret to record the death of Dr. Guy, at his residence, 12, Gordon Street, Gordon Square, on the 10th instant, in his 76th year. Dr. Guy was born of a line of medical ancestors at Chichester in 1810. He received his early education at Christ's Hospital, passed through his medical curriculum at Guy's Hospital, and took his M.B. degree at Cambridge, in 1837. In 1831 the Medical Society awarded him the Fothergillian Medal for an essay on asthma. Appointed in 1838, he filled the Chair of Forensic Medicine in King's College for many years; in 1842 he was attached to the Hospital in charge of out-patients; from 1846 to 1858 he was Dean of the Medical Department, and in 1869 became Professor of Hygiene. He was admitted a Fellow of the College of Physicians at the age of 34, and repeatedly held the offices of Lecturer, Examiner, and Censor in that institution. He was an active worker in the Statistical Society, and, in addition to numerous contributions to its Journal, filled the offices of Honorary Secretary, of Vice-President, and of President. In 1869 the Swiney Prize was awarded him for his researches in Forensic Medicine. In 1876 he was a Vice-President of the Royal Society.

Dr. Guy's writings place him in the first rank amongst statisticians and philanthropists. As often as a question arose as to the comparative mortality in Hospitals and Prisons, the influence of Vaccination on Small-pox, and the like, Dr. Guy was ready to undertake its solution, and the result has been a rich mine of medical statistics for succeeding workers, deposited in the Journal of the Statistical Society. Those of us who have but a dim perception of the value of statistics, will find assistance in the following lines:—"I do not think," Dr. Guy says, "that I attach undue importance to tabular analysis when I anticipate from its intelligent and more extended use not only greater accuracy of statement and completeness of description, but discoveries of the utmost interest and importance. Men, and the things they do and suffer, are equally the products of many factors . . . and experience justifies us in expecting that, little by little, these factors will be isolated from the tangled thread of causes, leaving the remnant more amenable to scientific treatment."

As a philanthropist, Dr. Guy has done much good in exposing the injurious effects attendant upon certain occupations. But it was against the imperfections of the Poor Laws, the abuse of Charity, and the vice of indiscriminate almsgiving that his eloquence and logic were most forcibly excited and directed. He was an intense admirer of John Howard, and he has done much to place his character in its true light, and to remove the obloquy which Carlyle and some other writers have inconsiderately thrown upon his name. By the assistance of Miss Clehorow Butler, the well-known sculptor, Dr. Guy has given to the world—in the form of a bronze vase, destined for a niche in King's College—an admirable and very pleasing likeness of the great philanthropist.

In both public and private life Dr. Guy was the perfect type of a gentleman, and his virtues are well summed up in the word "Honestas," as the ancient Romans understood it. Under cover of a somewhat impassive exterior, Dr. Guy possessed a heart glowing with generosity and chastened



by the most complete unselfishness. We cannot close this notice without expressing a hope that the time is not far distant when those who, like Dr. Guy, devote their services to the State, shall receive that recognition which their approved efforts have deserved.

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**BENJAMIN GEORGE McDOWEL, M.D., F.R.C.S.I.,**  
**PHYSICIAN TO THE QUEEN IN IRELAND.**

WE deeply regret to announce the death, after a short illness, of one of the most popular as he was one of the ablest of Irish physicians, Dr. Benjamin George McDowel, one of the Physicians in Ordinary to Her Majesty the Queen in Ireland, and Physician to the House of Industry Hospitals, Dublin. The sad event occurred on Tuesday afternoon, the 15th instant, at Dr. McDowel's suburban residence, 5, Haddington Terrace, Kingstown. So recently as that day week Dr. McDowel was actively engaged in his professional pursuits, although feeling far from well. In the afternoon a shivering fit warned him of the onset of a serious illness—next day there was a recurrence of this ominous symptom, followed by feverishness. Soon a dangerous bronchial catarrh supervened, which ultimately proved fatal.

Born some five-and-sixty years ago, Benjamin McDowel may be said to have been cradled in the profession of medicine. His father was Dr. Ephraim McDowel, a physician of deservedly high reputation, some of whose valuable contributions to the literature of his profession may be found in the old *Dublin Hospital Reports*, edited by Dr. John Cheyne early in the present century. While still very young, McDowel had the misfortune to lose his father. Nevertheless, he worked on, until in 1841 he became a Licentiate of the Royal College of Surgeons in Ireland. Some time afterwards a connection of his family, the late Chief Justice Doherty, was the means of obtaining for him the important and much prized appointment of Physician to the House of Industry Hospitals, an appointment which he held up to the time of his death. A curious anecdote is told of the Chief Justice *à propos* of this. It seems that a wealthy gentleman, named Mr. Carroll, intended to make Dr. Ephraim McDowel his heir, but was prostrated by paralysis while in the very act of signing a will to this effect. The property, worth several thousands a year, in consequence reverted to Chief Justice Doherty. After the death of Dr. McDowel, the Chief Justice generously used his influence with the Lord Lieutenant of the day to obtain an appointment for Dr. McDowel's son, the subject of the present memoir. The Lord Lieutenant, without enquiring into the young man's profession, conferred upon him a valuable ecclesiastical appointment, but on discovering his mistake made him physician to the House of Industry Hospitals, a vacancy on the staff happening to occur at the time. The choice of his Excellency was fully justified by the conspicuous ability of the young hospital physician. McDowel threw himself with characteristic ardour into the practice of his profession, and soon made a name for himself as a well-read, intelligent and able physician. In 1845 he became a Fellow of the Royal College of Surgeons in Ireland, and in the following year he joined the Royal College of Physicians in London. It was not until the year 1880, however, that he became connected with the King and Queen's College of Physicians in Ireland; to the membership of this body he proceeded in the following year.

In 1858, upon his appointment as Professor of Anatomy and Surgery in the School of Physic in Ireland in succession to Dr. Robert Harrison, McDowel took the degree of M.D. in the University of Dublin, and in 1859 he became a Master in Surgery of the same university. For many years previous to obtaining the professorship, he had been making frequent and valuable communications to the Pathological Society of Dublin, of which he became the president in the year 1865. He also enjoyed a large and increasing practice as a physician. It was therefore all

the more to be regretted that, by virtue of his office as professor of anatomy and surgery, he was obliged to act as Surgeon to Sir Patrick Dun's Hospital—the clinical hospital of the University of Dublin. This multiplicity of duties would have proved too much for a less able man, but McDowel discharged them sufficiently well to retain the confidence of the Board of Trinity College at three septennial elections to his professorial chair. In 1879, however, he finally retired from the professorship, being succeeded by Dr. Alexander Macalister. But he did not sever his connection with his *alma mater*, for he was afterwards elected a member of the Academic Council of the University of Dublin. When the Royal University of Ireland was created, Dr. McDowel was appointed an Examiner in Medicine, and subsequently was elected to be a Medical Fellow of that University. In 1881, shortly after the death of Dr. Alfred Hudson, he was appointed a Physician in Ordinary to Her Majesty the Queen in Ireland, joining in this honour his friend and colleague, Dr. Banks.

Dr. McDowel contributed several articles to Dr. Todd's "Cyclopædia of Anatomy and Physiology," as well as numerous pathological essays and papers to the *Dublin Journal of Medical Science* and the late *Dublin Hospital Gazette*. But it was as a clinical teacher, and above all as a school lecturer that he especially shone. He had the art of investing even a dry and difficult subject with the glamour derived from a living enthusiasm translated into eloquent yet simple language. His lectures in Trinity College were always attractive, and drew large audiences of silent and attentive students. To his pre-eminent ability as a physician also a tribute must be paid. Ever kind, gentle, and sympathising, he won the hearts of countless patients, whom his keen diagnostic powers, his calm judgment, and his ripe experience enabled him often to rescue from death and always to relieve.

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## MEDICAL NEWS.

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**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, September 3rd, 1885:—

Charles Albert Adams, 53, Devonshire Street, N; Richard Andrews, M.R.C.S., Chestnut Grove, New Malden; William Henry Brown, Oxburgh Rectory, Brandon; Julius Labey, 34, Palace Road, Upper Norwood; Arthur Nicholas Little, M.R.C.S., 1, Highbury Place, Cotham, Bristol; Frank Postlethwaite, M.R.C.S., 41, Oxford Road.

On the same day

Charles Jno Holtom, Stoke Hall, Stoke-upon-Trent; Lewis Walter Pockett, Belgravia, Goole, Yorkshire.

passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise.

The following gentlemen also, on the same day, passed their Primary Professional examination:—

Arthur George Mellefont Creagh, University College; Ernest Morgan Hearnden, Guy's Hospital; William Hook, Westminster Hospital.

At the recent examination for the Prizes in Botany given annually to Medical Students, by the Society of Apothecaries, the successful Candidates were—

*First*—Edward Deanesly, University College, The Gold Medal.  
*Second*—Frederick William Lewitt, St. Mary's Hospital, The Silver Medal and Books.

**UNIVERSITY OF HEIDELBERG.**—The grand *Jubilæum* to celebrate the 500th anniversary of the foundation of Heidelberg University will be held in the second week of August, next year.

**THE ELECTORAL FRANCHISE AND MEDICAL RELIEF.**—Mr. L. Shadwell, the Revising Barrister of the Marylebone Revision Court, on the question whether a person would be disqualified for voting by his having been sent to an infirmary, has decided that all persons who went to an infirmary were disqualified, because they received more than



medical relief—they got lodging and maintenance. He, however, has reserved his decision with respect to small-pox hospitals.

**MEDICAL WOMEN FOR INDIA.**—The Calcutta correspondent of the *Times* telegraphs that Lady Dufferin's fund for providing medical aid for the women of India is making rapid progress. In the Central Provinces a prospectus has been circulated in the vernacular, and meetings have been held at various places. Classes for the teaching of midwifery have been started at Jubbulpore, and a native gentleman has offered to defray the cost of similar classes at Nagpore. Strong committees are being formed in Hyderabad and Mysore. The native princes have shown much interest in the movement and a desire to co-operate liberally. The Maharajah of Ulwar is not only selecting students to be sent to the female training schools, but also proposes to open a dispensary, under a native lady doctor, solely for the use of women. The Maharajah of Benares has presented a handsome subscription to the fund.

**SANITARY ASSOCIATION OF SCOTLAND.**—The annual congress of the Sanitary Association of Scotland was held in the Town Hall, Aberdeen, on the 8th inst., under the presidency of Dr. Christie, editor of the *Sanitary Journal*. There was a good attendance of sanitarians and others. Dr. Christie introduced the president-elect, Dr. Simpson, the medical officer of health for Aberdeen, who then took the chair, and read a long paper on the subject of sanitation, in which he touched specially on over-crowding. Dr. Beveridge, Aberdeen, followed with a paper on the subject of the ventilation of schools, and some discussion followed. Mr. Mackay, Dundee, afterwards read a paper on some of the causes of unhealthy dwellings in towns, and the subject of the condition of our defences against cholera was introduced by Dr. Christie. An interesting discussion followed on this paper, and the proceedings of the congress were brought to a close with the usual votes of thanks.

**NORTH LONDON NURSING ASSOCIATION.**—This institution provides trained nurses for the sick poor at their own houses, and 26,380 visits were paid during last year. The nurses are supplied solely for the benefit of those who are too poor to pay for skilled nursing aid during sickness.

**ROYAL UNIVERSITY OF IRELAND.**—The Duke of Abercorn's report on the Royal University of Ireland, presented to Earl Spencer on March 27, has just been published. This is the third year of the existence of the University, and the Duke states that the rate of progress is maintained, and that there is every ground for hoping that the success of the University is assured, and that it will take rank among the permanent institutions of the country. The figures given enable us to judge of this success. For the various examinations (not including those for women), 2,364 candidates entered their names, and of these 1,555 passed, while 478 were rejected; the rest were either absent or retired; 20 per cent., therefore, of the men who offered themselves for the various examinations were rejected. It will be remembered that in the last report the Duke spoke with particular satisfaction of the number of women. He now continues his satisfactory record. In all 127 women presented themselves for examination, of whom 112 passed and 13 were rejected. The percentage of rejected, therefore, is only half that of the men. Moreover, 47 of the women obtained honours.

**SUICIDE OF A MEDICAL PRACTITIONER.**—Dr. Diplock held an inquest on Monday, at 48, The Grove, Hammer-smith, relative to the death of Adam John Whiteford, a surgeon, who committed suicide. It appeared from the evidence that the deceased had been suffering from severe mental depression for some time past. On Friday last a medical consultation took place at the residence of the deceased, and it was decided to send him to an institution where he would receive careful attention. After the medical men had left, the deceased was seen to smash the windows of his surgery, the door of which was locked. On succeeding in obtaining admittance, it was found that the deceased had cut his throat in a terrible manner, severing the windpipe. Dr. Alderton was called in, but death took place in a few minutes. Mr. Whiteford was in his shirt

sleeves, and a surgical knife, covered with blood, was found near him. The jury returned a verdict that the deceased committed suicide while in an unsound state of mind.

**COTTAGE HOSPITAL FOR WOMEN AND CHILDREN, EDINBURGH.**—The premises of the Edinburgh Provident Dispensary for Women and Children in Grove Street, Fountain Bridge, are partially being adapted into a Cottage Hospital, in connection with the Institution. A great many cases, during the seven years the dispensary has been opened, have required careful nursing, and these have been sent to one or other of the public hospitals in the city. To obviate this necessity steps were taken to add a few beds to the dispensary with the view of completing the treatment in connection with the Institution of such patients as required surgical operations or continuous daily care. The hospital will contain six beds.

**CHARITABLE BEQUESTS.**—The Hon. Mrs. Caroline Cavendish, widow of Admiral the Hon. George John Cavendish, has bequeathed 19 guineas to the British Home for Incurables, Clapham-rise. Mr. Henry Simmonds, late of Aylesford House, Herne Hill, leaves by his will 50*l.* to the Royal Hospital for Incurables, Putney. Mrs. Julia Greene de Freville, late of Hinton Hall, Cambridgeshire, and Upper Brook Street, bequeaths 100*l.* to Addenbrooke's Hospital, Cambridge, and 50*l.* each to the Saffron Walden Hospital and Essex Hall Idiotic Institution, Colchester. The late Mr. Mackie, M.P. for Wakefield, has left 1,000*l.* to the Clayton Hospital in that town. Miss Jane Catherine Gamble, late of 67, Portland Place, London, has given 100*l.* to the Middlesex Hospital; 500*l.* to the Establishment for Invalid Ladies, 90, Harley Street; and 4,000*l.* after the death of a lady, to the Royal Hospital for Incurables, West Hill, Putney Heath; these legacies to be paid free of duty.

**DEATH OF DR. LUNIER.**—Dr. Joseph Ludger Lunier, one of the most distinguished of the French alienist physicians, has recently died, having reached the highest honours attainable in his branch of the profession, and in the full enjoyment of the honourable appreciation of his colleagues. Born near Blois, in 1822, he received his doctor's degree in 1849, and his thesis on general paralysis may still be consulted with advantage. Appointed only two years afterwards as chief physician to the asylum of Niort, in 1854 he was promoted to the same office at Blois; and ten years later had attained the high position of Inspector-General of lunatic asylums and of the sanitary condition of prisons in France. He was also an Officer of the Legion of Honour, and Member of the Academy of Medicine. He was one of the most active members of the Société Médico-Psychologique, and the author of numerous important contributions to psychological literature. After the war, he became the founder of the French Temperance Society, of which he continued to be general secretary until his death.

**VIVISECTION IN AUSTRIA.**—The Austrian Ministers of the Interior and of Education have issued a conjoint circular to the medical faculties of the empire, with a view to the prevention of abuses in the performance of experiments on living animals. In this decree it is ordered:—(1) Vivisection, or experiments on living animals, can only be undertaken for the purpose of serious researches, and exceptionally, when indispensably necessary, for the purposes of education. (2) Such experiments can only be performed in the medical institutes authorised by the State. (3) Only the directors of these institutes or their assistants are allowed to perform vivisections; or these must be performed under their inspection and responsibility, and only by those who have undergone scientific education (as practitioners and medical candidates). (4) The subjects of experiment must always, when it is possible without frustrating the object of the experiment, be kept in a state of deep insensibility. (5) Wherever it is possible, animals of the lower grades must be selected, and no animal of a higher species employed. The *Wiener Medicinische Wochenschrift* protests against the prohibition of *savants* performing experiments in their own private laboratories, seeing that the character of an experiment is entirely independent of the locality in which it is executed.



**THE HISTORY OF CHOLERA IN ENGLAND.**—The *City Press*, in an article giving particulars regarding the history of cholera in this country, says:—In 1831 cholera appeared in Sunderland, having been brought from Hamburg at the end of October. It then spread to Newcastle and Gateshead. In December it reached Addington (Scotland); in January, Tranent; in February, London and Edinburgh; in March, Glasgow, thence to Belfast and Dublin; and in April to Cork. This is an instance not only of its reaching a country late in autumn, but also of active spread during the winter months. In 1848 cholera attacked Hull (brought from Hamburg) in the beginning of October. Thence it spread to Edinburgh, London, Gravesend, Plymouth, Sunderland, Glasgow, Dunfries, &c. It lasted through the winter, breaking out with increased intensity in the spring of 1849, and ended in the late autumn of that year. In 1853 cholera reached Great Britain in the summer. It remained through the winter, breaking out afresh in the following year. In 1865 it appeared at Southampton at the end of August. In 1866 the first case in London was in Bromley, on June 26. No more cases were recorded till July 11, when there were five deaths. On the 12th and following days, 11, 20, and 15 persons died. From that time life was fiercely assailed by cholera in its most virulent form. The deaths ran up from 14 to 105 in the course of a few days. The mortality from cholera in London for the four weeks ending August 4 was 63, 481, 1,097, and 1,178. The most extraordinary character of the outbreak was its relation to the water supply. Taking that section supplied by the East London Water Company exclusively, the deaths from cholera in the four weeks above noticed were 38, 420, 955, 982, and in the portion supplied by the other water companies, 26, 61, 142, 196. Thus in those parts supplied by the East London Water Company the death-rate from cholera was 72 per 10,000, while throughout the other parts it in no instance exceeded eight per 10,000, and was in some cases less than half this amount. "The explosion of the disease was in fact confined to an area supplied with water from one particular company and from one particular source." (Netten Radcliffe.) It was shown that the excreta from the first cases entered the river Lea some 600 yards below certain open reservoirs of the company, and that these reservoirs had been drawn upon for supply. It was amongst the consumers of the contaminated water that epidemic cholera broke out on July 11 and carried off so large a number, and it is scarcely possible to assign any other cause for their being, as it were, specially selected for the ravages of the disease.

**SANITATION AT KINGSTOWN.**—The Kingstown Commissioners are somewhat exercised by a reference to the insanitary condition of the township in the report of "the Royal Commissioners on the Housing of the Working Classes." Unusual interest seems to have been felt in the meeting of the Commissioners, held on the 7th instant, Colonel Bidwell (a recently elected member of the Board) having given notice that he would bring forward the question of the sanitary condition of the township. Moreover, it appears that Dr. Power, Medical Sanitary Officer, had caused considerable perturbation by a paper read by him at a meeting held in Dublin, in which he prominently remarked upon the insanitary condition of numerous houses of the poor in Kingstown, and said that many dwellings, for which, comparatively exorbitant rents were paid by their poor inmates, were unfit for human habitation. The accuracy of these statements, made from personal observation, was tested by a house-to-house inspection, and verified by the inspectors, but from some unexplained cause the question was not considered, and left in abeyance until the reference already alluded to in the report of the Royal Commission, which apparently produced great surprise. In compliance with the desire of a member, the Town Clerk read a statement of the amount of sanitary work done in the township within a specified time, by which it appeared that within the previous month the Sanitary Officer had inspected one thousand dwellings, that eighteen summonses had been issued against offenders of sanitary laws, and that all had been convicted. Hereupon Colonel Bidwell brought forward the resolution of which he had given notice, determined to ignore local prejudice and personal

interests. He called attention to the fact that in the third report of the Royal Commissioners on the housing of the working classes in Kingstown, it is stated that—"The tenement house system prevails to a considerable extent, and the condition of these dwellings calls for some comment, overcrowding is common, the houses are badly roofed, and the floors are frequently of earth, with the filth of years accumulated upon them, and there is often no proper separation of the sexes. In the cottages the same state of things is allowed to continue—sanitary and ashpit accommodation exists only in name, and it is not remarkable that fever frequently prevails in the town." On the strength of that report he moved "That these allegations be enquired into by the Sanitary Committee, and that the property referred to be personally inspected by them, in order that they may be able to make a full and reliable report thereon to the Board." A member seconded the resolution, but although he courted enquiry, he, with some prolixity, sought to prove that the township was in a very sanitary condition, and that the statements to the contrary were erroneous. After a prolonged discussion the following amendment was adopted—"That Colonel Bidwell's notice of motion on the sanitary condition of Kingstown be referred to the Sanitary Committee, when he will have full opportunity of instructing himself on the working of sanitation in the township, and of correcting statements which had been made without proper evidence or foundation." When the resolution was adopted Colonel Bidwell remarked that it was all that he required.

**LUNACY IN SCOTLAND.**—The twenty-seventh annual report of the Lunacy Commissioners for Scotland which has just been published, states that the whole increase of registered lunatics during 1884 was 169, consisting of an increase of 23 private and an increase of 146 pauper patients, leaving 10,918 insane persons under official cognizance on the 1st of January, 1885. There were 213 private patients discharged recovered during 1884, which is 29 above the average for the five years 1880-84. The number of pauper patients discharged recovered was 990, which is 8 above the average for the five years 1880-84. The number of private patients discharged unrecovered, excluding transfers, during 1884, was 140, or 5 above the average for the five years 1880-84. The number of pauper patients discharged unrecovered was 440, or 46 above the average for the five years 1880-84. One hundred and two private patients died in establishments during 1884; and of the 2,759 patients discharged on probation since 1862, 493 were replaced, before the expiry of the period of probation, in the asylums from which they had been removed. The whole number of changes among attendants during 1884 was 519, which is 84 less than the number for the previous year. "We continue to regard it as unfavourable to the interests of the patients that these changes should be so numerous; and we think it deserving of careful consideration by the administrators of these institutions where changes occur frequently, whether some addition to the wages or some increase of the comforts of the attendants is not desirable." The whole number of escapes during 1884 was 272. Of these, 156 were brought back within twenty-four hours, 73 within a week, and 18 after a week; 25 were not brought back during the currency of the Sheriff's order, or the certificate of emergency on the authority of which they had been detained. Two of these last were removed from the asylum registers as recovered, 3 as improved, 10 as relieved, and 8 as not improved. One was killed by being run over by a railway train, and 1 died from exposure. The whole number of accidents reported to us as having taken place during the year 1884 was 129. Of these 10 ended fatally. In two of these cases the death was suicidal. The cases tabulated as fatal accidents include two deaths from impaction of food in the pharynx—one in the case of a male paralytic, and one in the case of a feeble old woman. One death resulted from a patient falling backwards from his seat, two from injuries the result of the maniacal violence of the patients themselves, and two were the cases already mentioned under the head of escapes. One case which led to a criminal trial was that of a patient who received injuries inflicted while he was being brought back to the



asylum after having escaped. One of the attendants who were engaged in bringing him back committed suicide, and the other was tried for homicide, but acquitted. Eight cases of injury which did not terminate fatally, were the result of attempts at suicide. In 37 cases the accidents involved fracture of bones or dislocation of joints. These were occasioned in 17 cases by falls, in 8 cases by assaults made by fellow patients, in 6 by struggling with fellow patients or attendants, in 4 cases the accidents were unintentionally self inflicted, and in 2 cases the causes were not ascertained. Of the remaining accidents there were 15 injuries to the head occasioned by falls and assaults by patients, and 1 was occasioned by the intentional act of the patient himself. In 1 case an injury affecting one of the internal organs was inflicted by another patient and in 1 case a similar injury was inflicted by the patient himself. There were 18 cases of flesh wound, abrasion, bruise, burn, or scald, and there were 39 injuries of unimportant character. It appears that, for the maintenance of 10,959 pauper lunatics, who were under care in asylums, lunatic wards of poorhouses, and private dwellings, and for other expenses connected with them, a total sum of 214,264*l.* 13*s.* 6*d.* was paid. During the whole period from 1858 to 1884, the total expenditure for maintenance alone has increased 175 per cent., the expenditure for the maintenance of patients in establishments having increased 195 per cent., and that of boarding in private dwellings 86 per cent. The average cost per annum for each patient has increased in asylums and lunatic wards of poorhouses from about 20*l.* to about 25*l.*; in private dwellings it has increased from about 8*l.* to about 14*l.*; the average expenditure for establishments and private dwellings taken together, with all other costs, having increased from about 16*l.* to about 24*l.*

**THE POSITION OF THE PHARMACIST.**—At the twenty-second annual meeting of the British Pharmaceutical Conference, which was opened at Aberdeen on the 8th instant, the President, Mr. J. B. Stephenson, of Edinburgh, devoted his opening address to this subject. He said he thought the true character and position of pharmacy might be defined in something like the following way: There was a certain well-defined and an increasingly important portion of the medical field which could not only be cultivated better, but could not be adequately cultivated at all except by a class of workers devoted to it. That he took to be the standing ground of pharmacy, and the function belonging to it consisted in the preparation of remedies for administration to the sick. The word "dispensing," whether correct or not, represented to their minds the exercise of that function, but the dispenser ought to be competent to verify the purity and the potency of every article he dealt with. That position of pharmacy as an integral part of the medical profession was one which would be admitted by all hearing him, and he was not sure but that by the medical profession and the public at large it would be conceded *in theory*, however much it might be disregarded in practice. But more than that, it was a *statutory* position. If pharmacy were so differentiated from the general medical field as to constitute a distinct department of it, there appeared to be several corollaries inevitably proceeding from that proposition. First, wherever pharmaceutical work was to be done it should be assigned to the pharmacist. As between the medical practitioner and the pharmacist, he was rather proud to believe that in Scotland, and in Edinburgh especially, that differentiation had been more general and more thorough than in the south. From his personal experience of more than forty years in Edinburgh, he could affirm that during all that time the dispensing had been exclusively in the hands of the pharmacist. He would apply the principle also to the dispensing in public hospitals, dispensaries, &c., and in the public services. There was another corollary naturally and inevitably deducible from his proposition. If pharmacy was the art of preparing drugs, and if it were a statutory entity, and the Pharmaceutical Society were its statutory exponent, surely that Society should have a considerable share, and a share not as by favour, but of right, in compiling the book the very name of which meant the preparation of drugs, and which was the statutory authority on the subject. The

last Edinburgh Pharmacopœia dated back further than the forty or fifty years to which his experience was limited, although he well remembered the time when Scotland was under its authority, even as England was under that of London, and Ireland under that of Dublin—for was not the British Pharmacopœia first published in 1864, only twenty-one years ago?—but he happened to know that in those days Sir Robert Christison constantly consulted practical pharmacists in Edinburgh, and acknowledged in his "Dispensatory" his obligations to them. There was a third corollary which he wished to draw from his proposition. It was this—if pharmacy were a professional pursuit it should be remunerated on the basis of a professional fee. This was a somewhat intricate problem, but it was only to be solved by openly and honourably making a fair estimation of the imponderable elements in their transactions, intelligence, skill, responsibility, applicable in all cases, and independent of the value of the materials they had to work with. It was also a legitimate inference to be drawn from his premises that the qualification of the pharmacist should cover all his intromissions which so-called poisons, independent of all other restrictive regulations. Poisoning by inadvertence could never be prevented by Act of Parliament. Nurses might give the wrong medicine, and pharmacists might mistake the right bottle, but there was no means, legislative or otherwise, to prevent it, and for intentional poisoning, they might as well restrict the sale of razors to prevent throat-cutting or of ropes to prevent hanging, as the sale of poisons to prevent that. Let the present restrictions remain. The qualification of the pharmacist was the only security against preventable poisoning which the Legislature was entitled to take, and it had already charged itself with the care of that, and any legislation on other lines was "grandmotherly" legislation. There was still another inference which he wanted to draw from the proposition with which he started. He had claimed a high position for pharmacy, not higher, however, than he believed it deserved. If that position involved the exercise of professional functions, let them not discredit it, let them act up to it, and that would be effected by cultivating and cherishing the true ideal of it; that mainly would keep them right, *Noblesse oblige*. If he were asked to define the proper attitude of pharmacy in that connection in one word, he would say, discountenance quackery in every shape and form. It was not necessary to tell them what quackery, the thing or the practice, was. It was the outcome of ignorance, perhaps, but still more of cupidity on the one hand, and unbounded credulity on the other; and it found a congenial soil in the field of medicine, and especially that part of it occupied by pharmacy. The President, in conclusion, made some remarks on the new Pharmacopœia just issued from the press.

**MEDICAL STUDY IN GERMANY.**—An intelligent writer in the *Boston Medical Journal*, August 15, advising American students who wish to complete their studies in Germany, and have but an imperfect knowledge of the language, strongly recommends them not, as is commonly done, to repair at once to Berlin or Vienna, where the multiplicity of subjects taught and the number of cases seen are quite bewildering to the new comer, especially if he have only an imperfect knowledge of German. In place of rushing at once into the *Sturm und Drang* of either capital, he advises the student to occupy half the time he has to spend in Germany at one of the smaller, but most efficient schools, among which he indicates Bonn as preeminently excellent. There he will be able in a much more deliberate and quiet manner to avail himself of the valuable opportunities that are offered, having attained first a sufficient knowledge of the language to make these of real service. Say that he comes abroad in June, with the intention of commencing his medical studies in one of the provincial schools, where, however, all the teachers are able men. He should settle during the vacation in some quiet town, *e.g.* Weimar, Eisenach, or Cassell, or still better in the vicinity of his intended school, and devote at least six hours a day to severe study of the language, talking wherever and whenever he can, without regard to slips and blunders, listening to a sermon on a Sunday, and going to the theatre nightly,



if possible. By October he is prepared to listen to, say, two medical lectures daily, of a practical sort, such as clinical medicine and surgery, in which the eye aids the ear. Meanwhile he reads German medicine, especially in reference to the cases which he sees, and by this means quickly familiarizes himself with German medical terms. He increases the number of daily lectures, according as he progresses in the language, and in six weeks is probably able to attend the entire course. He should remain at, say, Bonn, until August 15th of the next year, when the summer terminates. After a vacation, during which he should steadily pursue the study of the language, the student is ready for Berlin or Vienna. Now the fulness of material found there will not embarrass him, for he is familiar with the language, with German methods of teaching, and with medical expressions in that tongue. Moreover, he has far more money at his command than if he had been living in a large city, expenses of every kind being much less at Bonn.

### APPOINTMENTS.

AITKEN, CHARLES, M.B. and C.M. Edin.—Medical Officer to the St. Just District, Truro Union, *vice* Mr. G. W. Hill, resigned.  
 BRAITHWAITE, JAMES, M.D. Lond.—Obstetric Physician to the General Infirmary, Leeds.  
 BURGESS, EDWARD ARTHUR, M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Fransham District, Mitford and Launditch Union, *vice* Mr. R. W. G. Taylor, resigned.  
 FOULERTON, G. R., M.R.C.S., L.R.C.P.—House Surgeon to the Royal Isle of Wight Infirmary, Ryde, *vice* J. Walter Hopkins, M.R.C.S., L.S.A., resigned.  
 GOOD, WILLIAM ERNEST, M.R.C.S. Eng., L.S.A. Lond., L.R.C.P. and L.M. Edin.—Medical Officer to the Charminster District, Dorchester Union, *vice* Mr. John Good, resigned.  
 HENDERSON, G. C., M.R.C.S.—Assistant House Surgeon to the Cumberland Infirmary, Carlisle, *vice* F. M. Blumer, resigned.  
 HOOKER, CHARLES PAGET, L.R.C.P. and L.R.C.S. Edin.—Medical Officer to the Workhouse and the South District, Cirencester Union, *vice* Mr. C. W. Wilson, resigned.  
 JACK, JOHN SEMPLE, M.B., C.M. Glas.—Medical Officer to the Workhouse, Highbury Union, *vice* Mr. F. Barrow, resigned.  
 JONES, JOHN ELLIS, M.B., C.M. Edin.—Medical Officer to the First District, Chorley Union, *vice* Dr. W. Paterson.  
 JOHNSTON, M., L.R.C.P., M.R.C.S.—House Surgeon to the Lincoln County Hospital, *vice* E. C. Sharpin, resigned.  
 MATHEY, ARTHUR, L.R.C.P., M.R.C.S.—House Surgeon to the Croydon General Hospital, *vice* Odling, resigned.  
 MENZIES, WILLIAM F., M.B., C.M. Edin.—Junior Resident Medical Officer to the Kent County Asylum, Maidstone.  
 MILLER, HUGH, M.R.C.S., L.R.C.P.—House Surgeon to the Royal Berkshire Hospital.  
 MILLINGTON, WILLIAM, M.D. Edin., M.R.C.P.—Honorary Consulting Physician to the Wolverhampton and Staffordshire General Hospital.  
 PALTON, A. S., M.B., B.Ch. Univ. Dublin.—House Surgeon to St. Mark's Ophthalmic Hospital, Dublin.  
 PEDLEY, NEWLAND, F.R.C.S., L.D.S.—Dental Surgeon to Guy's Hospital.  
 PRESTON, GEORGE, L.R.C.P. Edin., M.R.C.S. Eng.—Medical Officer to the Sixth District, Liskeard Union, *vice* Mr. J. H. Jenkins, resigned.  
 ROBERTS, SIDNEY, M.P., M.A., M.B. Cantab., M.R.C.S.—Honorary Physician to the Sheffield Public Hospital and Dispensary, *vice* William Dyson, B.A., M.D. Lond., M.R.C.S., resigned.  
 SHADWELL, ARTHUR, M.B. Oxon.—Assistant Physician to the Sussex County Hospital, Brighton.  
 SMITH, G. FRANCIS, L.R.C.P., M.R.C.S.—House Surgeon to the Cumberland Infirmary, Carlisle, *vice* C. A. Morton, resigned.  
 TURNER, ELLERY, M.R.C.S. Eng.—Medical Officer to the Brandes Burton District, Skirlaugh Union, *vice* Mr. J. E. Edington, resigned.  
 VOIGHT, J. C., M.D. Edin.—Resident Medical Officer and Visiting Surgeon to the Southport Infirmary and Dispensary.  
 WILSON, ARTHUR H., M.R.C.S., L.R.C.P.—Honorary Assistant Surgeon to the Stanley Hospital, Liverpool.

### VACANCIES.

BEDFORD GENERAL INFIRMARY.—Surgeon-in-Ordinary. Candidates must be legally qualified to practise both in Surgery and Medicine, and be duly registered. Applications and testimonials to be forwarded to the Secretary on or before October 8th.  
 BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon. Salary £150 per annum (with £30 per annum for cab hire), furnished rooms and attendance. Candidates must be registered and possess both a Medical and Surgical qualification. Applications, together with original testimonials and certificates of registration, to be sent to the Secretary on or before September 22nd.  
 CHESTERFIELD UNION.—Medical Officer to the Bolsover District, in succession to Mr. Wallace, resigned. Area, 9,211 acres. Population, 2,758. Salary, £21 per annum.  
 HELSTON UNION.—Medical Officer to the No. 2A, St. Keverne District, in succession to Mr. Appleton, resigned. Area, 6,025 acres. Population, 1,264. Salary, £14 10s. per annum.  
 PETERBOROUGH UNION.—Medical Officer to the Stilton District, in succession to Mr. L. Thelwall, resigned. Area, 18,420 acres. Population, 3,765. Salary, 5s. a case and 2s. 6d. per head per annum for permanent paupers.

ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, VENTNOR.—Resident Medical Officer. (For particulars see Advertisement.)

ROYAL UNITED HOSPITAL, BATH.—House Surgeon.

ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.—Assistant House Surgeon. Salary £100 per annum, with board, lodging, washing, &c. Candidates must be registered Medical Practitioners. Applications, stating age, with testimonials, to be sent under cover to the Clerk to the Trustees endorsed "Application for Assistant House Surgeon," on or before September 19th.

STURMINSTER UNION.—Medical Officer for the Hinton District, in succession to Mr. James Twigewell, resigned. Area, 9,640 acres. Population, 1,807. Salary, £10 per annum.

TAUNTON AND SOMERSET HOSPITAL.—Honorary Physician. Candidates must have taken the degree of Doctor of Medicine, or be Fellows or Members of one of the Royal Colleges of Physicians of London or Edinburgh, or of the King and Queen's College of Physicians in Ireland, and be duly registered under the Medical Acts. Applications, accompanied by qualifications and testimonials to be sent to the Secretary, on or before October 14th.

TONBRIDGE UNION.—Medical Officer to the Eighth District, in succession to Mr. Hutchings, resigned. Area, 6,379 acres. Population, 5,892. Salary, £70 per annum.

### DEATHS.

ALDERSEY, W. H., F.R.C.S., at Surbiton, Surrey, on Sept. 7.

GUY, WILLIAM AUGUSTUS, M.B., F.R.C.P., F.R.S., at 12, Gordon Street, Gordon Square, W.C., on Sept. 10, in his 76th year.

RENDALL, CHARLES, F.R.C.S., at Effie Terrace, Munster Park, S.W., on Sept. 6, aged 73.

SNOW, JOHN ELLIOT, M.R.C.S., L.S.A., at Tottenham, on Sept. 11, in his 62nd year.

THOMSON, WILLIAM, M.D., M.R.C.S., at 16, Elgin Road, Addiscombe, on Sept. 14.

VICAT, JOHN, M.D., late of Melbourne, Canada, at Columbia, S.E., on Aug. 22.

WHITEFOORD, ADAM JOHN, M.R.C.S., L.R.C.P., at 48, The Grove, Hammersmith, on Sept. 11, in his 40th year.

### NOTES, QUERIES, AND REPLIES.

#### GELSEMINUM IN NEURALGIA.

TO THE EDITOR OF THE MEDICAL TIMES.

SIR,—I had some months ago under treatment a patient who suffered frequently from severe attacks of facial neuralgia. I prescribed in turn croton chloral, chloride of ammonium, so strongly recommended by the late Sir Thomas Watson, tincture of aconite, also tonga and other such remedies, but without any permanent effect. I remembered, however, having read an interesting and very instructive article in the *Lancet*, by Dr. Spencer Thomson, of Torquay, on the Use of Gelseminum in Neuralgia, and I immediately ordered my patient  $\mathcal{M}_{xx}$  of the tincture every two hours. A few doses gave complete relief. The patient was subsequently placed under a course of quinine and iron, and seems now permanently cured. The gelseminum may be combined with bromide of ammonium. I have since treated several others on the same plan and with equal satisfactory results.

Dr. Thomson says of gelseminum, "Directly or indirectly it had been used by me or by my authority in at least forty cases to which it was applicable, and with almost constant success . . . indeed I can scarcely recall an instance of the above in which relief was not speedily given. The usual expression of the patient has been, 'It acted like a charm.'" Dr. Wickham Legg, of St. Bartholomew's Hospital, recorded sixteen cases, and added, "Nearly all of these patients said they found relief on the same day; the rest were better after a longer use of the medicine." Dr. Yurasz, of Heidelberg, has used this tincture in five cases of neuralgia. In the first case, five drops three times a day (facial neuralgia); cured in three days. Second case of the same kind as the first, four drops three times a day; cured in six days. Third case, supra orbital neuralgia, ten drops three times a day; cured in four days. Fourth case, neuralgia of the fifth pair on both sides, five drops every day, cured in two days. Fifth case, severe sciatica, eight drops three times a day; almost cured in fifteen days, and complete cure was then obtained by the continuous current and warm baths.

I am, Sir, yours, &c.,

ROBERT REILLY, L.R.C.S.I.

Boyle, Ireland, September, 1885.

#### ACID DRINKING WATER.

[TO THE EDITOR OF THE MEDICAL TIMES.]

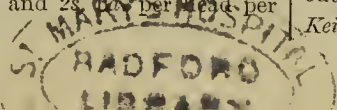
SIR,—Mr. Byram Littlewood, of Huddersfield, was over in Keighley the other day, and informed me that fish would not live in the water supplied to Keighley for drinking purposes. His theory is, that there is an acid in the water, in which the fish cannot live. This, he says, is why the water dissolves the lead out of the service pipes. He has patented a process for neutralising this acidity, and thus preventing the water dissolving lead, and also enabling fish to live in it. He maintains that this acidity makes the water unfit for drinking purposes apart altogether from the fact that it dissolves lead. I should be much obliged if any of your readers could throw any light on this subject. It affects not only Keighley, but most of the Northern water supplies.

I am, Sir, yours, &c.,

ARTHUR ROBERTS, Medical Officer of Health.

P.S.—I should state that Mr. Littlewood is a great fish culturist, and had had some specimens of Keighley water sent to him to find out whether fish would live in them.

Keighley, September 12th, 1885.





## THE CASE OF DR. BRADLEY.

[TO THE EDITOR OF THE MEDICAL TIMES.]

DEAR SIR,—Will you kindly insert the following additional subscriptions received for the Bradley Fund.

I remain, yours faithfully,

ROBERT JEFFREYS.

Eastwood House, Chesterfield, September 14th, 1885.

Mr. Thomas Smith, £5; Dr. W. H. Ransom, F.R.S., £2 2s.; Dr. William Carter, Mr. Charles R. Crossley, Dr. A. Bostock Hill, Dr. Thomas Stevenson, Dr. Walter G. Smith, Dr. Robert Hogarth Clay, Dr. George W. Balfour, Mr. W. C. E. Taylor, Dr. Charles T. Aveling, Dr. T. Kilner Clarke, Dr. James Hardie, each, £1 1s.; Dr. James Dunsnure, £1; Mr. George C. Franklin, Mr. James Taylor, each, 10s. 6d.; Mr. Alfred Kershaw, Mr. John Halliday, Dr. Richard Petch, Dr. Thomas H. Watson, J. M., each, 10s.

## COMMUNICATIONS RECEIVED—

Professor GAIRDNER, Glasgow; Dr. JOHN L. SPEIRS, Glasgow; Dr. POORE, London; Dr. T. MAXWELL, Woolwich; Dr. CLIFFORD BEALE, Llangollen; Dr. W. J. STEAVENSON, London; Dr. NORMAN CHEVERS, C.I.E., London; Dr. WILLOUGHBY, London; Dr. JOHN HARLEY, London; Mr. G. COWELL, London; Dr. BUZZARD, London; OUR BOMBAY CORRESPONDENT; Mr. T. W. BARRON, Durham; Mr. R. W. PARKER, London; Mr. A. ROBERTS, Keighley; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; Messrs. W. WESLEY & SON, London; Mr. J. HUTCHINSON, Jun., London; THE REGISTRAR-GENERAL FOR ENGLAND, London; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; THE PRESIDENT AND COUNCIL OF THE SOCIETY FOR THE STUDY AND CURE OF INEBRIETY, London; THE EXECUTIVE COUNCIL OF THE NATIONAL SOCIETY TO SECURE EFFECTIVE LEGISLATION AGAINST RIVER POLLUTION, London; Mr. R. JEFFREYS, Chesterfield; Mr. H. W. PHILLIPS, Bolton; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London.

## BOOKS RECEIVED—

Cholera Infantum, by William Perry Watson, A.M., M.D. Jersey City, N. J.—The Revival of British Industries—Inebriism, by T. L. Wright, M.D.—Heart or Brain—The New Sydenham Society's Lexicon of Medicine and the Allied Sciences. Part XI.—Earth to Earth, by Francis Seymour Haden, F.R.C.S.—De L'Emploi du Chlorhydrate de Cocaine, par le Docteur Moncorvo—Eighth Congress of the Sanitary Institute of Great Britain—On Certain Obscure Sprains of the Elbow occurring in Young Children and a Case of Transverse Hermaphroditism, by J. H. Hutchinson, Jun., F.R.C.S.—Pathologische Anatomie, von Dr. Johannes Orth—Illustrations of Clinical Surgery, by Jonathan Hutchinson, F.R.S., Fasc. xviii.—The Mothers' Manual of Children's Diseases, by Dr. Charles West—Lectures on Dietetics and Dyspepsia, by William Roberts, M.D., F.R.S.—Case of Poisoning Resulting from Chloroform taken internally, by Llewellyn Eliot, M.D.—Transactions of the Sei-i-Kwai—Tenth Census of the United States, Vol. XI.—Annual Report of the New York Cancer Hospital—The Opium Question, by Robert Needham Cust—Amputations of the Extremities and their Complications, by B. A. Watson, A.M., M.D.

## PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—Revue Médicale—Journal of the American Medical Association—The Birmingham Medical Review—Journal of the Scottish Meteorological Society—The Archives of Pediatrics—The American Eagle—The Medical Chronicle—Popular Science News—Canada Medical and Surgical Journal—North Carolina Medical Journal—Indian Medical Gazette—The People's Journal, September 5—Caslon's Circular—The Daily Free Press—The Practitioner—Cambridge University Reporter—The Musical Courier—The Hospital Gazette—Revista de Medicina—Archives de Neurologie—Canadian Pharmaceutical Journal—The Detroit Lancet—The Canada Lancet—Annales Medico-Chirurgicales—The New Orleans Medical and Surgical Journal—The Journal of the British Dental Association.

## HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

## TERMS OF SUBSCRIPTION. POST FREE.

		£	s.	d.		£	s.	d.
British Islands..	12 Months	0	19	6; in advance	0	17	6	
	6		0	9	9		0	9
The "Continent" {	12	"	1	2	0	"	1	0
and the Colonies {	6	"	0	11	0	"	0	10
India (via Brindisi)	12	"	1	4	0	"	1	2
	6	"	0	12	0	"	0	11
The United States } of America .. }	See below.							

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# MEDICAL TIMES

AND GAZETTE.

No. 1839

LONDON, SATURDAY, SEPTEMBER 26, 1885.

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CLINICAL REMARKS ON PERITONITIS.

CHRONIC OR SUB-ACUTE PERITONITIS IN THE YOUNG.

By W. T. GAIRDNER, M.D., LL.D.,

Professor of Medicine in the University of Glasgow.

(Continued from page 392.)

*A Case with several Incidents suggestive of Tubercle, and apparently taking Origin from a Caseating Femoral Gland, the result of a blow—Great Improvement under Simple Treatment, but Evidence of Omental Thickening, and Disease of one Pulmonary Apex, still present after three months.*

I HAVE now to bring before you the notes of two cases, much more remarkable in some of their details than either of those already cited; but as they occurred, and were observed as regards all their essential facts before the present clinical class assembled, or even before any individual member of it was in our wards, you will require to take most of what is to be stated about these cases for granted, and I will only say in general

terms that the facts were not less carefully watched and recorded than in the cases of Jane M. and of Mary Jane S.; and that, along with those cases, the two which I have now to relate will serve to complete so far a clinical study such as you will rarely find within the compass of a single series of observations. One of these cases is that of a boy, John P., æt. 8, who was under my care for three months in the early part of 1884, and was dismissed "much improved"; the other was, in some respects, an almost unique case in my experience, but the particulars of it have to be gathered from the journals of several years, inasmuch as the girl has been admitted to hospital on more than one occasion, and at other times sent for out of curiosity on our part. I will first dispose of the case of John P., which is more easily dealt with, being within a more moderate compass both as regards the time and the complexity of the facts.

John P., an emaciated boy, eight years of age, was admitted to the Western Infirmary on the 18th of January, 1884, and dismissed on the 20th of April in the same year, so much improved in all respects that, whether as regards the general condition or the local phenomena, it might very truly have been said at the time of his leaving us, that "you would hardly have known him." Like the other cases detailed, he had for his chief or most obtrusive symptom on admission a swollen abdomen, which measured 29½ inches in its extreme circumference on the 20th of January (two days after admission), and afterwards declined so rapidly,



that exactly three weeks afterwards (9th February) it was 4 inches less; the other changes noted in great detail in the journal (but of which I will spare you the particulars) showing that in the interval a considerable quantity of fluid, shown to be present on admission both by the percussion-signs and by a very manifest fluctuation, had been nearly or completely absorbed, exactly as in the case of the little girl of like age, Jane M. Moreover, there were some further points of resemblance between these two cases, the statement of which here will save me, to a great extent, from the necessity of going over the same ground again in this brief narrative. As long as fluid was present in appreciable quantity, it was impossible to be quite sure of the changes in the wall which became apparent afterwards; only it could be remarked very easily and certainly that the physical changes were not those of simple ascites to a like amount, the dulness on percussion over the whole right side of the abdomen, and even on the left side in the umbilical region, being inconsistent with the perfectly free movement or floating up of the intestines, as we have already said. Only when the fluid effusion was nearly or altogether gone did it become evident that there was an area of relatively dull superficial percussion extending across the abdomen, in the umbilical region, and with this (at date 9th February, twenty-three days after admission) "a feeling of decidedly increased resistance on the right side of the abdomen especially, and even a certain amount of irregularity as of a transverse induration just about the level of the umbilicus and for an inch and a-half above it, corresponding exactly with the type of a thickened and retracted omentum; and it is noteworthy (the report proceeds) that the dull percussion, though perhaps everywhere more apparent on the right side (it had been according to a previous report dull all over on the right side) is at this level decidedly greater, *i.e.* less easily penetrated." (You will remember the significance that I attached in the other cases to this fact.) "The left hypochondrium and epigastrium are now more approximately normal than formerly (*i.e.*, than eight days before, when it was doubtful if the percussion even over the stomach was quite normal), and it is only from about 1½ inches below the hypochondrium downwards, that delicate manipulation makes out abnormal percussion superficially, which continues from this point to the lower abdomen; being, however, very easily penetrated a little to the left of, and below, the umbilicus. On this side also, there is a feeling of undue and unequal resistance, which may very well be conceived to correspond with a thickened great omentum, but by no means so definite or so limited in area as on the other side." What gave these facts a quite peculiar interest for the clinical class at the time was that if they were not declared in advance, they were at least sought for as the probable and (as it were) normal results of the antecedent conditions, and accordingly every care was taken, by repeated comparison with healthy subjects and with the previous reports, to guard against every possible fallacy in observation.

Thus far, then, the case of John P. corresponds so much in its details with that of Jane M., that we may consider the local details of the physical facts in the abdomen as sufficiently clearly indicated. There were two other points of resemblance between these cases. This little boy, like Jane M., suffered as we were told almost no pain in his abdomen, throughout; indeed, he suffered less pain, if possible, than Jane M., though he was much more of an invalid, and, as we shall see, much more severely ill, altogether. Then, in the family history there was one other fact common to the two cases; this boy had, among six brothers and sisters, one who was said to have been ill of, and in fact to have died of, "a wasting of the bowels." I

give the popular expression for what it is worth, in both cases: we know, and are likely to know, nothing more of the facts, or of the family history, in either case.

But with these facts resembling, or common to the two cases, there were also very considerable differences. One was as regards the temperatures, which in the former case were scarcely ever more than just appreciably abnormal, and this only for a very brief period, while in John P.'s case they once reached 102·6° F., and were on repeated occasions at upwards of 101° within the first three weeks after admission; the temperatures so elevated being almost always the evening temperatures, while the morning temperatures were approximately normal, and the daily oscillation therefore amounted to two or three degrees of Fahrenheit's scale (one and a half to two or more C.), there being in one instance a fall of 5·4° F. during a single afternoon and night, *i.e.*, from 102·6° to 97·2° F., or from a very decidedly feverish to a very decidedly sub-normal temperature. These are typical facts for a large proportion of cases of this kind, and accordingly you might almost take the temperatures of five or six weeks in this case, here recorded on a chart or diagram, as being a clinical working model for what is to be expected in a well-defined case of chronic or sub-acute peritonitis in a child, when it is only moderately severe; so severe as to justify apprehension, but not so severe as to exclude hope of great and marked benefit through care and treatment. In this case, the abnormal temperatures gave way after six weeks' residence, and all the other symptoms underwent a corresponding improvement; so much so that but for the very decisive local lesions, you would almost have been justified in doubting the serious or dangerous character of the case. But although, as we have said, a typical case so far, it is also true that in many other diseases of the infantile period, you may have temperatures not essentially differing from those of chronic peritonitis; and it is also probable that you may have (though rarely, I believe) a chronic peritonitis in which the temperatures are never appreciably disturbed at all.

There were, however, other circumstances in the case now reported to you, which gave to it a much graver aspect in my eyes at the time than the case of Jane M., and thus enabled me to feel a corresponding sense of relief, as from something happily occurring and yet unexpected, when the course of the symptoms showed so decidedly, after six weeks, that we were on the line of a proximate, if not an absolute *cure* (popularly so-called) of this disease. One ominous-looking fact was that the serous or sero-fibrinous effusion was not limited to the peritoneal cavity, a very considerable amount of dropsical swelling of the penis and scrotum having taken place about a week after admission; this being, too, altogether without swelling of the feet, or any of the other concomitants of general dropsy, but still, on this very account, an exceptional fact, and one suggestive of lesions in the venous and lymphatic systems of the pelvis. Another fact was the presence of diarrhoea (as in the case of Mary Jane S., but not so severe) during the second week of the abdominal swelling. A third fact was the presence of a lesion, very distinct in its physical signs, and not without significantly ominous symptoms — "cough, unattended by expectoration, and sweating about the head, especially in the night-time, which had accompanied the progress of the more obvious abdominal signs from the first, *i.e.*, for about three weeks before admission." The physical signs in question were: "slight dulness on percussion at the left apex, over the two uppermost ribs in front"; respiratory murmur in this situation "loud, harsh, and with a slightly tubular quality" (as compared even with the normally puerile



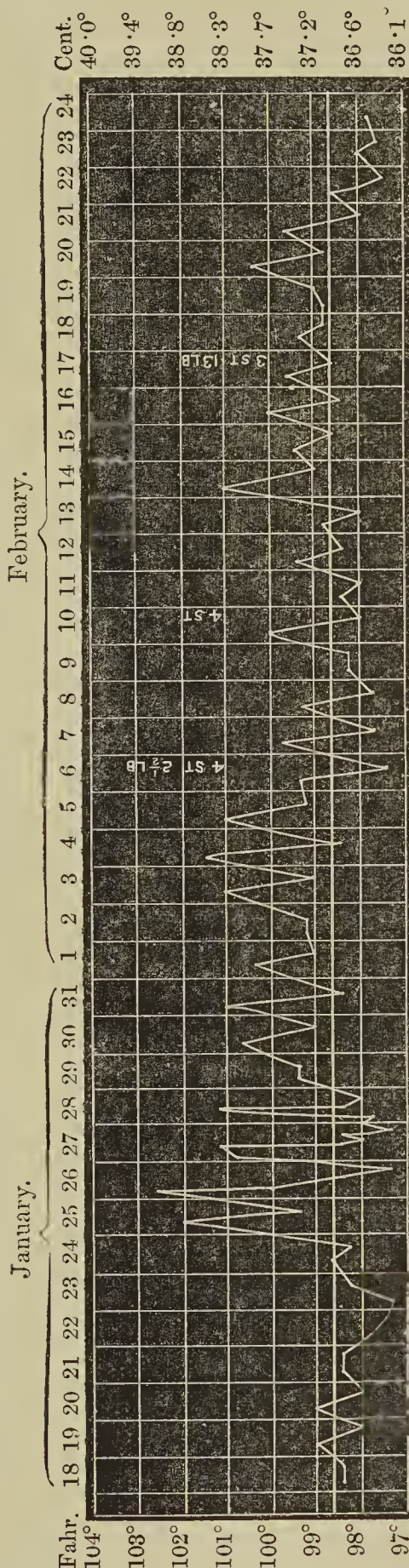
R. M. all over); this abnormal quality extending slightly to the apex behind, but without dull percussion, or any rôle either behind or in front. All the other organs, so far as they could be observed accurately, were normal to physical diagnosis; but a difference like this in the respiratory murmur of the two apices is so significant of constitutional infirmity, that even if we had no other sign of disease, and no appreciable symptoms at all, we should be justified in looking upon it as a ground for suspicion of more or less chronically impaired health, especially in a child or young person.

But perhaps the most exceptional of all the points of difference between the case of John P. and that of the girl of the same age Jane M. who made such a good recovery, was one fact in the previous history which I have reserved to the last, because it involves a doubtful question of ætiology, and also one of pathology. In Jane M.'s case, beyond a vague statement that she had always had rather a large abdomen, there was nothing at all to indicate any local lesion, or any well-established cause of possible injury to the constitutional health, up to the invasion of the disease for which she was admitted. In the case of John P., on the other hand, his mother distinctly attested (as she believed) the origin of the child's ill-health from a local injury quite outside the abdomen, and only connected with it indirectly through the vascular and lymphatic systems. He was a very healthy boy, she declared at our first interview with her, till four months ago, and had no illnesses beyond what are common to most children. "At this time he received a blow on the upper part of his right thigh, which was very soon followed by a round and painful swelling, the size of a walnut, among the soft parts in the femoral region; but after a few days the pain became less, and the swelling also diminished. It has since remained quite stationary and free from pain. After this injury, the boy never seemed to recover perfect health. He lost appetite, became paler, weak, and emaciated. These symptoms went on till about three weeks before admission, when a general swelling of the abdomen was observed, which has gone on increasing until the present date (20th January, two days after admission). This swelling was not accompanied by any abdominal pain, but there has since been increasing weakness and emaciation, &c., the cough and the hectic fever being presumably of the same date, and probably of identical origin with the abdominal disease." Taking these facts in connection with the rather unusual fact above referred to, of dropsy of the scrotum and penis, suggestive of local venous obstruction in the pelvis or lower abdomen, it is difficult to avoid the conclusion that an inflamed and cascating gland at the seat of the blow had been in some way or other the starting-point of all the subsequent lesions; a theory, as you know, which has been in great favour in Germany for many years past as bearing on the causation of tuberculosis; and which, although I do not adopt it in the extreme sense of Niemeyer, for example, as regards phthisis pulmonalis, is certainly well fitted to explain, so far, the order of events in this case. Here is the actual description of the facts, as they were observed, in connection with the preceding history, a few days after admission.

January 20th.—"The swelling described as the first incident of his illness is rather less than a walnut in size, situate in Scarpa's space on the right side, about two inches below Poupart's ligament. On handling, it gives at first the impression of being soft and elastic, but deeper palpation leads rather to the belief that it consists of a solid base, the more superficial part being so highly elastic as almost to suggest fluctuation. The skin over it does not differ in appearance from the neighbouring skin. In the right inguinal region

several of the glands, chiefly belonging to the chain running in the direction of Poupart's ligament, are distinctly enlarged." And, again, on February 1st, "An examination of the usual sites of glandular en-

JOHN P., æt. 8. TUBERCULAR PERITONITIS; CHART OF TEMPERATURE.



largements shows an entire absence of these in the neck, axillæ, and left groin. In the right upper femoral region there is a soft, elastic, not decidedly fluctuant swelling, between the size of a hazel-nut and that of a walnut, fairly mobile as regards the superficial textures, and presenting no pointing or other sign of an abscess, but seeming to be attached to the deep fascia with considerable firmness. It is painless on handling, but the history quite definitely leads to the



belief that in the first instance it was caused by a blow, was painful, and considerably larger than it is at present. Dr. Gairdner finds a difficulty in determining how far this swelling is glandular, but several of the glands over Poupart's ligament are slightly enlarged, without any inflammatory thickening of the surrounding textures or pain on pressure." As this swelling, whatever it was originally, did not frankly suppurate during the whole time this patient was under observation (three months), it is certainly most probable that a caseating process had taken the place of active supuration, if indeed the latter at any time existed.

The latest information I have to give you as to the progress of this case under observation, and, I may say, under a very simple treatment much resembling that of Jane M., is contained in the following report of 8th April, which I think it worth while to present to you exactly as it appears in the journal, and which I think you will agree with me in considering, under the circumstances stated, very satisfactory.

"Since the 1st February, at which date a general survey of the temperatures was recorded, there have been on eight evenings temperatures noted extending up to, or over, 100°, the maxima being on February 4th 101·5°; on 14th, 101°; and since this barely exceeding 100° in any instance; while the great majority of the temperatures, especially since the first week of February, have been subnormal. A very distinct, though gradual, gain in weight, and a very marked filling up of the features as compared with his state on admission, has been observed throughout this period. The urine, moreover, has undergone very decided and apparently permanent increase as compared with the state on admission and during the period of febrile temperatures. The last ten daily collections recorded from 21st to 31st March give 28 ozs. as a mean. This mean quantity was even exceeded about the middle of February for some days together, 31 ozs. mean being recorded in six days from 21st to 26th February, but on the whole the above may be considered to present a fair average for the last six weeks. The last weight recorded (April 7th) was 4 st. 4 lbs. The boy seems to suffer no discomfort at all either from the abdominal symptoms or from the swollen gland in the right groin, which seems to be slowly maturing towards abscess, and presents a very distinct red blush at the most elevated point of the skin.

"The conditions in the abdomen as last described are not very essentially altered, except that the distinct feeling of transverse, almost solid impaction to the right of the umbilicus, has given way to a more diffused and less definite sense of increased resistance, with superficial dull percussion, however, almost equally characteristic of a thickening extending over a transverse zone about three inches in vertical diameter, half of this being above and half below the umbilicus. A nearly corresponding dulness on the left side is also much less in degree and in limits. Tongue, perfectly clean. There has been no diarrhoea at any time. There is still distinctly impaired percussion in the left pulmonary apex, and the R. M. is relatively less full than in the opposite; but the alteration in quality is so slight that but for the other facts it would certainly be disregarded."

On the 20th of April, 1884, as above stated, John P. was dismissed from the Western Infirmary, very much improved in health and in general condition.

(To be continued.)

TRICHINÆ IN GERMANY.—The expense of examining swines' flesh for trichinæ in Berlin amounts to 11,850l. per annum. In the whole of Prussia four million swine were examined, 2,000 being found to be trichinous.—*St. Petersburg Medicinische Wochenschrift*.

## PRACTICAL NOTES ON THE ORDINARY DISEASES OF INDIA.

By NORMAN CHEVERS, C.I.E., M.D., F.R.C.S. Eng.

President of the Health Department, Social Science Association.

(Continued from page 312.)

### DISEASES OF THE CIRCULATORY SYSTEM.

As I have described elsewhere<sup>1</sup> most of the principal diseases of the heart and blood vessels, I shall confine myself here to giving a few notes of cases occurring in India.

*Congenital Malformations of the Heart* are not frequently seen in India, perhaps because native children thus affected are not brought to us, and usually die early. I was more than once consulted in the case of a Jewish girl in whom signs and symptoms of stenosis of the pulmonary ostium were marked. She died, after menstruation had been established, from arterial gangrene of both feet. I also found evidences of the same defect in two officers' sons who did not survive puberty. These boys were not at all cyanosed. I found only two properly formed aortic sigmoids in an European infant which died of atelectasis pulmonum. Dr. William Mortimer published<sup>2</sup> the case of an Indo-Briton, aged 23, an ordnance artificer of healthy appearance, in whom the orifice of a two-valved aorta had, by thickening of the abnormal structures, become obstructive. I long ago adduced evidence of the law that the structures of congenitally malformed valves, &c., are especially prone to suffer further deterioration by endocarditis.

Prep. 709 in the College Museum displays a similar want of one of the pulmonary cusps.

In Prep. 710, there are four pulmonary cusps. The supernumerary valve is scarcely half as large as the others.

There are only two other valuable examples of cardiac malformation described in this catalogue; 706 is the heart of a new-born infant in which there is remarkable stenosis of the pulmonary orifice, with patency of the ventricular septum, ductus arteriosus, and foramen ovale; 508 is the heart of an infant five months old, with patent arterial duct and foramen ovale. I had preserved in the museum a very fine dry specimen of transposition of the heart and other thoracic contents from a young native woman who died in my ward. The abnormal position of the heart was clearly visible during life.

Mr. Heming reported<sup>3</sup> the case of a native male child, aged 2 years and 8 months, which was markedly cyanotic.

<sup>1</sup> A Collection of Facts Illustrative of the Diseases of the Pulmonary Artery. *London Medical Gazette*, 1845 to 1851; and privately printed: London, 1851.

On the Diseases of the Orifice and Valves of the Aorta. "Guy's Hospital Reports," Vol. vii, p. 443.

On the Structure and Diseases of the Coronary Arteries of the Heart. Do.

On Acute Aortitis. Do., Vol. vi, p. 304.

On the Structure of the Subserous Membrane of the Aorta. Do. Vol. v, p. 40.

On Permanence of the Ductus Arteriosus and Contraction of the Thoracic Aorta, and on the means by which the Duct becomes naturally closed. *London Medical Gazette* for May 30th, 1845.

On the Effects of Ligature of the Carotid Arteries upon the Cerebral Circulation. *Ibid* for 1845, Vol. xxxvi.

On the same subject. "Indian Annals of Medical Science," No. ii, p. 706.

General and Aneurysmal Dilatations of the Aorta, especially with reference to their Pathology and Treatment. *London Medical Gazette* for August, 1845, pp. 725 and 769.

A Practical Treatise on the Management of Diseases of the Heart, and of Aortic Aneurysm, with especial reference to the Treatment of those Diseases in India. Calcutta, 1851.

The Structural Anatomy of the Veins. *London Medical Gazette* for August 8th, 1845.

<sup>2</sup> *Madras Quarterly Medical Journal*, Vol. ii, p. 65.

<sup>3</sup> *Indian Journal of Medical Science*, Vol. vii, N.S., p. 345.



It is evident that the report of the condition of the heart is imperfect, but the ventricular septum was patent, the foramen ovale closed and the arterial duct open.

Dr. A. Garden has described<sup>4</sup> the appearances found in a well-formed, plump, and healthy-looking native female infant stated to have been still-born. The left half of the diaphragm was deficient. The small intestines occupied the upper two-thirds of the thorax, a portion of the colon reached almost up to the clavicle. The stomach lay across the lower part of the thorax, behind it was the spleen, part of the liver also lay in the thorax. The heart lay on the right side; the aorta arched backwards from right to left. The right lung was moderately developed. The undeveloped left lung, although seemingly normal in structure, was about the size of half a walnut. No. xv of the "Indian Annals of Medical Science" contains a valuable paper on "Malposition or Displacement of the Heart," by Dr. W. Curran.

When at Howrah, about the year 1853, happening to mention to Mr. Burgess that, although I had seen nearly every form of congenital defect, I had never met with a case of *Branchial Fistula*, he told me that there was then a large Christian family in Calcutta, most of whom displayed this peculiarity. Many years afterwards I saw a European with branchial fistula. There was a small opening half way down the neck, in front of the sterno-mastoid muscle, into which a probe passed deeply about two inches. At first sight, it looked very like a sinus, but it had a distinct mucous lining.

Dr. T. A. Wise has related and figured<sup>5</sup> the case of a strong middle-aged native who died suddenly while walking. Below the origin of the left subclavian artery and the completely impervious arterial duct, the aorta was absolutely closed as if a ligature had been placed tightly round it. Immediately below this point, the aorta appeared of its natural size, and into it "several large arteries poured in their blood." A dissecting aneurysm had been caused by a rupture of the walls of the aorta a little above the semilunar valves. This had given way, causing fatal hæmorrhage into the pleural cavity.

A very remarkable abnormality in a female infant one of twins—still-born at about the eighth month—is noticed<sup>6</sup> by Mr. G. McReddie. It appears that the pulmonary artery did not give off any branches to the lungs, but was continuous with the aorta by a widely open arterial duct. The aorta gave off a trunk which, doubtless dividing into two, proceeded to the lungs and acted as a substitute for the normal branches of the pulmonary artery.

I have always looked upon the typical "button-hole" mitral as a congenital malformation. I met with a case in which, with this condition, the tricuspid orifice, viewed from the right auricle, was also nearly in the button-hole condition.

#### *Cardiac Debility.*

There exist in India all those conditions—with the exception of senility in Europeans—which lead in other countries to weakening of cardiac muscular tone—fevers and other exhausting diseases, inordinate tobacco smoking, scorbutus, anæmia, &c., &c. I have spoken<sup>7</sup> of *Cardiac Asthenia* as a result of paludal poisoning. As, happily, most of those who suffer from this affection in Lower Bengal recover on taking change to Europe, I have not been able to judge precisely whether they are the subjects of weakness of cardiac

muscle or of a neurosis; our knowledge of another Indian neurosis, malarial asthma, leads me to incline to the latter view.

Mr. Charles Macnamara has recorded, in Part V of the "Indian Annals of Medical Science," a series of important observations upon the tendency which inactivity and over-feeding have to produce fatty changes in the heart and other organs of young soldiers in India. His remarks are equally applicable to all classes of men employed in that country. Many deaths of Anglo-Indians, in and out of India, are indirectly due to cardiac debility, predisposing to rapid asphyxia, in various states of disease. The cases of several persons, whose constitutional states were known to me, recur to me as I write. A, an anæmiated man, died at Rome of pneumonia; B, an immoderate smoker, at Paris, of enteric fever; C, a "liver-grown" individual, as soon as he reached Europe, of bronchitis; D, a subject of malarial asthma, on return to London, of what would, probably in a sounder constitution, have been merely catarrh; E, a man known to have a weak heart, soon after entering the rarified and cold atmosphere of a hill-sanitarium. Had the muscular tone of their hearts been duly conserved these individuals would probably have been living now.

*Rheumatic Fever with Cardiac Complication* occurs distinctly but very rarely in Lower Bengal. I believe that it is more frequent northward. On an average, I did not treat more than one case annually in my sixty beds. I can only recall one fatal case in my own practice, and another, an European officer, which I saw in consultation. My patient, a native lad, got pericarditis and then pleurisy, and so died. The officer had pericarditis, but I think that there was no *post-mortem* examination.

In 1839, Dr. Shanks, of H.M. 55th Regiment, observed that disease of the heart does not appear to be so usual a concomitant of articular rheumatism in India as in Europe. Commenting upon this, the editor of the *Indian Journal of Medical and Physical Science*<sup>8</sup> remarked that he could call to recollection some well-marked cases in India.

Writing in 1835 from Bangalore, Mr. Hamilton, of H.M. 39th Regiment, noticed that, although rheumatism had been rather frequent and severe, requiring active treatment, there was no distinct pericardial or heart complication.<sup>9</sup>

Reporting from Bellary (Madras Presidency) in 1840, Dr. Davis of H.M. 39th Regiment wrote, "Rheumatism, in an uncomplicated form, seldom proves fatal in India, and is unaccompanied by the cardiac affections so frequently met with in Europe."<sup>10</sup> It is stated in a report from Arcot<sup>11</sup> that, in one instance only of 241 cases of acute rheumatism, "metastasis" took place. It is added, "this character of rheumatism, so frequent in Europe, is rarely observed in India, and amongst natives it may be said never to occur; in Europeans, likewise, it is seldom seen except in young men recently arrived, who have generally contracted the disease on board ship. In the case above alluded to the "metastasis" did not affect any of the internal organs, but the disease shifted from one joint to another." Commenting upon the death of a European artilleryman of Hyderabad, Deccan, Dr. George Smith<sup>12</sup> wrote that the connection between acute rheumatic disease and pericardial inflammation is too often overlooked in India, from the idea, correct in the main, that rheumatism in the European soldier is less frequently complicated with heart disease there than in England. The very great frequency of this serious

<sup>4</sup> *Indian Medical Gazette*, Vol. v, p. 55.

<sup>5</sup> "Transactions of the Medical and Physical Society of Calcutta," Vol. viii, part ii, p. 385.

<sup>6</sup> *Indian Medical Gazette*, Jan., 1866.

<sup>7</sup> Vol. i for 1884, p. 77.

<sup>8</sup> Vol. iv, N.S., p. 561.

<sup>9</sup> *Ibid.*, Vol. v, p. 602.

<sup>10</sup> *Madras Quarterly Medical Journal*, Vol. iv, p. 6.

<sup>11</sup> In the "Madras Topographical Reports," p. 37.

<sup>12</sup> "Indian Annals of Medical Science," No. viii, p. 635.



complication in Britain, and the experience of some medical men in India, should, he urged, put us upon our guard in all cases of acute fibrous rheumatism occurring, especially for the first time, in young and healthy men, and should stimulate us to watch carefully the earliest symptoms of the approach of the disease. Morehead remarked that "*acute* articular rheumatism is not so common in India as in colder climates, yet it is by no means rare"; and a complicating pericarditis or endocarditis is, he believed, as frequent an occurrence in the one country as in the other. He added, "Of no rule of practice am I more thoroughly convinced, that it is as incumbent on the practitioner in India as in Europe carefully to watch and search for the physical signs of pericarditis and endocarditis in every case of acute rheumatism. If this rule be neglected, the co-existence of these diseases in India will necessarily continue to be considered an unusual event." Dr. C. Alexander Gordon, then of the 10th Regiment, commented upon the above observations,<sup>13</sup> and Dr. Morehead replied,<sup>14</sup> Dr. Gordon being of opinion that the endocarditis and pericarditis very rarely, if ever, occur in India during the attack of acute rheumatism; that Queen's medical officers were most careful to watch for the physical signs of these affections, and that the proportion of soldiers invalided in consequence of disease of the heart in India is not a tithe so large as in the United Kingdom. Dr. Morehead held that this last observation seems to prove the comparative rarity of acute rheumatism in India, rather than the infrequency of pericarditis as a complication. His opportunities of judging of the frequency of cardiac disease in European regimental hospitals were not few, and many cases of the complication of cardiac disease with acute rheumatism had come under his observation. In his xxvth chapter Morehead records the clinical history of 28 cases of structural disease of the heart and 3 of aneurysm of the aorta *in natives of India*. In 12 of the 28 cases it appeared that "rheumatism" had been stated to exist.

The experience of a working life-time has taught me that acute rheumatism is rare in Lower Bengal; in the majority of the very few cases which came under my notice there was cardiac complication.

No one can object more strongly than I do to mere guess-work in diagnosis. Still it may, I think, be very generally predicted that heart-symptoms—placing aside aortic aneurysm—in one long resident in India, are probably not due to serious organic mischief. The history of acute rheumatism with cardiac complication is usually wanting in these cases.

Acute rheumatism with its cardiac complications appears to be rather frequent among old Indians retired in England. During the last nine years I have heard of six cases, in three of which the heart appears to have been affected, in my own circle of acquaintance.

The thirteen preparations marked Nos. 569 to 581 in the Medical College Museum illustrate *Pericarditis* and its effects. Five of these were sent from distant stations. In No. 569 the pericarditis was attributed to violence. It is probable that some of these specimens were from European sailors.<sup>15</sup>

<sup>13</sup> "Indian Annals of Medical Science," No. xi, p. 7.

<sup>14</sup> *Op. cit.*, p. 562.

<sup>15</sup> I have always valued the Museum Catalogue of the Calcutta Medical College exceedingly. It is the work of two of India's ablest pathologists. In producing it in 1865, Dr. Joseph Ewart, now of Brighton, may be said to have re-edited that portion of Allan Webb's noble *Pathologia Indica* which describes the preparations still in existence. All more recent preparations are described by Dr. Ewart. Since I have worked at the Catalogue, I have noticed a defect for which its authors are in no way to blame. In many cases it does not appear (1) whether the specimens are from Europeans or natives, and (2) whether the lesion represented certainly or probably originated in or (as in the case of European soldiers, sailors, &c.) out of India. This being a great fault in the description

Preparations 608, 609 and 610 well represent displacement of the heart to the right by left empyema. The first and second are from natives, the third is from an European.

Before I went to India, I entered into a rather painful discussion in maintenance of a claim to the observation that, although hypertrophy and dilatation of the heart are seen in the majority of cases of old pericardial adhesion, the natural tendency of this state of the pericardium is to produce atrophy of the heart where the exit of blood from that organ is not impeded by concurrent valvular stenosis or obstruction to the pulmonary or systemic circulation. Preparation 13 markedly illustrates this pathological law, it represents atrophy of the heart consequent upon old standing adhesion of the pericardial surfaces. The agglutinating material "consists of three alternating layers of white and brown structure. It is cartilaginous in consistency, and inclusive of the thickened pericardium, measures *about half-an-inch* in thickness, whilst the subjacent wall of the left ventricle varies only from the *sixteenth to the eighth-of-an-inch* in thickness. The *carneæ columnæ*, *chordæ tendinæ*, and curtains of the mitral valve were also much attenuated. The aortic valves were healthy." The wall of the right auricle is only the *sixteenth-of-an-inch* thick, whilst "the altered and thickened pericardium is fully thrice as thick."

The only good that came out of this unpleasant affair was a nobly candid expression by Dr. Thomas Addison. While the contest was still recollected, a paper on pericarditis was read at a meeting of the Physical Society of Guy's Hospital. The dangerous point was avoided in the discussion until my opponent stated his case just as we were about to separate. Dr. Addison rose and proposed that the discussion should be continued. He said that he had, of course, often noticed, with others, that cardiac hypertrophy and dilatation were attendant upon old pericardial adhesion, but he had seen cases in which the heart was small and atrophied. He had never been able to reconcile these observations until Dr. Chevers gave the explanation.

I frequently met with extensive traces of old *Carditis* and *Endocarditis*, not obstructive, in examining the bodies of native hospital patients.

Cases of *Liver Abscess opening into the Pericardium* will be found in the section on Hepatic Disease.

A very remarkable case of *Rupture of the Pericardium* has been reported<sup>16</sup> by Dr. Lewtas. A Calcutta cooly fell into the hold of a ship and died in two hours after admission. There was a rent two inches long on the right side of the pericardium, its edges were blood-infiltrated. There was another similar but smaller rent nearly corresponding with the apex of the heart. There were six ounces of blood in the right pleura, doubtless from the rent pericardium.

This case is very important as showing that an extremely severe blow to the heart does not necessarily cause immediate death by nervous shock. The following case appears to indicate that the rents in the pericardium were caused by squeezing the heart.

In a cooly whose chest was crushed between the buffers of two railway carriages, Mr. John O'Neill found that the heart had been squeezed off through a hole at the apex of the pericardium, and lay quite detached, resting on the diaphragm at the extreme left of the thoracic cavity, beneath the left lung.<sup>17</sup>

At page 409 *et seq.* of my Medical Jurisprudence for

of an invaluable collection which must now number more than two thousand typical specimens, I trust that, as new preparations are added, my successors will provide that these points shall be made as clear as possible.

<sup>16</sup> *Indian Medical Gazette* for Nov., 1876.

<sup>17</sup> *Indian Medical Gazette* for 1878, p. 44.



India, I have cited several Indian cases of *Spontaneous and Traumatic Rupture of the Heart*. There are two, by Drs. Hutchinson and Simpson, in which a blow with a club or *lattee* (long male bamboo) ruptured the heart. A similar case has since been reported.

In the Calcutta Medical College Museum, Preparation 604 is one of spontaneous rupture of the *right ventricle* in a native, a very curious, but, to me, obscure case.

Preparation 605 represents rupture of the *right ventricle* of a native's fatty heart, presented by Dr. Mountjoy. My friend, Dr. Theodore Duka, has described<sup>18</sup> the case of a Mahometan, æt. about 65, who was reported to have had a fall during a scuffle, after which he suddenly expired. There was a *rupture of the pericardium* over the apex of the heart, about three lines long and running horizontally. Its edges were ecchymosed to the extent of about two lines. There was a considerable quantity of uncoagulated blood in the left pleural cavity; the pericardium was also distended with blood. There were two rents in the *right ventricle*, near the septum; one of these opened the coronary vein. The whole organ presented extensive fatty degeneration.

Preparation No. 606 in the College Museum is one of fracture of sternum and ribs, with *laceration of the pericardium* and rupture of the *left ventricle* from a native who died within a quarter of an hour after having been run over by the wheel of a buggy.<sup>19</sup>

Mr. McReddie examined the body of an apparently able-bodied healthy native man who was found dead on his threshing floor. There were a deep ecchymosis over the third and fourth left costal cartilages, rupture of the spleen (apparently) and a rent in the *left ventricle*, probably incurred in a struggle with thieves.<sup>20</sup>

Mr. Galt reported the case of a sepoy who died suddenly while under treatment for fever in hospital. His age is not mentioned, but he could not have been old. The description is not clear, but I think that there must have been an *Aneurysm*, which ruptured at the *apex of the left ventricle*.

Sir W. O'Shaughnessy Brooke brought before the Medical and Physical Society of Calcutta, in 1836, an *aneurysm* about the size of a walnut projecting from the *apex of the left ventricle*. The coats of the sac were thin, and it was evidently formed by the endocardium protruding through the muscular walls. The subject of this lesion, a native, died suddenly in the street, the sac having burst and caused hæmorrhage into the pericardium.<sup>21</sup>

The specimen numbered 599 in the Calcutta Medical College collection is a "heart showing two *aneurysms* in the walls of the left ventricle near the apex." Each of these is about the size of a walnut, and communicates by a comparatively narrow opening with the cavity of the ventricle. The margins of these orifices are smooth, and lined by an opaque-looking membranous structure which is continuous throughout the interior of the aneurysms, both of which have led to the entire absorption of the muscular structure, being bounded on their external aspect, which projects half an inch above the level of the cardiac surface, by thickened and adherent pericardium. In some parts this shield or barrier is a quarter of an inch in thickness; whilst, in others, it does not exceed the tenth of an inch. Each of the sacs was filled with fibrine in process of softening and degeneration, and a portion of coagulum is now seen in one of them. The patient was admitted into the Calcutta Native Hospital in a dying state.

Mention is made in my Medical Jurisprudence of the case of Israel Hinton, in whose heart a musket bullet occupies the apical part of the cavity of the left ventricle. This case has been narrated by Sir Joseph Fayrer.<sup>22</sup> At the storming of the Great Pagoda at Rangoon on the 14th of April, 1852, this poor fellow was struck a little above the anterior fold of the left axilla. He died, worn out by pulmonary disease, on the 24th of June. The preparation, numbered 607, is one of the most valuable in our Medical College Museum. The ball is described in the catalogue as being "almost completely embedded in the muscular structure of the left ventricle at its apex." It appeared to me rather that the bullet, having dropped into the cavity of the ventricle, had, by its weight, formed a sac for itself. There was a canal in the middle of the consolidated left lung in which was a small portion of the jacket cloth. "This canal, passing forwards and inwards, stopped short close to the union of the pulmonary veins." Unfortunately, the pulmonary veins, through which, in all probability, the ball found entrance to the heart, are not preserved. Dr. Burton Browne and I most carefully examined the preparation, and could not discover the slightest trace of a route by which the bullet could have entered.

Dr. Curran related to me the case of a native man at Peshawur who, while sleeping, was approached by a fanatic and shot in the heart with seven slugs. He lived long enough to identify his murderer.

Mr. John Adam published<sup>23</sup> the case of an intemperate military invalid, æt. 52, a native of Switzerland, who died suddenly in India. It was found that a large quantity of fluid blood had been effused into the right pleura. The pulmonary valves "were in a state of ossification. The *pulmonary artery* was extremely thin and enlarged to nearly four times its natural size." It contained "an organised polypus extending from the semilunar valves about four inches along the artery, of which the circumference was not less than seven inches." "The *rupture* had taken place in the middle" (doubtless half way up the pulmonary trunk). The aorta and its branches "were completely ossified."

A case of *Gummatose Tumour* of the heart occurred to my friend, Dr. Francis, while officiating for me at the Medical College Hospital in 1872.

There is a very slight and imperfect notice of an *Abscess of the Heart* reported by Mr. Knight to the Medical and Physical Society of Calcutta. During life, the patient showed no sign of cardiac affection or severe disease of any kind.<sup>24</sup> No. 602 in the Medical College Museum is described as "*an abscess of the septum ventriculorum of the heart*." It was presented by Professor Wilson.

After a life-long search for varieties of heart disease, I know little or nothing of abscess occurring in the cardiac walls except as a pyæmic deposit. I suspect that, in some cases, those putty-coloured fibrinous concretions, described by Dr. Henry Marshall Hughes in vol. iv, p. 146, of Guy's Reports, have been mistaken for abscesses. They are hollowed, and are filled with a thick pasty fluid which is mainly broken-down fibrine, but which has, to the naked eye, a puriform appearance. They evidently have a degree of organisation, as I showed in the *Medical Gazette* for August, 1845, p. 774. In a case of sea scurvy which proved fatal in my ward, I found several of these concretions;—one of rather large size occupied the right auricular appendix.

Not to speak of cases of mitral and aortic stenosis arising from ordinary endocarditis, I saw, in India,

<sup>18</sup> "Indian Annals of Medical Science," No. xv, p. 257.

<sup>19</sup> *Calcutta Medical and Physical Transactions*, Vol. vi, p. 476.

<sup>20</sup> *Indian Medical Gazette*, Vol. iv, p. 141.

<sup>21</sup> *Indian Journal of Medical Science*, Vol. vi, N.S., p. 814.

<sup>22</sup> *Lancet*, May 10th, 1879, p. 653.

<sup>23</sup> *Calcutta Medical and Physical Transactions*, Vol. ii, p. 114.

<sup>24</sup> *Indian Journal of Medical Science*, Vol. iii, N.S., p. 767.



more than one example of *Congenital Narrowing of the Mitral Orifice*. I presented to the collection Preparation 623: "button-hole constriction of the mitral orifice." The opening is a mere slit, from (congenital?) thickening, puckering and contraction of the curtains of the mitral valve. From a native female, 25 years of age, who died suddenly, Preparation 621, is one of mitral stenosis from "calcareous degeneration." The slit is so narrow as to render the introduction of the little finger difficult. It was from a native of Bengal who died with general anasarca; presented by Professor Mouat. Professor E. Goodeve presented Preparation 622: "button-hole mitral constriction. The orifice will scarcely admit more than a common pencil."

I met with several cases in Calcutta in which there was clear evidence during life of *Regurgitant Disease of the Aortic Valves*, in a native merchant, in a stoutly-built middle-aged European woman, in a very powerful European. The last-named was employed in supervising the construction of the great drainage culvert which runs down Dhurruntolla. In this work, bricks were not laid down singly, but several were placed with mortar in a wooden frame and allowed to consolidate—thus masses weighing nearly a hundred-weight were formed. My poor patient was in the habit of taking these ponderous bricks in his hands and building them in. On one occasion, he felt something give way in the præcordial region and came to hospital, where he died. The European woman's case was one of rather unusual complexity. I sent the diseased structures to our museum (Prep. 631). The aortic valves are somewhat thickened, rigid, shallow and contracted, and one curtain is quite incompetent to prevent the reflex of blood during the diastole. The upper margin of another shows a tendency to retroversion. There is, consequently, a dilated and hypertrophied left ventricle. The curtains and muscular columns of the mitral are also thickened, but efficient. The ascending aorta is slightly dilated, and this, as well as the arch and descending portion, are partly atheromatous. About an inch above the faultiest cusps there is a small aneurysmal pouch, about the size of a hazel nut, which is advancing towards the descending cava at its termination in the auricle. The internal and middle coats at the apex of the tumour have given way, and there is only the attenuated cellular coat preventing the extravasation of blood. The congestion of the cellular coat of the cava, just where rupture was impending, indicates the commencement of the process of exudation of organizable material wherewith nature might have delayed the rupture of the aneurysmal sac. There was a double bruit above the aortic valves. It would have been doubtful whether this depended upon aneurysm of the ascending arch, or upon not excessive regurgitant disease of the aortic valves. The moderate water-hammer character of the pulse decided this point. While in India, I more than once found a double murmur in the ascending aorta without regurgitant diastole. Here there was probably either aneurysm of the ascending aorta or great roughening of its walls, the valves being efficient.

*Diseases of the Coronary Arteries*.—Prep. 632 displays calcareous degeneration of the coronary arteries in an old enfeebled Bengalee. There was also general atheromatous disease of the arteries. The coronary arteries are "quite ossified like quills." The heart is atrophied.

Unfortunately the race to which the subject of Prep. 633 belonged is not stated. It is a very remarkable specimen of *Aneurysm of one of the Coronary Arteries*. There is atheromatous deposit in and thickening of the semilunar valves, and in the lining membrane of the sinuses of Valsalva. The orifice of the coronary artery leading to the aneurysm is large enough to admit a goose-quill. About half an inch down is the

sac of the aneurysm, which is about as large as a small walnut. Its walls consist of the thickened visceral pericardium, the altered cellular tunic of the artery, and a more or less interrupted lamina of organized lymph. There is a good deal of thickening and opacity of the pericardium for about half an inch around the circumference of the aneurysmal sac.

Mr. Charles Macnamara<sup>25</sup> saw two cases of European soldiers, the subjects of general fatty degeneration, in whom *the aorta had ruptured*, in one case *within*, and in the other just *outside* the pericardium. "There was no dilatation of any part of the vessel, but, owing to an excessive deposit of fat from the vasa vasorum, the walls of the vessels had become infiltrated with fat, interfering with their due nourishment and rendering them incapable of resisting the force of the blood, and they had burst at the point where they had become much degenerated."

I saw one similar case in the dissecting-room at Guy's in the extremely diseased and much dilated, but not aneurysmal, aorta of an elderly man. The vessel was rent within the pericardium.

(To be continued.)

## NOTE ON THE EFFECTS OF THE NATURAL MINERAL WATERS OF LEAMINGTON, IN SCROFULOUS AND OTHER DISEASES OF CHILDHOOD.

By R. EARDLEY-WILMOT, M.B. (Lond.).

I HAVE read with interest the able and practical report by Mr. Walter Pye, in the *Medical Times* of Sept. 19th, on the use of small continuous doses of a natural mineral saline water in rickets, glandular swellings, and other diseases of childhood. Whilst most fully endorsing Mr. Walter Pye's conclusions as to the value of such a course of treatment in this class of disease, I should wish to call the attention of the author of the report referred to, and also of the many under whose notice it must have fallen, to the fact that in the natural mineral waters of Leamington, we have a saline even more nearly adapted to the treatment of such conditions than the Friedrichshall water which was so successfully employed in the cases recorded.

The curative effect of such a mineral course is, to us at least, no new discovery, but one confirmed by the practical experience of many years and many authors. I would refer those interested in the subject, to the treatise by Londoun, 1831; to the recent work by Dr. F. W. Smith ("The Saline Waters of Leamington"); and to a paper of my own in the *Medical Times*, April 12th, 1884. In all these it is unanimously contended that, in a large proportion of the wasting, scrofulous, lymphatic, and tubercular diseases of childhood, the Leamington waters, combined with other rational and therapeutical treatment, may be exhibited with a fairly confident anticipation of a satisfactory result. This dictum is one which to residents and practitioners here, and to a large class of invalid visitors who add their testimony to ours, lies beyond the region of probation, in the calm atmosphere of fact.

The value of our mineral waters in chronic gouty and rheumatic affections, in sciatica, and in diseased conditions resulting from hepatic, portal or uterine congestions, is probably too well-known to need present reference. Their efficacy in those disorders of nutri-

<sup>25</sup> "Indian Annals of Medical Science," No. viii, p. 182.



tion in childhood in which Mr. Walter Pye has obtained such good results by the Friedrichshall course is (by those of us who have had practical experience of the Leamington waters as a remedial agent) most fully admitted. I believe, indeed, that in these waters we have a natural medicine peculiarly adapted, from its chemical constitution and degree of dilution, for the scrofulous and glandular diseases of childhood. Our springs, while presenting a general similarity to those of Friedrichshall, differ from them in the greater relative proportion of *chlorides* contained in the Leamington waters. It is upon the presence of these chlorides of sodium, magnesium, and calcium in large quantity in each of our several springs, that we chiefly rely for those increased tissue changes which are essential for the improvement of the diseased glandular and lymphatic systems in childhood. In the soundness of this view we are well supported by physiological and pathological observers, and by the results which are obtained. The lower proportion of sulphates, as shown by comparative analysis of our waters with those of Friedrichshall and other foreign spas is, we believe, an actual advantage, as rendering more gentle and equable the purgative action of the waters. The increased excretory action of the kidneys is well marked and useful during the exhibition of the saline.

I do not wish this communication to grow beyond the proportions of a "note," but would refer all interested in the subject to the papers adduced above. A word in favour of our English, as opposed to Continental spas, should never be out of place. I may say, in addition, for those who desire practical proof, that the Leamington spa waters, though best imbibed on the spot, may be obtained also carefully and reliably bottled, under direction of the Corporation, from the Leamington Spa Mineral Water Company.

## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

### UNIVERSITY COLLEGE HOSPITAL.

#### ACUTE SEPTIC PERITONITIS—OPERATION— RECOVERY.

(Under the care of Mr. VICTOR HORSLEY.)

For these notes, we are indebted to Mr. B. POLLARD,  
Surgical Registrar.

A. L., aged 43, by occupation a servant, was admitted into University College Hospital at midnight, July 28th, 1885, suffering from acute septic peritonitis.

*History.*—*Personal*: previous health good. *Family*: good. *Present Illness*: It appeared that patient had been suffering for some days from a femoral hernia (?) on the right side. A surgeon was called in who was said to have reduced the rupture, but the patient's symptoms becoming very urgent, she was brought to University College Hospital.

*Present state.*—On admission, patient was found to be a small spare woman, lying on her back with the knees drawn up, complaining of intense pain in the abdomen. Face brown and pinched, eyes deeply sunken, with dark rings round each, countenance expressive of great pain and exhaustion. Temperature 100.2°, pulse fairly strong and regular. On examin-

ing the belly, it was found to be hard, the walls very rigid and excessively tender. There was a small rounded hard swelling at the saphenous opening in the right groin. It felt like an exceedingly tense hernial sac, but it was so tender that firm pressure was impossible.

*Operation.*—Considering the urgent condition of the patient and the advisability of endeavouring to relieve the peritonitis by drainage, after of course the groin had been examined, Mr. Horsley cut down on the tumour with strict Listerian precautions, the patient being under ether. He found the swelling in the groin was composed of the customary crural lymph gland, acutely inflamed, and lying in front of a very small and shrunken hernial sac, to which it was firmly adherent. Mr. Horsley then opened the sac by cutting through the lymph gland. The cavity of the sac about one-third inch in diameter was found to be greyish, almost sloughy in appearance. The neck of the sac was then freely divided on a hernia director so as to liberate any peritonæal fluid which might have accumulated as a result of the peritonitis; on this being done, about two ounces of horribly foetid pus gushed out. The smell, though excessively foul, was not at all faecal, neither was there any matter in the pus that resembled faeces in the least. The finger passed freely into the abdominal cavity, but the neighbouring coils of intestine which could be felt covered with exudation lymph, were so matted together as to give the notion that they formed an inner wall to a more or less localised abscess in the peritonæal cavity. This cavity, at any rate, was then thoroughly syringed out with warm carbolic acid solution 1 in 80, a large drainage tube passed into the abdominal cavity, the gland and hernial sac removed and the wound sewn up with catgut, a Listerian dressing being applied.

After the operation the temperature quickly fell to normal, and the patient was evidently benefited.

July 28th.—Six leeches applied to epigastrium where pain was intense somewhat relieved it. Patient was very sick during the whole day; vomit was ordinary greenish sour fluid. Ordered ice, milk, and brandy  $\mathfrak{z}\text{ij}$ .

July 29th.—Still very frequently sick; wound dressed under the spray; found to be healing above the drainage tube by the first intention, quantity of foul thick discharge. The carbolic gauze dressing was changed for iodoform wool. The bowels acted to-day, the motion being very relaxed.

July 30th.—Patient not so sick this morning. Wound syringed out, not so foul. Temperature 98.4. Pulse 86. Full respirations 30.

July 31st.—Patient only sick once to-day. Legs now stretched out, but belly very tender. Hot fomentations since 29th. Nutrient enemata which were tried to relieve the vomiting produced irritability of the rectum after the 3rd, so that they had to be given up. Koumiss by the mouth was well retained.

August 1st.—Patient not sick. Bowels open now regularly by enemata. This relieved the distension, and the patient now able to take considerable quantities of iced milk. From this date the patient made a steady recovery, the wound, excepting the drainage tube track, healed by the first intention. The tube was shortened gradually, and was left out on August 13th. The tenderness in the abdomen gradually lessened, but still some remained at epigastrium and right iliac fossa even when patient left the hospital. When convalescent and walking about, patient said she felt "as if her internals were tied together."

*Remarks by Mr. VICTOR HORSLEY.*

The above case is interesting as belonging to a class which have not attracted much attention up to the



present, except as instances of very fortunate recoveries, but it is clear that, in view of the revolution in surgery of the peritonæum during the last 20 years, the regular treatment in cases of acute peritonitis which are suspected on good evidence to be of septic origin, should be free incision and drainage. In this particular case, the question whether perforation had not already occurred of course came up, but though the fœtor of the discharge was most horrible, the absence of a regular fœcal odour seemed sufficient to negative the idea of perforation. It is important in connection with this point, however, to note that the severest pain appeared to be at the epigastrium, as well as the iliac fossa, and that the peritonitis involved the whole cavity, although the fœtid abscess probably was more or less localised. If at the time of opening the cavity of the abdomen the flow of discharge is intermittent rather than continuous, it would perhaps be an indication that the suppuration was not at all localised, and that the matter was pent up between the coils of intestine, under which circumstance a much freer incision and a more thorough washing out would appear to be indicated; the sequel of such a case one would expect to be general adhesion, and from the statement of this patient (who for some days walked with the spine bent) this would seem to be the case.

## APPOINTMENTS FOR THE WEEK.

*Friday, October 2.*

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, 8 p.m.—Address by the President, Mr. W. B. Hemming. Pathological Specimens: Mr. Percy Dunn, (1) Liver of Child of 8 (Extensive Rupture of Left Lobe); (2) Right Kidney, Large Calculi in Pelvis; (3) Sarcoma of Mamma. Clinical Cases: Mr. Keetley, (1) Extroversion of Bladder (after operation); (2) Case illustrating New Mode of Amputation for Ulceration of Leg; (3) Congenital Dislocation of Hip; (4) Chareot's Joint Disease, etc. Paper: Dr. Clippingdale, Case of Stricture of Small Intestine, with specimen.

# Medical Times and Gazette.

SATURDAY, SEPTEMBER 26, 1885.

ON Tuesday the Sanitary Institute opened its Annual Congress at Leicester, the stronghold of sanitary schism, with a most able address from its President, Dr. de Chaumont, the substance of which we publish elsewhere. The address was on somewhat the same lines as those of Sir James Paget's speech at the Health Exhibition last year, and dealt mainly with the influence of sanitary science in lowering the death-rate, and so of saving some of the enormous fine which the nation yearly pays for its sanitary shortcomings. There is no doubt that hygiene has yet much work to do. At present it has attacked little more than that variable fringe to the death-rate caused by zymotic disease. But, as Dr. Longstaff has pointed out, even the entire abolition, if that were possible, of all zymotic disease would not lower the death-rate to the figure

dreamt of by sanguine sanitarians. In London, for instance, the last three weeks have been healthier than any like period on record, and yet the death-rate, leaving out the small zymotic mortality, would still be 14 per 1,000. It is evident that to reduce it to the 12 or 11 per 1,000 aimed at by even cool-headed sanitarians, hygiene must do something more than look after gulleys and water-closets. Alcohol, one of the two great breeders of preventable non-zymotic disease, has scarcely yet been touched by the sanitarians as such; while syphilis, the other, has been let drop, like a hot cinder, at the bidding of a shrieking brother-and-sisterhood. Again, infantile diarrhœa, the disease which sends up our city death-rates with such a bound in the dog-days, and which, though classed as zymotic, is in many cases no more truly zymotic than its winter analogue, infantile bronchitis, has scarcely been touched by sanitary reforms. Perhaps in many cases it is not possible or desirable for it to be touched, many of its victims being doomed from birth, and unable, however coddled, to live to maturity. But for the rest, knowledge amongst the parents is needed more than expensive sanitary appliances, and we are glad to see this extension of knowledge put forward by Dr. de Chaumont as one of the main objects of the Institute over which he presides. How far the poor are from that saving knowledge, may be realized when we still find many a practitioner among them ordering flour and biscuits and all sorts of farinaceous rubbish to tiny infants with the diarrhœa upon them. The obvious rule, then, for the sanitary expert in relation to this disease might well be "first teach your doctor." The remarks, wisely left to the last, in which Dr. Chaumont dealt with the special heresy of his host-town, were in excellent style—conciliatory, without abating a jot from the authority of the creed which he went to Leicester to uphold.

ON Tuesday, the section of Sanitary Science and Preventive Medicine was opened by an address from the President, Dr. Arthur Ransome, who called attention to the two shortcomings of Leicester, its high death-rate from infantile diarrhœa, and its rejection of vaccination. The former, he said, showed that there must be something wrong in the place itself, and it behoved the inhabitants to remove such a reproach to their humanity with all speed. In a subsequent paper, which was well debated, Dr. W. E. Buck, of Leicester, traced the cause to water-logged subsoil impregnated with decomposing organic matter, which gave vitality to a specific organism, the direct cause of the disease. In the afternoon, there was a lively but unsatisfactory discussion on vaccination, in which the apologists for the Leicester system met some of our most distinguished sanitarians. Dr. Ransome, in his opening address, had vividly described the horrible and destructive character of small-pox, and quoted statistics from Germany to prove the efficiency of vaccination as a prophylactic. The debate itself was opened by Surgeon-Major Pringle, who again related his remarkable experiences in India. He was followed by Alderman Windley, who described the isolation system in vogue at Leicester, and urged its application



in other towns. Professor Corfield, who spoke next, was conciliatory, and apologised for the neglect of the believers in vaccination to take proper precautions against the spread of small-pox. For the other side Mr. E. T. Mott contended that small-pox, like some other diseases, had practically disappeared from Europe, not because of vaccination, but as a result of improved sanitation; to which Sir Charles Cameron replied that in Ireland typhus still prevailed in spite of sanitation, though small-pox was practically unknown, the Irish being one of the best vaccinated nations. Dr. Alfred Carpenter compared vaccination to an asbestos coat, and isolation as practised in Leicester to a powerful sanitary fire engine, and said he preferred to have both. Mr. J. T. Stephen, on behalf of the town, reiterated some well-known anti-vaccination arguments, and Dr. de Chaumont closed the debate by admitting the importance of isolation, and congratulating the Leicester Corporation on what they had done. The debate does not appear to have been altogether a very serious one, the advocates of vaccination being handicapped by their sense of the proprieties and refraining from bringing forward with sufficient insistence conclusive facts such as those contained in the report of the recent German Commission. The Congress ought not to have gone to Leicester, unless they were prepared to fight the subject without buttons on their foils.

DURING the past week, cholera has been raging at Palermo, over a hundred deaths having been recorded each day. The proportion of deaths to cases is much greater than has been usual at other places in the present epidemic, a result attributed partly to the concealment of cases, and partly to the bigoted refusal of the sick to accept medical aid. The Palermitans have behaved almost worse under their visitation even than Spanish villagers, and for a few days all authority was set at naught, and the doctors were exposed, not merely to neglect, but to insult and injury. Within the last two days affairs have improved; the cholera has not increased, and the people are beginning to regain their senses and to seek for medical help.

IN Spain, the epidemic slowly subsides, though some three hundred deaths are daily reported. We are beginning now to realise a little better the state of misery and madness to which the outbreak reduced the Peninsula, the special correspondent of the *Times* having sent home some most able letters on the subject. In one of these he tells us of the almost forgotten English commission. Professor Roy and his colleagues, Dr. Graham Brown and Dr. Sherrington, arrived, it appears, at Aranjuez at the height of the epidemic. "In spite of the danger and confusion, they calmly established a laboratory, unpacked their microscopes, and systematically prepared culture broths. In all, they have made 24 *post-mortem* examinations of cholera cases, and have also secured many specimens of micro-organisms from living patients." "I am glad to add," the correspondent continues, "that these researches, so gallantly undertaken, are likely to prove of con-

siderable use to the cause of science. I must not forestall the results of the report, which, indeed, is not yet concluded. In a few weeks' time the British public will read with pride and satisfaction that the lives of the English scientific commissioners have not been exposed in vain, and that a distinct step forward has been made in the knowledge of the special micro-organism associated with cholera." In France, there has been a slight spread of cholera, but the cases reported to have occurred at Paris were only sporadic, and not imported from the South. Some excitement was occasioned at Liverpool last week, by the arrival of a cholera-stricken ship from Marseilles, but stringent precautions were taken, and the event is already forgotten.

OUR Paris Correspondent writes: The cholera epidemic in the south of France seems to be gradually gaining in geographical extent, while evidently diminishing in intensity. Cases, few in number, are reported at Arles, at Solon, and in the vicinity of Montpellier; while at Marseilles and Toulon the mortality from cholera ranges very low. The characteristics of the present incursion are somewhat different from those which have been noticed in previous epidemics. The character of the disease is more insidious. Slight symptoms often usher in an attack which shortly proves fatal. The worst and most infectious parts of Toulon and Marseilles are not the most severely visited. It would seem that the cholera germ (if one really exists) resembles those plants and molluscs which, like the *Limnæa impura*, love fo waters, but cannot stand too advanced a degree of putridity, however favourable that may be to lower and different organisms. The upper classes have paid a full tribute to the prevailing scourge. An inspector-general, several naval officers of high rank, and at least a dozen medical men have been swept away. A still more illustrious victim has fallen in the person of Monseigneur Forcade, Archbishop of Aix, who was seized with a sudden and fatal attack after a pastoral visit in which he personally interviewed several cholera patients. The fact that such persons as officers, medical men, &c., would be more likely than the lower classes to observe sanitary precautions, is at first sight unfavourable to the germ theory. At all events, the doctrine of "premonitory diarrhœa" is quite knocked on the head by the clinical observation of facts. It must now be allowed that an attack of cholera may be as sudden as a flash of lightning, however unpalatable the plain truth may be.

THE germ theory is at present going out of fashion; and while, in Italy, scientific men seem inclined to consider cholera as a disease of the nervous system, in France some approach is being made to the views upheld for more than half a century by M. Jules Guérin. It is clear that in the present age, a man who stands still is likely to find himself in the noon-tide of fashion, provided he lives long enough. Professor Peter, whose determined opposition to the views of M. Pasteur is well known, delivered a set speech at the Academy last week, to prove that cholera is not an



isolated specimen of disease in the pathological series, but rather the last step in an ascending scale, of which diarrhoea, cholera, and cholera nostras are the earlier stages. Whatever may be thought of these views, it is certain that the premature celebration of Koch's discovery, and the gross caricature of Pasteur's doctrines trumpeted forth by Dr. Ferrán, have done much to promote a movement of retreat on all these subjects in the minds of men of science. The elaborate paper read by Professor Marey on the Statistics of Cholera leads to the same conclusion.

IN the course of his remarks relative to the treatment of cholera, Professor Peter asserted that the first indication was to combat the irritation of the digestive apparatus and solar plexus, for which purpose he applies a large blister to the epigastrium; in plethoric individuals he would not hesitate, he says, to put half a dozen leeches on the pit of the stomach. The pain and the cramps he endeavours to subdue by the hypodermic administration of morphia. He also advises the use of the constant current, one pole being placed on the vertebral column and the other on the epigastrium. Owing to the difficulty that is often experienced in employing electricity, he recommends the use of Chapman's spinal ice-bags as likely to fulfil the same indication, as he mentioned last year at the Ecole de Médecine; he has tried this treatment in twelve cases, of which only two proved fatal. Indeed, he seems then to have been even more enthusiastic in its favour than now, though he has had no fresh experience to cause him to modify his opinion. Here is what he then said on the subject—"From the first application there was a notable diminution of the vomiting, of the epigastric pain, and of the cramps. The patients became warm and the pulse perceptible. This modification of the epigastric pain is interesting, for the ice-bag is far from the epigastrium, but it exerts its influence by modifying the innervation of the great splanchnic nerves. In respect to the cramps the same thing occurs. To say that ice applied to the bodies of the sufferers, already algid (almost icy cold) warms them, is a paradox, and nevertheless is not less than the truth. In fact, by putting an end to the spasm of the blood-vessels the blood is allowed to circulate, and consequently the animal heat is generated afresh. In short, ice applied along the spine and the continuous current produce similar results; but the effects of the ice are more durable than those of electricity. This superiority is due to the prolonged application of the ice, whereas the continuous current was only applied during two or three hours each day."

DR. FERRÁN having submitted a portion of his vaccine fluid to MM. Chantemesse and Rummo, they have lost no time in investigating its properties and reporting thereon to the Académie de Médecine of Paris. They state that the sample they received, which Dr. Ferrán declared to be a typical specimen of his vaccine, was an odourless fluid of a clear yellow colour and slightly alkaline reaction. After experimenting with it and testing its behaviour in Agar-

Agar and peptonised gelatine, they are led to conclude that the vaccine is not a cultivation fluid of invariable composition: sometimes it is an impure cultivation of comma bacilli, sometimes it is a liquid containing masses of micrococci, whilst the comma bacilli are almost wholly absent. In either case the subcutaneous absorption of the so-called vaccine does not protect against the injection into the stomach of a pure cultivation of comma bacilli made according to the recognised methods. Its vaccinal power is *nil* according to their experiments. Injected under the skin of guinea-pigs, even in doses of several cubic centimetres, it does not give rise to any choleraform manifestation, though in large doses it may cause sloughing.

It is stated in a French journal that M. Pasteur, having produced a safe attenuated rabic virus, will organise a system for the protection of animals on his return to Paris. It is asserted that one child who had been severely bitten was inoculated in the summer, and is as yet in good health; but it is to be hoped that by the application of M. Pasteur's inoculations to animals, the necessity of employing it in the human subject may soon cease to exist. It is, at any rate, high time that something was done for the prevention of rabies, which is said to have been much more common in London this year than last. One veterinary surgeon states that he has seen as many as 48 cases in dogs and cats this year, or three times as many as he saw in 1884; while at the Dogs' Home there had already been 35 cases received this year up to the end of last month, as compared with 13 in 1883, and 15 in 1884. During the week, a death attributed to hydrophobia occurred in Guy's Hospital, but the house-surgeon who gave evidence at the inquest said that the apprehensions of the patient had a great share in causing his death. A correspondent, writing to us with regard to this case, asks: "Was it true hydrophobia or tetanus, a possibly shock or blood-poisoning, in a nervous, broken-down constitution? No evidence was given of the dog having been rabid. The case is surely worth sifting with a view to allaying, if possible, some of the unreasonable apprehension which often follows bites from dogs."

By invitation of Dr. Norman Kerr and the Council of the Society for the Study and Cure of Inebriety, over one hundred guests visited the Dalrymple Home for Inebriates on Saturday last. The occasion was to welcome Dr. Joseph Parrish, President of the American Association for the Cure of Inebriates, who had been staying and studying the system of the Dalrymple establishment. A meeting was held in the lecture hall, under the presidency of Dr. Norman Kerr, who accorded a cordial welcome to Dr. Parrish. Addresses were delivered by several medical men and others, and Dr. Parrish, in appropriate terms, acknowledged a resolution which had been passed in his honour. It was stated that while all patients derive benefit from three months' compulsory abstinence from alcohol, more than one-fourth are permanently reclaimed. It was urged that inebriety should be regarded and treated as a physical disease requiring hospital



supervision; that the compulsory requirement of appearing before two magistrates in order to gain admission to a home should be abolished, and that not less than six months should be the period of detention.

THE lecturers at St. Thomas's Hospital have been unusually reticent as to the improvements which have been in progress at their Medical School, but as they are now complete and ready to receive the new students it is perhaps allowable to say that during the recess a sum of 2,000*l.* has been spent on enlarging the anatomical theatre and dissecting-room, and in providing underground space for the storage and injection of bodies for dissection. Both the theatre and dissecting-room have been greatly added to by throwing into them the small rooms formerly occupied by the lecturers, and in the theatre the seats of the auditorium have been so arranged that the lecturer is able to keep an eye upon all his students, a by no means unimportant consideration. The ground beneath the dissecting-room has been excavated, and a vaulted chamber built for the tanks containing the subjects for dissection. Two lifts have been provided, the one for lowering the bodies from the mortuary and the other bringing them up, when needed, to the dissecting-room; so that the outside public of undertaker's men, &c., are not allowed to come within sight of the dissecting-tables, an arrangement which might be imitated with advantage at other medical schools.

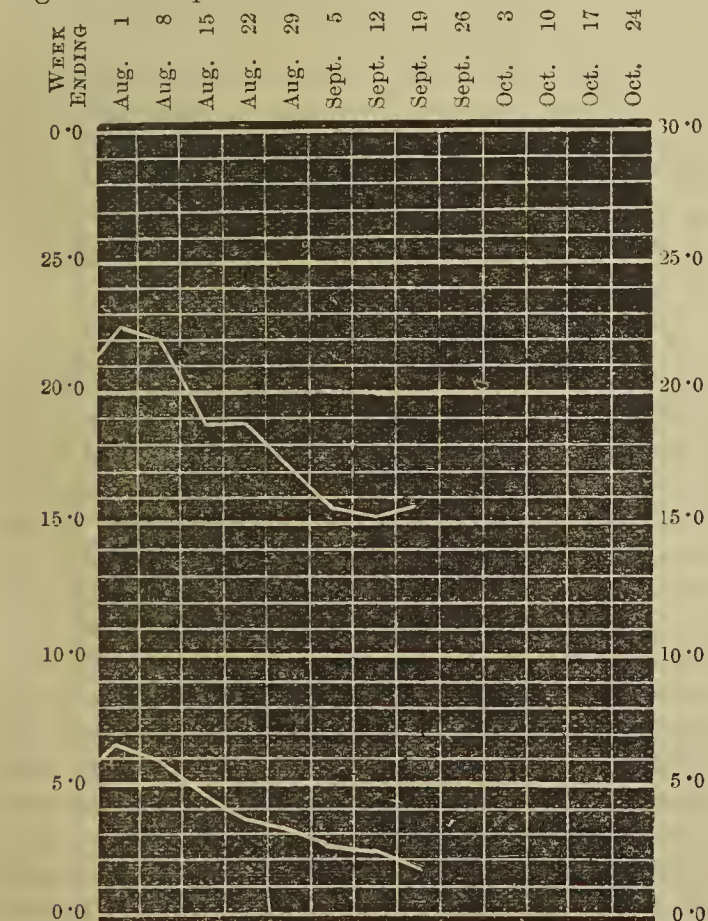
THE health of London continues to be eminently satisfactory, as is evidenced by the low curve both of the general and the zymotic death-rate. In respect of the latter group it is not often that the expectations begotten of experience are so far falsified as they were

last week. For instance, there were 40 deaths instead of 114 from diarrhoea, 20 instead of 47 from scarlet fever, 25 instead of 34 from whooping-cough, and 9 instead of 22 from enteric fever; and, on the other hand, there were 25 instead of 14 from diphtheria. For the first time for very many weeks past the deaths from measles were below the average, only 14 having occurred, whilst there was a slight rise in the deaths from small-pox, which numbered 8, but the total number of cases under treatment at the end of the week showed a decided fall. The milder weather which prevailed would seem to have been unsuitable for those affected with diseases of the circulatory system, as a considerable increase in the number of deaths under this head was recorded. Of the chief towns in England, Preston alone presents an unsatisfactory bill of mortality, the general death-rate having been 28.6, and the zymotic death-rate 8.3; this was entirely due to the large number of fatal cases of diarrhoea.

IN Dr. Guy, of whose life and work we published a brief account in our last issue, the profession has lost one of those minds of which it stands unmistakably in need. Patient and painstaking in the collection of evidence, rigorous and unsparing in testing it, inflexible in his determination to allow his deductions from it no more weight than they could justly bear, admirably precise and clear in statement, and utterly unable at any time to sacrifice truth to rhetoric, Dr. Guy was an ideal professor of the science, or rather the medley of sciences, known as Forensic Medicine, in which he was for so long one of the leading authorities. His lectures at King's College and his handbook on Forensic Medicine constituted a remarkable example of the "dry light of science" applied to a subject whose legal relationships would seem rather antagonistic to that form of illumination. To the student his remarkable exposition of the tests of respiration in cases of infanticide may have seemed rather a useless expenditure of words, especially when one came away from the lecture-room with the fixed notion that all the tests were equally fallacious and therefore useless; but as an example of scientific criticism, that exposition was admirable, and worthy in these days of a little more frequent imitation than it gets. Of Dr. Guy's labours as a statistician and philanthropist we spoke last week.

THE following are the arrangements of our scientific societies for the commencement of the coming session, so far as we have been able to learn them. The Royal Medical and Chirurgical Society will meet on October 27th; the Pathological Society on Oct. 20th; the Clinical Society on October 9th; the Obstetrical Society on October 7th; the Ophthalmological Society on October 15th; the Medical Society on October 19th; the Society of Medical Officers of Health on Oct. 16th; and the Epidemiological Society on November 11th.

WE have been asked again to call attention to the fact that, following the example of certain of the older Schools of Medicine, St. Mary's Hospital has recently



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past eight weeks.



established a Residential Collegiate Establishment. For this purpose a corner block of houses has been secured in Westbourne Terrace, Hyde Park, and Dr. Maguire has been appointed Warden.

OUR Liverpool Correspondent writes:—An effort is again being made to establish Provident Dispensaries here. Some years ago a similar attempt failed because the promoters could not induce the executive of the free dispensaries to co-operate with them, and without this it was felt that the evils resulting from too liberal a system of gratuitous medical advice would not be remedied, and that were another institution established it would, by treating the more respectable of the working classes at a merely nominal fee, still further encroach upon the sphere of private practice amongst the humbler ranks of society. Most medical men in Liverpool, as indeed in all large towns in England, admit that there is an abuse of medical charity; but here, as elsewhere, the difficulty lies in obtaining the co-operation of the existing charities in amending that abuse. If this could be done, then a scheme could be easily contrived by which the public as well as the profession would be benefited. The paupers have ample provision made for them. The majority of those above the pauper class could pay a provident dispensary fee, and where it was found that respectable poor people were unable to pay such a fee, it could well be paid out of the munificence of the rich. Young medical men would then have an honourable field wherein to exercise their talents whilst waiting for practice, and by the remuneration thereby obtained would not be so sorely tempted to resort to unprofessional methods of making a livelihood, as they are sometimes when starvation stares them in the face. Besides, by their zeal and success in attending on the poor they would have the most legitimate opportunities of creeping into the confidence of the rich. By affiliation with the hospitals, the provident dispensaries would enable the former to obtain the most suitable patients and the sick to obtain more prompt hospital treatment. Previous and after histories of patients could then be readily made up, and medical science might reap a rich harvest.

At present, nearly all the Liverpool hospitals are in financial difficulties, and in consequence, might be induced to favour such a comprehensive scheme as would relieve their overcrowded wards, and make the cases admitted more select and suitable, both medically and socially. If influential men can be persuaded by Dr. Renton to combine and bring about such a reform as that alluded to above, then the Provident Medical Association advocated by him will be worthy of every success. If, however, he only succeeds in establishing another medical charity, the patients at which pay only a little more than the pennies paid at the already established institutions, then he has only diminished the already too narrow area from which private medical men derive their income, without any great benefit thereby resulting either to the profession or to the public. We await with interest the issue of the movement.

At a public meeting held at Birmingham on the 3rd July, it was resolved:—"That it is desirable to commemorate the services rendered to Birmingham, and especially to its charitable and educational institutions, by the late Dr. T. P. Heslop, F.R.C.P.," and a subscription list was opened. It was also resolved that the subscriptions to the amount of 1,000*l.* should be applied to the formation of a Scholarship at the Mason College, tenable by pupils from the schools on the foundation of King Edward VI., and that any surplus beyond 1,000*l.* should be appropriated to the purposes of the Mason College Library. Subscriptions have already been received to the amount of nearly 800*l.*, and it is greatly to be hoped that some sum above 1,000*l.* may be collected, in order that so indispensable a department of the College as its library may participate in the fund. To the profession generally it will be a source of much gratification that one so widely respected as Dr. Heslop should be so gratefully remembered.

IN Dublin the air is once more thick with rumours of coming honours to the profession. It is said that a medical baronetcy and a surgical baronetcy are forthwith to be conferred. Names are freely mentioned in connection with the presumed honours. Dr. Banks, Physician to the Queen in Ireland, and Regius Professor of Physic in the University of Dublin, is universally spoken of as the medical baronet; while as to the surgical hereditary title the medical world is divided in opinion as to the respective claims of Sir George H. Porter, Surgeon to the Queen in Ireland, and of Mr. William Colles, Surgeon to the Queen and Regius Professor of Surgery in the University of Dublin. Rumour is also busy with the names of distinguished physicians, who may be said to be "in the running" for the honour of the physicianship to the Queen in Ireland, vacant through the lamented death of Dr. Benjamin G. McDowell. The names of Dr. Samuel Gordon, Dr. William Moore, Dr. Henry H. Head, all Ex-Presidents of the King and Queen's College of Physicians, and Dr. James Little are mentioned in connection with this much-prized distinction.

It would no doubt have been expecting too much to suppose that the managers of the Royal Aberdeen Infirmary would go so far as to censure their house committee in reference to the recent disclosures as to internal arrangements, &c., even by implication, and we are not surprised therefore that the report of the last named body should have been accepted, not however by any means unanimously. By one or other of the speakers in defence of the existing state of affairs, all the defects which have been complained of by Dr. Fraser were admitted to exist, and if the spokesmen of the house committee are to be literally believed they are and always have been far more zealous in the cause of reform than the medical staff. Mr. Esslemont, the Chairman of the committee in question, informed his hearers that although there were undoubtedly deficiencies, still great things had already been done, a statement which it is not easy to reconcile with the description of affairs as given by Sir Charles Cameron or Mr. Dunnett.



Spanton, who have within the last few days independently visited the Infirmary. They agree in condemning the utter want of proper ventilation in the wards, and the entire absence of proper baths for the patients, and the drainage and water-closet arrangements would appear to be models of what they ought not to be. On the proposition of Dr. Struthers, a committee was appointed with power to call in the aid of an expert to consider the whole question of the management of the Infirmary, and thus virtually one of the chief things for which Dr. Fraser has been contending has been granted.

THE body which calls itself the Organising Committee of the International Medical Congress of 1887, has, we are sorry to see, refused to adopt the conciliatory policy which alone can make the Washington Congress a success. It met at New York on the 3rd instant, and though all reporters were sedulously excluded, enough has leaked out to assure us that the letters of the President and Secretary of the London Congress, and the articles of the large majority of medical journals, might just as well have not been written. The *Medical News* gives the following brief account of the business done at the meeting:—"The rule of membership was amended so as to give representation to the general societies representing special departments of medicine. The Executive Committee appointed at Chicago was abolished and a new committee appointed, consisting of the President, the Secretary-General, the Treasurer, and the Chairmen of the Sections. The Committee then proceeded to fill the large number of vacancies occasioned by the declinations to co-operate with them. Dr. Henry I. Bowditch, of Boston, was elected a Vice-President of the Congress; Dr. N. S. Davis, of Chicago, was elected Secretary-General; Dr. William H. Pancoast, of Philadelphia, was elected President of the Section of Anatomy; Dr. E. O. Shakespeare, of Philadelphia, President of the Section of Pathology; and Dr. A. B. Arnold, of Baltimore, President of the Section of Medicine. The Executive Committee was given power to fill all vacancies. Dr. Austin Flint, Jun., was instructed to prepare the report of the Committee to be presented to the American Medical Association, and the Committee adjourned to meet in St. Louis on the Monday evening preceding the next meeting of the American Medical Association." No attempt, it will be seen, was made to heal the differences that have been aroused in the profession by the revival of the Code question, and the American Medical Association still clings to its usurped position.

THE more one considers the question, the more fatal do the objections appear to the principle of allowing a pre-existing medical association to play the sole part in organising an International Congress. No medical organisation whose aims are not purely and exclusively scientific can ever be truly representative of medical science. The men who are the real workers in the field of medical research, and who are therefore the only proper representatives of the profession in a scientific meeting like the International Congress, are

hardly ever found playing a leading part in associations of a medico-political nature. Quite properly they leave such functions to those of their brethren who have business proclivities and time upon their hands. The latter class may be admirably fitted for the work of conducting a large medical association, but they are not qualified to greet on even terms the medical investigators of the world, and we doubt even if they are competent to decide who are best qualified to give that greeting. Thus there is always the risk, exemplified in the United States just now, of their dragging the political and ethical questions that are nearest to their hearts into competition with purely scientific questions. The only safe way of organising a successful International Congress in any country is to leave it in the hands of the leading scientific men, who are known and acceptable not only to the hosts of the Congress but also to its guests. We hope that on some future occasion this principle, which has until now invariably been acted upon, will be formally converted into a standing rule.

THE *London Gazette* announces that the Queen has appointed Douglas Argyll Robertson, M.D., Fellow of the Royal College of Surgeons, Edinburgh, to be Surgeon-Oculist in Ordinary to Her Majesty for Scotland, in the room of William Walker, Esq., deceased.

A GENTLEMAN well known to the scientific world, M. Bertrand, Director of the Professional School of Versailles, was burnt to death in a vapour bath a few weeks ago. The accident seems to have been due to the addition of some essence of turpentine, the vapours of which caught fire from the flame of a spirit-lamp employed in the apparatus.

THE Préfet de la Seine has officially decided that lady students shall be entitled to enter the lists in the approaching competition for the places of internes, or house-surgeons, to the Paris hospitals. As this degree is the stepping-stone to all further promotion in the medical profession, the change is a more radical one than might at first sight be anticipated. Shall we have lady surgeons and physicians to the Paris hospitals, and also lady professors? That is now the question.

In the last series of Medical Reports published by the China Customs Board, Dr. W. W. Myers, of Takow, Formosa, gives an interesting account of his endeavours to teach Western medicine to native pupils. Recognizing the difficulty of teaching Chinese students in European Medical Schools, he has done his best to start a small medical school in connection with The David Manson Memorial Hospital, which has 24 beds and to which he is surgeon. It being impossible to get bodies for dissection, he is compelled to teach anatomy from models, the liberality of friends at home having provided him with one of the best French specimens. At first Dr. Myers tried to get native youths and teach them English, but the experiment was unsuccessful, and he now draws students already proficient in English from the Hong-Kong Central School. His



first two pupils arrived at Takow in November, 1883, for a two years' medical course, during which they were to be lodged and boarded free by the hospital. The first year was devoted to the primary medical subjects, in which the students were to undergo a searching examination before an international medical board at Hong-Kong or Shanghai, before they could begin their advanced subjects. At the end of the second year they were to undergo a final examination, on passing which they would receive a certificate containing all particulars necessary to ensure the identification of the individual holder of it. Subsequent experience has necessitated some modifications in this scheme, as it has been found impossible to teach the primary subjects in less than two years, and the full term will probably be fixed at four years. Dr. Myers certainly manages to get a great deal of work out of his pupils. They come to his house at 7 a.m. every morning and work till 7 p.m. with but one hour's interval for dinner. Out of this time Dr. Myers devotes an hour to each of four subjects, giving tutorial instruction rather than lectures. The papers set these pupils at the quarterly examinations are given in the report, together with the opinion of an independent authority to whom the answers were submitted. This opinion is extremely favourable. Dr. Myers makes a point of rigidly separating the primary from the advanced subjects, and of not allowing his pupils to study the practical applications of the former until they have passed their intermediate examination. We should be inclined, however, to think that he, if anyone, could adopt with advantage the plan recently advocated in our columns by Professor Gairdner, of teaching the applications of the primary subjects synchronously with their principles. Dr. Myers writes on his "feeble and initiatory efforts" with great enthusiasm, and we cordially re-echo his hope that they may be found worthy of emulation and expansion. "Some such plan," he writes, "may be the thin end of a wedge, which, if driven home, may serve in its proper sphere to assist in dispelling that mental and physical exclusiveness which has hitherto acted as a barrier between Chinese and Western intercourse. There can be no doubt that if persons were thus educated in matters the practical benefit of which is immediately palpable, a powerful class of intermediaries would be established, whose influence in bringing their countrymen to closer acquaintanceship with the advantages which foreigners and foreign ways are able to confer would possibly be very effective. They would prove powerful levers in bringing about that intimate relation with the natives which has so long been desired by those who aim at securing the mutual benefits of unrestricted intercourse."

DR. SEATON, the Medical Officer of Health for Chelsea, has just published his first annual report. After making the necessary corrections for the deaths occurring in the parish of persons not belonging to it, and for the deaths of parishioners which have taken place in other parts of the metropolis, the death-rate is 20·8 per 1,000. Of the zymotic diseases measles proved very fatal, 112 deaths being attributed to this cause, whilst there were only 7 from scarlet fever. Whooping-

cough caused 37 deaths and diphtheria 31, an unduly high mortality. From enteric fever there were 21 deaths, and 20 from small-pox. As regards nuisances injurious to health, two are especially pointed out as calling for the serious attention of the vestry, viz., overflowing dust-bins and closets without water supply, and a systematic house-to-house inspection is about to be undertaken in order that this latter deficiency may be in all cases recognised and dealt with promptly. Other nuisances, which are being gradually discovered and removed, relate to defective drainage, untrapped sinkstones and other drains, and dilapidation of houses. In the matter of registered lodging houses Chelsea is in advance of all the other Metropolitan districts, Hackney alone excepted, in great measure owing to the exertions of the late Medical Officer of Health, Dr. Barclay, and this fact was fully recognised by the Royal Commission in its report on the Housing of the Poor. The old method of indiscriminately distributing disinfectants is to give place to a rigorous disinfection carried out under the personal supervision of the sanitary inspectors. Dr. Seaton concludes his report with an able plea in favour of unity in the government of this great city. If we are to avoid what he calls the present aimless method of procedure in dealing with contagious disease, we must have one central authority in place of the thirty-nine nominal sanitary authorities now existing, bearing in mind that the *prevention* of infectious diseases is of more vital importance than their treatment. So long as the hospital and sanitary authorities are separate bodies, compulsory notification, of which we hear so much from time to time, and which has answered so well in some of the large provincial towns, cannot be introduced here with the full benefits that it has entailed elsewhere.

SOME very successful trials have been recently made by a Russian physician with cocaine in sea-sickness. He finds it acts both as a prophylactic and as a cure. The solution he used was composed of muriate of cocaine dissolved in a little spirit, to which water was added so that the solution contained a thousandth of its weight of the cocaine salt. Of this drachm doses were given every three hours from the beginning of the voyage as a prophylactic, and every half hour until improvement was produced in cases where the sickness had already commenced.

WE have received a circular from the National Society to secure Effective Legislation against River Pollution (Hon. Sec., H. A. Kinloch, 6, The Sanctuary, Westminster, S.W.), in which, after giving a short recital of past efforts, and insisting on the failure of the existing Act, more optional and permissive even than such Acts too generally are, to prevent or indeed to check the progress of the nuisance complained of, they state that that Act having proved a dead letter, and their Bill of last year having failed to pass the second reading, they have drafted another and, as they trust, an improved Bill, which will be introduced next session. We wish them all success, but we must express our regret that they should have adopted



the standards of purity of the Rivers Pollution Commissioners, *i.e.*, of Dr. Frankland. Not only do they depend so far as regards organic pollution on the particular procedure employed by that chemist, though disapproved by others of equal authority, but as we maintained when discussing this question on a former occasion, the application of tests or standards of purity to the effluent or wastes is worse than futile. Fix what standard one may, the manufacturer can dilute his waste down to it by pumping water from the river in question and thus defeat the purpose of the law! The pollution of the river is the same whether the waste be discharged as it is, or mixed with water drawn from the same stream. The only satisfactory, the only rational plan would be to compare the pollution or purity of the stream at a point some distance, say, 100 yards, below that at which the waste is discharged, with that of the water of the river at another point some little distance above the same, and to fix *proportional* limits which must not be exceeded. These limits would have to be determined by the result of numerous observations and experiments, but being *proportional*, not *absolute*, would be equally applicable to streams of all sizes and of every degree of original purity.

THE Clinical Society of the New York Post-Graduate Medical School and Hospital founded in 1882, has determined upon the publication of a quarterly bulletin, to contain a report of the discussions which have been held at its meetings, as well as original communications addressed to the Society which have not appeared in print elsewhere. The first number is now before us, and contains several papers possessing much interest and a high degree of merit. The first paper, on phthisis and pneumonia in relation to syphilis, is by Dr. W. U. Porter, and consists of a brief study and analysis of 100 cases in which these diseases co-existed. The diagnosis of syphilitic phthisis also forms the subject of a paper by Dr. Louis Heitzmann, and in each instance the author is satisfied that the disease is neither rare nor difficult of diagnosis. Dr. August F. Buechler writes on the bacilli of syphilis, which he has recognised in the so-called syphilitic products both of the hereditary and acquired disease. Amongst the other papers, we notice one on the physiological and therapeutical effects of the coca leaf and its alkaloids. The chief discussions reported in this number relate to erysipelas, diphtheria, and intracranial hæmorrhage in children, opened by Dr. S. J. McNutt, in a paper which is given in full. It was tacitly assumed by all the speakers that infantile hemiplegia was the consequence of intracranial hæmorrhage, but there was very little proof brought forward in support of this doctrine.

DIPHTHERIA having been very prevalent in the parish of Kempston, in the Bedford Rural Sanitary District, an enquiry was instituted by the Local Government Board, and the result is now before us in the report of Mr. R. D. R. Sweeting. During 1884, it appears probable that there were 61 cases of diphtheria, 18 of

which proved fatal. The last quarter of the year produced the greatest number of cases and the highest death-rate. The deaths were all of children under ten years of age. Some fatal cases had also occurred in 1883. It seemed most likely that the disease was introduced from Bedford where it had undoubtedly been present for some time. The influence of school attendance in propagating the disease appeared to have been very marked: out of the whole number attacked, 49 were children of the school age. The children of school age who were attacked had usually attended school up to the date of their attack, and the children not attending school were mostly attacked during periods of school closure; escapes in families invaded were usually either in persons not of school age, or if school attendants, they had ceased attending immediately the first case appeared in their family. Of the three schools, in one only two cases occurred; these were in the same family, and were probably the result of direct communication with an infected family in Bedford. At the other schools, mixed and infant, there were 18 and 29 cases respectively, and at both these schools the ventilation was deficient and there had been decided overcrowding during 1884. The prevalence of the disease during the last quarter of the year was due to the fact that after the harvest holidays several imperfectly recovered cases returned to the school. As regards the general sanitary circumstances of the parish, Mr. Sweeting found that in many streets the basements of the houses were damp from the sub-soil water rising into them. Drinking-water is mostly obtained from wells, and these were too few in number and too near privies to be free from risk of pollution. No provision of any kind exists for drainage, though it is urgently needed. The refuse is disposed of in cesspools which are seldom cleared out; and their contents in many cases leak out or overflow, and so are a source of danger. The recommendations at the foot of the report contain suggestions for meeting and amending these various defects.

WE would remind our readers that the Harveian Oration will be delivered before the Royal College of Physicians, by Dr. Quain, on October 18th. The oration has, until this year, been delivered in June.

#### A NEW INDUSTRY FOR LONDON.

A WEEK or two ago we were surprised to read an article in the *Times* lamenting the decadence of Vienna. We had not the felicity of visiting the Austrian capital when it was a walled city, before the splendid boulevard that now surrounds it like a girdle had let in air and light upon its narrow winding streets. But we should not have said that within the last fifteen years or so it had fallen off any more in popularity than Paris. Some people are apt to see a falling off everywhere except in their own powers of criticism; but there is no doubt that both Paris and



Vienna are suffering from the competition of a certain rival which every day grows more beautiful and more popular with foreigners, our own dear London. In spite of its fogs, from which no month is now secure, in spite of its sewage-laden river, its indifferent water-supply, its rookeries that lie cheek-by-jowl with its palaces, its open dust-carts, and the thousand and one sanitary defects that testify to its want of an intelligent and able government, London is by far the healthiest of great capitals, and that is a point which in these days of sanitary sensitiveness counts for a good deal in determining the choice of holiday visitors. Of its other attractions it is out of our province to boast, though we may share the satisfaction, not perhaps unmixed with sorrow, of all true Londoners that their city is fast becoming the metropolis of the world. But there is one point, as the writer of a most sensible letter in the *Times* points out, in which London cannot hold a candle even to decadent Vienna, viz., as a centre of higher clinical education. Of the excellence of Vienna in this respect it is unnecessary to speak. One by one Vienna has lost the great teachers who restored its fame as a medical school, but even in its palmiest days the teaching of Medicine was not carried on more actively than it is now. It is true that the great influx of ill-educated American physicians, fresh from their two years' curriculum, has of late years tended to lower the character of the clinical instruction given at Vienna. It is true that some of the teachers there have been corrupted by the almighty dollar until their work has lost its inherent nobleness and degenerated into a trade. It is true that in consequence of all this the well-educated English physician finds fewer facilities for following out his higher studies at Vienna than he did some ten or fifteen years ago, and often ends by leaving it for Berlin, or Leipzig, or some of the smaller German universities. Yet when all is said the fact remains, as stated in the *Times*, that Vienna still holds a supreme place in Medicine as the metropolis of clinical in contradistinction to scientific medicine. Its teachers, though fond of class-fees, are still active in independent research, as the letters sent us from time to time by our Vienna correspondent amply testify. We need hardly remind our readers that the most important therapeutic gain since the discovery of chloroform, viz., the anæsthetic use of cocaine, was achieved in a Vienna laboratory.

Vienna, then, if falling off as a caterer for the world's pleasure, is still active, more active than ever, as a manufacturer of sound medical practitioners. But why, as the writer to the *Times* most pertinently asks, cannot London rival her as well in this? Why should not London with its enormous population, its numbers of gigantic hospitals and its renowned teachers, take its rightful place as the centre of the highest clinical education? The writer might have gone further and asked, why cannot London keep even its own medical students? We have often before discussed this question, because we regard it as one of the most important of those with which we have to deal. A well-organized clinical school in London would imply a higher standard of culture and a closer brotherhood amongst the mass of the profession in

England, which, in their turn, as everyone admits, would facilitate the solution of all questions which depend on medical opinion and medical action. And if London could succeed in attracting to it the foreign students who now complete their studies at Paris, Vienna, or Berlin, we should have the satisfaction of knowing that the teaching of what after all is the soundest and sanest school of medical doctrine—the school of fewest extravagances—was exerting its due influence on the medical practice of the world.

The difficulties, however, in the way of the realisation of this dream seem almost insuperable. In the first place, as in the case of every reform in England, vested interests stop the way. The men who have been at pains and expense to build new medical schools and special hospitals, would declare to a man against any scheme which threatened their extinction. The present system of medical education in London is one that favours incompetent teachers, whose motto might well be "divide et impera." The introduction of the Vienna system would at once relegate to deserved obscurity every teacher who could not face competition in the open market. Then the hospitals are too numerous and too scattered to be combined for any effective system of clinical teaching, and the control of the medical officers over them is too limited for a perfect utilization of their clinical material. We doubt, too, whether the English patient would submit to the free and frequent manipulations which the inmate of the State-supported hospital of Vienna has to bear without a murmur. Lastly, it is very questionable whether there are a sufficient number of first-rate clinical teachers in London to meet the needs of a large school like that of Vienna. Clinical teachers are born and not made, and though there is no saying what would be the result of increased demand and higher remuneration, we are inclined to think that the English mind, admirably fitted as it is for the practice of medicine, has but rarely the requisite qualities for bedside teaching. At all the London hospitals combined there are probably not a dozen clinical teachers who are up to the standard which would be demanded in a cosmopolitan school.

So that, after all, we very much fear that this suggested new industry for London must be left to the cities where it already flourishes. But if the idea of competing with Vienna for the fees of foreign students must be given up, there is no reason why our clinical teaching should not be improved. If we cannot attract students from abroad, there is no reason why we should repel our own students and practitioners. At present London would be almost the last place to which any English doctor would think of going, who wished to perfect himself in the practice of his profession. Dublin, Edinburgh, and many of the provincial medical schools would suit his purpose much better. Here is a want which ought to be made good. We would gladly see the staff of one of our London hospitals giving up the vain attempt to teach a handful of students the whole range of the medical sciences, and devoting themselves to the clinical instruction of advanced students and practitioners. It is impossible to carry on the ordinary student's instruction at the same time with what the Americans term "post-graduate"



courses, and we are sure that if the teachers at one of our hospitals would lay themselves out for teaching practitioners only, giving them real sound clinical instruction in every branch of medical practice, they would soon have no cause to regret their decision, and their scheme might in the end become the germ of that great clinical school which we should all like, but which few of us dare hope, to see.

### THE GERMAN VACCINATION COMMISSION.

PRIOR to the epidemic of small-pox which in the years 1871-3 raged throughout the whole of Europe, with a severity unexampled since 1838, the vaccination laws in the different German States presented every degree of laxity. In Frankfort, Nassau, and a few of the minor States, they were very stringent, and as a consequence in the first-named city a death from small-pox was extremely rare and, indeed, for many years such an event has been unknown. The German armies, too, were the best vaccinated in Europe, and the results were well seen during the Franco-German war. But in Prussia, Hamburg, and elsewhere, vaccination was very irregularly performed, and everywhere it was delayed to too late an age. In few States was it compulsory before the end of the first year, in Bavaria not until two years, and in Hamburg it was rarely practised until school age, when the Education Act required a certificate previous to the admission of a child. The consequences of this laxity were apparent in the high mortality from small-pox in early life, and in 1872 the epidemic almost decimated the populations of Berlin, Hamburg, and other large towns. In that year a new Vaccination Act was passed by the Imperial Parliament with the best results. In Hamburg, the deaths from small-pox have never since exceeded five or six in a year, and these have occurred in infants or in immigrants. In Berlin they have averaged six or eight, except in one year when they amounted to fifty among a population of a million and a quarter. More recently, re-vaccination of all children before the expiration of their attendance at school has been required, and the few deaths from small-pox which appear from time to time in the returns are confined to infants or to persons born under the former *régime*; while in Vienna the deaths are in some years as many as eight or nine hundred, and in Prague the mortality is, relatively to the population, even higher. It is a remarkable fact that since 1872, not a single death from small pox has occurred in the entire German army.

When the Act of 1872 was passed, amid the alarm caused by the recent epidemic, whatever prejudice against vaccination may have existed in the minds of the lower classes, neither the medical profession nor educated persons generally apprehended any danger of the communication of syphilis or the risks of erysipelas, &c., or deemed them other than insignificant. As, however, is always the case when the demand for lymph is great, a want of care in its selection seems to have prevailed, and from time to time the most lamentable accidents followed. Dr. Lotz has col-

lected no fewer than fifty separate cases affecting in all seven hundred and fifty individuals, and as solitary instances of syphilisation are less easy of proof, the real number is probably much greater. These occurrences have raised a strong public feeling, not so much against vaccination in itself, as in favour of the general substitution of animal for human lymph, in which even disbelievers in vaccination like Drs. Lotz and Böing have joined. Three successive Committees of the Imperial Parliament appointed to enquire into the increase of syphilitic disease, especially infantile, have reported in its favour, and their recommendations were confirmed by a resolution of the full House in June, 1882.

Last summer accordingly the Chancellor of the Empire appointed a Commission, which consisted exclusively of medical men, including some of the most eminent members of the profession, representing the Imperial Board of Health, the Statistical Bureau, the Medical Department of the Army, and the Provincial Sanitary and Vaccination Authorities. Three of the leading anti-vaccinators, among whom was the notorious Dr. Böing, were placed on the Commission, not with the view of making any concession to their party, but as a guarantee that no evidence unfavourable to the existing practice should be suppressed or withheld. Whether they have been converted by the overwhelming proof of the benefits of vaccination remains to be seen, but they were among the most earnest advocates of the universal employment of calf lymph. The Commissioners have issued a report with elaborate tables showing the death-rate from small-pox in the principal cities and armies of Europe, and demonstrating in a most conclusive manner the beneficial effects of recent legislation in Germany. Several of these tables were reproduced in the *British Medical Journal* three weeks ago. Some of the facts adduced in reference to the dangers of infection were of the highest interest. The Commissioners considered the transmission of tubercle as unproven, but within the limits of possibility, especially when one takes into account the large proportion of children of the poor in towns who suffer from one or other form of tubercular or scrofulous disease. The communicability of bovine diseases they rejected as imaginary. In fact, they confined their attention to syphilis, primary and secondary (*spät*) erysipelas, and septic (*wund*) infection generally.

As regards syphilis, one case brought to their notice is most instructive. It is commonly believed that if a child has been so far cured as to present no external evidence of disease, and the vesicles run a perfectly normal course, no harm can result from employing it as a vaccinifer. But at Lebus in 1876, fifteen female scholars were syphilised by vaccination from a child whose skin was perfectly clear, and in whom the vesicles on the eighth day presented a normal appearance, the only trace of the disease being the scar of a boil which might have been of an innocent nature. A subsequent examination of the person of the mother revealed no signs of syphilis, but it transpired that she had had a miscarriage, a still-born infant, and a child that had died after a few weeks of "pemphigus," the vaccinifer being the fourth and only living infant. These facts had been concealed from the vaccinator,



but when mother and child are to all appearances healthy, such concealment is only too easy. Probably the English practice of vaccinating within three months provides a considerable safeguard, since it is very unlikely that all evidences of syphilis should have disappeared so soon, and in cases where older children are presented for vaccination, the certificate of postponement required by our law, even if it substitute a euphemism for the proper designation of the cause, is calculated to arouse the suspicions of a cautious practitioner. Where, however, the local authorities are remiss in looking up defaulters, such cases are not unlikely to occur. The distinction between the two forms of erysipelas drawn by the Commissioners is one on which Dr. E. Ballard has long insisted; erysipelas may be (1) the direct consequence of the use of unhealthy or decomposing lymph and run a course concurrent with the vaccination, or (2) may follow infection from other and extraneous sources, the vaccination merely offering like any other wound or breach of surface a means of access for the poison. For the latter the vaccinator is in no way responsible, and it cannot reasonably be urged as an objection to the operation.

The Commissioners sum up the advantages of employing human lymph as consisting in the simplicity and almost constant success of the operation, as well as the costlessness of the supply, while the objections are as stated, the dangers of syphilitic and other poisoning. In favour of calf lymph are the absolute security it affords against syphilis, and the greater security against primary erysipelas, &c., if the operation on the calf be performed with antiseptic precautions. The objections, on the other hand, are the somewhat larger percentage of failures, the difficulty attending the preservation of the lymph, which does not retain its vitality nearly so long as humanised vaccine, the elaborate arrangements required, and the expense involved in keeping up a constant succession of calves. All these, however, would, they believe, be reduced to a minimum by the establishment of vaccine stations, under the management of experienced medical directors, while each calf may be made to furnish lymph sufficient for from eight hundred to one thousand vaccinations, and the public vaccinator and private practitioner would alike be spared the disagreeable and unsatisfactory task of enquiring into the antecedents of their vaccinifers. While recommending the gradual extension of such institutions with a view to the ultimate disuse of human lymph, the Commission did not feel justified in advising the immediate prohibition of the latter, for as one member remarked, he could not wish a more perfect ideal of a source for lymph than an absolutely healthy child of healthy parents, whose family history was well known to him. They have also issued a series of model by-laws or instructions to local authorities and public and private vaccinators, dealing with every detail of the arrangements of vaccination stations, the prevalence of infectious diseases, the supply and preservation of animal and human lymph, the performance of the operation, &c., as well as schedules for the notification of cases of small-pox in a district whether

fatal or not. With a few of the recommendations, as, for example, that an infant vacciner should not be under six months old, we cannot entirely agree, but taken as a whole, the report is one of the most valuable and important documents on the subject that has yet appeared.

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## REVIEWS AND NOTICES OF BOOKS.

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### A SYSTEM OF THERAPEUTICS.<sup>1</sup>

THIS system of therapeutics, of which the first three volumes have now appeared in an English dress, is, we are told, the first work of the kind published in any language; and we may add that it is only to the writers of one language that the idea of publishing it would ever have occurred. The undertaking is, indeed, German to the backbone, and may best be described by a word very popular in Germany, "colossal." The monographs which make up these volumes are certainly not "chips from a German work-shop"; they are figures of heroic size, left in the rough with the marks of the workman's chisel upon them; often left, too, in such a shape that one cannot always carry away a very favourable idea of their authors' sense of proportion. The essays are admirable in their scope and completeness; they bear witness to a patience and industry of research and thought which we can only admire and envy. They exhaust the subject—and now and then the reader. They will be seized upon with avidity, as so many German books have been before now, by the medical book-writers of all countries, to furnish them with data and ideas. We shall come upon them again, worked up into small volumes with catch titles, appealing for popular favour for themselves and authors. Containing, as they do, a review of the most recent work in their respective departments, constituting a register of all that has been suggested or discovered or done therein, they will henceforward be indispensable as books of reference to the lecturer on therapeutics, while they will be scarcely less valued by the well-educated and scientific physician, for whom they were essentially written. They are intended "not merely to inform, but to suggest reflection and to prompt original work"; they will, therefore, be welcome to many a young enquirer, ambitious of discovery, or of such fame as consists in seeing his name quoted in *Centralblatts* and *Periscopes*. For the average English reader of medical literature we fear they will prove indigestible. Sad to confess, the English reader, as a rule, has an exiguous stomach for medical literature; bulk non-plusses him; he likes his literary fodder predigested and concentrated. Few of the articles in Ziemssen's system have any pretence to being easy or quick of digestion. Each, complete in itself, has a certain organisation, some a very complicated one; but it is not an organisation that strikes one as being very efficient in function, not a good working organisation. Every fact is there that is either

<sup>1</sup> Von Ziemssen's Handbook of General Therapeutics, in seven volumes. London: Smith, Elder and Co., 1885. Vol. I. (Translated by Dr. E. F. WILLOUGHBY); Introduction by Prof. von ZIEMSEN; on the Dietary of Sick and Dietetic Methods of Treatment, by Prof. J. BAUER; on the Koumiss Cure, by Dr. STANGE. Vol. II. (Translated by Dr. MATTHEW HAY); Antipyretic Methods of Treatment, by Prof. C. von LIEBERMEISTER; Antiphlogistic Methods of Treatment, by Prof. TH. JÜRGENSEN; Epidermic, Endermic and Hypodermic Administration of Medicines, by Prof. A. EULENBERG. Vol. III. (Translated and annotated by Dr. BURNEY YEO); Respiratory Therapeutics, by Prof. M. J. OERTEL.



available, or required, to guide us to a practical issue, but in many cases we have to ferret this issue out, and in some even to deduce it for ourselves. We are Philistines enough to wish in all sincerity that the translators had cut the ground from beneath the feet of future bookmakers, and given us the gist of the monographs in a series of short essays, relegating the evidence and experiments on which the conclusions, if any, are based to the small print of an appendix. By so doing they would have produced a work probably of greater usefulness, and certainly of greater popularity. The handful of teachers and investigators would still have been able to draw upon the work in its original German.

One thing that repeatedly and not unpleasantly strikes us in reading these volumes is the leading part played by English physicians in the past in the suggestion of new modes of treatment, and the small mention made of them in the elaboration of those innovations. In the first volume we read that after centuries of neglect "the high value of dietetics as an aid to therapeutics was brought anew to light by that great practical physician, Sydenham." No allusion is made to Cheyne, but Graves' influence is duly recognised, and even Banting and his medical adviser, W. Harvey, receive considerate mention. In the second volume Currie, of Liverpool, is admitted to be "the real founder of the systematic cold water treatment of fever," while his degenerate successors are blamed for clinging so firmly to their old prejudices and convenient routine. Due credit, however, is awarded them for enforcing the necessity of giving proper nourishment in fever. Under the question of blood-letting Marshall Hall's services are thoroughly admitted, and the great part played by English investigators, from Lowell and Timothy Clarke in the 17th century to Blundell in the 19th, in working out the problem of transfusion of blood is equally recognised. Coming to the next subject we find Alexander Wood, of Edinburgh, admitted to be the real inventor of hypodermic injection, a method of treatment which was thoroughly worked out in England during the four or five years that elapsed before its introduction on the Continent. Again, in the third volume, we find that it was an English physician, Bennet, who, about the middle of the 17th century, first studied respiratory treatment scientifically and introduced it into practice, declaring it to be the best remedy against phthisis. His successor, Willis, elaborated a system of inhalation, and a century and a half later Alexander Crichton was the first to revive Bennet's treatment of consumption, and to recommend the inhalation of the vapours of tar and turpentine. Even the method, now so generally neglected in England, of using compressed or rarefied air for curative purposes, was first introduced by an English physician, Henshaw. In short, it is painful in reading these volumes to contrast the frequent mention of the older British school of medicine with the almost absolute silence as to the activity of their successors. It may no doubt be true that the authors of these monographs seem much more familiar with their own than with modern English literature. It is also true that until recently political conditions were far more favourable to scientific investigation in England than in Germany. But, making every allowance, and even throwing in antiseptic surgery as a grand make-weight on our side, we cannot but recognise that the modern English school of physicians have not the same activity, inventiveness, and resource as their predecessors. Let us hope they make up for it in that ripe judgment which Professor von Ziemssen declares to be important above all things in matters of therapeutics.

The first volume of the System deals exclusively with what its editor terms dietotherapy, and besides

exhausting the general question of diet in disease, also discusses the grape-cure, the milk and whey cure, and the Koumiss cure. Dr. Bauer fills some 300 pages with a minute exposition of the theory and practice of nutrition in health and disease. The several sections of his work are of very unequal degrees of merit, and his style the reverse of attractive. Familiar as we are with the original, we cannot but express our sympathy with the translator in his self-imposed task of rendering into readable English the tedious tautology of Professor Bauer, whose style possesses all the faults commonly though erroneously held to be characteristic of German literature in general. Compared with Bauer's, the highly complex sentences, the ultra-Ciceronian construction of style, averaging three full stops in a page, of some authors, are in a certain sense works of art. The later chapters on special dietetics and dietetic methods of treatment are, to say the least, disappointing, and the wearisome repetitions involved in detailed analyses of numerous hospital dietaries with and without extras might have been spared with advantage. For those who have not access to König's great work, the elaborate tables of the composition of the several articles of food will be useful, but the value of the present volume consists in its exhaustive examination of the problems involved in the physiological action of the several food-stuffs in the organism, the digestion and utilisation of food, and the mutual relations of food and work, or as it has been called, the balance sheets of the intake and output in the animal economy. Very few indeed will read these chapters without learning much that will be new to them, for the views of Liebig, albeit somewhat modified, still hold their ground in this country in the teachings of Playfair, E. Smith, &c. Though the conclusions of the Munich School, of Pettenkofer and his pupils, especially Erwin Voit, may yet be in some minor points corrected by future research, there can be no doubt as to their substantial accuracy. It is now generally admitted that the excretion of urea is not increased by muscular exercise, while the elimination of water and carbonic acid, as well as the intake of oxygen, are enormously augmented; whence it appears clear that no waste of muscle substance is involved, and that, consequently, contrary to the vulgar notion, increased muscular activity demands an increased amount of carbohydrates and fat, not of albumen, *i.e.*, of bread and butter, not of meat. The demand of the organism for nitrogenous food is, in fact, a constant quantity proportioned to the actual development of the muscular frame, and not to the amount of labour performed, any excess above this merely adding to the urea to be excreted. The true value of gelatin, E. Voit's hypothesis of circulating albumen, the origin of fat directly from the albuminates, only indirectly aided by the non-nitrogenous food-stuffs acting as *sparmitteln*, the almost entire absence of digestive and absorptive power in the rectum, the low nutritive value of the vast majority of beef-teas, meat-extracts, &c., the importance of taking into consideration the percentage of any article of food that is really *utilised* in forming an estimate of its nutritive value, and many other questions on which English writers on diet are for the most part silent, are here clearly and thoroughly discussed. We wish, however, that some reference had been made to Dr. W. Roberts' work on the Peptones, and Prof. Haughton's *Researches in Animal Physics*. Dr. Stange's essay on Koumiss and the Koumiss-Cure might well have been condensed to a tithe of its present dimensions, reiterating as it does the same story of the composition, preparation and therapeutics of Koumiss according to different authorities in almost the same words, *usque ad nauseam*.



The second volume introduces us to some of the most important and fascinating subjects in the whole range of therapeutics, viz., the cold bath in fever, antipyretic medicines, blood-letting, transfusion and the hypodermic administration of drugs. Professor Liebermeister's article on antipyretic methods of treatment is one of the most satisfactory and practical articles in the whole System. His defence of the cold bath treatment of fever is very able. Most English physicians will decline to accept his rule that a heat-abstraction is always necessary when the temperature in the rectum exceeds 103°, but they will welcome the reasonableness of his advocacy, and the way in which he softens down the crude evangel of the cold bath. He only claims for the antipyretic treatment the power of changing the continued fever in severe diseases into a strongly remittent one, and so of preventing the dangers to the organism of a long-continued high temperature. Of late years Dr. Liebermeister has confined his efforts to making the remissions of a fever stronger and longer continued, rather than to combating its exacerbations. For this purpose he recommends that the baths should be principally employed during the night, when the temperature of the patient is usually on the decline, and the lower the temperature falls the colder should the bath be. He prefers the really cold bath to the gradually cooled bath of Ziemssen. Liebermeister regards antipyretic medicines as merely supplemental to the bath, and he protests against the tendency of some physicians to put the somewhat inconvenient cold water treatment in the background and to rely upon the new antipyretics alone. Of these new remedies the translator, Dr. Matthew Hay, gives some concise particulars in an appendix.

Dr. Jürgensen's essay on Blood-letting and Transfusion is very German—that is to say, it might with advantage have been reduced to one-third of its present bulk. He admits that an exhaustive answer cannot be given to the question whether there is really any germ of truth in the tradition of more than 2,000 years in favour of blood-letting; and certainly if Dr. Jürgensen has not succeeded in giving this exhaustive answer in the eighty odd pages he has devoted to the subject, anyone else may well despair of success. His practical conclusion that blood-letting is "seldom, perhaps never, imperative," will not generally commend itself to the English physician; but the following sentence with which the article concludes is sufficiently sound: "Every physician who is accustomed to considered the blood as an organ of the body will ask himself whether in reality the welfare of the whole body requires the sacrifice of a part. He will make such a sacrifice only when it is needed in order to carry out the chief task of the therapist, viz., to assure the continuance of life itself." Dr. Jürgensen's attitude towards transfusion is equally cautious. He maintains that it ought never to be performed unless a reason which is scientifically supportable can be adduced for it. He qualifies the usual dictum, that only a life directly in danger must be preserved by the introduction of new blood, by pointing out that the remote dangers of severe hæmorrhage, e.g., fatty degeneration of the most important organs of the body, may be prevented by a seasonable transfusion. We cannot follow him through his long discussion of the special indications for transfusion in different diseases and accidents, but must content ourselves with saying that, long as it is, it will well repay perusal. Professor Eulenberg's article on endermic, epidermic, and hypodermic administration of medicines is as exhaustive as the preceding essays, but there is nothing very new in it. His summary of the indications for the use of the hypodermic syringe is sensible. It is to be preferred to administration by the mouth (1) where we wish to produce a rapid and energetic general medicinal effect

as in acute poisoning, imminent suffocation, internal hæmorrhages, &c., or in severe disturbances of innervation and in general diseases which come on in paroxysms, as in neuralgia, asthmatic attacks, and intermittent fever; (2) where we wish to combine a specific local effect, as in neuralgia and reflex spasms; (3) where internal medication is contra-indicated. The separate account of the different drugs available for hypodermic use is very complete. The whole of the second volume has been translated and annotated by Dr. Hay, who, in both respects, has done his work well. His use of the word "decubitus" (p. 54) to represent bedsores is, however, to say the least, confusing, though warranted by French custom.

The third volume consists of some 700 pages in which Professor Oertel says all that can be said, and a great deal more than we imagined could be said, on the subject of respiratory therapeutics. In long-windedness, in repetitions, and in complexity of form his treatise far outstrips the preceding ones. And yet it must be admitted that if the reader has only patience enough to search them out, he will find plentifully scattered through the volume many practical hints of great value, such as we have a right to expect from Dr. Oertel. The first parts deals with the more or less familiar subject of inhalations of chemical and pharmacological remedies, and besides a thorough discussion of their mode of action, and the different apparatus for applying them, contains detailed accounts of the drugs available, and of the special maladies in which they are indicated. The substance of some of the more important parts of these articles has already been published in this journal in Dr. Burney Yeo's clinical lectures, and need not now detain us. What will perhaps strike the English reader as the most novel point in this section of the volume is Dr. Oertel's treatment of pharyngeal diphtheria by carbolic acid. This treatment is, of course, only the corollary of the author's discovery of the *micrococcus diphtheriæ* as described in his article in Ziemssen's "Special Pathology and Therapeutics"; but there can be no doubt as to the boldness with which it has been carried out in practice. It consists in applying by the steam spray a five per cent. solution of carbolic acid—a strength, be it remembered, which takes the skin off any but the coarsest hands—every hour or two for from five to ten minutes, the patient being allowed to swallow any fluid that accumulates in the mouth and pharynx during inhalation. The inhalations are to be taken less frequently or intermitted altogether as soon as the urine shows a green colouration. By this method Dr. Oertel has obtained "perfectly satisfactory results in 51 of the most severe cases, more than two-thirds of which, I must say, would have proved fatal formerly under any other treatment." The second part of the volume consists of a long and wearisome discussion of pneumatic therapeutics, a subject which is very unfamiliar in England, and which we fear will not become the less so as a result of the present disquisition. This review, however, has already grown to such portentous length that we must refer the reader to the volume itself, or recommend him rather to wait until some book-maker of superabundant energy has condensed it into a readable form. In taking leave of the three volumes we must cordially congratulate the translators on the way in which they have fulfilled their arduous labours. As to the distinguished authors, we bear willing testimony to the "never yet exemplified effort" which must have attended the production of their monographs. Their laboriousness and profundity deserve our warmest recognition. But we may without ingratitude express the wish that they had possessed a less Talleyrandian idea of the function of language, or, at any rate, a less exaggerated notion of their readers' intelligence and application.



## ABSTRACTS AND EXTRACTS.

### ERYSIPELAS AND PUERPERAL FEVER.

AN important paper on the relationship between these two diseases, from the pen of Professor Gusserow, of Berlin, appears in the *Archiv für Gynäkologie* (Band XXV, Heft 2). He remarks that it has been believed, especially in England, that erysipelas and puerperal fever were closely allied, if not identical. This doctrine rested on the propositions which were assumed to be facts, that erysipelas and puerperal fever were found to prevail together; that puerperal fever could produce erysipelas, and erysipelas puerperal fever; and that anatomically, according to Virchow, in some forms of puerperal fever the changes in the cellular tissue of the pelvis were identical with those produced by erysipelas. Dr. Gusserow thinks that our knowledge on the subject is very superficial and defective. The observations adduced in support of the propositions above mentioned, although enough to make imperative the greatest care in protecting the lying-in woman from the contagion of erysipelas, are yet far from being sufficient to prove the pathological theory which is based upon them. Dr. Gusserow is of the opinion that there is no connection between puerperal sepsis and erysipelas. In the first place, a great number of cases of erysipelas during pregnancy have been seen, and our author has seen erysipelas come on in pregnancy, and the patient delivered while the disease was at its height; and yet there was nothing abnormal about the lying-in; the patient suffered from ordinary erysipelas, and nothing more. He has seen erysipelas come on during pregnancy; the pyrexia lead to the death and expulsion of the child, and the mother subsequently die; when the *post mortem* showed that the puerperal process was simply a complication of the erysipelas, no sign of disease of the genital organs being found, but *post mortem* appearances like those usual in erysipelas. Dr. Gusserow has also seen erysipelas appear as a complication in childbed, but it ran its course just as in any other subject, the course of the lying-in being in no way influenced by it. He has seen erysipelas coming on during childbed prove fatal, and the *post mortem* appearances were then simply those of fatal erysipelas, no sign of disease of the pelvic organs being present either during life or after death. Instances have moreover been recorded in which, during an epidemic of puerperal fever in a lying-in hospital, some patients have been affected with erysipelas, and other cases in which erysipelas and puerperal fever co-existed in the same patient. Both as to symptoms and *post mortem* appearances the phenomena of the two diseases were quite distinct; they were combined, but did not modify one another. Lastly, Professor Gusserow urges that we have now the proof, in the existence of a special micrococcus peculiar to it, that erysipelas is a specific disease. He has failed in experimental inoculations of the erysipelas-coccus under the skin and into the peritoneal cavity, to produce phenomena anything like those of septicæmia. The erysipelas-coccus produces erysipelas, and nothing else. Redness and swelling of the skin, which undoubtedly are sometimes present in septicæmia, ought not to be called erysipelas unless the erysipelas-coccus is present.

**LEPROSY IN CHINA.**—In his report on the health of Tamsui and Kelung for the four years ending Sept. 30, 1884, published in the last issue of the *China Customs Medical Reports*, Dr. Johansen writes as follows:—"The most interesting disease among the Chinese population here is leprosy. It seems astonishing that so little trustworthy information about this disease exists. It shows itself in an acute and chronic form, and attacks about 1 per cent. of the whole population, male and female. During the four years I have remained in Tamsui I have seen in the Chinese Hospital here above 150 cases, the total number of patients being about 8,000 in this time. My observations have led me to the following conclusions:—The acute form is more rare than the chronic, and attacks otherwise

healthy people, or, oftener, people suffering from chronic leprosy. The disease begins with a strong fit of ague, during which the temperature rises to 105° or 106°. This high temperature lasts during the whole attack, generally about eight days; then remissions begin, and the fever subsides gradually. During the fit of ague the patient gets red patches, particularly on the forehead and face, and also on the extremities, but rarely on the chest or abdomen. These patches look very like urticaria. They do not itch, but are very hot and tender on pressure. Many of them exude lymph, and even pus; the epidermis is softened and destroyed, the skin presenting the appearance of acute eczema. Some patches remain in this stage of their development; in the majority, however, the destruction goes on, and they form extensive superficial ulcerations. After about two weeks these ulcerations heal, and leave a cicatrix, which is more or less anæsthetic. The disease seems not to be contagious. The much more frequent chronic form of leprosy has often been pronounced a contagious disease; but this is certainly untrue. In over 40 cases I have made direct enquiries about the origin of the disease, and have found no case in which the patient could trace his affection to infection from another leper. If leprosy was a contagious disease, how could it be possible that in nearly every village exist one or two isolated cases who very often do not know what they are suffering from, because they have never seen another leper? Moreover, I have not found a single case in which a leper had a leprous wife or children, or where a leper had been accused of having infected a healthy man. Syphilis has been often called the cause, or one of the causes, of leprosy; but this is not the case. I saw a child of 7 years, a leper, whose parents were both healthy; the child had sisters and brothers, older and younger than herself, enjoying perfectly good health. In one case a leper acquired a hard sore while under treatment; a roseola syphilitica made its appearance in due time on the abdomen, which was covered with leper spots. I have seen many lepers with secondary or tertiary symptoms dependent on disease contracted before or after they fell sick of leprosy. Leprosy extends equally over the whole north end of Formosa, and the conditions of life of the mountaineer who fights with the savages and of a fisherman in Kelung are sufficiently different to make it impossible that they could suffer from the same disease in consequence of one fault in their diet or one peculiarity of the soil. Chinese doctors as well as laymen consider the disease to be the consequence of drinking rice spirit. Only the similarity of the red swollen face of a drunkard to the face of an unhappy victim of leprosy seems to have led to this idea. Among all my cases there was not one that could be definitely classed as belonging to either of the forms described in text-books. After the disease has lasted some months, every leper presents the following appearance. General health little or not at all affected; face covered more or less with dark red spots, sometimes approaching the appearance of a European face through accumulation of all colour on the cheekbone, the rest of the skin being whiter than that of the ordinary Mongolian of good health; ears shapeless and insensible to touch. These spots in the face get larger as the disease progresses; the subcutaneous tissue develops great masses of small tumours (this gives to the face the well-known hideous leonine appearance), or they disappear and leave white anæsthetic patches. There are fewer of these spots on the body and on the upper part of the arms and legs. Below the elbows and knees we find again more. The backs of the hands and feet are generally quite covered with them. The fingers are often of very dark colour; the finger tips clubbed. In the majority of cases we find that some portion of a limb has been lost through destruction of a joint. Under the ball of the foot or under the heel is a deep ulcer without any granulations or tendency to heal. Upper and lower extremity as far as elbow or knee have lost sensibility to touch and to pain. I can recommend ehaulmugra oil as a remedy in this formidable and mysterious disease. We are in the habit of giving the oil as we get it sent from London, in pill form, each pill containing 5 grains. The patient takes three pills daily after his meals, and continues this treatment for about six months. The best recommendation of this



treatment is the fact that nearly all our patients who have commenced have carried it out to the end, coming often from long distances to fetch their pills every month. An improvement generally takes place after one month. In some cases it was quite surprising to see the spots gradually getting paler and disappear, or sensibility coming back to places which had been anæsthetic for years. The most trouble is to get the indolent ulcers on the soles to heal up, as Chinese generally neglect to keep their wounds clean, and cannot or will not stop walking."

**ENTERORRHAPHY.**—After a brief summary of the operative procedures which have been devised in this direction from the time of Travers to the present day, Mr. Stanmore Bishop (*Medical Chronicle*, September) describes the operation which he proposes, but which as yet he has not performed upon the human subject. The portion of intestine to be removed having been cut out by scissors together with a triangular portion of mesentery, the edges of the latter are brought together with cat-gut sutures. A small round straight needle is then threaded with Chinese twist or silk, being placed exactly in the centre of the thread, which when double should measure about 80 centimetres long. The subsequent steps are thus described: "Then with dressing forceps the lower edge of both sides is seized, and the needle passed from left to right, and through the base of the fold thus formed, as near to the mesentery as possible; the double thread is then drawn through until 6 centimetres remain on the right side. One of the threads on the left side is to be cut 6 centimetres long; the needle is then passed from left to right through the same fold, at a distance of 20 centimetres from the first puncture. Two free ends and a loop remain on the left side, two ends free and two connected with the needle on the right. By gently drawing upon the loop, one of each of the two last pairs are seen to move; these are then drawn up so as to bury the loop in the mucous membrane on the left side, and are reef-knotted on the right; the two ends are then cut off close to the knot. The free thread left in the first puncture is now drawn under the free extremities of the upper bars of the clamp, so as to be out of the way, and is reserved for the latter part of the operation. The needle is now carried back again from right to left through the base of the fold, and a similar loop is thus formed, this time on the right, and knotted on the left. In this way, as the suture progresses, a series of loops consisting each of a single thread tied alternately on the right and left sides is formed, the threads of each loop passing through the same punctures as those of its neighbours on each side. It is thus impossible that any part of the intestinal circumference shall be unguarded, except the minute openings made by the needle and filled by the thread." Mr. Bishop claims that as the stitch is made it draws in the serous membrane, so that when finished the threads are really inside the restored lumen of the intestine, and the knots are really all inside. When half the circumference of the bowel is finished, Mr. Bishop recommends to commence again from the mesenteric border, tying one end of the fresh thread to one of the free ends of the first thread. In finishing the entire suture the last loop is made by tying the two free ends on one side together; the loop thus formed is then drawn up on the other side, folding in the serous coats of both sides, and the knot being made, the two threads left are cut off close, the bowel becoming absolutely closed.

**GUNSHOT WOUND OF THE KNEE WITHOUT FRACTURE OR PERMANENT INJURY TO THE JOINT.**—The *Boston Medical and Surgical Journal*, June 25th, gives the case of a patient, æt. 52, who was accidentally wounded during target practice, the ball from a thirty-two calibre pocket rifle striking him on the inner aspect of the left knee just as he was turning and had the joint partially flexed. The entrance wound was situated about 1 inch below the lower inner margin of the patella, and when the limb was made to assume the position it presented at the time of the accident, the puncture appeared to be in a line between the articular surfaces of the joint. The probe entered the joint, only a little synovia escaping. Careful search on the other side of the knee revealed a foreign body directly beneath the outer edge of the patella. This

proved to be the bullet, battered into an irregular pyramidal shape. Dr. Bridgeman decided not to interfere unless symptoms demanded it. The joint was fixed and constantly irrigated with carbolic water. Pain and swelling were moderate, without heat or swelling, and the pulse and temperature remained normal. The splint was kept on for three weeks, and the gradual use of the joint was then permitted. At the end of three months the only complaint was a slight amount of stiffness and weakness of the knee, and this chiefly after over-exertion. In six months the joint was practically as sound and as well as its fellow for ordinary use. Some years previously a knee-joint penetrated by the tine of a pitch-fork had recovered equally well. Numerous authorities and several experiments on the cadaver tend to prove that, during certain flexions of the knee, solid bodies can pass in an antero-posterior and even in an obliquely lateral direction through the joint without inflicting fracture, and scarcely more than grazing the cartilages of the articular surfaces.

**CREASOTE WATER FOR BURNS.**—Dr. Squibb, in his *Ephemeris*, remarks that the official aqua creasoti, a simple solution 1 per cent. of wood-creasote in water, is like similar solutions of carbolic acid and of cresol, a most effective local anæsthetic and topical dressing for burns and scalds. It is no better than the solutions of carbolic acid or coal-tar creasote for this purpose, but it is quite as good, so that whichever is most accessible or most convenient may be used. This creasote water, as made by the above formula—or diluted with an equal volume of water, or with more water for delicate surfaces in women and children—and applied by means of a single thickness of thin muslin or worn-out cotton or linen, such as handkerchief stuff, and the application renewed from time to time, as the return of pain requires it, will relieve the pain of burns and scalds in five or ten minutes, and will maintain the relief as long as the applications are properly renewed, or until the painful stage is over. In view of the importance of this preparation for the treatment of burns, Dr. Squibb expresses surprise at the general adherence to the old and comparatively useless dressings.—*Boston Medical Journal*, May 14.

## SPECIAL CORRESPONDENCE.

### INDIA.

(From Our Bombay Correspondent.)

*Hospital and Dispensary Relief in Bombay—Sanitary Difficulties at Calcutta—The "Unemployed-Pay" Question again.*

August 31.

MR. MOORE, C.I.E., the Surgeon-General with the Government of Bombay, has submitted the administration and progress report of the civil hospitals and dispensaries for the year 1884. During the year under report the administration was under Dr. Beatty, Mr. Moore's predecessor, and the report is drawn up by Dr. Patterson, the Secretary to the Surgeon-General. There are now 208 of these institutions, as compared with 202 in the previous year; the increase being due to the opening of new dispensaries in certain districts. Of these 47 are maintained by provincial funds, 33 by local and municipal funds, 25 at the cost of private individuals or associations, while the rest are supported from private subscriptions supplemented by grants from provincial or local funds. In the hospitals there were 29,045 in-door and 327,128 out-door patients treated during 1884, as compared with 29,420 and 304,455 respectively in 1883. In the dispensaries the figures are 7,357 in-door and 1,127,640 out-door in 1884, and 6,835 and 1,031,539 in 1883. The increase in the number of in-patients was but slight, while the increase in the number of out-patients treated was considerable. The proportion of in-door to out-door patients was 1 to every 11. Most of the dis-



pensaries have but limited accommodation for in-door cases, and the ratio of these is accordingly small. The average daily attendance of out-door patients was 3,053.6 at the hospitals and 11,750.2 at the dispensaries. During the year 4,182 major surgical operations were performed, viz., 1,517 in the hospitals in the City of Bombay, 1,557 in those of up-country stations, and 1,239 in the dispensaries. Of minor operations there were 76,546. A "note" by Mr. Wellington Gray, L.M., L.Ch., on the antiseptic treatment of wounds, is appended to the report, but there is nothing of special interest in it with which the average general practitioner is not acquainted. This "note" the Government, however, desire "should be circulated as widely as possible among medical officers in the Presidency."

The sanitary, or rather I should say insanitary, condition of Calcutta, has been for some time past attracting the attention of the Lieutenant-Governor of Bengal and the Government of India. The report of the Special Sanitary Commission appointed by Government, at the instance of a public memorial, has been published, and the Chairman of the Calcutta Municipality has written a reply. He maintains that the Government are not empowered under the Municipal Act to carry out the recommendations of the Commission, and the reason he is pleased to assign for this contention is that the Commission has not made out a case that the conservancy and cleansing of the town are defective or inefficient to an extent that would be prejudicial to public health. This is as strange as it is mortifying, because in the Report of the Commission, the most palpable and glaring defects are brought conspicuously under notice. Besides, the very high mortality in Calcutta, from cholera, typhoid fever, dysentery, &c., shows beyond a doubt that it is high time that a slothful body like the Calcutta Municipality should be brought to a sense of their duty and responsibility. The Commissioners point out the tenacity with which the cholera clings specially to the filthiest parts of the city. They report that "the cleansing and drainage is defective." They go on to say: "It will be seen from the recorded notes of our inspections of different parts of the town, that there are still many localities in an extremely insanitary state. Such localities are for the most part to be met with in the north of the town in *gowalla bustees*, or in the neighbourhood of filthy tanks. When they occur they cannot be regarded as other than plague-spots, the early obliteration of which is indispensable to the public health." Again, "Notwithstanding what has been effected in the last few years, we are not prepared to say that the cleansing and conservancy generally is at all what it might be. Foul drains, foul tanks, foul privies—these unfortunately are only too common. Much rubbish remains unremoved. Waste lands are soiled to a deplorable extent." Curiously enough, while the Sanitary Commissioners point out the unfiltered and impure water-supply to the masses, they remark that the wiseacres (the expression is mine) on the Municipal Board have actually been wasting a million gallons of filtered water daily in watering the streets and in flushing the drains. They strongly urge the absolute necessity of putting an end to the filthy pools of sewage which exist in the name of tanks for supplying water for ablution purposes as also for drinking. In every million parts of this tank-water, analysis shows the presence of 500 parts of chlorine and 48 of ammonia. Such being the state of things, it is no wonder that public opinion condemns the masterly inactivity displayed by the Municipality.

The subject of "unemployed pay" of surgeons-major of the Indian Medical Service, to which I alluded in a recent letter, is causing some agitation by anonymous letters appearing in the *Pioneer*. The writer of one of these adduces some very cogent arguments in favour of surgeons-major who do not hold permanent appointments, at least, drawing the same rate of pay as surgeons-major of corresponding standing on the medical staff. He allows that the "unemployed pay" presses more on surgeons than on surgeons-major, because the former are more likely to be without appointments, but at the same time he maintains that "this grade pay is inadequate and unjust no matter what the rank of the officer drawing it. If a rate of pay is

unjust for a year, the same rate is unjust for a day. If it be unfair to put twenty officers on an inadequate rate of pay, it is unfair to put one. The Government has listened to the most numerous body because they can shout the loudest. No one grudges the surgeons having obtained their rights, quite the contrary; but that should not be a bar to the surgeons-major obtaining theirs." "It is to be hoped," says the same correspondent, "that surgeons-major (and surgeons also, who will one day be surgeons-major themselves) will exert themselves in every way to have this glaring injustice removed as soon as possible. I would suggest that all concerned, and every officer of the Indian Medical Service concerned, should have questions asked in the House of Commons, and that they should also petition Parliament."

## GENERAL CORRESPONDENCE.

### DR. WATNEY AND THE CONTAGIOUS DISEASES ACTS.

[To the Editor of the Medical Times.]

September 19th, 1885.

SIR,—You would oblige me by inserting this letter in your next issue. I have long disliked the Contagious Diseases Acts, and expressed myself as opposed to them. There is no interest shown on the question in the constituency for which I am canvassing.

I am, Sir, yours, &c.,

HERBERT WATNEY.

1, Wilton Crescent, Belgrave Square.

### THE VOCAL REGISTERS IN MALE AND FEMALE.

[To the Editor of the Medical Times.]

SIR,—It is now many years that I pointed out in the *Orchestra*, and in the *Medical Press and Circular* (1873), that the male and female voices are fundamentally identical, and that the acoustical differences discerned arise from second causes, reinforcement. It is gratifying to me to find Dr. Gordon Holmes in your April issue of this year supporting this view.

I am, Sir, yours, &c.,

CHARLES LUNN.

Edgbaston, September 18th, 1885.

PROFESSIONAL DISEASES OF THE SKIN.—In his lecture on this subject, by which he intends the diseases produced by following various occupations, M. Guibout (*Gazette des Hopitaux*, No. 91) observes that whether these manifest themselves in the acute or chronic form, they are always attended by special characteristics which enable us to distinguish them. (1) Unlike syphilitic or herpetic affections (chiefly represented by eczema and psoriasis), they exhibit no tendency to become generalised, arising in fact from purely local causes. (2) Unlike herpetic affections, they are not pruriginous, that is to say, do not give rise to itching. (3) Nor do they give rise to any unity of lesion; that is to say, on the same parts we may have a union or confluence of lesions of different kinds, such as the patches of eczema in the midst of the papulae of lichen and the pustules of ecthyma. (4) They have no durability, tenacity or disposition to relapse, for the local influences once removed, they sometimes get well of themselves without treatment, and when once cured they do not return without renewed exposure. (5) They exert no evil influence on the general health. (6) They are neither contagious or inoculable.

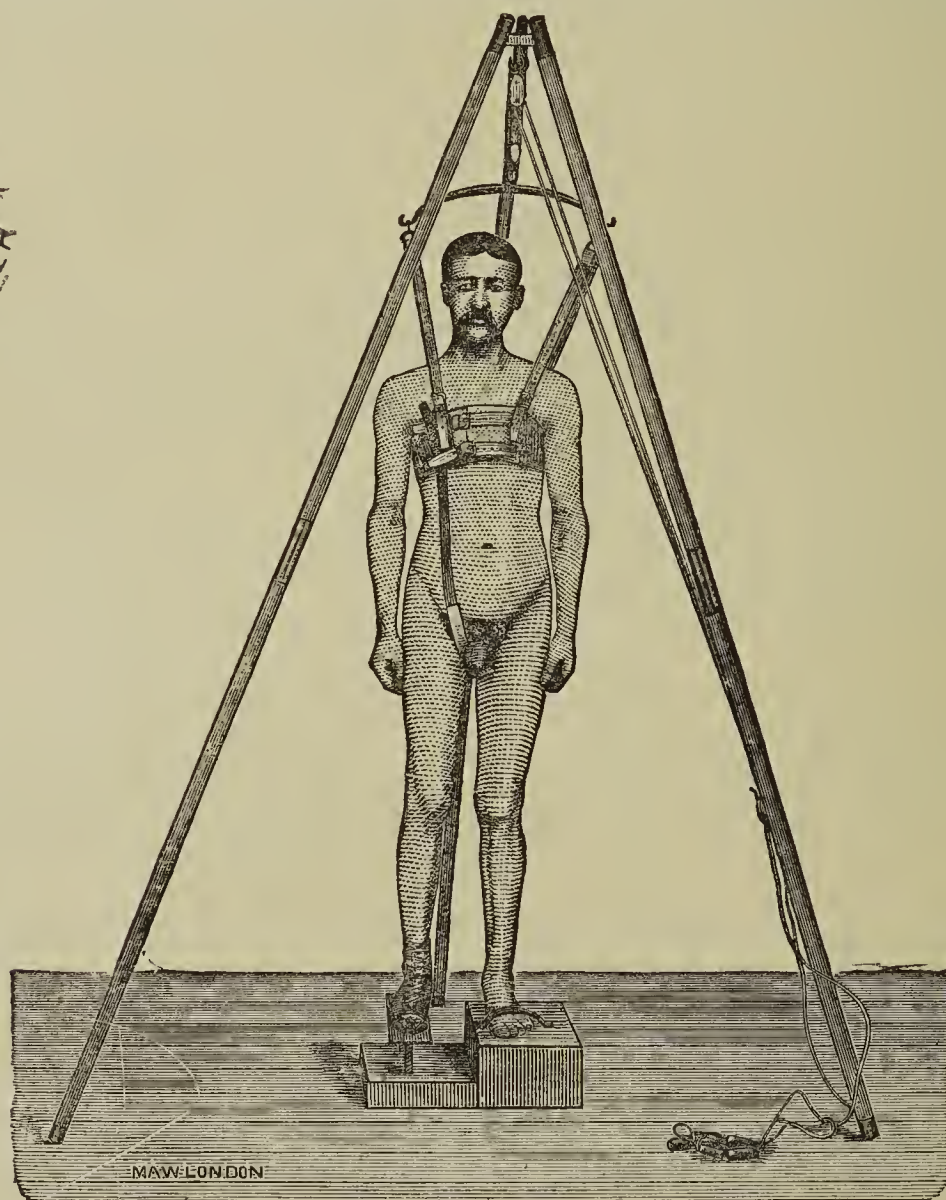


## INVENTIONS AND IMPROVEMENTS.

## THE IMMEDIATE APPLICATION OF PLASTER OF PARIS IN FRACTURES OF THE FEMUR.

MR. E. COTTERELL, of Bicester, has recently devised an apparatus for treating fractures of the shaft of the femur in adults by means of the immediate application of the plaster of Paris bandage. It is a modification of Sayre's suspension apparatus. Counter extension is made from the axillæ by means of a broad padded leather chest belt and perineal band. Extension is made from the foot by means of a boot fastened to an iron foot plate, which rotates by means of a screw, and which can also be extended by similar means. The sound leg rests upon a step formed by the box, in which all the apparatus except

the length of the two limbs should be measured from the anterior superior iliac spine to the lower border of the patella, and any shortening may be remedied either by tightening the perineal band, or by the extension screws attached to the foot plate. When the limb is judged to be in accurate position, a roller of flannel should be applied to the limb and pelvis, padding the ischial and femoral tuberosities with a little cotton wool. The flannel should be begun just above the boot and carried well over the pelvis. The plaster should now be carefully applied over the flannel. In order to strengthen the part over the groin and at the seat of fracture, strips of tin should be included in the bandage over these parts. When enough plaster is judged to have been laid on, and the splint is well set, the foot piece and perineal band may be removed, and the patient laid in a recumbent position, care being taken not to break the newly set plaster. The perineal band should be removed by unbuckling it from the chest



the tripod will easily pack. The method of using this apparatus is as follows:—Whilst the patient is lying down, the belt can be applied to the chest, and the step being placed under the centre of the tripod, the patient is carefully lifted so as to rest his *sound* foot upon the step, leaving the injured one hanging over the side, but being held steady by an assistant. The cross bar is now lowered and attached to the chest belt by means of the straps, and then by pulling the cords the patient is to be supported, but not raised from his sound leg. The foot piece being raised to its full height, is now fastened on to the foot of the injured limb, by means of the boot, which has been previously fastened to the lid of the box by thumb screws. Should there be any rotation outward of the lower fragment, this can be remedied by rotating in the boot, to the sole of which is fixed a screw arrangement for this purpose. Having got the foot into position, with plenty of extension,

belt, and then drawing it downwards. When the patient has been laid down, an assistant should hold the foot at right angles to the leg, and the surgeon having enveloped it in flannel, puts on a plaster of Paris boot. It is necessary to include the foot and ankle in the plaster of Paris, in order that we may avail ourselves of this most reliable means of keeping up extension, for as the limb will naturally shrink from disuse, the condyles and muscles of the calf will offer but little resistance to the action of the strong muscles of the thigh, and more or less shortening of the limb will consequently ensue. This immobile apparatus should be worn for about six or seven weeks, the patient meanwhile getting about on crutches, having a patten, about four inches high, placed on the boot of the sound leg.

The apparatus can be obtained of Messrs. Maw, Son & Thompson.



**BRAND'S MEAT PEPTONES.**—Messrs. Brand & Co. (11, Little Stanhope Street, W.) have recently introduced to our notice some samples of their meat peptones. After the lectures of Dr. Roberts, of Manchester, on the useful part that can be played by peptones in the feeding of the sick, it is unnecessary to say anything on the general question of peptones as an article of invalid diet. Suffice it to say that the peptonized beef, veal, mutton and elieken prepared by Messrs. Brand & Co. are not at all unpleasant to the taste, as peptones are apt to be, and that we have found them very useful in cases of obstinate sickness, as well as for rectal feeding. In fevers and prolonged illnesses, where the digestive powers are enfeebled and the main indication is to introduce into the system sufficient nutriment, the peptones will be found a valuable addition to the ordinary sick-diet. We have also received from Messrs. Brand, and examined samples of "Peptonized Osseine," containing peptone of the nutritive portion of meat-bone, "Ivory-Jelly," and "Malto-beef Lozenges," all of which have been very skilfully prepared, and will find a useful place in the invalid dietary.

**ACKERMAN-LAURANCE'S "BRUT ROYAL" CHAMPAGNE.**—This wine, which is already pretty well-known to the profession, is a light Saumur, free from added sugar and alcohol, and, according to the result of Sir C. Cameron's analysis of a bottle bought in the open market, also free from tannic and excess of other acid. It contains extremely little sugar, and is therefore suitable for the many cases in which sugar is not well borne by the stomach or the organism. It may be prescribed with advantage to the gouty and rheumatic. For those who prefer a dry wine, it is a pleasant drink, and extremely reasonable in price even for a Saumur.

**FRY'S CONCENTRATED SOLUBLE COCOA.**—The well-known firm of Fry and Sons, of Bristol, have recently introduced an improved concentrated cocoa, prepared by a new method. The sample examined by us dissolved rapidly and completely in hot water, a great advantage in a cocoa, and formed a very pleasant drink. It is free from starch and any other foreign addition, and contains only a small proportion of the natural fat of the cocoa bean. It is therefore eminently suitable for invalids, as well as for that steadily growing portion of the population who cannot take tea or coffee.

**DANIELSSON AND CO.'S CLINICAL FIGURES, &C.**—The outline figures published by Messrs. Danielsson & Co. (late Lebon & Co.), of 23, Southampton Buildings, Chancery Lane, are admirably adapted for their purpose. They consist of a series of diagrams of the head, brain, spinal cord, thorax, abdomen, limbs, and, in short, of all the regions of the body girdled at the back, which, when properly filled in, would constitute a most valuable addition to the clinical record of a case. The same firm have also issued a pocket case book arranged for brief notes with temperature chart of fifty cases. The prices at which these are issued place them within the reach of all.

**CORSETS.**—Every surgeon must meet with cases in which some sort of corset is more or less necessary to give either temporary or permanent support to the back. We have lately had experience of corsets made by the Misses Wells, of 56, Welbeck Street, and we are very well satisfied with the result. We find that their stays are made to fit patients very comfortably and without pressing unduly on the ribs, and in special cases they are carried high up the back, giving good support to the shoulders. They are the only corsets with which we are acquainted, and our experience is not small, which combine the requirements of the surgeon with those of the *modiste*. They are very suitable for weak backs, and even for ordinary wear, so long as ladies will wear corsets.

**LACY'S ISOLATION SHEET.**—Mr. W. G. Lacy (24, Ringford Road, Wandsworth) has devised an isolation

sheet for covering the door of the sick-room in infectious cases, the chief merit of which is that it can be thoroughly moistened in a few minutes with a disinfectant solution contained in a small tank fitted over the door. The whole apparatus can be purchased and fitted up for less than a pound, and it no doubt constitutes a much more satisfactory means of securing isolation than the usual sheet with its attendant bucket and brush.

**MARSHALL'S SEMOLINA.**—Many doctors order semolina without knowing what it is or how it is made. In reality, it is a coarse flour made of the best part of the wheat grain, with all the external covering removed, and consequently it contains all the constituents of good bread. It bears the same relation to fine wheaten flour that coarse oatmeal does to fine, and it makes good porridge as well as good puddings. We have given the semolina prepared by Messrs. Marshall Bros. (Morrison Street, Glasgow) a prolonged trial, and find it a most satisfactory food for children and invalids. The results of the analyses of this food-stuff by Dr. Stevenson Macadam and Prof. Ferguson, give a much higher proportion of albuminous compounds than is set down to coarse wheaten flour in the usual tables, and a higher proportion even than is found in oatmeal. In short, semolina as prepared by Messrs. Marshall is an economical, palatable, and nutritious article of diet.

## OBITUARY.

### JOHN GAY, F.R.C.S.

THOUGH nearly two years—a long period in these busy and fast-moving times—have passed since Mr. John Gay was compelled by grave illness to retire from all professional work, the tidings of his death on the 15th instant, at his residence in Belsize Park, Hampstead, will have caused vivid regrets, touched by numberless recollections of past kindnesses and gratefully remembered services, social and professional, to a very wide circle of friends. Indeed, but few of the metropolitan surgeons of the last fifty years, outside the small number of the exceptionally eminent, were more widely known or more popular than was John Gay. Throughout his career, he was an enthusiastic and able surgeon, and an ardent student of anatomy and pathology; while his happy temperament, his many social gifts, his genial character, his generosity, and his wide hospitality gained him troops of friends, and made his friendship highly valued by a large society of notable persons, including not a few of the lights of the artistic world.

Mr. Gay, who was descended from a good old family, of Devon county we believe, was born at Wellington, in Somersetshire, in 1813; and after receiving a good general education, he commenced the study of medicine by the old and valuable way of apprenticeship; and when he thus had been partly trained and educated for his chosen profession, he entered as a student at the school of St. Bartholomew's Hospital, where he clerked under Peter Mere Latham, and carried off the first surgical prize given by Mr. (afterwards Sir William) Lawrence. In 1834 he became a member of the Royal College of Surgeons, and in December, 1843, he was among the prominent surgeons upon whom the honour of the newly-created Fellowship of the College was first bestowed. In 1869 he was elected into the Council of the College, and again in 1878, but he did not attain the honour of the Presidentship. In 1836, two years after he had obtained the membership of the College, Mr. Gay was appointed one of the surgeons of the Royal Free Hospital, and for several years he laboured to maintain and advance the reputation of that charity; but a time came when he felt obliged to resign his connection with it; and in 1856 he accepted the post of Senior Surgeon to the then just founded Great Northern Hospital, an appointment which, to the great advantage of that Institution, he held up to the day of his death.



As Mr. Gay was ever an eager student and a close observer, and was devoted to his profession, he was naturally also a somewhat frequent contributor to its literature; but we cannot afford space for the mention of more than a few of his writings. He had already made his mark as a successful operator and an original observer, when, in 1848, he published what perhaps may be regarded as his most important work, namely, his volume "On Femoral Rupture, its Anatomy, Physiology and Surgery": he there advocates a modification of the operation for the division of the stricture external to the sac, in such a way that Mr. Erichsen, in his "Science and Art of Surgery," speaks of Mr. Gay's method as being "little more than the taxis, with the addition of a superficial incision." In 1853 he brought forward his well-known plan for facilitating the healing of indolent ulcers, otherwise intractable, by incisions in the skin and fasciæ of the healthy structures surrounding them; and this method is fully described in his "Memoir on Indolent Ulcers and their Treatment" (1855). In 1868, Mr. Gay delivered the Lettsomian Lectures of the Medical Society of London, taking for his subject "Varicose Disease of the Lower Extremities: its Physiology, Pathology and Treatment." In 1877 he contributed to the *Lancet* some papers, the result of much careful research and close observation, on "The Anatomy and Physiology of the Venous System in the Lower Limb in Relation to some of its Diseases—Gout, Gangrene, Dropsy, &c.," and so lately as in 1882 he published an original and suggestive monograph, "On Hæmorrhoidal Disorder." He wrote the elaborate article on "Cleft Palate" in *Costello's Surgical Dictionary*; and contributed numerous papers to the Royal Medical and Chirurgical Society, the Pathological Society and the medical press.

Mr. Gay was a Fellow of many learned societies at home and abroad. He was Consulting-Surgeon to the Idiot Asylum at Earlswood, and to the Soldiers' Daughters' Home, Hampstead; and Surgeon to several assurance societies, and to the Metropolitan, North London, and London, Tilbury and Southend Railways. He has left a widow, one daughter and two sons—one of whom, a second John Gay, is already a member of our profession.

#### FRANCIS HARRIS, M.D., F.R.C.P.

FRANCIS HARRIS was born December 1st, 1829, in Southwark, for which borough his father was sometime M.P. He began to study medicine at Caius College, Cambridge, and at St. Bartholomew's Hospital; and took the degree of M.B. in 1854. He was House Surgeon to the Hospital for Sick Children in 1856-7; was admitted M.R.C.P. Lond. in 1857; and afterwards went to France and Germany for further study. Returning, he was elected Obstetric Physician to St. George's and St. James' Dispensary, and Assistant Physician to the Children's Hospital in 1859. The same year he took the degree of M.D. and chose for his thesis, "The Nature of the Substance found in the Amyloid Degeneration of Various Organs of the Human Body." In this paper, which was printed in 1860, and which may still be read with interest, he maintains "that the reactions of these substances (corpora amylacea and amyloid degenerations) with iodine and sulphuric acid indicate their analogy, not their perfect identity, with the substances of the amylaceous group." The Dispensary he soon gave up, together with the intention of applying himself to obstetrics. He was next appointed Demonstrator of Morbid Anatomy, and soon afterwards Assistant-Physician and Lecturer on Botany at St. Bartholomew's. About this time he married. In 1865 he resigned his Children's Hospital and the Lectureship. In 1868 he was elected Physician to St. Bartholomew's. He now began to suffer from pulmonary emphysema and catarrh, connected with a disposition to gout. These infirmities increased upon him somewhat quickly, insomuch that in 1874 he resigned all his hospital duties and retired from practice; leaving behind him the reputation of great mental power and practical sagacity, which would have raised him to eminence had he been able to devote himself sedulously to his pro-

fession. Henceforth he passed most of his time in the country, upon an estate which he possessed at Lamberhurst, where he found that he could live and breathe more easily than in London. Here his kind heart and love of hospitality gained him many friends, by whom his death is sincerely lamented. In 1882 he passed through an attack of pneumonia, and it was a recurrence of this disease which put an end to his life on September 3rd, 1885.

### MEDICAL NEWS.

THE SOCIETY OF APOTHECARIES, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, September 10th, 1885:—

Thomas Peachey Allan, The London Hospital; Thompson Wilberforce, M.R.C.S., East Rington, Bondray, near Leeds.

Preliminary Examination in Arts.—The following candidates passed this examination on the 10th, 11th and 12th of September, 1885:—

Second Division.—S. E. Baxter, \*H. L. Brownlow, C. C. Clark, \*C. E. Colpus, \*A. C. Curtis, \*G. G. Giffard, C. H. W. Hammich, \*L. D. Heather, B. W. Herrington, G. P. Jacobsow, \*A. Lucas, C. E. A. MacLeod, E. C. MacLeod, \*A. Quennell, F. W. Rix, and W. Thompson.

Those marked thus \* also passed in Elementary Mechanics.

The following passed in Elementary Mechanics alone:—

W. C. Aylward, A. K. Barrett, A. T. Coleman, J. B. O. Richards, E. M. Williams, P. M. Yearsley, S. D. Wakefield.

The following passed in Geometry alone:—

H. D. Nichol.

The following passed in Latin alone:—

R. O. Satchell.

The following passed in all subjects except History and Geography:—

W. F. Pakeshott.

The following passed his examination in the Science and Practice of Medicine, Surgery and Midwifery, and received a certificate to practice, on Thursday, September 17th, 1885, viz.:—

Arthur Jno. Helen Montague, Uxbridge House, Uxbridge.

At the recent examination for the prizes in Botany given annually to young women by the Society of Apothecaries, the successful candidates were—

1st, Lilian Jane Clarke, A Gold Medal; 2nd, Emmiline Florence Carder, A Silver Medal.

DR. DE CHAUMONT ON SANITARY PROGRESS.—At the opening meeting of the Sanitary Congress at Leicester on Tuesday, Dr. de Chaumont, the President of the Sanitary Institute, delivered a most interesting address. He said the Institute did not wish the Congress to be a mere meeting of experts in the various branches of hygiene, but to make it the occasion of bringing home the subject to the community at large. The beneficial effects of sanitation were nowhere more evident than in the army. Thirty years ago the soldiers at home died at the rate of 18 per 1,000, whereas now the rate was only 6.28. The result was that, calculating sickness and death, there was a saving in the home army of two battalions per annum. When he entered the army there were dying of consumption alone more men in two years than now died from all causes whatsoever in three years. Equally valuable results had followed good sanitary measures in India and the West Indies, and, putting on one side some pestilential spots which were specially dangerous to human life, they might confidently say that there was hardly a spot on the globe where men might not be kept in health and vigour by proper attention to hygiene. Alluding to the important work done by the Sanitary Institute in granting certificates of competence on passing examinations to those officials who are entrusted with the carrying out of local sanitary work, Dr. de Chaumont said that it was a remarkable fact that at present there was no official recognition of the competence of any of the officers connected with sanitary



work. He earnestly hoped that the time was not far distant when it would be compulsory on all sanitary officials to show undoubted proof of their competency for office. The present system of uncertain tenure must be abolished, and the country divided into large combination districts sufficient to occupy the entire time of a competent medical officer, who should be well paid and irremovable except by the Local Government Board. The importance of a Health Department of the State was becoming more and more evident, and there could be no question that unity in administration would add greatly to the efficiency and materially diminish the expense of sanitary work. A premature death was reckoned overhead as a loss of 100*l.*, and if it was the head of the house and the breadwinner it was evidently much more. There were 750,000 deaths every year in the United Kingdom, about one half of which were deaths of children or of persons in the unproductive periods of life, and of the remainder nearly one-third were distinctively preventable. Could those deaths be prevented they would save, he calculated, a sum of 25,000,000*l.* per annum, or little short of the amount they paid yearly for the interest on the national debt. Most sanitarians agreed that the death-rate was capable of being reduced to 15 per 1,000 by the reduction of preventable disease, and in that case the mean duration of life would be 54 years instead of 41, while a reduction to 12 per 1,000 would raise the mean duration of life to 65; 11 per 1,000 would raise it to 70; while a ratio of 8 per 1,000—a rate seriously contemplated by Mr. Chadwick—would bring it up to 93; and a fractional amount below 8 would establish the ideal 100 years which was now held to be the normal life of man. Having shown the reduction in the mortality in specific diseases by means of improved sanitation, Professor de Chaumont proceeded to deal with the question of cholera. Epidemic cholera, which had lately committed such ravages in Spain, and might possibly reach our shores by-and-by, was a disease which carried great dread to the public mind. The terror which cholera inspired was due to the appalling suddenness of its invasion as well as to its great proportionate mortality. He had known 22 cases die out of 24 attacks, or about 92 per cent., but his experience as a whole had been that about 63 per cent. died, or very nearly two out of three. In the recent epidemics, the death-rate had been much less. In Spain it had only been one in three; but even this was bad enough. Supposing Spain to have a normal death-rate of 22 per 1,000, then there would be about 1,000 deaths per day as the usual death-rate; but from 1,500 to 2,000 lives had been lost daily from cholera alone, and altogether up to the end of August some 80,000 persons or more had perished in a population of 16,000,000, so that the death-rate was being more than doubled. In this country our normal death-rate was about 16,000 a week; if cholera prevailed in the same ratio as in Spain, we should be losing some 25,000 lives per week from that cause alone, and the total death-rate would be between 40,000 and 50,000. This naturally led them to consider what condition we were in to resist this formidable invasion. Cholera had visited Europe six times, including the present epidemic, namely, in 1832, 1849, 1854, 1866, in which years it prevailed in this country; but in 1873 and up to the present time in the existing epidemic it had not been able to make a footing. It was chargeable with the death of 180,000 or 200,000 persons in the United Kingdom, and this number divided by the 54 years gave 3,700 a year. But in those 54 years the deaths from fever were higher in the aggregate, and even in epidemic years the deaths from fever sometimes equalled those from cholera. For instance, in 1854, there died in England and Wales from cholera 20,000 persons, and 19,000 from fevers, while in the last two epidemics the total cholera deaths were 38,000, while the total fever deaths were 40,000, without including scarlet or other eruptive fevers. Altogether the deaths from fevers in the United Kingdom during these 54 years could not have been less than 1,500,000, or eight times the mortality due to cholera. They had thus had a constant enemy to deal with, the mere familiarity with which had bred a certain amount of contempt, while on the other hand the impressive onslaught of cholera had raised them from time to time to more vigorous action, to such an extent, indeed,

that they might say that cholera had been more of a blessing than a curse, and that it had saved many more lives than it had taken. The utter futility of quarantine by land or sea had been proved most clearly, and they had wisely in this country devoted expenditure to internal sanitation, to the provision of good water and good drainage. Judging by the past they had good hope for the future, for they were far better situated for resisting an epidemic than they ever were before. In conclusion, the President referred to the question of vaccination, and he wished it to be distinctly understood that in his judgment vaccination was one of the greatest boons ever conferred upon humanity. Leicester had constituted itself a principal centre of opposition to vaccination, and he believed that it was insisted that sanitation was sufficient to prevent small-pox. With special regulations and strict isolation they had been able to keep the town very free from this disease, and he should be a bad sanitarian if he did not recognise the value of both these measures, but he would point out that they were now working with a population that was for the most part already vaccinated. What it might be when an unvaccinated population had accumulated was a very different thing, and he feared they would have a rude awakening. It was an entire mistake to suppose that a prophylactic measure, such as vaccination, was antagonistic to general hygiene. On the contrary, they went hand in hand, and they were now too fully convinced of the advantages and paramount importance of general sanitation to be likely to fall so far back into error as to neglect it.

METROPOLITAN HEALTH RETURNS.—Dr. Tripe, Medical Officer of Health of the Hackney district, has just made his annual report. Dr. Tripe points out that, notwithstanding the increased density of population, the death-rate of the district is below that of London as a whole, being 18 per 1,000, as against the general rate of all London of 20·3. The deaths from zymotic diseases numbered 850 in the year, pulmonary diseases, other than phthisis, caused 603 deaths, and tubercular diseases caused 515 deaths. The zymotic diseases mortality of the last period was higher than the two previous years. In connection with the ill-condition of the river Lea, it is significant to remark that diphtheria caused an unusual number of deaths. Typhoid fever was also more prevalent than usual. Dr. Tripe deals with the epidemic of small-pox which visited the district especially, and he allows that many unnecessary deaths occurred through children being unvaccinated, and he enters into details at great length in support of his contention that the existence of the Eastern Asylum was responsible for some of the spread of the disease. That the sanitary officers found much work to do is shown by Dr. Tripe's record that upwards of 6,000 houses were inspected by them, and 1,663 premises and houses where nuisances existed were visited. Dr. Gwynn, the Medical Officer of Health for the Hampstead district, reports that the death-rate for the year was 12·5, slightly exceeding that of the previous year, which was 11·26. The deaths from small-pox and other zymotic diseases were equal to 1·9 per 1,000 of the population, against 3·34 in the metropolis at large. Diphtheria was more fatal than in any year since 1878, the deaths having been 19, against an average of 10; but the disease had been epidemic in London generally during 1884. The epidemic of small-pox in Hampstead in 1884 had not been equalled in severity since the great epidemic of 1871. From April to December there were 25 deaths of parishioners from that disease, against 38 in the two years' epidemic of 1876-78, and six in the epidemical period of 1881-82, although in London in 1884 it had only destroyed one-third of the number that succumbed in 1877-78. In 1880-81, when the Asylums Board hospital was closed, the deaths of Hampstead parishioners from small-pox only equalled 2·1 per 1,000 of total deaths; but in the epidemic of 1884, when the hospital was open, such deaths equalled 20 per 1,060 of total deaths, the largest number of deaths occurring around the hospital. Under the name of the "Wandsworth District," the whole of the Surrey southwestern localities, spreading from the borders of Lambeth to Roehampton, are included in one administration of a local board of works, and the six medical officers of health of



the several sub-districts have just presented an interesting series of reports. The population numbers very little short of a quarter of a million, spread over Battersea, Clapham, Balham, Tooting, Putney, Streatham, Wandsworth, and Roehampton. The death-rates over the several parts of the district are of a satisfactory character. The death-rate of the whole Surrey suburban district comprised in the area under the Wandsworth Board of Works came to the low aggregate of 17.85 per 1,000 of the population—a rate 2.49 below the rate of London generally. The death-rate, like the birth-rate, greatly varies according to population in various parts of the district. In Battersea, where the population numbers about 25,000, and the density of population to area is 53.4 to an acre; the death-rate is 17.75; while in Clapham and Putney (with Roehampton), with a density of population respectively of 32.1 in Clapham and 6.6 in Putney, the death-rate is only 13.7 in the 1,000 of population. In Streatham, where the density of population is only 8.4 to the acre, the death-rate is 15.3, and in Wandsworth, where the density of population is only 12.4 per acre, the death-rate is higher than that of closely-inhabited Battersea, being 18.77.

**THE EPIDEMIC OF TYPHOID AT WIESBADEN.**—The *Neue Freie Presse* of Vienna has published some facts with regard to the ætiology of this outbreak. Owing to the constant increase of Wiesbaden, which is now a city of over 40,000 inhabitants, it has been from time to time necessary to add to its water supply. The source from which it has been sought to obtain these additional supplies has been in the neighbouring Taunus Mountains, the new springs being brought into connection with the existing waterworks. Recently an underground gallery or tunnel about a mile in length was excavated into the hill known as the Münzberg, with a view to tap fresh springs and convey their waters to the town. The work of extending this subterranean passage is still going on, so that numerous labourers are kept for considerable periods within the gallery. Along the bottom of the passage are planks, beneath which a stream of water can be heard, and this water was for some time habitually fouled by the workmen employed. At the beginning of the month of July this water from the tunnel was carried into the principal reservoir of the town waterworks. Soon after, in the same month, cases of typhoid fever occurred in the town, and their number increased from day to day until the outbreak assumed the form of a real epidemic, and the number of cases officially announced amounted to over 60 a day. The disease broke out simultaneously in various parts of the town remote from each other, the cases being less frequent in those streets where the city water supply was least used. The circumstances therefore appeared to indicate that the epidemic was spread by the waterworks. The authorities of the place, on ascertaining the facts, caused the source of contamination to be stopped as soon as possible, and thereupon the epidemic began to decrease. But the damage was done. Schools were closed, and visitors as well as many natives took to flight. The water in the Münzberg tunnel was found to contain near the spots where the water flowed out of the earth only a few bacteria in each cubic centimetre, but at the mouth of the tunnel the same quantity of water contained several thousands of these microbes. The epidemic may now be regarded as extinguished.

**MEDICAL OFFICERS OF HEALTH IN SCOTLAND.**—In a paper on this subject, read before the Fifeshire Medical Association, and published in the *Edinburgh Medical Journal*, Dr. Robert Spence expresses himself as follows: "In place of the present numerous and local officers, I would have appointed by a central sanitary authority, such as the Board of Supervision, district medical officers, responsible to the central authority, and free from the distraction of private practice and the influence of local parties. The number required would be determined by the area and population and general requirements of the district, and the salaries should be sufficient to enable them to devote their entire time to the duties of the office. This would also involve a very small sacrifice on the part of the ratepayers. Taking our own country, for example, one farthing per pound on the total rental, landward and burghal,

would yield about 1,100L., and that, with the salaries (small as they are) at present paid to the burgh medical officers, would yield enough for two district officers, sufficient, I should suppose, for the country. Here again, I fear, the medical men would be the losers, for the general community would very soon be repaid over and over again by diminished doctors' fees and druggists' bills. This plan is very simple on paper, but I doubt that here its simplicity ends. The tendency at present seems altogether in the direction of increased local government. Against this I have nothing to say in ordinary affairs, but, unfortunately, disease is not local in its effects, however local in its origin, and I think if anything is to be managed by central and imperial authority it is the public health. Religion is provided for by the State; we have had for long a special department to look after the interests of trade and commerce; education has tardily received efficient State recognition; and is it too much to hope that the time will yet come when we shall have a really effective Department of Public Health?"

**THE VOLUNTEER MEDICAL CORPS.**—The terms upon which members of the Volunteer Medical Staff Corps, of which Surgeon-General Sir Guyer Hunter has been appointed honorary commandant, were enrolled, have been promulgated from the War Office. The capitation grant will be allowed on certification from the Commanding Officer and Adjutant that men are duly enrolled in the Corps; that they do not belong to Regular, Militia, Yeomanry, or Army Reserve (including Enrolled Pensioner) Forces, and are not enrolled in any other Volunteer Corps; that they have attended during the year ending the 31st October a certain number of drills ordered by the Commanding Officer of not less than one hour's duration; that they possess a competent knowledge of squad, company, and bearer column drill, and were present at the annual inspection, or if absent, had leave of the Commanding Officer. The number of drills for a recruit in his first year has been fixed at 16 ambulance and 20 other drills, including the inspection; if absent from the latter with leave or from sickness, two ordinary drills have to be added. In the second year the recruit must put in the same number of drills as in the first, or such number—not less than eight ambulance and nine other drills—as will, with the number performed in the previous year, amount to 32 ambulance and 42 other drills in the two years. In subsequent years eight ambulance and nine other drills will be required, with two additional ordinary drills if absent from the annual inspection; and extra drills, probably about six, will be required for instruction with pack equipment. Squad drills, at which not less than four rank and file are present, may be reckoned when necessary to complete the number of company drills, but when so reckoned they can only be counted in the proportion of three squad drills in place of one company drill. To constitute a bearer-column drill towards efficiency at least 850 of all ranks must be present, of whom not less than twelve must be officers and sergeants. Attendance at a brigade drill or review may be counted as a drill; and to constitute a company drill for efficiency at least 16 of all ranks must be present, of whom not less than two must be officers or sergeants.

A Lady Dentist has commenced practice in Amsterdam with the intention of devoting herself to the care of the teeth of women and children.

**THE PADDINGTON CANAL DUST WHARFS.**—The toleration of a nuisance which, at length, is recognized as little short of a scandal, came before the Paddington Vestry last week. It appears the deposit and sifting of the dust and other refuse hitherto carried on at wharfs north of the Canal Basin, has been extended to the south side of it, in close proximity with St. Mary's Hospital, and the spot on which the dust carts are discharged of their unwholesome contents only 80 yards from the windows of the Accident Ward, thus offering a serious interference with the ventilation of the ward. The Sanitary Committee recommended the Vestry to require the immediate removal of the nuisance. Dr. Stevenson, the Medical Officer of Health, reported the necessity for this course, which was strongly urged by



Dr. Danford Thomas and others, and it was remarked that the whole of this dust business should cease to exist in the parish; moreover, to permit its extension in the area over which it was conducted would be seriously detrimental to the usefulness of St. Mary's Hospital, while additional vested interests would accrue, which must be satisfied when the authorities did their duty, by entirely clearing the nuisance away. The Vestry decided, by a large majority, to insist on the removal at once of the dust business from the south side of the canal, and the medical officer was instructed, if necessary, to take legal proceedings to accomplish that object. The initiation of this first step augurs well, we hope, for the ulterior measures necessary to be taken to effect the abolition of a nuisance jeopardizing the health of this populous district.

DR. FRANK WOODBURY, the Editor of the *Philadelphia Medical Times*, has been elected Professor of Materia Medica and Therapeutics in the Medico-Chirurgical College of Philadelphia.

CORONERS' COURTS.—A good deal has, from time to time, been said, and very properly, in condemnation of the unsuitable places and accommodation provided for holding coroners' enquiries. The ventilation of the subject, however, has, no doubt in many instances, led to satisfactory results. But there appears to be plenty of room for similar improvements. Whether military authorities generally under-estimate the dignity of the coroner's office we will not venture to assert, but a dispute arose, a few days since, between the coroner and the authorities at the Station Hospital at Portsea. An inquest was to be held on the body of a private soldier, found dead outside a house of ill-fame. The coroner and jury arrived at the military hospital, and were shown into an apartment which appeared like a scullery, filled with smoke, and told that was the place set apart for the coroner's enquiry. He protested against the insult offered to him and the jury, and threatened to adjourn the inquest to the magistrate's room in another part of the town. The timely arrival, however, of Surgeon-Major Rooney, who admitted the smoke was very bad, averted the carrying out of the threat, and ultimately the surgeon-major directed that the library should be got ready for the coroner and jury. There the inquest took place, although the coroner intimated that he should bring the insult, which he insisted had been offered to himself and the jury, under the notice of the Secretary of War.

INSANITY IN THE UNITED STATES.—Apart from several large county asylums in the United States there are 80 State and 40 private institutions for the care of the insane, with a proper capacity for about 40,000, but containing 53,192, leaving some 45,000 lunatics to be cared for elsewhere. The proportion of insane is greatest in New England, but the increase has been most rapid in the Western States. In the State of New York there are 35 institutions for the care of these unfortunate people, accommodating 11,343 patients, while it is said that there are 4,000 provided for at home.

ANOTHER MEDICAL CANDIDATE FOR PARLIAMENT.—Dr. Alfred Carpenter, of Croydon, it is stated, will be Liberal candidate for the Reigate Division of Surrey, in opposition to Sir Henry Trevor Lawrence.

STAFF-SURGEON DR. GAFFKY.—The announcement in the Military Orders, the *Allgemeine Medicinische Zeitung* observes, that Staff-Surgeon Dr. Gaffky has been removed from the active list and placed in the reserve, would under other circumstances have excited great surprise; but in fact he has himself resigned his post, in order that he might become one of the regular staff at the *Reichsgesundheitsamt*, where he had hitherto only acted as an assistant. As one of the first and most able of the pupils of Geh. Rathes Prof. Koch, he accompanied him on his expeditions to Egypt and India for the investigation of the cholera, and on his return received an honorarium of 15,000 marks. As Koch's assistant he has of late been employed in the bacteriological department of the *Gesundheitsamt*, and now that his leader has retired (having been appointed Director and Professor in the new Hygienic Institute of the University), Dr. Gaffky, it is expected, will receive his appointment at the *Gesund-*

*heitsamt* and be made a *Regierungsrath*. The work at the *Gesundheitsamt* will be somewhat modified, as much of the work hitherto done there will in future be more naturally conducted at the Hygienic Institute.

THE POPULATION OF FRANCE.—The French Ministry of Commerce has just published some interesting statistics respecting the state of the population of France in 1884. From these we learn that while the number of births of illegitimate children has increased, that of the births of legitimate children has decreased. The death-rate has also risen. Last year there were 937,758 births and 858,784 deaths, making an excess of births over deaths of 78,974. This, with one exception, is the smallest increase since 1872. Indeed, since 1877 the increase has, with one exception—that of 1881—been smaller than in any of the five preceding years. One notable fact brought out by these statistics is the marked increase of the death-rate in Brittany, of which no explanation is as yet forthcoming.

PROFESSOR SENATOR.—The Berlin Correspondent of the *Canada Medical Journal* for September, states that during the interval which elapsed between the date of the death of Professor Frerichs and the filling up of the post vacated by his successor Professor Leyden, the clinic was conducted at a short notice with such distinguished ability by Professor Senator, that it was expected by many that he would be appointed to the post vacated by Professor Leyden, but which has been bestowed on Professor Gerhardt, of Würzburg. It is rumoured that the anti-semitic bigotry at present prevailing in Germany was indirectly the cause of Senator not obtaining the appointment. During his short course he achieved high popularity; and at the *Festcommers* (a banquet defined by the correspondent as consisting of indifferent beer in unlimited quantities, bad music, and worse singing), indignation was expressed that while so able a professor existed in the Berlin University, another should be brought from a distance.

THE MERCER'S HOSPITAL, DUBLIN.—An urgent appeal is made by the Governors of this Institution for public assistance, in consequence of the liquidators of the Munster Bank having called upon the Governors to pay off a debt of 1,455*l.* 8*s.* 6*d.*

SOUTH LONDON SCHOOL OF PHARMACY, 325, KENNINGTON ROAD, S.E.—The following prizes were presented to the successful competitors, on Saturday, the 19th Sept., 1885:—Senior Chemistry: Medal, F. W. Taylor; Certificate, J. B. Nicholls. Junior Chemistry: Medal, Andrew Craig; Certificate, A. L. Wood. Botany: Medal, J. B. Nicholls; Certificate, E. L. Ralling. Materia Medica: Medal, John Tirrell; Certificate, J. Burgess. Pharmacy: Medal, Robert Pyle; Certificate, J. W. Carr. Extra Certificates of Merit to Messrs. Jackson, Lewis, Minter, Moore, and G. H. Taylor.

CALF VACCINATION IN SWEDEN.—From a report issued by the Swedish Sanitary Committee we learn that since the introduction of a system of supply of calf lymph to the chief towns in 1883, a large number of persons have been vaccinated with it, and the results have been in every way satisfactory. The original supply of lymph was brought from Belgium, and there are now establishments where the calves after being inspected by competent veterinary surgeons are vaccinated. The lymph from these is supplied both to public and private vaccinators. In the summer of 1884, in Stockholm alone 500 children and 3,000 adults were vaccinated direct from the calf.

A VOLUNTEER MEDICAL STAFF CORPS, WOOLWICH.—With the sanction of the Secretary of State for War, it is proposed to raise a detachment or company by the Volunteer Medical Staff Corps of London for the Woolwich district, for the purpose of forming a branch of the Volunteer Medical Association. The object of the Corps is to occupy towards the Volunteer Force a similar position to that held by the Medical Staff Corps towards the army, and upon the highest scale of efficiency, including field hospital and bearer company's work, to organise a system of ambulance work.

FATAL ACCIDENT TO A LIVERPOOL PRACTITIONER.—Mr. Arthur Clarke Walker, of Liverpool, was on the 15th



instant kicked to death by a horse in his own stable. He was well known and much respected in the neighbourhood in which he practised, and the large crowd that attended his funeral showed the deep and wide-spread regret occasioned by his death.

**INDIAN MEDICAL SERVICE.**—We learn that Mr. Cameron MacDowall, F.R.C.S., Brigade-Surgeon, whose attainment of a good service pension we recently announced, is now officiating as Deputy Surgeon-General in Bombay, during the absence on leave of Mr. Bruce. Mr. T. G. Hewlett, C.I.E., Deputy Surgeon-General and Sanitary Commissioner with the Government of Bombay, has been granted three months' leave of absence, and Mr. MacRury, F.R.C.S., S.Sc.C. (Cantab), is appointed to act for him. Mr. E. Tully, Acting Superintendent of Vaccination, Western Guzerat Circle, is also granted leave of absence. Dr. D. F. Keegan, Surgeon-Major, and Residency-Surgeon, Indore, has obtained three months' leave, and Mr. R. Caldecott, Medical Officer, 2nd Regiment Central India Horse, is appointed to act for him, and Mr. Lowdell officiates for Mr. Caldecott in that regiment.

**THE PRUSSIAN TRICHINA INSPECTION.**—According to Dr. Eulenberg the inspection of pigs for trichinae is carried on to a much greater extent than is generally supposed. In one year there were established in Prussia not less than 20,636 official inspection-stations. About four million pigs were inspected, among which were found 2,000 that were trichinons—that is, about one in 1,232. In Berlin there were 237,593 pigs examined, and the yearly expenses in that capital for this purpose amount to more than 237,000 marks. (11,850*l.*)—*St. Petersburger Medicinische Wochenschrift*, September 5.

**THE REJECTION OF A PARIS THESIS.**—The rejection of a thesis by the Paris Faculty of Medicine has recently caused much excitement, not indeed in the profession, but amidst the general public, in consequence of the fact having been published in the lay journals. It was the title of the thesis (Contribution to the History of Artificial Fecundation), and its preposterous statistics that led to the popular notice of its rejection, which was attributed by the papers to the squeamishness of the Faculty in relation to a subject which they considered as indecent. This proves to be all nonsense; for in a letter published by Prof. Pajot, he declares that the question of the morality of the thesis never arose, and that it was unanimously rejected in consequence of the utterly non-scientific character of the facts it professed to bring forward. As to the operation of artificial fecundation, although its performance should be quite exceptional, it has now obtained recognition by the Faculty and by the most recent writers on obstetrics and gynaecology. In the present case the writer of the thesis, 50 years of age, who is an *officier de santé*, desirous of obtaining the doctor's degree, states that during the last 10 years he has been consulted for 518 sterile marriages, in 56 of which the prolonged employment of medical means led to normal fecundation. In the remaining 466 cases artificial fecundation was resorted to, and in 143 of these with success. In 48 there was complete failure, and in 275 what is termed relative failure. It would indeed have been surprising had the Faculty allowed such a statement as this to have passed.

**A MODE OF GIVING A BATH IN TYPHOID FEVER.**—Professor Horatio Wood (*Therapeutic Gazette*, July 15th), in order to avoid moving the patient in and out of the bath, adopts the following procedure:—"The canvas of an ordinary bed-cot is to be made three or four inches wider than usual, and a broad board nailed at each end so as to hold the cot permanently open, and project above it several inches in the form of a head or footboard. This cot is then arranged alongside of the bed of the patient, so as to be on a level with it, and at the same time firm. Over it is spread an india-rubber cloth sufficiently large to cover it entirely and to fall above and below over the head and footboard. The patient, wrapped in a sheet, is then slipped on to the cot, the canvas sagging down, and when water is poured over the sheets, the man lies half immersed in a pool. The attendant is provided with two jugs, one containing water and the other empty, and with a large bathing-

sponge. The water in this pool, heated by the body, can be removed by the sponge, and fresh cold water soused over the body enveloped in the sheet. In this way, the water lying continually between the sheet and the body, as well as saturating the sheet, so envelopes the person that the effect of a cold bath can be achieved, and I have seen very rapid reduction of very high temperatures. If the bed upon which the patient lies be a very wide one, the mattress can be so arranged on one side as to sag down sufficiently to form a hollow for the pool, and in this way the bath be given."

**ETHERIZATION OF THE RECTUM IN CHOLERA.**—Rectal etherization has been practised in the Hospital in Granada in fifteen cases of cholera with the idea of killing the comma bacilli by surrounding them with an atmosphere of ether. Two of these cases were cured within twenty-four hours, one died, while the remaining twelve improved rapidly.

**NO LACK OF MEDICAL MEN IN GRANADA.**—It has been stated that there is such a lack of medical men in Granada, and that there large numbers of people have died without medical assistance. The *Correspondencia Médica* referring to this, says that it is quite true that many have died without the aid of any medical man, but the reason of it is that the Municipal Authorities treat them very badly, although expecting them, family men as they are, to run into danger like martyrs or like priests and sisters of charity, whose lives are supposed to be given up to doing good, and who have no one depending upon them for support; the same amount of self-denial can hardly be expected from the profession especially after the way in which it is treated.

**DR. GIMENO'S DEFENCE OF ANTI-CHOLERA INOCULATION.**—One of Dr. Ferrán's great supporters, Dr. Gimeno, a professor of the University of Valencia, in a lecture given before a Madrid Scientific and Literary Society, complains of the false statistics on which so many of the attacks on Ferrán's method have been founded. He himself produces statistics of the value of which he is satisfied, to show how cholera has been practically stamped out of a town in a few days when the great majority of the population have submitted to the process. It must be remembered that, according to Ferrán himself, the prophylactic effect of his inoculation does not begin to take effect for five days. The Town of Benifayó contained 3,615 inhabitants; before the inoculations were commenced there were from fourteen to eighteen deaths per diem. From the 24th to the 30th of June 2,313 people were inoculated, some of them a second time. From the 2nd to the 5th of July, thirteen of the non-inoculated and five of the inoculated died, and from the 6th to the 8th two of the non-inoculated and none of the inoculated. In another town containing 5,227 persons, 3,117 were inoculated between the 30th of June and the 3rd of July. From the 1st to the 5th of July, thirteen of the inoculated were attacked with seven deaths, but from the 6th to the 8th, none of the inoculated were even attacked.

**PRESERVATION OF SOLUTION OF COCAINE.**—In relation to Dr. Squibb's employment of salicylic acid for the preservation of cocaine, subsequent experience has seemed to prove that this substance, even in the minute percentage employed, adds to the irritant effects of the alkaloid. Dr. Squibb has therefore been trying the value of boric acid for this purpose. His researches have been going on for six months, and although these are not complete, enough has been ascertained to show that the employment of a 1 per cent. solution of this substance preserves the cocaine without producing any irritant effects.—*Therapeutic Gazette*, July 15.

**CHARITABLE BEQUESTS.**—Mrs. Catherine Watkinson, late of Earl's Colne, Essex, has bequeathed 200*l.* each to the Colchester Hospital and the Essex Idiot Asylum. Miss Martha Gape, late of St. Michael's, near St. Albans, Herts, bequeathed 50*l.* to the St. Albans Dispensary. Mr. Thomas Smith, merchant, late of Ashwood, and Mr. John Mitchell, merchant, late of Arugask, Fifeshire, have each bequeathed 1,000*l.* to the Dundee Infirmary.



**A NEW TEST FOR ALBUMEN IN THE URINE.**—In the *Medical Chronicle* for September, Dr. Thomas Harris details the results of a series of trials with a test first suggested by Dr. William Roberts about a year ago. The test consists of a mixture of one volume of strong nitric acid with five volumes of a saturated solution of magnesian sulphate. It forms a very dense fluid which is as clear as water, does not fume, and does not stain or burn anything with which it may come into contact. It is used exactly in the same way as the cold nitric acid test, and care should be taken in adding the urine to slope the test tube so as to avoid as much as possible a free mixing of the urine with the test solution. If albumen be present, a well-defined band will be formed exactly at the line of junction of the two fluids, its degree of opacity varying with the amount of albumen, but it is always sharply defined, and just at the junction. When the quantity of albumen is very small, some little time may be required for its development. This test also precipitates mucin; the ring thus formed appears just above the junction of the urine and test fluid; it is broader and less dense than that indicative of albumen, and shades off gradually above and below. This test further possesses the advantage of giving no reaction with the peptones, and it does not liberate iodine from the urine in the case of persons taking iodide of potassium to the same extent that nitric acid does, and is therefore suitable under such circumstances for the recognition of small quantities of albumen. Dr. Harris proposes to call this test the magnesian nitric test.

**POISONING BY MORPHIA IN AN INFANT.**—Dr. Judkins, of Cincinnati, reports (*New York Medical Record*, August 8) a case of morphia-poisoning in an infant 50 hours old, a quarter of a grain in solution having been given by mistake for the relief of colic. This dose was repeated an hour afterwards. Dr. Judkins saw the child two hours after the first dose had been taken and found it cyanotic, with very feeble respirations, three per minute, and a pulse hardly perceptible. Immersions in hot water and injection of whisky into the gastrocnemius were resorted to, strong coffee also being administered by the mouth and anus. After two hours of constant work, respiration increased in frequency, and the action of the heart became stronger. Eventually recovery took place, and when seen ten weeks afterwards, the child was quite well. The catheter had to be used several times during the first 24 hours, and three abscesses were produced by the frequent introduction of the hypodermic needle.

**EXAMINATION OF THE VOMIT IN SUSPECTED POISONING.**—The *Indian Medical Gazette* for July observes that a number of cases of criminal poisoning in India (and we may add elsewhere also), are supposed to escape detection owing to the vomited matter not having been chemically examined. In vain have medico-legal works and regulations insisted upon the necessity of forwarding for examination not only the stomach itself, but its contents and the vomited matter. The following case, taken from the Report of 1884, of the Bengal Chemical Examiner, illustrates the importance of the subject. The subject of the case mixed for his dinner some curry which had been left from breakfast with freshly cooked rice; and while eating the food was seized with a burning sensation in the throat, vomiting, and purging, and died next day. There were forwarded for examination the stomach, containing a thick rose-coloured fluid, two pieces of liver, the matter vomited, and some of the mixed curry and rice of which the deceased was partaking when seized with the violent symptoms. On analysis, no poison was detected in the stomach or its contents, nor in the liver; but aconite was found both in the vomit and in the food. The quantity which had become absorbed was evidently just sufficient in amount to cause death when superadded to the effects of the gastro-intestinal irritation. The quantity in the liver and stomach was inappreciable. The great bulk of the poison had been evacuated by vomiting, when it had excited locally its irritant effect upon the stomach. Hence, had only the stomach and its contents, as they existed at the time of the necropsy, been forwarded for chemical examination, the poison would not have been detected.

## APPOINTMENTS.

BERRY, GEORGE A., M.B., C.M., F.R.C.S.—Ophthalmic Surgeon to the Royal Infirmary, Edinburgh.  
BOUGHTON, WILLIAM BLOCKLEY, L.R.C.S. Edin., L.S.A. Lond.—Medical Officer to the Third District, Dursley Union, *vice* Mr. D. W. Morris, resigned.  
LITTLETON, PHILIP R., M.R.C.S. Eng.—Medical Officer to the Workhouse, Ashbourne Union, *vice* Mr. H. Greaves, deceased.  
MCRTICKE, DONALD, M.B., C.M., L.R.C.S. Edin.—Medical Officer to the Huntingdon District, Huntingdon Union.  
MEASURES, J. W., M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Stansfield District, Todmorden Union.  
PASTEUR, W., M.D., M.R.C.P.—Physician to the North Eastern Hospital for Children, Hackney Road, E.  
ROXBURGH, DAVID, M.B., C.M.—House Surgeon to the Isle of Man General Hospital and Dispensary.  
SEMPLER, JAMES ROBERT, M.B., C.M. Glasg.—Medical Officer to the East District and to the Workhouse, Whitby Union, *vice* Dr. E. M. Taylor, resigned.  
SHEEHAN, JAMES CURTIN, L.R.C.P. and L.R.C.S. Edin.—Medical Officer to the Laveulani District, Cosford Union, *vice* Mr. F. T. Barkway, deceased.  
SLOMAN, HERBERT, L.R.C.P. Lond., M.R.C.S. Eng.—Medical Officer to the South District, Farnham Union, *vice* Mr. S. G. Sloman, resigned.  
WARNER, F. A., M.R.C.S., L.S.A.—House Surgeon to the Belgrave Hospital for Children, S.W.  
WILLIAMS, W. T., M.R.C.S., L.S.A.—Medical Officer to the Hednesford District, Cannock Union.  
WILSON, FRANCIS, L.R.C.P. and L.R.C.S. Edin.—Medical Officer to the Workhouse and the Third District, Keighley Union.

## VACANCIES.

BEDFORD GENERAL INFIRMARY.—Surgeon-in-Ordinary. Candidates must be legally qualified to practise both in Surgery and Medicine, and be duly registered. Applications and testimonials to be forwarded to the Secretary on or before October 8th.  
BERWICK-ON-TWEED UNION.—Medical Officer for the Workhouse, in succession to Mr. Thomas Fraser, resigned. Salary, £50 per annum.  
HARDINGSTONE UNION.—Medical Officer for the Bradfield District, in succession to Mr. F. W. Thurnam, resigned. Area, 10,961 acres. Population, 2,904. Salary, £45 per annum.  
MALE LOCK HOSPITAL, 91, DEAN STREET, SOHO.—House Surgeon. Salary, £50 per annum, with board and lodging. Candidates must be Members of the Royal College of Surgeons. Applications with copies of testimonials to be sent to the Secretary, Lock Hospital, Harrow Road, W., on or before September 30th.  
RISBRIDGE UNION.—Medical Officer for the Fourth District, in succession to Mr. G. R. M. Wright, resigned. Area, 9,029 acres. Population, 1,782. Salary, £14 10s. per annum.  
ROYAL UNITED HOSPITAL, BATH.—House Surgeon.  
SETTLE UNION.—Medical Officer for the Long Preston District, in succession to Dr. Lazenby, deceased. Area, 16,295 acres. Population, 1,620. Salary, £10 per annum.  
TAUNTON AND SOMERSET HOSPITAL.—Honorary Physician. Candidates must have taken the degree of Doctor of Medicine, or be Fellows or Members of one of the Royal Colleges of Physicians of London or Edinburgh, or of the King and Queen's College of Physicians in Ireland, and be duly registered under the Medical Acts. Applications, accompanied by qualifications and testimonials to be sent to the Secretary, on or before October 14th.  
WARRINGTON UNION.—Medical Officer for the Schools at Padgate, in succession to Mr. Spinks, resigned. Salary, £35 per annum.

## DEATHS.

GAY, JOHN, F.R.C.S., at 51, Belsize Park, Hampstead, on Sept. 15th, in the 73rd year of his age.

## NOTES, QUERIES, AND REPLIES.

### THE CASE OF DR. BRADLEY.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—I beg to forward a further list of subscriptions; will you kindly allow it to appear in the next issue of your Journal?  
I remain, yours faithfully,

ROBERT JEFFREYS.

Eastwood House, Chesterfield, September 23rd, 1885.

Dr. A. Halliday Douglass, £2 2s.; Dr. George Pearce, Dr. W. Vawdrey Lush, Mr. T. Jenner Verrall, Mr. H. Greeuway Howse, Dr. Edwin Rayner, Mr. T. Sympson, Mr. J. H. Ewart, Mr. A. E. Barker, each, £1 1s.; Mr. Samuel Lodge, 10s. 6d.; Mr. W. H. Beverley, 10s.; Dr. Charles W. Cathcart, Dr. A. Sloane, each, 5s.

### THE GRAHAM FUND.

[TO THE EDITOR OF THE MEDICAL TIMES.]

DEAR SIR,—Kindly insert the following additional subscriptions to the Fund which is being raised for the family of the late Dr. A. F. Graham, of Liverpool. Further contributions to this charitable fund will be thankfully received by any Member of the Committee, or by

Yours faithfully,

JAMES BARR, Hon. Sec.

1, St. Domingo Grove, Liverpool, September 23rd, 1885.



Edward Lund, Esq., F.R.C.S.; W. B., each, £3 3s.; W. Marrant Baker, Esq., F.R.C.S.; J. A. Harris, Esq., M.D.; T. G. Harrower, Esq., each, £2 2s.; Dr. Henry Stear, £2; A. Butterworth, Esq.; Rev. J. E. Cleworth; Dr. James Hall (Preston); Rushton Parker, Esq., F.R.C.S., each, £1 1s.; A. B.; Mr. Drape, each, £1; Dr. John Brown (Bacup), 10s.

*F.R.C.S.*—The individual in question is not a medical practitioner.

*E. A. Stevens.*—Your conduct seems to have been perfectly justified.

*B. P.*—You will get it more cheaply through a bookseller.

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#### COMMUNICATIONS RECEIVED—

Professor GAIRDNER, Glasgow; Mr EDMUND OWEN, London; Mr. J. D. CAMPBELL, London; Dr. CHAPMAN, Paris; Dr. T. MAXWELL, Woolwich; THE SECRETARY OF THE MASON SCIENCE COLLEGE, Birmingham; Mr. GERARD SMITH, London; OUR BOMBAY CORRESPONDENT; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; THE HON. SECRETARY OF THE WEST LONDON MEDICO-CHIRURGICAL SOCIETY; Mr. CHAS. LUNN, Edgbaston; Dr. CHAS. DULLES, Philadelphia; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; Dr. WILLOUGHBY, London; Dr. EARDLEY-WILMOT, Leamington; Dr. HERBERT WATNEY, London; OUR BERLIN CORRESPONDENT; OUR LIVERPOOL CORRESPONDENT; Mr. PLOWRIGHT, King's Lynn; Dr. NORMAN CHEVERS, C.I.E., London; Dr. FOWLER, Glenlivet; THE REGISTRAR-GENERAL FOR ENGLAND, London; Mr. E. WOOTON, London; Mr. ROBERT RAE, London; Mr. STONE, Wimbledon; Mr. JAS. DIXON, Dorking; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; Messrs. CASSELL & Co., London; Mr. GEO. COWELL, London; THE SECRETARY OF THE SOUTH LONDON SCHOOL OF PHARMACY, London; Mr. R. JEFFREYS, Chesterfield; Mr. N. C. DOBSON, Clifton, Bristol; Mr. H. C. FOX, Stoke Newington; THE HON. SECRETARY OF THE GRAHAM FUND, Liverpool; Mr. WHEELER, Ilfracombe; THE PRESIDENT AND FELLOWS OF THE ROYAL COLLEGE OF PHYSICIANS, London; Mr. READ, Harbury, Leamington.

#### BOOKS RECEIVED—

Quarterly Bulletin of the Clinical Society of the New York Post-Graduate Medical School and Hospital—Tabular Statistics of One Hundred Cases of Urethral Stricture treated by Electrolysis, etc., by Robert Newman, M.D.—A New Bandage for Fixation of the Humerus and Shoulder-Girdle, by Charles W. Dulles, M.D.—Eminent Doctors, by G. T. Bettany, M.A. (Camb.), B.Sc. (Lond.), F.L.S.—Histoire du Choléra aux Indes Orientales avant 1817, par J. Semmelink—Alpine Winter in its Medical Aspects, by A. Tucker Wise, M.D., F.R.C.P., M.R.C.S.—Imperial Maritime Customs in China—Medical Reports for the half-year ended September 30, 1884—Report of the Manchester Royal Infirmary and Dispensary, etc., from June 25, 1884, to June 24, 1885—Report of the Chelsea Vestry for 1884—Proceedings of the Geographical Society of Australia in Fitting-out and Starting the Exploratory Expedition to New Guinea—Complete Laceration of the Perinaeum and Part of the Recto-Vaginal Septum, etc., by A. B. Cook, A.M., M.D.—Zur Impfung mit Animalen Lymph, von Dr. Kornfeld, Grottkau—Health Lectures for the People, Vol. VIII.—Clinical Studies on Diseases of the Eye, by Dr. Ferdinand Litter von Arlt, Translated by Lyman Ware, M.D.

#### PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—Journal of the American Medical Association—Revue de Médecine—Revue de Chirurgie—The Dublin Journal of Medical Science—Journal of Cutaneous and Venereal Diseases—Scienze Mediche—The Daily Free Press, Sept. 15, 17, and 21—The Norwood Review, Sept. 19.

#### HOSPITAL OPERATING DAYS.

*Monday.*—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

*Tuesday.*—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

*Wednesday.*—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

*Thursday.*—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

*Friday.*—St. George's (ophthalmic operations), 1½ p.m.; Guys, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

*Saturday.*—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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Dr. Norman Chevers, C.I.E.: On the Diseases of India.

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##### OBITUARY:

W. A. Guy, M.B., F.R.C.P., F.R.S.; Benjamin George McDowell, M.D., F.R.C.S.I.



# MEDICAL TIMES

AND GAZETTE.

No. 1840.

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## INTRODUCTORY ADDRESS

DELIVERED AT THE OPENING OF THE NEW BUILDINGS  
OF THE  
WESTMINSTER HOSPITAL MEDICAL SCHOOL.

By GEORGE COWELL, F.R.C.S.,  
Senior Surgeon to the Hospital.

SIR RUTHERFORD ALCOCK AND GENTLEMEN,—I hardly know whether I ought to be the more gratified or the more dismayed that it has fallen to my lot to deliver the first lecture in this the chief theatre of our new School buildings. In either case my thanks are due to my colleagues for the honour that they have conferred upon me, and although it would have given both you and me greater pleasure to have listened to the Senior Physician of the Hospital, Dr. Sturges, it was his wish that I should occupy this place, and I should ill discharge the duty that has devolved upon me if I did not recognise to the full the importance and responsibility of the task and the difficulty of adequately performing it. Accepting this responsibility with some reluctance, I yet feel that it is no mean privilege to be permitted to inaugurate not the opening of an ordinary winter session, but the commencement of a

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new era in the history of our School. It is both a privilege and a pleasure to welcome within these walls the many old friends who are with us to-day, the past and present students, my former and present colleagues, and the new students who come amongst us for the first time—to welcome you all to the large and commodious buildings in which we are assembled, and to congratulate you on the possession by the Westminster Hospital of a local habitation for its school, worthy in all respects of its high purposes, on the possession of theatres and laboratories, of a museum and a library, in which its career of usefulness to the community at large may be conveniently and successfully fulfilled.

I think, perhaps, that I shall be pardoned if, instead of speaking of the subjects that have to engage the attention of the medical student and the usual topics of an introductory lecture, I speak to you mainly of how it has come to pass that we are opening to-day this excellent new building. I have written a short account of the Hospital and School for the first volume of our Hospital Reports, and therefore it is not necessary now to give you more of the history of the school than is required to establish a few important facts that are necessary to the purpose that I have in view, that of establishing our *raison d'être* in this place.

Although our hospital dates from the year 1719, our medical school was not established until 1834, the year in which the present hospital was opened in the Broad Sanctuary. The first introductory lecture was



delivered by Mr. Guthrie on the 1st of October in that year, and this is the 51st anniversary of it. In the early part of the century the only hospitals that had medical schools attached to them were St. Bartholomew's, the London, Guy's, and St. Thomas's. All the rest of the medical schools in London were private schools, not attached to hospitals, although some of them were attached to dispensaries. Of these private schools there was a large choice. The most famous of them were Grainger's School in the Borough, frequented chiefly by St. Thomas's and Guy's men; the Aldersgate Street School, attended by London Hospital and St. Bartholomew's men; the Great Windmill Street School, founded by William Hunter; the Little Windmill Street School, at which Messrs. Tuson and Guthrie used to lecture; and the schools of Brookes, Dermott Lane, and several others. Students in those days first selected the hospital that they wished to attend, and then the school or schools which appeared to be most conveniently situated in relation to the hospital, or which possessed the most popular teachers. The advantage of an intimate connection between hospital and school only gradually became recognised. Managers of hospitals used to be opposed to the patients being in any way utilized for teaching purposes. How completely this was formerly the case is well shown by the records of our own hospital. Nearly a century before the establishment of the medical school we find a minute forbidding the surgeons "to take any cub or cubs, or receive any fee or reward for admitting any persons to the practice of the infirmary," as it was then called, "their apprentices excepted." The rule was gradually relaxed and then removed. We find the same objection animating the minds of the managers of the large infirmaries of the Metropolitan Asylums Board at the present time, and instead of at least one of these excellent institutions being attached to each hospital possessing a medical school, and periodically used for teaching purposes, a large amount of valuable material, maintained at great cost to the ratepayers, is not permitted to make that return to the community which it would do if it were available for the training of doctors for the service of the public.

But to revert to the period of private schools: a change of feeling was gradually growing, and in the third and fourth decades of this century we not only find all the hospitals establishing medical schools of their own, but two new flourishing schools, University and King's Colleges, soon discovering the necessity of making the circle of medical training complete, and exerting themselves to obtain funds to build themselves hospitals for the express purpose of teaching. Our School was founded in Dean Street by Mr. Guthrie and Mr. Hale Thompson, surgeon and assistant surgeon to the hospital, Dr. Robert Bentley Todd, afterwards the distinguished teacher of physiology at King's College, and several others, and although the Committee of the hospital had sanctioned its being called the Westminster Hospital Medical School, the opposition to it on the part of some of the staff and others was so strong that the Governors on a ballot declined to permit it, and it was therefore called the Westminster Medical School. In 1841, however, the majority of the Governors at last recognised, to quote the words of their own appeal, "the paramount importance of a School of Medicine in connection with the hospital." The school premises were bought up, and from that time to this the school and hospital have been more or less closely connected, the school receiving the name of the Westminster Hospital School of Medicine.

The occupation of Dean Street lasted only fifteen years. In order to carry out the construction of Great George Street and Parliament Street, the Westminster Improvement Commissioners in the year 1848 served a notice of ejectment on the

school, and in the following year Dean Street and its buildings were swept away, and premises were obtained close to Princes Street, not far from the back of the hospital, and here the school was constructed and opened in 1849 with an introductory lecture by Mr. Benjamin Phillips, F.R.S., one of the surgeons to the hospital and the lecturer on surgery.

The school was, however, in three years again homeless. The Commissioners of Her Majesty's Woods and Forests in granting a 40 years' lease had retained the right of terminating it at 12 months' notice if the land were required for Government purposes. That contingency speedily arose, as the Government of the day determined to build the Stationery Office at the back of the Hospital, the site including the school buildings. Fortunately, the Governors of the hospital came to the rescue, and, in spite of very considerable opposition, the school buildings were constructed at the back of the hospital on hospital ground. The third new school was commenced in June, 1852, and was opened in October of that year with an introductory lecture by Dr. Basham. Thus, then, it was that the hospital became the home of the school for the 33 years which terminated with the last summer session. It has seen many vicissitudes, but in its popularity, in the number of its students, in the completeness of its teaching, it has, I venture to believe, steadily advanced in spite of many difficulties. With the increase in the number of the students and the sub-division of the subjects taught, additions to the school buildings became necessary from time to time until the whole of the ground at the back of the hospital was covered with laboratories, and it became apparent not only to the Lecturers of the school, but also to the Governors of the hospital, that any further improvement of the school buildings and any extension of the out-patient and casualty departments were impossible from want of space.

Much has of late years been done by the Governors to improve the efficiency of the hospital. The first step taken, and a most important one, was to improve the nursing. I remember well the opposition and discussions that took place in the Board Room of the hospital on this matter. The nursing, with little exception, was thoroughly bad. A false economy had prevented any increase in the wages of the nurses, with the inevitable result of obtaining the supply from a lower and lower class. It is not surprising that amongst the nurses at that time were found some of the class immortalized by Charles Dickens, who were capable of drinking the patient's brandy, and, if need be, of even utilising the patient's pillow for their own comfort. All this was swept away. The new nurses were women of a higher class, properly trained for their work. The cost of the nursing was doubled at a single bound, but never was money better spent. The advance that has taken place in sick nursing during the last 12 or 15 years has been most remarkable. The work has attracted a class of women than whom none perform their duties with more devotedness, with more zeal, and with more efficiency. I am glad to say that Westminster has profited to the full from this advance. No one was more keen in this reform, or more gratified with its success, than the late Dr. Francis Anstie, whose early and irreparable loss to both hospital and school we have never ceased to regret. But this success was largely due to one who has most ably steered us through the opposition which has threatened all our reforms, one who has truly been the hero of a hundred fights, I mean our Chairman of to-day, Sir Rutherford Alcock. To him our indebtedness in the past is immeasurable, and our thanks may very appropriately be expressed in this building, for without Sir Rutherford's valuable aid these walls might never have been erected.



One reform leads to and necessitates another. Improved nursing required increased accommodation for nurses, and by very contrast made our long recognised sanitary defects more apparent and more urgent of destruction. The next considerable reform that was carried to a successful issue was the series of sanitary improvements effected by means of towers and bath-rooms, the construction of an additional story, the laying down of polished parquet floors and the provision of isolated wards, improvements so well known to Westminster men that I need not occupy your time by describing them. Suffice it to say that these improvements carried out by the Governors and friends of the Corporation from the plans of Mr. Stephen Salter, at the considerable cost of some 18,000*l.*, brought our hospital up to date in sanitary matters, I believe that our wards will now compare favourably with those of any hospital in the Kingdom. They are as healthy and as airy as is possible in a hospital surrounded by a large population.

These improvements rendered the wards for the in-patients, and the accommodation for the nurses all that could be desired, but little or nothing had been done for the out-patients and medical school. These two departments were literally hugging each other to death, and their defects were rendered only more apparent by the improvements already effected. It was evident that room for growth must be obtained for both in the only way that was possible, viz., by the purchase of a site outside the hospital for the accommodation of the school, and the utilization of the space vacated for the construction of a convenient out-patient department.

The proposal to purchase a new site was first publicly announced by H.R.H. the Prince of Wales, who, when presiding at a dinner held at Willis's Rooms, five and a half years ago, described the defects of both out-patient rooms and school buildings. Again a large majority of the governors took up this question, and generously supported the appeal that was made for funds. There was some delay in finding a suitable site, land being very dear in Westminster. We long entertained the hope that a site sufficient for our purpose might have been obtained at a reasonable cost in Princes Street, close by the hospital, and there are several reasons why this position would have been desirable. At last, the site on which we are now assembled was offered to us. It is five minutes walk from the hospital, and close to the site in James Street and Castle Lane, occupied for 101 years by the old Westminster Hospital. Although it is a little further from the present hospital than some of us desired, still its size and situation had much to recommend it, and the freehold was secured by the hospital for about 4,600*l.*, the school and staff, however, contributing largely towards it. The next step was, of course, to get plans and a rough estimate of the cost of the required building. These were supplied by Mr. Salter, who had previously most kindly discussed other sites with us, and had even submitted plans for one or two of them, and we found that our building would probably cost some 9,000*l.* in addition to the cost of the site. This was a serious outlay to face. The President and Governors of the hospital have most generously helped us to raise a good part of it, and the rest will be lent to us at a moderate rate of interest, and our thanks are due to all who have helped us, either as contributors, or as members of the House Committee, and they are especially due to His Grace the Duke of Westminster and to Sir Rutherford Alcock, and the other members of the Building Committee who have helped us to carry our work to a successful issue. I am sure that the whole of the Governors are now thoroughly alive to the advantages of having a medical school attached to the hospital,

that they recognise the fact that the more efficient the medical school can be made, the more efficiently the work of the hospital will be performed, and the better resident officers, and dressers and clerks they will get. Both hospital and school will be great gainers by the opening of this building. The governors will at last be enabled to construct an out-patient department worthy of the institution. The required new buildings will not only afford greatly extended accommodation for out-patients and casualties, but also space for a new chapel, and more rooms for the use of resident officers and nurses. The hospital has raised only a small portion of the 8,000*l.* that will be required for the erection and completion of these proposed buildings. The governors of the hospital have done so much for us, that I should be indeed glad if some old pupil or friend of the school could be the means of obtaining a substantial part of this sum. Even our own wants are not yet satisfied, although they must be second to those of the hospital. The school has many expenses and scholarships, which have to be met before the teachers, however hard they may work, can receive one penny of remuneration. Its expenses will be largely increased in this place. It does not possess, like some of the larger schools with which it has to compete, any endowment, except for a few of its prizes, and an endowment fund of some 5,000*l.* would place our school in a satisfactory financial position. There is one other addition to the hospital which is very near my heart, and I will take this opportunity of making it known, viz., a home in the country, not too far away, for our convalescent patients. There are many persons who take great interest in this class of institution, and if their attention could be drawn to this want of ours, an immense boon might be conferred upon many of our hospital patients.

I must not omit to say a few words about the excellent building that Mr. Salter's admirable plans have provided for us. Mr. Salter had several difficulties to overcome, one being the peculiar shape of the site. His object has been to give us a compact, conveniently arranged, moderately sized building with a maximum of light and air in its various rooms, and especially in the laboratories and theatres. I think that your verdict to-day will be decidedly a favourable one. There are two theatres besides the one in which we are assembled, one seated for 60 students, the other for 50. The dissecting room is well proportioned, and being at the top of the building is light and well-ventilated. The museum, I think Mr. Salter will tell us, is the feature of the building: it adjoins this theatre, and I will leave you to judge for yourselves as to its merits. I will only say that it is a great contrast to the museum that we have vacated in the hospital. The laboratories, and especially those for histology, are splendidly light. The committee room and the library are large handsome rooms, and the rooms of the students' club, where meals can be obtained without leaving the building, and which will be set apart for the social work of the institution, just as all the rest are intended for genuine hard work of a more strictly scientific kind. I may add that the building has been constructed solidly and well by the contractors, Messrs. Higgs and Hill. I trust that this brief description of our new building will convey to you the idea of one harmonious whole, sufficiently extended to prevent departments in any way clashing, and yet presenting the compactness of a small school, a characteristic which I trust that Westminster will ever retain.

And here let me pause for a few minutes to remind the younger students, and especially you who are entering upon your medical career to-day, that the comfortable and convenient arrangement of our new building and the hygienic condition of the rooms are



matters of great importance to you. This building will, to a great extent, be your home for nearly four years. With the exception of the vacations, you will spend the greater part of every week-day in it. You will know every part of it, acquire a preference perhaps for certain rooms associated with favourite branches of study. Let me advise you to regard it as a home, and to remember that the years that you spend in it will be the most important in your lives. I think it is Southey that says that, "Live as long as we may, the first twenty years form the greater part of our lives. They appear so when they are passing; they seem to be so when we look back to them; and they take up more room in our memory than all the years which succeed them." It is the last portion of that period which you will spend here, and it is worth remembering that your subsequent career, your success in life, will depend very much upon the way in which you utilise them, the extent in which you succeed in making yourselves at home in this place. Introductory lecturers are wont, on these occasions, to speak of the nobleness of the profession upon which you are about to enter. I will give you credit for having already formed a high opinion of that profession; but whether or no you expect to deserve the description given by Homer to Machaon, one of Agamemnon's surgeons, when he called him *ισόθεός φῶς*, you will approach more nearly to the god-like light the more completely you utilise the four years that you spend in this place.

There are two qualities that will help you more than any others not only to ensure your own success, but to uphold the dignity of your profession. They are *enthusiasm* and *chivalry*. Let me begin to-day to inspire you with *enthusiasm*, enthusiasm for the profession that you have chosen; enthusiasm in the lecture room, in the laboratory, and at the bedside. I believe that one reason why teaching by lecture has held its ground, and especially in medical schools, is the necessity for the personal communication of enthusiasm from the teacher to the taught. The best lecturer is he who has a power of creating enthusiasm in the individuals of his class, a power which is unequally distributed, but which all teachers should cultivate because of its extreme importance. Enthusiasm will attract you to work at once, and prevent the wasting of the first session, a loss which you can never make up. Enthusiasm will lead you to study to the very bottom of each subject that you take up, whether it be in natural science or in the more practical subjects, the pathological and clinical study of disease. Enthusiasm will enable you to estimate the proportionate value of these branches of study, and whilst leading you to secure every opportunity of studying pathology, will also prevent the fascinations of pathology from over-shadowing the cultivation of clinical observation. It is well to recollect that the duty of a physician is not merely to scientifically explain disease, important as this unquestionably is, but it is also to cure disease, or at all events to alleviate its distressing results. It is too much the fashion of the schools to forget this. Science and pathology are most valuable means to an end, but they lose half their value unless they be supported by a sound clinical and therapeutical experience. It is through such experience only that the facts that pathology teaches can be applied to the advantage of mankind.

Of equal importance with a spirit of enthusiasm is the spirit of *chivalry*. Do not think that chivalry is extinct. As exercised by the knights of old, by a Lancelot or a Douglas, it may be; but much of the principles which guided them ought to guide us, for to no profession or calling is the exercise of such principles more becoming. Chivalry means sympathy with suffering, fearlessness of danger, prodigality of

trouble, forgetfulness of self. I am proud to think that these are characteristics that adorn many a member of our profession. Even public acts of chivalry are by no means rare. Many an army-surgeon has won the distinction of the Victoria Cross. It was only the other day that Dr. Rabbeth, the house-surgeon at the Royal Free Hospital, lost his life by applying his lips in a case of diphtheria to a tracheotomy tube which had become blocked immediately on its introduction. Without discussing the question as to whether it was the right means of freeing the tube, we cannot but be proud of such an instance of professional heroism and forgetfulness of self.

One other instance that I will mention, occurred at the unfortunate battle of Majuba Hill. Arthur Jermyn Landon, a young army-surgeon, whom I knew well both as a boy and as a student at St. Bartholomew's Hospital (I wish that he had been a Westminster man), was wounded by a rifle bullet through the spine. His lower extremities were completely paralysed, and he knew that he had not many hours to live. Whilst lying upon the ground in this condition, he heard a wounded soldier, not very far from him, groaning in great pain. Landon, mortally wounded as he was, dragged himself along the ground to the side of this poor fellow, and administered to him a hypodermic injection of morphia with the effect of giving rapid relief to his suffering. This, again, was something more than chivalry, it was the grandest heroism. Sir Spencer Wells, who alluded with pride to this occurrence in the last Hunterian oration at the College of Surgeons, said also that Landon's photograph had found a cherished place in the photographic album of the Queen.

Gentlemen, it is not necessary to allude to such noble examples as these to show that there are higher reasons for enthusiasm in our work, higher reasons for seeking proficiency in our calling, than the desire for mere individual pecuniary success. The relief of suffering, the exploration of truth, the acquisition and extension of knowledge are each an inspiration. Professional success doubtless is a truly laudable object to have in view. Do not think me so Utopian as to believe that this can often be other than the main object in our choice of a profession. But I assert that this very object will be best and most easily attained by the possession of a real sympathy with suffering, and a genuine desire to attain and use the best knowledge within our reach for its relief. It is a miserable view to take of our profession to look upon it, to use the words of Francis Bacon, as "a shop for profit and sale, and not as a rich storehouse for the glory of the Creator, and the relief of man's estate." This, then, is what I mean by the chivalry of our profession. It is a spirit which will not only give us a zest for our work, and diminish the tendency to be always putting a money value on the aid that we are able to give, but it enables us to exercise our profession in some small degree in the spirit of the Great Physician, Who has promised that love to one of the least of His, is very love to Him. There is one other reason why chivalry is worth cultivating. It is an efficient check to carelessness. It has been truly said that more blunders in practice result from want of pains than want of knowledge. A full sympathy with our patients will render such mistakes impossible.

If I may offer you one other piece of advice, it is to cultivate some subject of interest outside your profession. It is difficult to exaggerate the advantage of this. It is the necessary tendency of the course of training for any particular profession to throw the mind into a narrow groove. You can only obtain that healthful variety so essential to the perfect health of mind and body, by seeking some other pursuit, such as cricket and football, for your muscular exercise, and



the study of some branch of art, of music, of history, or even of some special branch of science to exercise and expand your mental powers. The great object is to cultivate and exercise those powers and thoughts that are not exercised in your special work. It is only in this way that you can secure a breadth to your powers of mind and to your methods of looking at even the subjects of your own profession. With some such occupation your very holidays and intervals of recreation will be rendered more enjoyable, and made to contribute in no small measure to the culture of your whole being. Many of our profession neglect healthful recreation of this kind, and yet they are the very men to whom the reading of poetry and works of imagination, as well as one or other of the fascinating objects of study above mentioned, would go far to relieve and render harmless the vexations and anxieties of professional work. It has been well said that it is by careful culture such as this that we come to recognise the presence of emotions, yearnings, aspirations of our spiritual nature.

"We live by admiration, hope and love ;  
And, even as these are well and widely fixed  
In dignity of being, we ascend."

I have been carried into a digression of greater length than I had intended, but at least I have the satisfaction of feeling that I have discharged a duty, that of saying a few earnest words to show how our new students may pursue a real education and make themselves doubly welcome to us. Let me now return to our new school buildings. It may be asked, it has been asked, why, in the present unsettled state of medical education, have you expended this large sum of money in constructing these new buildings? Why, when a strong desire has been manifested to separate the early scientific portion of the curriculum from the later more practical portion, did you not organise yourselves into a practical and clinical school, instead of seeking to provide yourselves with all these new rooms for teaching Anatomy, Physiology, Biology and Chemistry? There is an old proverb that threatened men live long. It possesses a ten-fold force when applied to institutions. When I had the honour of delivering the introductory lecture in the old theatre, twelve years ago, I ventured to use the following words: "I trust that the day is not far distant when the College of Natural Science will be distinct and separate from the Medical School. A few colleges in London would suffice for teaching Anatomy, Physiology, Chemistry, Natural Philosophy, Zoology and Botany, and then the hospital school proper would not be entered until the student had become more or less well grounded in the subjects I have named, and had passed his primary examination." Twelve years ago this opinion was held by a few. It is much more widely held now, so far as separating the primary science subjects from those that are more strictly medical is concerned, and there is a strong desire for a regulation compelling the student to pass in the former, before commencing the study of the latter. The feeling, however, in favour of confining the teaching of the primary science subjects to a few large colleges is passing away with the necessity.

The reason for this is that the character of the method of medical teaching and learning has been progressively changing. Formerly, in the absence of books, and when theory rather than practice held full sway, the simple method of lecturing had to suffice for the conveyance of information to the student. It was, in short, his only method of learning. But now that cheap—often too cheap—literature has opened up a fresh means of acquiring information; it is to his text-books rather than the lecturer that the student too often turns. Admitting, as I am bound to do, the value

of such books, I cannot, however, assent to the proposition that lectures can be replaced by them; rather are they accessories to the professor and his course. Though leaving the necessity, if possible, stronger than heretofore, that the lecturer should be of the very best, it nevertheless does not prevent the possibility of a small school furnishing as good, or at least proportionately as large, a staff of capable lecturers as the larger institutions. Again, next to the abundance of text-books is the extended method of teaching by demonstration. Every subject has now its practical class, and the demonstrator, formerly found in the anatomy class only, is the right hand of almost every lecturer. Now, surely the method of demonstration and tutorial teaching is from the nature of the case self-limited. Whilst a lecturer may address his hundreds, the demonstrator and tutor must be confined to his tens, and for such purposes a staff of assistants often drawn from the larger colleges may without much difficulty be secured, leaving the smaller school in this respect no whit inferior to its more extensive neighbours, rich though they be in laboratories and plant. It may be said further that the desire of studying natural science is so rapidly extending that medical schools having the necessary laboratories and plant, such as ours now possess, will have to admit science students to some of their classes, or establish special classes for their accommodation.

It has been said that there are too many medical schools in London, and that their numbers should be diminished by closing the small schools or by the union of those that are contiguous. From the arguments that I have already advanced, it will be seen that this statement now obtains, and that with a progressively diminishing force, only so far as the systematic science lectures are concerned. It is only in these that there is any advantage in large classes, whilst small classes are essential for all tutorial, practical, and clinical teaching. A few years ago it happened that a number of the chairs in this School were vacant at the same time; and it appeared to a few of us to be a favourable opportunity, not likely to occur again, of ascertaining the possibility of such an amalgamation. The idea seemed at the time to be a right one, and it was undoubtedly wise to avoid the great expense of a site and building, although in many respects amalgamation was opposed to our own interests. Before filling up our vacant chairs, therefore, a few of us took steps to ascertain the feeling of a few leading members of the staff of a neighbouring large school. The overture was by some favourably received, but it was soon found that many private interests stood in the way of a union which was only possible if approached in a public-spirited manner. I only mention this attempted negotiation to show that the question of fusion had not escaped us, and that we had not been blind to the probable advantage of large classes for systematic teaching with a double set of demonstrators, clinical teachers and clinical appointments.

One of the strongest arguments in favour of the annual delivery of introductory addresses at the medical schools, is the value of the opportunity which it affords of saying a few words on questions of public interest and importance. As a profession we have few occasions of public speaking. We give our advice to individuals, and but rarely to communities. The busy lives of medical men and the nature of their vocation prevent their taking much active part in public questions, and lead them to avoid pressing forward their opinions in the council room or in the public press. But deliberative assemblies require medical advice and guidance in many social and sanitary questions. It would be well if medical men everywhere recognised their duties as citizens, and took an active part in the ordering of their towns or parishes. Membership of



the House of Commons is not compatible with a busy practice, but that assembly wants a larger infusion of medical knowledge. There are many defects in the laws relating directly or indirectly to public health, which might probably have been avoided by the aid of a greater medical experience. Professor Virchow is a most able and useful member of the German Parliament, and I am glad to see that Mr. Erichsen, after having obtained every possible honour as a surgeon, is seeking a seat in the next House of Commons. Apart from any political side that he may take, he cannot fail to prove a most useful member.

It is impossible at the end of an introductory address to enter upon the many questions relating to public health in which improvement is required, and in some of which this country is far behind others. The water supply, the drainage of towns, the dwellings for the poor, the cleansing of our houses and streets, the isolation of infection and medical relief, are all questions of national importance about which medical men ought to speak with no uncertain voice.

There is one important question which has of late been exercising the public mind, that of the restraint of lunatics. Not only have several actions against medical men for signing the necessary certificates been won, and in some of them damages obtained, but an action against the master of a workhouse for detaining a supposed lunatic was also sustained. The immediate result of this litigation has been to strike with something like dismay those who have hitherto been expected and willing to incur the responsibility of certifying as to the mental condition of persons of unsound mind, and of such as required to be detained under care and treatment. The result in the future seems likely to be disastrous. The law no doubt requires alteration in many respects, but it is important that no lunatic should be confined except on a medical certificate, whatever other safeguards it may be thought proper to add. But whilst "it is important that personal liberty should not be improperly interfered with by any abuse of the power," the exercise of the power is so important to the community that it has been held that "the medical man should not be held responsible for any mere error of judgment." In the fear of the former, judges and juries seem to have lost sight of the importance of the latter. Without convicting medical men of having acted improperly, they have failed to protect those who seem to have acted honestly and with due care. Under these circumstances can medical men be expected in future to sign certificates? I fear that they will require a large amount of public spirit to do so without a deed of indemnity from the responsible friends of the patient. And will not the result be, that many who are dangerous to themselves and others, and many who, in their own interests, ought to have a chance of recovery by being placed under proper treatment and care, will remain at large? This is no imaginary difficulty. It has already become a real one. But this is not all, for the remedy in such cases has been for the time destroyed. Lunatics found in a public place without proper attendance were at once removed by the police to the nearest workhouse, with a view to their detention until they could be drafted off to an asylum, but after the recent case, no master of a workhouse dare admit such a lunatic within his walls. A short Act was passed at the end of last session, to legalise the detention of wandering lunatics, but it will be some time before confidence is fully restored. This is not the time to discuss so large a subject as the reform of the law of lunacy, but I hope that our profession will have an opportunity of being heard, as it has much to say in mitigation of existing defects, and the dead-lock

into which those defects and the courts together have brought us.

There is another subject to which I will ask your attention for a moment—the great risk which is daily run by the travelling public from the defects of colour blindness. In travelling by rail and sea, we place our lives in the hands of pilots and sailors, of guards, engine-drivers, and signalmen, who are obtained from a class of men of whom over four per cent. are colour blind, that is, unable to distinguish between red and green. As these are the colours generally in use in signalling on both ship and rail and by night and day, it may easily happen that a danger signal is unobserved, and a lamentable accident, resulting in the loss of many lives, be the consequence. The frequency with which danger signals were overlooked led Professor Holmgren to bring this matter before the Swedish Government, and that country has set the example, which ought to be followed by all others, of enforcing a careful examination of the colour perception of every candidate for posts in which the power of correctly interpreting signals is essential to the safety of life. Beyond the establishment of a rule of examining their employés by two or three railway companies, no steps have been taken in this country, and the government can hardly escape some responsibility for the lives that are daily risked and often lost by the neglect.

Several interesting facts with reference to the prevalence of colour blindness were ascertained by an enquiry that was instituted five years ago by the Ophthalmological Society of Great Britain. Colour blindness is rare amongst women, only four in a thousand (.4 per cent.), and even in these the defect is very slight. Amongst men the defect is much more pronounced, occurring in 2 per cent. of the educated class and 4.16 per cent. of the artisan class, or taking men generally 3.5 per cent. These defects are usually inherited, but are very much a matter of the education of the colour sense. These two facts are supported by the rarity of the defect in girls who are early brought in contact with colours, as their mothers were before them, and by the prevalence of colour blindness in isolated classes. Thus amongst male Jews the average is 4.9 per cent., amongst male Friends 5.9 per cent., amongst the deaf and dumb 13.7 per cent. As a rule, the poorer the condition of life the higher the average of colour blindness. There would seem to be indicated, then, a twofold remedy: the education of the colour sense in our elementary schools, and legislation to prevent the employment of the colour blind on our ships and railways.

There is a question which has of late been agitating the London medical world, I mean the establishment of a medical degree for the great mass of the London men. In Scotland the majority of students take the M.D. or M.B. degree. There are four Universities, whence men of average ability can obtain them: those of Edinburgh, Glasgow, St. Andrew's, and Aberdeen. In Ireland there are two Universities conferring these degrees: the Dublin University whose degrees are of a high standard, and the Royal University whose degrees are like the Scotch degrees, attainable by the rank and file of the profession. In London we are very unfortunately situated in this respect. The degrees of the University of London are of a high order, and deservedly so. I am quite willing to admit that the University of London has done much to raise the standard of medical and scientific education, still I think it would be greatly to the advantage of that body, and to the diminution of cramming, if several alterations could be made in its regulations such as a diminution in the number of subjects required for the matriculation, a decided relaxation in the severity of the preliminary scientific examination, and arrangements for holding most of the examinations twice or



even thrice a year. But even if these improvements could be carried into effect, the standard of these examinations is of a high order and beyond the power of the average student without expensively prolonging the period of study. Of late years men have been getting discontented with the titles M.R.C.S., L.R.C.P., and there has been a growing desire amongst them to obtain a University degree. If they do not possess the ability and industry or the long purse required to secure a degree of the University of London, where are they to obtain one? It may be said that they do not deserve to have one; but it must not be forgotten that they see their brethren obtaining degrees with facility in Scotland and Ireland, and even in Durham and Manchester in this country. I maintain that the examinations of the Colleges of Physicians and Surgeons in London are together equivalent to the examinations of most of the Universities that I have mentioned, and yet they confer no degree, only a long array of mystical letters, whilst the equivalent Universities confer the coveted degrees. Is it fair to the students, to medical education, to the valuable museums, libraries, and medical schools of London, that this anomaly is permitted to exist? Is it not surprising that it has not been removed long ago? Three schemes are at present before the profession. (1) The very simple one of conferring upon the two colleges jointly the power of granting the degree of M.D. to those who have passed the conjoint examination. (2) The establishment of a teaching university with the power of regulating the teaching in four faculties and of granting ordinary degrees in them. (3) The institution of a third division at the examinations of the University of London, the first and second divisions being of the same standard as at present and the first considered as conferring honours. I think that it would be highly advantageous if both the first and second of these schemes could be carried into effect. The material in London for teaching Law, Science, and Arts, as well as Medicine is so vast that there is room for several universities side by side. There are several in some of the capitals and large cities of Europe, and we have seen that in Dublin there are two, and it is idle to suppose that one university can be sufficient for the largest city in the world and the centre of a thickly populated country. It is mainly because there is only one, that there is a tendency for students to go elsewhere for their medical degrees. I have already expressed my opinion of the University of London, and would strongly deprecate in any way watering down its degree examinations and therefore the value of its degrees. I would rather see established one or more universities of a less exalted pass standard. Such a course would give an immense impetus to teaching. I do not believe that the University of London would in any way suffer from the competition. Men of ability would continue to seek degrees of the higher value, and the increased number of students that would be attracted to London would directly benefit the old University. There need be no difficulty in the choice of a name. Westminster is known as widely over the civilized world as London, and a University of Westminster would speedily wrap itself in some of the most cherished associations of the country. The Dean and Chapter of Westminster and King's College would greatly extend their influence by the establishment of such a University, and the medical and other schools in and around Westminster could not fail to be benefited by an association with it.

But, gentlemen, I have done. I have said sufficient to show that there is a vast field of enterprise for the medical statesman. I fear that I have wearied you with the length of my remarks, but, on an occasion like the present, one is addressing a far larger audience than is gathered within these walls. I must, in conclusion, ask

you who have kindly listened to me to accept my thanks for your patience and attention. To all our students, I desire in the name of my colleagues to express a hearty wish for your success, both here and in the future practice of your profession. I trust that it may be an object with you all to strive to be a credit to the school of your adoption. If you keep this in view you will not only succeed in your work, but you will secure what you will value in after life, the esteem both of your teachers and of your fellow students.

As it is our wish that this may be realised by each one of you, so I am confident is it yours, that commencing under the happy auspices of to-day, this school in its new home may flourish.

Floreat Schola Medicæ Nocosomii Westmonasteriensis.

## INTRODUCTORY ADDRESS

DELIVERED AT THE OPENING OF THE MEDICAL SESSION  
AT THE MIDDLESEX HOSPITAL.

By J. KINGSTON FOWLER, M.A., M.D. Cantab.,  
Senior Assistant Physician to the Hospital, and Lecturer on  
Pathological Anatomy in the Medical School.

GENTLEMEN,—In appearing before you as the representative of my colleagues to address you at the beginning of another session of work, I cannot but feel the responsibility and difficulty of my position. Responsible it is; for, meeting many of you as I do to-day on the threshold of your student life, I might, had I the gift of eloquent speech, influence you for good throughout its course; difficult, because the frequent recurrence of the occasion has well nigh exhausted the topics which suggest themselves as suitable to it.

Let me at the outset offer you a hearty welcome to the school which you have chosen as your medical *alma mater*, a school which, if not in point of numbers among the first, in the earnestness of its teachers and the opportunities it offers you for obtaining a thorough and practical knowledge of your profession, stands second to none. To those who have to-day cast in their lot with us I would say that, whilst on our part no effort shall be spared to fit you for the work that lies before you in the future, we look to you by honest work to do credit to your teachers, and by your conduct worthily to maintain the reputation of our school.

We have met to-day to celebrate a golden wedding—the union of the Middlesex Hospital with its medical school—for in October, 1835, fifty years ago, the medical school of this hospital was opened by an introductory address by Sir Charles Bell, one of its distinguished founders. It was a union of autumn with spring, but, happily, the leisure of fifty years has given no cause for repentance on either side; domestic differences have, no doubt, from time to time arisen, but no serious rupture has ever occurred in those friendly relations which have throughout existed between the authorities of the Hospital and Medical School, and which were never more cordial than at the present time. For this we are much indebted to the representatives of the Governors, and, without a tinge of flattery be it said, to none do we owe more than to the gentleman who now so ably and courteously fills the office of Chairman of the Weekly Board.

The harmonious co-operation of the various elements which are associated in such an institution as this is secured by the sphere of action of each being well-



defined; the lay element, supreme in all matters of administration, the medical body consulted and deferred to on those subjects on which it alone can speak with authority, the nursing staff no "imperium in imperio" claiming independent action as part of a distinct profession, but occupying a position of honourable subordination. You do not need to be reminded to whom we are indebted for the efficiency and harmony which prevail in that most important department of the hospital.

It seems fitting that at this fiftieth anniversary of our foundation we should at least recall the honoured names of those to whom we owe our existence as a school. One, James Moncrieff Arnott, the Nestor of the profession, has but lately passed over to the great majority at the ripe age of ninety-one years; another, Sir Thomas Watson, the Macaulay of medical literature, preceded him by a short time only. Arnott was appointed Assistant Surgeon to this Hospital in 1831, and Surgeon two years later; Watson became Assistant Physician in 1827, both whilst holding office here were appointed to Professorships at King's College, a school which, though it has taken from us of some of our ablest teachers, has given to us others not less distinguished. A third, Alfred Shaw, still remains one of our consulting surgeons, a good friend, to whom our museum owes much, and who, as I lately found, notwithstanding his years, still takes a lively interest in everything connected with the scene of his former labours.

Our founders do not appear to have had any very lofty aims in view, for Sir Charles Bell, in the address to which I have alluded, states that the school was established in order to counteract the effects of a rival party, who had deprived of its pupils the Middlesex Hospital, the Governors of which were no sooner fully informed of the fact than they enthusiastically came forward and supplied the funds necessary to institute a medical school in connection with the Hospital. In one of the medical journals of the time some further light is thrown upon our birth by the following not too friendly notice—"The amount of the fees received at the Middlesex Hospital has diminished so greatly since the opening of the hospital of the London University that at the last division of profits only about fifty pounds a-piece fell to the share of the medical officers. The energies of these gentlemen have accordingly been roused, and being feelingly sensible that a reaction in favour of Middlesexism is impossible in the absence of those lectorial temptations to the student which are held forth at all the other hospitals, a plan has been arranged for the formation of a school connected with the charity." The reference to "lectorial temptations" reminds us of the stormy opposition which attended the institution by the licensing bodies of compulsory courses of lectures.

But, gentlemen, it matters little to us at the present day what were the motives which actuated the founders of our school. Had they been as lofty as apparently they were mundane, it would not have endured had it not proved itself no mean rival of those older and more wealthy institutions with which it has had to compete. That it has endured, and that to-day finds it more prosperous, and with a larger number of students than at any previous period, is the best tribute that can be given to the wisdom of its founders and the earnestness and success of its teachers.

Sir Charles Bell, in his introductory address, referred to the evidence which he had lately given before the Parliamentary Committee on Medical Reform, and on turning to the report it is curious to note how many subjects which at that time agitated the medical world, and which were discussed in the medical press with a warmth and wealth of epithet compared to

which the style of the present day is but as iced milk and water, remain still unsettled.

One of the first questions put to Sir Charles Bell was, "Do you approve of the present mode of choosing the members of the Council of the College of Surgeons?" The answer was, "Upon the whole I by no means approve of it." Sir Charles supported those who wished that every Member should have a voice in the election of the Council of the College. Whether, however, if he were now alive he would support the present agitation is not so certain, for the point in dispute, though similar, is not quite the same.

The germ of what is now called the one-portal system, and which seems by-the-by likely to remain for ever only a germ, was at that time present to some minds, for we find one member of the Committee asking whether two boards or one are the fittest in point of number to examine candidates for general practice. With the answer given we shall, I imagine, nearly all agree: "I see no necessity for more than a single Board."

Here is another question put to Sir Charles Bell which touches on a question still of much interest to physicians: "Is there any such marked distinction between the practice of the physician and surgeon as the names would import?" "Is not a large share of the practice of most of our eminent surgeons in reality medical?" The answer was, "Most of us take it as the stream flows. The public does form strange opinions and inferences, and they will make a doctor out of a surgeon in spite of all distinctions and designations." This recalls to one's mind Lawrence's celebrated definition of a surgical case as "a patient with a guinea in his pocket."

The public are as little able now as of yore to distinguish a physician from a surgeon, for should a junior member of the former class hint to sympathising ear that (probably owing to the prolonged activity and very moderate honoraria demanded by his seniors) his own great talents have not met with that ready recognition which is their due, he is consoled with the suggestion that an ancient dame of fabulous wealth may some day have the misfortune to break her leg hard by his door, when his fortune would be assured. I confess that to me it has always seemed easier to say where medicine ends than where surgery begins. Chronic bronchitis is a well-known surgical affection; measles is, I believe, at times included.

I must quote yet another question which occurs in this examination. Sir Charles Bell was asked, "Would it be desirable in your opinion that there should be a Board appointed in London to confer medical degrees with power to grant the license to practice, or should there be two distinct bodies having these separate duties entrusted to them?" Strange, indeed, that after such a lapse of time this should in nearly the same terms be the burning question of the day.

From many quarters there comes a demand that greater facilities should be afforded to the students of the London schools for obtaining a degree in medicine, and various schemes have been proposed for meeting this want. Year by year an increasing number of English students are leaving the London schools and betaking themselves to or beyond our northern border, whence in due course they return, having by "no immoderate exercise of intellect or learning" acquired an university degree, whilst others no less able or diligent who study in London find themselves at the end of their curriculum with the diplomas of the Colleges of Physicians and Surgeons, distinctions which in my humble opinion are just as honourable, and the possession of which affords as good a test of a man's professional ability as the degrees I have alluded to. But, unfortunately, it is said that the public cannot be got to understand this, and show an undue apprecia-



tion of the holders of titles. This complaint comes no doubt chiefly from the provinces, where competition appears to those who are struggling to be the keener, because their knowledge of each other and of their possible clients is more intimate.

London, with its vast population, undoubtedly affords opportunities for the study of disease which are unrivalled and unapproached by any other place in the kingdom, and it cannot but be a source of regret that students should be attracted from such a centre of clinical teaching by the temptation held out to them elsewhere of obtaining a degree upon easy terms. The amount of learning to be required from a candidate for a degree in medicine must, so long as there are many universities, remain a purely arbitrary quantity to be fixed in each case chiefly by the examiners. If the standard be a very high one it is obvious that it can only be attained by the few who require but little incentive to work; the many, seeing that the task is beyond their powers, will content themselves with some inferior title. Such an university will attract the one able man, but it will leave untouched the ninety and nine, many of whom, could they have caught but a glimpse of the goal before them, would have striven for the prize of a degree.

The older universities have wisely solved the difficulty of retaining at the same time the allegiance of talent and mediocrity by fixing such a standard for the ordinary degrees as shall place them within the reach of men of average merit, whilst in their honour examinations full scope is given for the display of abilities of a higher order. The value of honours and degrees in medicine as in arts is and will probably for long remain a matter to be determined by the judgment of the initiated; the general public are as ignorant on this as on all other subjects connected with the profession, and as little able to estimate the value of a degree as that of the various opinions they may receive about their ailments from different medical men. The under-graduate who, having come out of the mathematical tripos at the head of the junior optimes, the lowest class, informed his father that he had taken the highest place open to him, as he was not old enough for the senior optimes, and all the wranglers were married men, had very accurately gauged his parent's probable knowledge of such matters.

University honours and degrees serve to fix a man's place in the profession in the early part of his career, and are rightly considered when he is in competition with his fellows for any post of honour, in which case we look not only to his degree, but from whence he obtained it, and where he was placed in the class lists, and he receives full credit for his attainments, but beyond this such distinctions are of small value in themselves, and their possession will as little ensure success in medicine as in any other profession. For this, qualities of a very different and perhaps less distinguished order are necessary, and it often happens that the man who in his youth was unable to master more than a very limited amount of mathematics is found far ahead of the senior wrangler in the practical business of life. There may perhaps be something in the mathematical mind that is antagonistic to the world and its trivial round, for it is said, I know not with what truth, that on the rare occasions when great mathematicians unbend at the festive board, a favourite sentiment is "May pure mathematics never be of any use to anybody."

I confess that I am not one of those who wish to see every one in the profession the holder of a degree in medicine, for if the acquirement of this distinction is to be so facilitated that its possession is to become universal is it not obvious that it will cease to have any value?

Already we hear suggestions that hospital physi-

cians should cease to use the title of "doctor," a proposal which has something to recommend it, for, if it did nothing else, it would at least relieve one from a good deal of that painful and unremunerative therapeutic process which is known to our legal friends as administering an interrogatory. In this matter it has always seemed to me that the surgeons enjoy a great advantage; they are not on a casual introduction at the mercy of any hypochondriacal individual who desires their opinion on the latest and most extensively advertised nostrum, or with unconcealed satisfaction relates the last supposed triumph of a noted boue-setter. That such a change as this is by no means impossible was lately made clear to me when staying with one of the best known practitioners in a large town, the possessor of the coveted title from the highest source. On my remarking that he did not use it to attract the attention of the casual passer by in the manner which custom has unfortunately sanctioned, he replied, "No, all the decent men here call themselves Mr.; it is a distinction."

"Very curious is it," says Trench, "to watch the varying fortune of words, the honour which in tract of time they exchanged for dishonour, the extent to which it has fared with them as with persons and families, some having improved their position in the world and attained to far greater dignity than seemed destined for them at the beginning, whilst others in a manner quite as notable, have lost caste, have descended from their high estate to common and even ignoble uses. Titles of dignity and honour have naturally a peculiar liability to be some lifted up and some cast down." Notwithstanding that I feel strongly that the present rage for titles and degrees is an evil, I am convinced that it is a still greater misfortune that for the sake of a degree a student should be attracted to a school where clinical teaching can hardly be said to exist, or where the chances are nearly a hundred to one against his obtaining a resident appointment, without which, in my opinion, no man can be saved from great ignorance. We should cordially welcome any development of scientific teaching which, whilst tending to bring the profession into closer relations with the older universities, gives promise of our regaining that wide culture which was the distinguishing merit of the older school of physicians, and offers the advantage of social intercourse with men pursuing various branches of learning.

It is, however, much to be hoped that the authorities of these schools will be animated by the same wise views which have regulated the most recent development of this kind at the University of Cambridge, and will not be induced by their success in the teaching of the natural sciences to commit the great mistake of attempting to found complete medical schools—centres of scientific work they should be, but centres of clinical teaching they can never become. Let us hope that the full discussion of the various schemes which are now before us will result in the institution in London of a medical degree which shall maintain in the purely professional subjects the high standard of the older universities, and for which the requirements in the collateral sciences shall not be beyond the reach of men who are fully worthy of such a distinction.

The coming session marks the beginning of important changes in our curriculum intended to meet the requirements of the Conjoint Examining Board of the Colleges of Physicians and Surgeons. One of these, the foundation of a Lectureship in Practical Medicine, is to me a source of peculiar gratification, for I have long urged the necessity of such a step, and I feel sure that in the able hands of my colleagues, Dr. Coupland and Dr. Douglas Powell, it will be the means of removing the reproach under which, I fear, this, in common with other medical schools, has lain of



sending many men into the profession almost ignorant of medicine as distinguished from surgery. For this the College of Surgeons has much to answer, in that for many years it maintained a ridiculously inadequate examination in medicine. Happily now that it has thrown in its lot with the College of Physicians, a change has come o'er the scene, and the examination in medicine will cease to be what was little more than a farce. I well remember that in my student time the casual perusal of portions of a small black-bound manual with red edges, and the aid for an evening or two before the examination of an experienced coach, were considered quite sufficient preparation to justify a man in presenting himself at the College of Surgeons with some confidence as to the result.

Whilst, however, in the class of Practical Medicine you are learning to use and rightly value the many instruments of precision which we now daily call to our aid in the investigation of disease, do not forget that nature has given you in your own bodies senses which you may by assiduous cultivation transform into instruments of much precision. For there is great danger that in this mechanical age much of that *tactus eruditus* which was the boast of the older school may become a lost art. Strive to make a thermometer of your hands, a sphygmograph of your fingers, and, above all, learn, as my old and revered master, Sir William Fergusson, in his northern brogue would often say, to "use your eyes, mon!"

In the new class of practical midwifery you will be taught a subject which will probably when you enter upon practice transcend all others in importance. Let me urge you all to make full use of your opportunities of gaining a thorough knowledge of it; failing to do so, you may have reason bitterly to repent such negligence hereafter.

At the end of each session of Parliament a proceeding usually takes place which has come to be known as "the massacre of the innocents"; it consists in lightening the political ship by throwing overboard such cargo as cannot safely be carried further. We have this year, in obedience to the behests of the conjoint Colleges, been compelled to lighten the burden of medical lectures by throwing overboard three poor innocents—Botany, Chemistry, and Materia Medica—subjects which may now be studied previous to entry at a medical school. Studied, however, they still must be, either here or elsewhere, and those of you have done wisely who have already devoted to them a preliminary summer session. To my colleagues who have thus been deprived of some of their pupils, I would offer the consolation that they will now have a class, all of whom are drawn to them by an earnest desire to learn, not driven by the fear of an unsigned schedule, whilst they will be relieved of the presence of those gentlemen who occupied high places in the theatre, but were content with a more modest position in the class lists; who decorated themselves with the botanical specimens, devoured the edible preparations of the materia medica, and whose chemical combinations too often resulted in an explosion.

I shall offer no apology for mentioning a subject which, although it lies somewhat without the scope of this address, is one of the greatest importance to the profession, and is at the present time attracting considerable attention. Recent events have brought prominently under notice certain defects in the laws under which persons of unsound mind are placed under care and control, and although to you as students such matters are not of importance, as practitioners of medicine they may soon become so. It is not my intention to use this occasion as an opportunity for defending any medical men who may have been guilty of irregularities in signing certificates of lunacy, but it is a mistake to imagine that the proposed

changes in the law are needed only in the interests of the public; they are required with far greater urgency in the interests of our profession, whose members are called upon, by no wish of their own, to discharge most difficult duties, and who will if they are wise demand in no uncertain tones the protection of the law in the honest fulfilment of the obligations it has cast upon them. It cannot be too often repeated that the profession is in no way responsible for the present state of the law, which it did not make, and which it has no desire to uphold, and from which it has suffered far more than has the public by any irregularities that may have occasionally occurred in carrying out the statutes.

It appears to me that in any reform of the Lunacy Laws there are four important principles to be kept in view: 1st, that no man should be deprived of his liberty except by a judicial proceeding; 2nd, that no impediment should be placed in the way of a patient being brought under treatment in the early stages of the disease when the chances of recovery are most favourable; 3rd, that except in special cases and with proper safeguards no medical man should be pecuniarily interested in the detention of a patient and at the same time the judge of the necessity of such detention; 4th, that medical men acting honestly and to the best of their judgment, and observing the requirements of the Act, should be protected from actions at law.

The Bill for the amendment of the Lunacy Acts, brought in by the late Lord Chancellor, but relinquished owing to circumstances beyond his control, contains a provision adopted from the Lunacy Law of Scotland, that except in cases of urgency a person not a pauper shall not be confined as a lunatic without an order of a county court judge, stipendiary magistrate or justice. This provision has been met with the strongest opposition by the Earl of Shaftesbury, the Chairman of the Lunacy Commission, on the ground that the fear of publicity attendant upon the intervention of a magistrate would prevent the treatment of mental disease in the early stages, and he intends to resign his office if it be carried. Whilst deeply regretting the loss of such valuable services, I think it is the duty of the profession, for its own protection, most strenuously to insist on this principle being maintained—not, however, in the form in which it appears in this Bill, whereby no additional security is given to the public, as it is not made obligatory on the magistrate to visit the patient, and should he do so there is no provision that he shall be accompanied by an independent medical expert with whom he may consult. This alone would make his intervention of any value, for the mere overlooking of certificates by a magistrate would be no real safeguard against possible abuse of the Act, and would probably cause the loss of valuable time.

It is admitted by all who have considered the subject that the time has come for the extinction of private asylums kept by medical men or laymen for profit, and the more speedily this is effected the sooner will public confidence in the administration of the lunacy laws be restored. I would with much deference suggest the following plan as one likely to meet with the approval of the profession, and at the same time secure that no sane or merely eccentric person is deprived of his liberty. The petition of the relative or friend, and the certificates of one or two medical men should still be required, but such certificates should only be valid for forty-eight hours from the time of the patient's arrival at the asylum. A rota of visiting justices should be attached to every public asylum, and on the admission of a patient notice should be sent to one of them to attend and investigate the case. This he would do with the aid of the medical superin-



tendent, who should have an official appointment as an Assessor in Lunacy. The patient would be personally examined, and his condition compared with the statements in the certificates. If satisfied that he was a fit person to be kept under care and control, the justice would sign an order to that effect, and would at the same time give a certificate to the certifying medical men which should when pleaded be a bar to any action brought against them by the patient on his recovery. The magistrate if not satisfied could order the temporary detention of the patient pending further evidence, and could also withhold his indemnifying certificate if he were of opinion that the patient had been detained without good cause.

It is true that the amended Bill contains a clause to the effect that any medical practitioner who in good faith signs a certificate shall not be liable to any civil or criminal action, but that merely provides a defence to an action; what is wanted is a bar to an action, as the injury is done when the action is brought, almost irrespective of what may be its result.

The medical superintendents of the large public asylums are all men of the highest standing in their branch of the profession; they are entirely disinterested in the detention of anyone, and I can see no good objection to giving them this consultative voice in the determination of the patient's mental condition. The private asylums so long as they exist, should be placed under proper control as regards the admission and discharge of patients.

This mode of proceeding has the advantage of introducing the civil officer in a manner that would not be felt as an intrusion by the patient's friends; it gives him the assistance of a trained expert who would have no interest in the result of the enquiry, and protects the medical practitioner who has acted honestly and to the best of his judgment when placed in what must always be a most difficult position.

One other omission in this Bill may be pointed out. It is not recognised that for the safety of society and the true welfare of the patient his discharge should be made as distinctly a judicial proceeding as was his original detention, requiring the intervention of the magistrate who would as before have the advantage of the opinion of the medical assessor.

If this Bill should pass without a protecting clause no respectable practitioner will run the risk involved in signing a certificate of lunacy. I have quite recently heard of a case in which twenty medical men had been applied to and all had refused to sign a certificate; to do this under present conditions would in my opinion almost in itself amount to an act of lunacy, and I have no hesitation in advising any of you who may be about to enter upon practice to refuse in all cases. The law has fortunately provided other means of placing the insane under control; let us therefore leave this unpleasant duty to those whose position compels them to undertake it, until such time as the Legislature shall in its wisdom pass an Act for our protection as well as that of the public.

Some of you, gentlemen, are about to enter upon the study of anatomy and physiology, the two great subjects which form the very basis of the art and science of medicine, the one dealing with the arrangement of the various structures which form the human body, the other treating of the functions of its tissues and organs. To them you cannot, in the early part of your student career, too earnestly devote your attention. If you would grasp the spirit in which you should set about the study of anatomy, let me urge you to read those classical lectures by the late Mr. Hilton on the Therapeutic Influence of Rest, and the diagnostic value of Pain Lectures so admirably clear and well reasoned that they cannot fail to interest you, even if you find in them much that you cannot as yet

either understand or appreciate. There you will see how a subject too often taught as a mere aggregation of separate and rather dry facts may become in the hands of a master a very harmony of structure, each seemingly unimportant detail having its application to the daily needs of practical work.

You will meet some who will tell you that such details are of no importance but to an operating surgeon, and that if acquired will soon be forgotten. True it is that in proportion as you learn then without seeking to understand their practical bearing on the diagnosis and treatment of disease, so quickly will they pass from your memory, but that their acquisition is in any sense a useless labour is an opinion held only by those who are without experience, or who having it, have failed to profit thereby.

Few diseases could be mentioned, no matter of how purely "medical" a type, on which some light is not thrown by the application of anatomical facts. Perhaps pulmonary phthisis may occur to you as such an one, but putting aside the bare knowledge of the general position of the lungs within the chest, it would, I think, be possible if the occasion were fitting, to convince you that a knowledge of the exact relation of the different lobes of the lungs to the chest wall is essential to a complete understanding of the progress of that disease which, in most cases, follows a line of march so regular, that given its appearance at one spot its previous course may be demonstrated and its next point of attack foretold. Spare yourselves, then, no pains in this study, being well assured that as students you will be rewarded by success in your examinations, and hereafter, as practitioners by the confidence begotten of precision in diagnosis.

Physiology now covers such a vast field, that you cannot hope, in the short time you can devote to it, to gain more than a knowledge of its leading and well-ascertained facts; but the more thorough your insight of the functions of the various organs in health, the clearer will be your view of disease which is but disturbed function and disordered growth. In this as in all your studies, aim rather at a knowledge that is accurate than comprehensive, for the main roads of science should be well known before its bye-paths are explored.

Many of you are already engaged in clinical work in the wards; now is the time when you may, if you will, fit yourselves for winning what are after all the real prizes of student life, the resident appointments. I would fain hope that you are using to the full the opportunity which will never return of gaining in actual contact with disease, where alone it can be acquired—such a practical knowledge of your art as will stand you in good stead in time to come. To this your lectures and reading are but a preparation; by such means the principles of medicine may be learnt. Not so the art. That each must to a great extent teach himself, educating by constant practice his powers of observation, thinking and reasoning over what he has seen.

Surgery by the clearness of its aims, the directness of its methods and the brilliancy of its results, allures you, as it has done those before you both here and elsewhere, from the study of medicine, wherein to the unpractised eye and ear of the beginner, all seems to be darkness, uncertainty, and impotence. And to some extent you are right; doubtless in your mind's eye there is a picture of some poor crippled fellow creature doomed for life to hobble by the aid of stick or crutch, about some country village, an ever-present reminder at your gates of your want of surgical skill; whilst who will know of that pleural effusion you failed to recognise till perhaps a lung was rendered useless for ever, or of that case of typhoid fever which for three weeks was ordered solid food



until perforation of the intestine put an end to the scene? It was said of a painter who became a physician that he had done well, for before, the faults of his work were seen, whilst now they would be unseen. For himself, perhaps, he did well; for his patients it may have been otherwise.

My surgical colleagues will, I feel sure, forgive me for asking that a share of your patronage may be accorded to the medical wards, for surgery is now conjoined with medicine, and we stand or fall together. Forgive me for hinting that some few of you by confining their—may I say clinical—observations to a contemplation, through a smoky cloud, of the patients to be seen enjoying the air of our garden, are losing valuable opportunities of studying acute disease, as unfortunately most of such cases are already in the stage of convalescence.

Those who have been or may be so fortunate as to gain one of the prizes I have spoken of, a resident hospital appointment, of which, by-the-by, we can boast, as many as some places where the students are numbered by thousands to our hundreds, should regard it as a great opportunity, on the use you make of which success or failure in the future will in no small degree depend. To you also, for the time being, the good name of the hospital is entrusted; see that its reputation does not suffer in your hands. You are in a position of much responsibility; exercise the authority deputed to you with moderation and gentleness, determined that if, as must happen, some should leave the wards committed to your charge, with suffering unrelieved, none, as far as in you lies, shall go away cherishing aught but kindly feelings towards the place which has been to them a haven of refuge in trouble and sickness.

Some whom I address to-day are about to enter upon the active duties and trials of professional life, well prepared, let us hope, by diligent study for the responsibilities that lie before them, for I can conceive no position to an honest man more distressing than to have the health and happiness of any of his fellow-creatures committed to his charge, whilst conscious that he is unfitted for the great trust that is confided to him.

If when life's work is over you find that neither wealth nor fame is yours, still one noble ambition may have been realised, that of having maintained untarnished the honour of your profession and your name.

"The honours of a name 'tis just to guard,  
They are a trust but lent us, which we take  
And should, in reverence to the donor's fame,  
With care transmit them down to other hands."

## PART OF THE INTRODUCTORY ADDRESS

DELIVERED AT THE SESSIONAL OPENING OF THE  
MEDICAL DEPARTMENT OF THE YORKSHIRE COLLEGE,  
LEEDS.

By JONATHAN HUTCHINSON, F.R.S.,

Emeritus Professor of Surgery to the London Hospital.

AFTER addressing a general audience on the uses of knowledge, Mr. Hutchinson concluded as follows:—I have left but little time for what, perhaps, ought to have been the chief part of my discourse, that is, for addressing remarks to those present who are now commencing the study of medicine. If, however, what has been said as to the scope and aims of study in general has been made clear, it is not needful that I

should add much in reference to that of medicine in particular. I shall, however, do injustice to my own feelings if I neglect to congratulate the medical students present upon their choice of a profession. The study of medicine has an advantage over many others which are adopted as means to livelihood, in that it is itself full of scientific interest. To this it may be added, that it is a pursuit to which no knowledge comes amiss. You can scarcely secure knowledge in any direction without finding that it may be made collaterally useful in your daily pursuits. Carefully avoid taking a too narrow view of the life's work which is before you. First, unquestionably, and as a thing which admits of no excuse for its neglect, you are to acquire a matter-of-fact familiarity with the common diseases and accidents to which the human frame is liable, and their means of remedy. In these matters you must put aside all crotchets, and seek to become, as far as possible, compendiums of empirical knowledge, and embodiments of common sense. Your first duty is to advise people for the best when they are ill, and from this duty there must be no shrinking whatever. Your vocation will not, however, end here, for your training will have fitted you to assist in the formation of social opinions in a great variety of directions. The influence of food and clothing on health; the hurtfulness, or otherwise, of such articles as tobacco, tea and coffee; the desirability, or otherwise, of abstinence from alcohol; the relative value of different climates to different states of health; the causes of mental disorders; these, with many others, are questions upon which it is important that trained medical observers should form and express sound opinions. I need not remind you of the invaluable services to sanitary science which have been rendered by a Leeds surgeon, who has, at the same time, maintained a very high position in the profession which he adorns. If you would speak from more than mere conjecture or caprice, if you are honestly desirous that what you say in daily conversation shall be helpful to those who hear it, you will find incentive for hard work in many directions. Acquaintance with the structure of the world in which we live, the peculiarities of soil and atmosphere, a wide knowledge of the history of man and his development in civilisation, a familiarity with plant-life and with the facts as to health and disease amongst the lower animals, will each and all in turn prove of great value. In addition to all this, you will, I trust, many of you, become, in the several districts where your future life may be cast, leaders in the cause of general scientific education. Our profession is, indeed, in this matter, little less than a sort of unendowed Church of Science, sending its pastors and teachers to reside in the most various and distant parts of the world, and become bearers of the torch of knowledge wherever they may go. Nor have I the least doubt that the usefulness of our profession in this way is destined to large increase.

There are yet other subjects upon which I might offer you my unfeigned congratulations. You have had the good luck to be born in Yorkshire, and you have wisely followed it up by becoming students in a Yorkshire college. I feel sure that you will never have cause to regret either of these important steps in life. Leeds has always held a high position in respect to her medical men. Talent, indeed, seems to be hereditary here after a fashion which we do not witness anywhere else; and the Heys, Teales, and Chadwicks follow each other in line like princes in their own right. Nor, I may safely add, did the repute of the Leeds School of Medicine and Surgery, great as it has been in the past, ever stand higher than it now does.

I might congratulate you, also, upon good fortune in respect to the times upon which you are entering. Whether we regard the development of our own pro-



fession or the general progress of mankind, unquestionably we live in an age of most unusual interest. Great advances have been very rapidly made, and there is every indication that still better things are to follow. At the same time, it is impossible not to both see and feel that problems of no ordinary difficulty are being forced upon us for solution.

I have invited you, gentlemen, to dignify the calling of medicine which you have chosen; permit me now to invite you to dignify yourselves who have chosen it. I remember well a story which is told, I think of John Foster, that he having once, in a fit of melancholy, declared that the world was a "wild beast, untamed and untameable," his friend reminded him that, at any rate, he himself was part of it. "Yes," he rejoined, "a single hair at the end of its tail." I prefer, I may confess, and I am sure that he would have done so in a cooler moment, the comparison with which I began my address, when we likened individual men to single leaves on a mighty pine-tree. As each leaf in quietness and confidence does its duty, so may it be with us. To every student here I would say, and say very earnestly, "to thine own self be true." In hours of lassitude or moment of temptation remember this maxim, and, acting upon it, all good things will follow. Do not think lightly of your own individual value in the world's work, and always think hopefully of the world's progress. The world, you may feel sure, never had a more happy day than that in which you were born. Lest you mistake my meaning, let me hasten to add that it will be happier still on the day you die; and permit me to take leave in urging the reflection that the ratio of its gain in happiness will depend, in some degree, now and for ever, upon how you live.

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## INTRODUCTORY ADDRESS

DELIVERED AT ST. MARY'S HOSPITAL ON THURSDAY,  
OCTOBER 1ST.

By AUGUSTUS J. PEPPER, M.S.,

Surgeon to the Hospital.

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### [Abstract.]

AFTER some general remarks, the lecturer proceeded as follows:—"I pass now to the consideration of a few of those questions which are largely exercising the mind of our profession, and which, in the future, must greatly modify its public obligations. As regards medical education and examinations, so far as I am able to judge, there never was a time when greater tension existed than at present. An unsuccessful attempt was made by the expiring Parliament to carry into law what is familiarly known as the 'one portal system'—a system which would tend to equalise the severity of the professional examinations in the three kingdoms, and the value of the corresponding diplomas conferring the right to practise. It is well known that not a few gentlemen who fail to pass the ordeal—or fear to try it—of one or other of our English colleges, betake themselves over the border with a reasonable expectation that they will bring back the equivalent of their railway fare and other pecuniary outlay. There would be no reason to complain of this if our Scotch brethren kept their licences among themselves, since we are willing to concede that they are the best judges of the value of their continued existence and of the marketable price of the

cure of their infirmities. I know there are many distinguished members of our profession practising in London and elsewhere under the ægis of a Scotch qualification, and I do not for one moment intend my observations to be taken as the indication, much less the measure of personal disrespect, nor, again, would I insist that the examinations for the Scotch diplomas are not generally speaking sufficiently stringent; that may or may not be, I only say that a system which places two institutions of very unequal merit as regards their credentials on a practical equality is wrong in principle and ought to be abolished. In addition to the fact that many English students go to Scotland for the diplomas granted by the colleges and faculties, a large number, justly ambitious of possessing a university degree, repair thither for their professional training. This has become a question of vital importance to the future interests of our London schools, since year by year the exodus increases. It has been proposed that the London University should lower its standard so as to enable it to counteract the attractions of the Universities of Scotland. But remember, if you please, what that proposal means. It means that an institution, founded by Royal Charter with the intent of fostering scientific education, shall resort to a miserable subterfuge because, forsooth, the degrees of other universities can be obtained on easier terms. It means that a noble cause shall be sacrificed to one of the most despicable traits of human character. Speaking for myself, as a member of the London University, I would rather it ceased to exist and be henceforth only a name and an influence, than that it should be made the scape-goat for what so-called educational reformers please to consider the exigencies of the situation. There is a powerful movement on foot in favour of establishing a Teaching University for London which, instead of simply granting degrees to candidates from affiliated schools, shall designate, direct, and control the curriculum of instruction. Such a scheme, if carried out on a comprehensive basis and with due regard to the interests of existing institutions, would confer a distinct boon upon our profession and the community at large; but if, on the other hand, it is to be made subservient to the real, if not avowed, designs of those whose chief desire is to raise up a successful rival against the Scotch universities I hold it would be our bounden duty to oppose it to the utmost.

The advantages accruing from the study of general literature were next discussed. "There are occasions frequently recurring when the strain of mental exertion can be relieved by varying your intellectual pursuits. It is a pleasure and solace to turn from the dry details of the text-books to the charms of poetry and the romance of fiction, and though the former are essential to give precision to knowledge, the latter add an interest which make it endurable and enduring. The action of the superior oblique muscle of the eye, as learnt at lecture, is to the student of anatomy a mere fact and nothing more, and a few days will probably suffice to free his memory from a burden imposed neither by choice nor desire. But who would or could forget the bewitching lines of Longfellow:

"She gives a side glance and looks down,  
Beware! she's fooling thee."

It is curious our standard works are all but mute on the physiology of expression with which the organ of vision is so richly endowed, and yet almost every bodily and mental state in health and disease speaks through that silent voice. Wherein consists the merry twinkle of the impudent school-boy or the languishing looks of the love-sick maiden? Why is the eye so listless and dull in collapse, so brilliant in hectic fever so staringly vacant in coma-vigil? Here



is matter for thought, worthy alike the philosopher and the practical physician."

The subject of moral and mental training was then dealt with. "I am not one of those who hold that youth can better withstand the temptations of life by being kept in ignorance of the dangers which pervade our social atmosphere. The best security against disaster is the forecast of its approach, and the knowledge of its accustomed guise. Do not misunderstand me: I would have you avoid all appearance of evil, but at the same time I would have you taught the way to recognise it. Remember the most dangerous snares are hidden beneath the softest blandishments. In the struggle for supremacy, whatever the object pursued, some will outstrip others, but none need despair of success. Therefore, lose not heart, but continue the race according to your lights and ability. Should you grow faint by the way, turn once more to the pages of Lytton, and read again, 'That in the lexicon of youth there is no such word as fail.' Bear in mind, however, that the tide which is to carry you to the goal of your ambition, will serve you only at its flood, and that you must keep a constant look-out for its approach, for the waves of the ocean of man's opportunities break not in warning notes upon the rocks of his indolence, but ebb and flow in silence, unseen by all, save those who wait and watch patiently for the sign."

## INTRODUCTORY ADDRESS

AT

THE SHEFFIELD SCHOOL OF MEDICINE,

DELIVERED AT FIRTH COLLEGE ON OCTOBER 1.

By R. J. PYE-SMITH, F.R.C.S.

[Abstract.]

AFTER welcoming the new students, the lecturer congratulated them on their choice of the profession, and dwelt on the nobility of its aims and practice. Referring to the risks from disease and from unjust actions at law, he said, "But all these and other risks must be loyally accepted by all who would enter the profession of medicine. We must operate in spite of possible untoward consequences to ourselves; we must attend epileptic patients, in spite of their vagaries perchance falling terribly upon us; we must examine persons represented to be of unsound mind, and faithfully sign or refuse to sign certificates of lunacy to the best of our judgment, in spite of the annoyance and loss such duties may possibly entail upon us. In all such respects it should be true of the surgeon as of the Christian—

"He holds no parley with unmanly fears,  
Where duty bids he confidently steers."

The lecturer then proceeded to advocate a year's preliminary study after leaving school and before entering as a medical student. Among other subjects to be taken up at this period he laid special stress on biology, and the use of the microscope, and mentioned also drawing, photography, carpentering, shorthand writing and cooking. He recommended also the study of meteorology and climatology, and advised attendance on a course of instruction in first aid to the sick and injured and in nursing, as given in connection with the St. John Ambulance Association. Address-

ing the first year's men again, he urged them to the early formation of good working habits, and showed how the special senses required cultivation as well as the various faculties of the mind, whilst not omitting congenial recreation and rest. Having dwelt on the special importance of anatomy and physiology as the foundations of the healing art, he sketched the curriculum as now required for the double diploma of the conjoint examining board of the Colleges of Physicians and Surgeons, and then warned the students of the possibility of their turning out ill by neglecting the opportunities before them.

Turning next to the older students, he congratulated them on entering upon their clinical studies, and insisted on the importance of paying special attention to pathology and to diagnosis whilst attending the hospitals. He warned them against conceit and pretending to cure when they knew they could not, and against a spirit of cynicism "bred of a knowledge that medicine is not an exact science, and is therefore liable to mistakes, together with a lack of clear and trustworthy perception of what may be definitely known, namely, those scientific principles and well-ascertained facts on which so much of medicine depends." A just, though modest, confidence could be acquired and maintained only by habits of diligent self-education, and they should invoke Duty in the words of the poet—

"The confidence of reason give,  
And in the light of truth thy bondman let me live."

The lecturer then proceeded to address some remarks to the lay part of his audience. Having expressed gratification at the prospect of the incorporation of the Medical School with the Firth College, he based an appeal for pecuniary help for a new building on the beneficent objects of the profession and the poor pecuniary rewards of its practitioners as compared with other professions and commerce. He pointed out the advantages to the community of having a flourishing Medical School in their midst, and traced the history of the present movement for more adequate accommodation. The plans for the new school were exhibited, and it was stated that some 2,000% more are needed before it can be built. He spoke of the help afforded to the school by hospitals, and impressed on their managers the duty of seeing that no waste occurred in the materials for instruction at their disposal. Referring to experiments on animals, he applied Ruskin's words to the anti-vivisectionists:—"The first passions that come are the vain, the false, the treacherous; if you yield to them they will lead you wildly and far, in vain pursuit, in hollow enthusiasm, till you have no true purpose and no true passion left." And he predicted that Pasteur's work on hydrophobia would strike a mortal blow to this ignorant and inhuman opposition to scientific investigation. He also urged the public to withhold objections to *post-mortem* examinations in cases where the medical attendant considered them important. He credited the future spread of elementary physiology with deterring the public from trusting in any of the surviving systems of quackery, and with putting them in a position to estimate rightly the uses and the abuses of specialism in practice. In conclusion, he reminded the students of the motto of the school, *Ars longa, vita brevis*, and said, "In steady perseverance in your work cultivate modesty in manner, exactitude in habits, sobriety in thought, truthfulness in speech, courage in action, and, above all, honesty in purpose. Now is your golden opportunity for preparation, and if you will now lay up a store of knowledge it will, by right application, become wisdom, as fuel becomes fire, and you shall in due time be initiated into

"The secrets and the mysteries whereof  
The bounds are space, the time, eternity."



# REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

## UNIVERSITY COLLEGE HOSPITAL AND NORTH EASTERN HOSPITAL FOR CHILDREN.

### TWO CASES OF STRANGULATED HERNIA IN INFANCY.

(Under the care of Mr. R. J. GODLEE.)

CASE I.—Herbert G. C., aged 6 weeks, was admitted into University College Hospital, on August 10th, on account of an irreducible swelling in the right inguinal region. The bowels had not been opened for a week, but the patient had seemed to be in his usual health till the day before admission, when severe sickness set in, and it was at this time that the nurse first noticed the presence of the inguinal swelling. A dose of castor oil was given, and the child was brought to the hospital on the morning of August 10th.

On admission, a "lump" soft and fluctuating was found in the inguinal region, which, on manipulation, gave a sensation of crackling. As all attempts at reduction failed, an incision about two inches long was made over the upper part of the swelling. After carefully dividing the skin and subcutaneous fat, the sac of the hernia was exposed and incised, whereupon a small quantity of blackish fluid escaped. The gut was dark red in colour, and could not be pressed back into the abdomen until the neck of the sac had been notched with a blunt-pointed bistoury, although the constriction was not very tight. The cord and vessels were carefully separated from the surrounding structures and an aneurysm needle passed round the sac, the neck of which was then tied with a strong chromic catgut ligature. The pillars of the external abdominal ring were then stitched firmly together with fine catgut sutures; after an india-rubber drainage tube had been inserted, the wound was closed; an antiseptic dressing of iodoform wool was applied. The testicle and epididymis, when examined, were both swollen and of a dark purple colour. The bowels were opened in the evening. No blood in the stools.

August 11th.—There is some rise of temperature, 102°. Wound healthy, and there is a slight sanious discharge. The scrotum and testicle are somewhat swollen and very tender, indicating some orchitis.

August 13th.—The temperature is now normal. The child takes the breast very well. Wound is nearly healed. The drainage tube was shortened to half-an-inch. The orchitis is better.

August 15th.—Tube removed.

August 18th.—Patient discharged with a light truss.

CASE II.—Albert L., aged 5 weeks, was admitted into the North Eastern Hospital for Children on June 26th with symptoms of vomiting and constipation. There had been severe vomiting for two days, and latterly the vomit has been yellow and offensive. Bowels have been slightly open once. The child has not taken the breast for the past two or three days.

On examination he was found to have a hard painful elongated swelling in the right inguinal region and right side of scrotum, which had only been noticed for one day, and which could not be reduced.

Under chloroform, Mr. Godlee cut down on the swelling and opened the sac; the testicle was found swollen; a loop of intestine, about as large as a filbert, and very much congested, was also found. This latter

was reduced and the wound sewn up; a small drainage tube being placed in the lower part of the wound, a dry dressing of iodoform and iodoform wool was applied.

July 29th.—The wound has almost healed, the same dressing to be continued; the child was made outpatient. The temperature ranged between normal and 99.6° Fahr.

*Remarks.*—Strangulated hernia in very young children is not a common affection; and it is one which presents a few considerations of interest. I have met with one or two cases besides the two here reported, but at not quite so tender an age (a few months for example), and in all, on opening the sac, it has been found that the constriction was much less tight than is ordinarily found in a strangulated hernia in an adult, and there has been no difficulty in passing a probe, or even something larger than a probe, through the neck of the sac alongside the gut. But, notwithstanding this, it has not been always easy to reduce the gut, which has generally been congested, and sometimes, as in the first case, it has been impossible to do so without notching the neck of the sac.

All the cases have been boys; and in all it has been found that the testicle was swollen and purple; looking in fact, like a large bilberry. All have suffered more or less from orchitis afterwards, but it seems doubtful whether this depends upon the previous constriction of the cord or the manipulation during the operation; for it is a matter of common experience that, after performing the radical cure in infants, an attack of orchitis is by no means an uncommon occurrence.

The question may be asked—seeing that the constriction is generally so slight, should we persist in efforts to reduce the contents of the hernia? For my own part I should answer, No. The operation for radical cure in children seems to be quite free from risk, and the child afterwards is in a much more comfortable condition than before, and in a safer position for the rest of life. I am, therefore, inclined to grasp the excuse for performing the operation, rather than to allow the child to run any possible risks that may result from too forcible manipulation or prolonged delay. In saying that the operation is free from risk, it is of course implied that strict antiseptic precautions be taken; and it is quite possible to do so, even in this region, so near the genitals of a baby. Whether or not the spray be used at the operation is, I believe, a matter of small moment, provided the parts be thoroughly purified beforehand, and the sponges and instruments and hands during the operation. Afterwards a most efficient dressing may be made by luting down a piece of salicylic wool or iodoform wool over the wound, and applying over this a large mass of the same material, which is secured by a bandage and protected from urine by a piece of gutta-percha tissue in which a hole has been cut for the penis. The outer mass of wool should be changed at least daily for the first few days.

In conclusion, I would mention two cases I have met with in infants, in which the sac of a hernia contained only a much enlarged and congested testicle. In one the testicle itself was tightly nipped at the external ring, and in the other the cord only was constricted. In both, the spermatic vessels were very short, so that the testicle could not be brought into the natural position. In both there were all the symptoms of strangulated hernia, which were relieved by the operation. In the second of these two cases, the question could not help arising whether one was perhaps simply dealing with a case of orchitis in a partially retained testicle: if so, it is interesting to note that all the symptoms disappeared after dividing the constriction at the neck of the sac.



## APPOINTMENTS FOR THE WEEK.

*Wednesday, October 7.*

OBSTETRICAL SOCIETY OF LONDON, 8 p.m.—Specimens will be shown by Mr. Doran, Dr. Wm. A. Duncan and others. Papers—Dr. Matthews Duncan, "The Hyper-trophies of Lupus of the Female Pudendum"; Mr. Hutchinson, F.R.S., is expected to take part in the discussion; and Dr. Thin will speak on the histological aspect of the subject; Mr. S. D. Hine, "Case of Obstructed Labour in which Spontaneous Version followed an Unsuccessful Attempt to Deliver with the Crotchet after Craniotomy."

HUNTERIAN SOCIETY, 8.30 p.m.—Mr. Rivington, on "The Radical Cure in Operations for Strangulated Hernia."

*Friday, October 9.*

CLINICAL SOCIETY, 8.30 p.m.—Dr. Sawtell, "A case of Hæmatemesis and Melæna in a Newly-born Child"; Mr. Barwell, "A case of Gastrostomy"; Mr. Clement Lucas, "Two cases of Strangulated Umbilical Hernia, treated by Excision of the Sac and Skin Covering"; Mr. Charters Symonds, "A case of Trephining for Compression by a Clot derived from a Lacerated Meningeal Artery, suggesting temporary or permanent closure of the Carotid as a means of controlling the Hæmorrhage."

*Medical Times and Gazette.*

SATURDAY, OCTOBER 3, 1885.

THE Medical Session was opened at the London hospitals on Thursday; silently at four of them, and with speeches at the rest. At the provincial schools addresses were delivered only at Leeds and Sheffield. Leeds has again had the honour and pleasure of hearing the best of all the addresses, London or Provincial, as it had two years ago when Dr. Allbutt was the lecturer. The audience at Leeds being a mixed one, Mr. Jonathan Hutchinson's address was mainly of a general character the small segment of it which we print elsewhere being the only part addressed to medical students as such. The rest of it, in which the speaker brought forward "certain thoughts and suggestions as regards the future of education and the increase of knowledge, on which my mind has often dwelt with pleasure and profit to itself," was, in suggestiveness, in boldness of thought, breadth of sympathy, and beauty and fitness of language, an address to be gratefully studied and remembered. No other man in the profession could have written it.

MR. HUTCHINSON began by working out the old Homeric simile—

*Οἷη περ φύλλων γενεή, τοίηδε καὶ ἀνδρῶν*

from which he drew the lesson of the "beneficence of the law of individual death." Thanks to this law, the human family, like a tree, attains increasing growth, and perpetual youth, successive generations taking up the work of their forerunners, and "eager to do or die," in turn submitting to the same fate. But men differ from leaves in their power of receiving by direct communication with their predecessors "a vast wealth of impulse and power, which has not as yet assumed a form in which its acquisition by inheritance is possible." This is education, a laborious and

endless task, but one which admits of the prejudices, the narrow formularies, and the erroneous conceptions of the past being more easily laid aside. "No process of cleaning the battered soot-begrimed leaves of last season could compete with Nature's plan, which covers the tree with new and untarnished foliage." The rest of Mr. Hutchinson's address was more or less a working out of this pregnant idea. In a most beautiful and characteristic passage he showed the use of knowledge—real living knowledge—as the parent of sympathy and love, the seed of that plant of which wisdom and love are the flower and the fruit. We are not sure that Mr. Hutchinson is quite sound in his psychology, or justified in concluding that the power of loving wisely, well and strongly is always proportionate to the intellectual development of the being, but that is a question out of our range in these columns. We will only add that as the matured thoughts of a man who has studied Nature in many aspects deeply and faithfully, Mr. Hutchinson's address deserves to be reverently read by all. It is Darwinism grafted on to a Wordsworthian stock.

AT King's College, the Session was opened by the Bishop of London with an address which was enough to make the late Dr. Jelf turn in his grave, so freely has the Church, in the mouth of its most advanced speakers, reconciled itself to the teachings of science. We do not think that Dr. Temple's speculations about life will quite hold water, when they come to be leisurely tested; but it is a pregnant sign of the times that they should even have been put forward. The latter part of his address was devoted to a sketch of a religious practiser of the art of healing in his studies and his life, in the course of which the attitude of the Liberal churchman to vivisection was enunciated. There was a passage in the address which appeared to show that the Bishop is a little bitten with the psychological research mania, though it was admitted that the influence of mind on matter is not yet a ripe subject for scientific investigation. *Quâ* sermon, we prefer Mr. Hutchinson's to Dr. Temple's.

AT St. George's Hospital, Mr. Timothy Holmes called the attention of the students to the best method of study, and impressed upon them the enormous advances which medicine had made of late years as a practical art. He advocated an extension of the period of study, the federation of the dispensaries and infirmaries with the hospitals, so that students would undertake the actual treatment of disease by being put in charge of dispensary and infirmary cases under proper superintendence, and a reform of the constitution of the Royal Colleges by the admission of the Fellows and Members to a direct voice in their management; further, an amalgamation of these Colleges into one great institution, which could deal with authority with the many pressing medical questions of the day.

FOR the conversazione to be held this (Friday) evening at St. Mary's Hospital, in connection with the opening of the new wing, a full and varied programme has been provided. For the lovers of art there will be displayed numerous Chinese and Japanese curiosities,



as well as specimens of Doulton ware, water colours, oil paintings, engravings, tapestries, prints, brasses, a statue in the chemical theatre illuminated by the electric light, and the out-patients room will be decorated as a Japanese hall, where tea will be served *à la Japonaise* under the immediate superintendence of a Japanese young lady. Those who are more scientifically disposed will turn their attention to Dr. Maguire's demonstrations of micro-organisms and disease germs, or to the various microscopical specimens which will be provided for their delectation, whilst new varieties of gas lamps, electrical apparatus, a new mechanical clock, the combination chromatic stereoscope and Thistleton's electric machine will no doubt all receive a due share of attention. The bands of the Grenadier Guards and of the St. George's Rifles will enliven the proceedings, and Mr. Edward Plater's Glee Union will contribute in the same direction. Last, but by no means least, we must not omit to mention that Mr. Clifford Harrison will give a series of recitations in the Board Room.

THE Sanitary Congress resumed its sittings at Leicester, on Thursday week, with an address from Mr. Percival Smith, the President of the Section of Engineering and Architecture. Mr. Smith drew attention to the large sums that had been spent on sanitation throughout the country since the establishment of the Local Government Board, nearly thirty millions having been borrowed for the purpose in thirteen years. The education of the people in the appreciation of sanitary work of all kind had also, he said, been most encouraging. With regard to the dwellings of the poor, he deprecated the erection of huge blocks in such close proximity to one another as to shut out sun and air. He concluded by urging that much still remained to be done in the way of sanitation, especially in educating the people to appreciate all that tended to healthiness of body and mind. Mr. J. Gordon, of Leicester, subsequently read a most interesting paper on the drainage of continental towns, in which he showed that the adoption of the English water-carriage system was steadily progressing on the Continent. A brisk discussion followed, in the course of which surprise was expressed that the works in question had, in many cases, had very little effect on the mortality, and Dr. de Chaumont explained that the sewers were not used efficiently for sewage by the people in continental towns, and this accounted for a large amount of typhus, diphtheria, and other diseases which prevailed much more extensively on the Continent than in England. In the Sanitary Science Section the Countess de Viesca read a paper on sanitary house management, in which she advocated a higher degree of sanitary knowledge and activity on the part of the lady of the house—a novel, but needed preachment. In the evening, Mr. Ernest Hart delivered a lecture on the essentials of local government reform, in which he contended that the reforms required to bring local government into its proper function, concisely stated, were the simplification of the primary area, the creation of one authority for all local business, the creation of County Boards, the reorganisation of the local government officials, and the consolidation

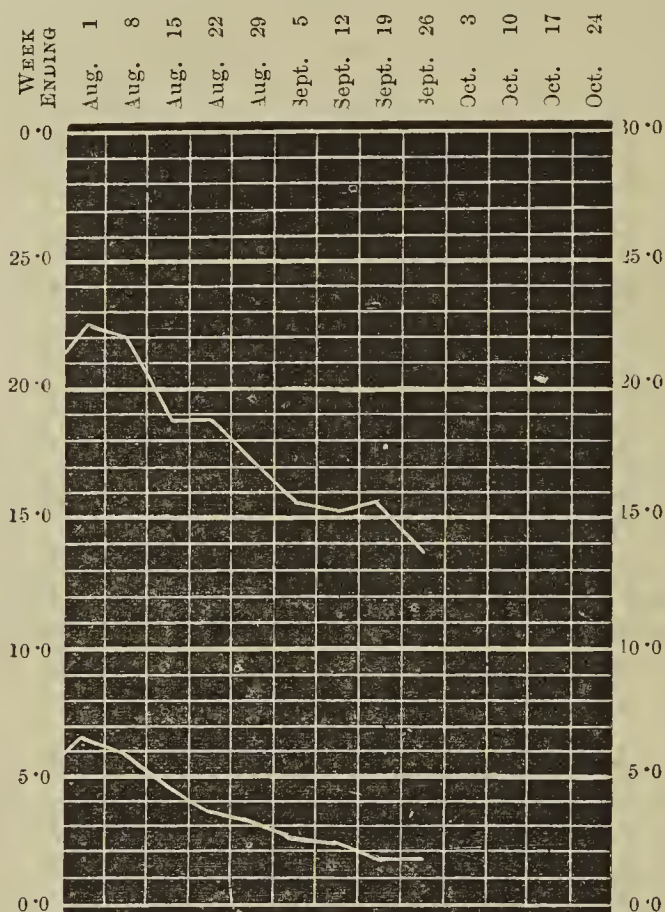
of local finance. A more vigorous and intelligent public opinion on local government, however, had yet to be created in many places, and until it was created the action of the authorities would be more or less hesitating.

ON Friday, the last day of the Congress, Dr. Maxet, the President of the Chemistry, Meteorology, and Geology Section, read a very interesting address on the distribution and effects of carbonic acid in nature, and its sanitary relations; and a second paper on the influence of altitude on the chemical phenomena of respiration, in the course of which he stated that experiments he had made led him to the conclusion that people might live for months or years at altitudes not exceeding 6,000 feet or 7,000 feet in the Alps, and there was no doubt but that after a time the body could accommodate itself to the influence of altitudes much above 10,000 feet. A discussion subsequently took place on the burial question. In the Engineering Section smoke abatement and plumber's work were the subjects of debate. At the closing general meeting Professor de Chaumont, the President, said this had proved one of the most successful meetings which they had held; after which votes of thanks were passed to the Local Committee, and to the Mayor and Corporation of Leicester, and the Congress came to an end.

AT the last meeting of the Metropolitan Board of Works two resolutions, having respect to the pollution of the River Lea, were carried unanimously. One, moved by Mr. Runtz, that a Bill be introduced into Parliament next session for the inclusion in the metropolitan area of Tottenham and other districts adjacent to the metropolis and bordering on the River Lea; and the other by Mr. Cook, urging *inter alia* the construction of proper intercepting sewerage works along the Lea Valley to prevent the pollution of the river by the entrance of sewage in any part of its course. The latter is in the highest degree desirable, since we may be permitted to doubt the sufficiency of the "purification" effected in the sewage of Luton and Hertford, while that of Tottenham and the adjacent districts appears to be, if possible, made fouler by the process to which it is submitted, and it is quite compatible with the former. Of course, as we maintained in a note some weeks since, and as Mr. Runtz has admitted, the existing sewers of the Metropolitan system are incapable of accommodating such an accession of sewage; but Tottenham, &c., are practically parts of London, and when constructing the long culvert to Thames Haven it would be easy for the Board of Works to adapt it to the reception of both. The same remarks apply to the rival scheme of Messrs. Denton and Jones for the extension of the same culvert to Canvey Island and the utilisation of that island for the disposal of the sewage by irrigation and downward intermittent filtration. We fear, however, that unless the East London Water Works Company have further resort to wells, the diversion of such a body of water as is represented by the sewage of the places in question would seriously reduce the volume of the river, and give rise to fresh evils.



THE death-rate in London last week reached the marvellously low figure of 13·8, which is considerably below any record hitherto made. The deaths between the ages of 5 and 20 give the average figures; but at all the other periods there was a very decided decrease in the numbers. The deaths from zymotic diseases were 100 below the average, and give a rate of



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past nine weeks.

1·8. There were 11 deaths from small-pox and 18 from diphtheria. It is a sign that the public alarm about hydrophobia has not been without foundation, that three deaths were attributed to this cause. The mean temperature of the air was 3·4° below the average of the past twenty years. In the provincial towns the public health was almost as satisfactory as in the metropolis, the highest death-rate, viz., 23·4, being attained at Preston, and the lowest, viz., 10·0, at Bristol.

BOTH in Spain and in Sicily the cholera appears to be steadily declining. The deaths in the former country have not, however, yet fallen below 200 a day, while in the province of Palermo they had reached nearly 100 a day until Tuesday, when they fell to 68. The epidemic is still severe outside Gibraltar, where there is much distress amongst the workpeople owing to the cessation of work caused by quarantine arrangements. The comparative immunity of the Rock is attributed, probably with justice, to the excellence of its sanitary arrangements.

ON Friday last, a dinner was given by the medical profession of Dundee to Sir Andrew Clark, who passed his early years as schoolboy and medical apprentice in that town. The occasion was cannily laid hold of

for again ventilating the project of establishing a medical school in connection with the Dundee Infirmary and the University of St. Andrew's; and Sir Andrew Clark devoted the greater part of his speech to the proposal, to which he gave a cordial support. "It was," he said, "not only right for Dundee to found a medical school, but it was the duty of Dundee to do so. The foundation of such a school would enable their most venerable University of St. Andrew's to complete and crown the work in which she was now engaged. It would enable them to supplement her education without disturbing her present educational course; and, furthermore, it would probably enable that university to revive the traditions of her ancient glories. There were reasons for believing or supposing that it was undesirable to found a medical school in Dundee at present; but he had examined these reasons, and he said of them that they were either too feeble or too few, or in a very high sense too selfish, to receive serious consideration at the present time." In conclusion, Sir Andrew Clark said that, in anticipation of its being founded soon, he would propose the toast of "The Medical School of Dundee," and he would express the hope that it would turn out many thoroughly practical trained men for the noble work of medicine; that it would contribute to the advancement of every just interest of that great community, and still more largely to the advancement of knowledge and the relief of human suffering. The toast was most cordially received, and replied to in suitable terms by Professor D'Arcy Thompson.

MR. CARTER, the coroner for East Surrey, gave some extremely gratuitous advice to poor persons in the course of an inquest held on Monday. The subject of the enquiry was a baby, some thirty hours old, who had been delivered by a student in connection with the maternity department of St. Thomas's Hospital. The verdict was "Death from inanition through the want of power to partake of food," which, in the case of a baby not two days old, looks very much like nonsense. No doubt the student in question was remiss in leaving his patient unvisited for thirty hours after the confinement, though there is no mention of his being sent for, but the coroner's generalisations from this single case were entirely uncalled for. It was a great pity, he is reported to have said, that poor persons, not able to pay for medical aid at confinements, went to the hospitals at all. His own advice to them was to get an order for the parish surgeon's services and have proper attention. Had that course been pursued in the present case, the death, as in numbers of other cases, could have been certified, and the county saved a great expense. Apart from the fact that parish-surgeons are not always impeccable, it is obvious that the coroner's sweeping condemnation of hospital maternity departments is entirely undeserved. We venture to say that women confined from a hospital have quite as good a chance of being well looked after as those who go upon the parish. And if there is any difficulty in their case, they have a much better chance, the best skill in London being at their disposal. Mr. Carter thinks



that his plan would save the country a great expense, but has he ever calculated what it would cost the rate-payers if the parish authorities undertook all the work now gratuitously performed by the hospitals? Besides, students must practise midwifery somewhere. If they did not learn it in connection with the hospital, they would have to learn it elsewhere, perhaps as private pupils of the very parish-surgeons to whose skill and attention Mr. Carter has given such a high and no doubt deserved testimonial. From every point of view the coroner for East Surrey has distinguished himself.

THOSE of our readers who were interested in the account we gave last week of Dr. W. W. Myers' attempt to form a small medical school in connection with the Manson Memorial Hospital at Takow, in the island of Formosa, will be glad to hear of the progress that is being made towards providing the Chinese with medical text-books in their own tongue. Ten years ago Dr. Dudgeon, of Pekin, entered upon the arduous task of translating Holden's *Osteology* and Gray's *Anatomy* into the language of the Flowery Land, and the translation has recently been published in eighteen Chinese volumes, in addition to two volumes of plates comprising 600 cuts. The work is entitled *Chuen ti t'ing k'au*, or *Complete Investigation of the Human Body*, and is published at the expense of the Yamên, or Chinese Council for Foreign Affairs. The letterpress is printed from moveable type, and is issued from the Pekin College Press, which has been occupied upon it for the last two years. The plates have been cut on wood by native artists from the drawings of Dr. Dudgeon's senior hospital assistant, and those which we have seen are very fair specimens of wood-carving. In the *Osteological* part, which is a translation of Holden, the nomenclature has been largely drawn from a thorough study from native medical works. The publication is prefaced by autograph letters from leading Chinese officials, eulogising Western medical science, as well as by an author's preface. The latter contains a strong plea for the right of dissection, which has hitherto been denied in China, on the ground that the human body is sacred, and its mutilation a crime against one's parents. In addition, the first volume also contains a translation of Professor Turner's article on *Anatomy* in the *Encyclopædia Britannica*. Notes are scattered through the volumes, pointing out where Western ideas differ from native medical knowledge. The Chinese are very proud of their own medical science, but it rests mainly on the doctrine of the pulse, the dual principle, the five elements, and it is to be hoped that the publication of this translation will tend to sap the general confidence in a system so insecurely founded, and to pave the way for the introduction of Western medicine, and the general acknowledgment of its superiority.

DR. DUDGEON, we hear, has also ready for the press copiously illustrated translations of Marrant Baker's "*Kirke's Physiology*," and likewise a *Medical Vocabulary* in English and Chinese, arranged alphabetically and according to subjects, of all the technical, ana-

tomical and physiological terms occurring in the two works, besides all the anatomical terms occurring in the native medical works and in Kanghi's dictionary. This will prove a most useful book of reference for all future translators and instructors of Chinese medical students. Some years ago the same author published an anatomical atlas in quarto, and two volumes of medical essays which have been instrumental in drawing the attention of the native practitioners to the importance of Western medicine. The Chinese Government gave its sanction many years ago to the establishment of a Chair of Anatomy and Physiology, which has been occupied by Dr. Dudgeon, but it was only last winter that permission was granted to begin lectures on clinical medicine and surgery. There is every prospect of a medical school being now established, with the view of providing proper practitioners for the service of the army, navy, and palace. Twenty-six more students have been added to the language department, and more are shortly to be admitted, with higher Chinese qualifications, and altogether on a more advanced basis.

THE latest bacillus is that peculiar to beri-beri or *kakke* of the Japanese, for the discovery of which we are indebted to Dr. Wallace Taylor, of Ozaka. Having recognised a spore in the blood of *kakke* patients, he proceeded to cultivate it as follows: a sterilized culture fluid of meat infusion was inoculated with the blood of some of the patients, and from these pure cultures were obtained by successive inoculations for from eight to twelve removes. Then animals were inoculated from these cultures and after a period varying from five to twelve days the animals developed symptoms of *kakke*. Spores were found in the blood of these animals, and most of them died. The micro-organism was also found in the urine of *kakke* patients, in canal water used for drinking purposes, in the soil, and in rice. Experiments showed that the spores were not destroyed during the process of cooking rice, or during digestion. It seems probable, therefore, that one of the sources of the disease is the eating of rice infected with the disease, more especially as it appears to be a common practice amongst the Japanese to eat their rice cold.

DR. MACLEAN, of Netley, has written to the daily papers to appeal for contributions on behalf of Dr. Warburg, the deviser of the well-known febrifuge. It was in compliance with Dr. Maclean's advice that Warburg, some years ago, allowed his formula to be published in the *Lancet* and *Medical Times*. This publication was followed by disastrous results to the inventor, who now at the age of 81 finds himself in embarrassed circumstances. Dr. Maclean therefore invites all "who have derived benefit, perhaps had their lives saved by this remedy, to assist the man who has given to tropical medicine a powerful weapon to contend with a disease that kills twice as many victims as cholera and small-pox put together." The Government of India, some time ago, took the very unusual step of marking their sense of the value of Warburg's Tincture by a grant of 200*l.* to the discoverer, and it would be only becoming on the part of the English Government if they would give him a



pension on the Civil List. Still, whatever is done officially, it behoves the public and the medical profession as well, to gratefully mark their sense of the rectitude of Dr. Warburg's conduct in divulging his formula, and to make up to him as far as they are able for the loss that he has thereby incurred. It is a matter of expediency as well as of good feeling to prevent this example of unrecompensed service from going down to posterity to deter future discoverers from making their discoveries a free gift to the world. Contributions to the Warburg Fund may be sent either to Major-General F. Cotton, 13, Longridge Road, S.W., or Captain Ralph N. Taylor, United Service Club.

DR. BRISTOWE writes to us as follows :—In reference to your remarks a week or two ago concerning convalescent homes, and the trouble that their managers often seek needlessly to impose on medical practitioners, I enclose, in corroboration of your observations and for your amusement, the accompanying form as it was sent to me about four months ago, together with a narrative of the circumstances connected therewith. A short time before, at the end of a long hospital visit, and when it had become imperative on me to hasten away to fulfil other engagements, I was requested to fill up a copy of this form on behalf of one of my hospital patients, who was in every sense a fitting person to be sent to a convalescent home. I answered the first six questions without difficulty. But, when I came to the seventh and eighth, I found that in order to answer them I should have to read a whole page of printed matter. Under the circumstances I was unable to do this; and, as an answer to them, wrote that I had not time to read them. I complied with the further requirements, and the patient was received. Not long afterwards the pretended proof was sent to me. I need scarcely say that I did not reply to it. But I handed it to my class and to the nurses, and we had a hearty laugh at its feeble insolence.

In an admirable little book, entitled "A Schoolmaster's Retrospect," Mr. Maurice C. Hime, M.A., LL.D., strongly advocates the advantage of a medical training to a schoolmaster. Whilst fully agreeing with him that those employed in educating the young should have some knowledge of physiology (everybody should have some knowledge of it), we are not quite clear as to the desirability of every schoolmaster having gone so far as to take the degree of M.B. as Mr. Hime wishes. Having taken this degree, he would, he contends, be the more fitted to decide such questions as the best means of ventilating a school-room, the best hours for meals, the best food to take at meals, the best division of hours for teaching, the boundary lines that divide proper pressure from over-pressure or under-pressure, the proper amount of bodily exercise and the best kind of such exercise, the shape, and size, and requirements generally of a suitable school infirmary, the best mode of disinfecting, all questions relating to sewerage, etc. Information as to some of these points can be gained from the experience of others, and the medical officer of the school would be the proper person to consult as to the

rest. In an earlier part of the book, Mr. Hime is at some pains to adduce several cogent reasons why a schoolmaster should not be a clergyman, but should be specially trained for an educational career; we believe his remarks are equally applicable to the case of a medical man, and we very much doubt whether a medical education would afford at all the kind of training that Mr. Hime so properly considers necessary.

In a most interesting little brochure lately published, entitled *Medical Experiences in India*, Surgeon-Major Maunsell shows not only what a grand field for observation India offers, but how by the aid of a little determination and plenty of common sense difficulties which would have proved insuperable to many may be faced and surmounted. Having interested himself especially in diseases of the eye whilst at home on furlough, Surgeon-Major Maunsell on his return to India in 1881, found ample scope for the prosecution of his new study. The first difficulty he had to deal with was the reluctance of the natives to submit to operation; at last, however, an old man with double cataract was prevailed upon, and both cataracts having been successfully removed at one sitting, there was no further hesitation on the part of the natives in that locality. As an instance of the extent of his practice in the matter of cataract, we may mention that in one village in three consecutive days he performed 35 extractions, of which 32 were successful. In all his operations he was single-handed, at any rate so far as skilled professional assistance was concerned, and he was invariably his own chloroformist. In the course of eleven working months extending over a period of a year and a half, he performed 267 extractions, of which 22 were failures. Of course cataract was not the only eye-disease which came under his observation; indeed, cases of all sorts were met with, and notably not a few of night-blindness. A tabular statement is appended giving the sex, age, mode of operation, and result in each case.

It is somewhat satisfactory to know, from a recent prosecution at North Shields, that the Board of Trade are on the alert for those who transgress the Merchant Shipping Act. One of the provisions of that Act declares that in the case of illness or injury on board ship requiring medical advice, the fact of the occurrence of such a case shall be duly recorded in the official logbook. For neglecting to comply with this regulation, the master of a ship, which had brought a boy suffering from typhoid fever from Malta to London, was very properly prosecuted, and on conviction fined forty shillings. We hope this sentence will deter other masters from endeavouring to conceal cases of illness when they may feel tempted to do so; no possible good can be gained by the concealment; whilst in the case of cholera, for instance, an infinity of harm might result.

FROM the annual report of the Nightingale Fund for 1884, which has just been placed in our hands, we learn that after an existence of nearly a quarter of a century this school for training nurses continues to be in a most flourishing state. Thirty-one probationer nurses received appointments during the year, making



a grand total of 467 who have passed out of the school as certified nurses since its foundation. The intellectual standard of the several probationers is reported to have been good, and in fact to have been somewhat above the average, and the lecturers, Dr. Bristowe, Mr. Croft and Dr. Bernays, all spoke favourably of the knowledge shown by the pupils in their respective subjects. From a financial point affairs are equally satisfactory, and the fund has a large and increasing balance at its bankers.

THE death of Lord Shaftesbury at the advanced age of 84 removes one of the most eminent philanthropists of the present century from our midst. His labours on behalf of factory children culminating in the Ten Hours' Bill, and still more the prominent part he took in establishing refuges for homeless children, and especially the foundation of the *Chichester* and *Arethusa* training-ships for boys, have made for him an undying name in our annals. But by the medical profession he will be best remembered as the staunch supporter of the great reforms which were instituted in the treatment of lunatics in the first half of the present century. When the Board of Commissioners in Lunacy was created in 1829 he was appointed to it, and was its Chairman to the day of his death.

By an oversight last week, we stated that the Harveian Oration would be delivered by Dr. Quain, at the Royal College of Physicians, on October 18th; it should have been the 19th, as the former day falls on a Sunday.

#### THE FIRST OF OCTOBER.

ANOTHER First of October with its flow of eloquence and commonplace has come and gone, and some hundreds of young men, with the happy carelessness of school still aglow in their eyes, are straining at the leash, eager to get to work with their scalpels and as yet undaunted by the prospect of the long drudgery that lies before them. The teachers meanwhile are eagerly scanning the entry lists, anxious to learn how many of these raw young colts it will fall to their or their colleagues' lot to bit and bridle with Quain or Gray. In a week or so the curiosity of the elders will be set at rest, the enthusiasm of the *débutants* will be in process of defervescence, and all, or all but a few, will have settled down to that steady grind which, proverbially, "does it." In no other profession is there anything at all to compare with this general start off. In the church and in the law, in engineering, in literature, and in art, men get away in dribblets, unconscious often as to who is in the running until they knock against each other at the winning-tape. There is some excuse, then, for making a good deal of the First of October; there would be excuse for making a good deal more of it than we do. It is eminently sensible and eminently English (which comes to much the same thing) to make a speech to each new batch of students, giving them a broad view of their future course, telling them by means of what energies and endurances they may reach the end of it, and what they may expect to find when they get there. Such a course, implying as it does a dozen different speeches

addressed every year to as many fresh batches of students, has its obvious inconveniences, and we have wondered before now why the Medical Council or some such authoritative body has not followed the time-honoured example of the Church, when it found itself in a similar difficulty, and composed a common liturgy or a book of homilies for general use on such ceremonial occasions. Still in spite of the inconveniences, of which so much has been written heretofore that we forbear to press them, the system is on the whole more sensible, and, as we have said, more English than the modern innovation of inviting all and sundry to an evening entertainment, with a foreign name, at which the very men in whose honour it is held are swamped and silenced by a garrulous crowd. Surely to the freshmen a First of October *conversazione* is something of a mockery; and we do not doubt that if it were put to them, whether they would prefer sitting and listening to a speech in the singular, or standing and listening to speech in the plural, they would unhesitatingly give their votes for the former. That, at any rate, is a ceremony in which they have some part, even if a silent one, to play.

The older schools which, with a lack of conservatism rather unusual in such time-honoured and prosperous bodies, have given up their October addresses, can hardly perhaps be expected to restore them. But we may hope that their example has already done all that it was capable of, though we fear from what Professor Schäfer said at University College that that Institution has some idea of following in the wake of its older rivals. Yet even Mr. Schäfer, abolitionist as he is, admits that the October addresses have some uses, while Mr. Cowell, in his lecture at the new Westminster Hospital School, showed both explicitly and by implication how fully he valued the opportunity thus afforded him, of delivering a medical opinion on questions of public interest and importance; and the speakers at other schools, by dealing largely with those questions, bore witness to a like appreciation on their part of the function entrusted to them. Possibly when the roll of the new Parliament is called, the profession may find itself in the possession of better and more frequent opportunities of influencing public opinion than it at present enjoys; but the questions on which medical men are justly entitled to speak with authority are rapidly coming into such prominent importance, that if medical opinions are as wise and sound as we take them to be, we need not be nervous about having too much of them. Dr. Fowler very aptly pointed out in his address that more than fifty years ago, when Sir Charles Bell gave his evidence before a Parliamentary Committee on Medical Reform, the questions under discussion were exactly the same that we are discussing still. The fact might perhaps be put forward as a proof of the futility of October addresses, fifty years of them having left us exactly where we were. But it must be remembered that those questions which have not advanced are just those on which medical opinions, or at any rate medical interests, are not entirely unanimous; whereas the questions on which the medical voice is undivided have advanced towards their solution by leaps and



bounds. If we examine the addresses of this year, we find that on some points, such, for instance, as the necessity for lunacy reform, especially in regard to the protection of medical men, the speakers are of one accord; whereas in other questions, such as the provision of a degree for London students, the opinions expressed are much less unanimous and much less decided. The obvious conclusion from this is that the Government will soon probably grant the one reform, but will wait until medical opinion is more homogeneous before giving us a helping hand towards obtaining the other. The moral is that October lecturers would do well to consult together beforehand, and to take care that, as they all speak at once, they should all say the same thing—assuming, of course, that they all want the same thing, which is perhaps not always the case.

### ANTI-VACCINATION FALLACIES AND TACTICS.

THE recent Conference on vaccination at Leicester has given rise to a brisk correspondence in the columns of the *Times*, Drs. de Chaumont, Corfield and Seaton complaining that the position they assumed and the arguments they brought forward had not been fairly represented by the reporters of that journal, and other gentlemen making various explanations of a more or less personal nature. But there is one letter so characteristic of the mode of reasoning adopted by the opponents of vaccination, that we feel it a duty once more to denounce the tortuous and unscrupulous statements which constitute their stock-in-trade. We refer to that of the notorious Mr. William Tebb, though whatever pleasure Alexander may have felt when "Thrice he vanquished all his foes, and thrice he slew the slain," to us it is unspeakably wearisome to refute for the fiftieth time the misstatements and to expose the fallacies of men who are unamenable to reason. Why, we would ask, do the antivaccinators obstinately refuse to look the statistics of the last ten years of German small-pox in the face? Simply because they dare not! The new vaccination laws enacted in that year, and in force throughout the empire, mark an era in the history of small-pox in that country. Instead of this they harp for ever on the severity of the epidemic which raged in 1871–2 there, as in all parts of Europe, a severity which we have no wish to question since it brings out in stronger relief the amazing results of the new law.

Mr. Tebb calmly declares that when Professor Corfield refers to the triumphant results produced by the German Vaccination Law of 1874, and the immunity from small-pox consequent therefrom, he "is seriously in error on both points." To prove that the laws of 1874 have not led to any such reduction of the deaths from small-pox as Dr. Corfield maintains, he proceeds to quote the higher mortality of 1871 over 1870. He asserts that "compulsory vaccination laws of the most stringent character have existed in the greater part of Germany since the beginning of the century," giving dates varying from 1807 in Bavaria to 1835 in Prussia. This assertion has been so often

contradicted that he ought to know it to be false, except as regards Nassau, and one or two minor states and the army. In these the results have been all that could be desired. It is needless to repeat the striking contrast presented by the German and French armies in the late war, when the former lost under 230 and the latter over 23,000 men by small-pox—indeed, the deaths occurring among the French prisoners formed in some German towns no small proportion of the total mortality. In Frankfort, again, such a thing as a fatal case of small-pox has not been known for many years, the result of really stringent vaccination, just as much as the immunity at present enjoyed by Leicester is of isolation. Elsewhere, however, the laws were, as regards the civil population, the very reverse of stringent. Even in Bavaria vaccination was not compulsory until the end of the second year, by which time a large number had evaded the law by removal, and very many had died of small-pox while still unvaccinated. In Hamburg, Dr. J. Voigt, the Director of the Vaccine Institute, states that it was very rarely performed until the child attained the age of six years, when it was required by the school regulations.

In 1871–2 small-pox raged throughout Europe, and in Germany it was aggravated by the presence of over 200,000 badly vaccinated or unvaccinated prisoners from Sedan and Metz. The contrast again seen between the Nassau towns and Frankfort on the one hand, and those of other states, especially Prussia, on the other, betrayed the illusory character of previous legislation, and led to the promulgation throughout the newly constituted empire of the laws which had proved so successful in Nassau, with the addition of compulsory re-vaccination before the close of the period of attendance at school. Of course the adult population are not directly affected thereby, but they do enjoy an indirect benefit by lessened exposure to infection. We can well afford to decline any questionable evidence in our favour. We know that vaccination, however generally performed, is not to be wholly credited with the low mortality which marks the years immediately following any epidemic whether of small-pox or of other infectious diseases, when they have exhausted themselves on the more susceptible portion of the population, but in this case such concession actually lends additional force to our contention, for it is after the new law had fairly come into operation that the most marked improvement appears in the German returns, and when in every other country small-pox was beginning to re-assert itself. Thus the deaths from small-pox in Berlin from 1863 to 1870, while the population was rising from 600,000 to over 800,000, had varied between 100 and 620 annually; in 1871 and 1872 they were 3,552 and 1,128; but from 1873 to 1880, during which period the population increased to 1,200,000, they were respectively 93, 20, 34, 14 (7 of these being unvaccinated infants), 2, 5, 2 and 2. It is true that an outbreak in 1881 caused 50 deaths (of which 22 were unvaccinated and mostly infants), but the numbers since have been as low as in the few years preceding this solitary epidemic, if it deserve the name.

In the terrible year of 1871 at Hamburg, over 3,700



persons died of small-pox, but not one successfully vaccinated child under five years of age, and the deaths since that time have averaged 5 per annum, chiefly unvaccinated infants. Even if the absolute immunity enjoyed by Frankfort be in part attributable to its exceptionally good sanitary conditions, no reason beyond the difference in the laws relating to vaccination can be assigned for the fact that while in Berlin, Hamburg, Danzig and other densely peopled towns of Germany, the deaths from small-pox have for several years not exceeded units, in Vienna they amount to 800 or 900 annually, and in Prague are relatively to the population even higher. In the German army there has not been a death from small-pox for the last ten years, while in the Austrian, the mortality per 100,000 has varied between 10 and 67, and in the French between 8 and 28. In London and Paris, after the great epidemic of 1871-2, the mortality fell for a time simply or chiefly from exhaustion, but in each city it soon recovered from the temporary depression, and in our metropolis it assumed the proportions of an epidemic in 1877-8, in 1881, and again last year. In Paris this was delayed till 1879-1881, the mortality in 1880 being as high as 104 per 100,000. In Vienna it has exhibited only a partial remission in 1879, and has persisted with the exception of the years 1878-80, at or over 100 per 100,000 annually, and with a slight remission in 1880-1, the same may be said of St. Petersburg. In the whole of the German Empire, on the contrary, small-pox has ever since the year 1874 sunk to such insignificant proportions as to have become, if not actually extinct, a negligible quantity regarded as a cause of death.

It is impossible to find words too strong to describe the obstinacy which refuses to face these facts and to listen to any statistics from Germany subsequent to the year 1872, that is, less than fifteen years old, or the dishonesty which would put forward the mortality of 1871 as an answer to claims advanced on behalf of a law passed three years later. Once more we repeat that prior to 1874, *infant* vaccination was not compulsory in that country in any true sense of the word, the laws were the reverse of stringent except in one or two of the minor states, and if we wish to judge of the results of really compulsory vaccination *and re-vaccination* we must take into account the statistics of the last ten years. That a man who can thus distort the plainest facts should fall into a fallacy common to all his party need not surprise us. Mr. Tebb, when he quotes from the Registrar-General's report, that of the 121,147 persons who died of small-pox in England and Wales between 1854 and 1883, no fewer than 51,472 were under five years of age, "when vaccination is said to retain all its virtues," assumes that all these infants were vaccinated, whereas, next to young adults whose primary vaccination has lost much of its influence and who have not been re-vaccinated, the heaviest mortality is everywhere found among infants who have not been vaccinated at all. If, as we have no doubt, the vast majority of these fifty thousand infants and young children had not been successfully vaccinated, we have in this fact the strongest conceivable argument in favour of the earliest possible performance of the operation.

## THE ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD.

It is perhaps rather venturesome to hope that this Report for 1884 will be amongst the last issued by the Local Government Board as such, but if a thorough re-organisation of local government throughout the country is to be the first task of the new Parliament, we may trust that the formation of a Ministry of Health will constitute an integral part of the scheme of reform. A mere glance at the reports annually issued by the present Board is enough to convince one that the importance and multiplicity of the interests entrusted to it are such as to render it advisable if not obligatory, that the department should forthwith be placed under a Minister of cabinet rank. It may, perhaps, seem a matter of indifference whether the authority of the Board is exercised in the name of a President or of a Minister, especially when it can command the services of a statesman like Sir Charles Dilke, who signs the present report. But considering the difficulties which are always arising between the central Board and various opined, and often recalcitrant local authorities, it is of great importance that the head of the former should be able to advise and to command with all the authority and prestige that the State can possibly endow him with. A committee which sat during the year under review decided that the present clerical staff of the Board "is quite inadequate for the numerous and important duties which now devolve upon it," and in consequence of this report, alterations were made with the view of adding to the efficiency of the department. It is to be hoped that these changes may be but the prelude to the formation of that Health Department which Dr. de Chaumont so forcibly advocated in his recent address at Leicester.

The present Report is divided, as usual, into three parts, dealing respectively with Poor Relief, Local Government and Public Health, and Local Taxation. The second division is that which mainly concerns us, but we may state with regard to the first part that in the year under review the mean number of paupers relieved in proportion to the population was the lowest on record the absolute number being actually less by 50,000 than in 1874, in spite of the increase in the general population. The number of paupers relieved, however, still amounted to 765,914, and they cost 8,402,553*l.*, or 6*s.* 3*d.* per head of the population. Compared again with 1874, the ratio of able-bodied paupers to 1,000 of population relieved in 1884 was less by 1.2. But if paupers have diminished in numbers, lunatics have increased, partly, no doubt, owing to many being classed under the latter head who, in previous years, were classed under the former. The total number of lunatics relieved in January, 1884, at the cost of the poor-rate, was 68,736, or nearly 16,000 more than on the same day ten years previously. The metropolitan pauper returns are still more favourable than those of the country at large, the ratio per 1,000 of population having decreased in ten years from 34.3 to 25.1. Yet the fact that in London nearly 100,000 persons (or one out of every forty inhabitants) have to be maintained at the public cost is a sufficiently painful commentary on our political organisation. One of the most inter-



esting features in the attempt to break the back of hereditary pauperism by the timely care of the young is found in the system of boarding-out pauper children. This system has been slowly growing in importance, until in 1884 those so provided for numbered 1,043, and it is reported to be working most satisfactorily as regards nearly all the children. One of the inspectors reports that "a healthier looking lot of children could scarcely be found." The medical supervision of the paupers of the country is entrusted to 4,063 medical officers, whose annual salaries amount to 146,216*l.*, or about 36*l.* per head. Under these circumstances it is perhaps surprising to learn that only 6 of the 4,063 were dismissed or required to resign during the year on account of irregularities in the discharge of their duties.

The part of the Report dealing with Local Government and Public Health gives us a still higher idea of the enormous powers wielded by the Board; for while the work connected with poor relief is steadily declining with the decrease in the number of paupers, the duty of superintending the public health must necessarily increase in proportion to the spread amongst the population of the desire for health. In his address at the Leicester Congress last week, Mr. Percival Smith called attention to the fact that, while the loans for sanitary improvements sanctioned in the 23 years before the Local Government Board was instituted amounted only to some 10,000,000*l.*, in the first thirteen years of the Board the loans amounted to nearly 30,000,000*l.* These figures give us some idea of the amount of local activity in matters of sanitation. In fact, the local debt of the country, much of it incurred in health-giving works, amounted in 1883 to the vast total of 159,142,926*l.*, or more than one-fifth of the national debt, whereas in 1875 it was less than one-eighth of our national indebtedness. It is in urban districts that by far the largest debts have been incurred, thirteen times more money having been spent in twelve years by the former than by the latter, viz., twenty-six millions compared with two millions. The health of the country, we learn, is watched over by 1,136 Medical Officers of Health, viz., 520 for Rural, 582 for Urban, and 26 for Port Districts. Under them there are 1,037 Inspectors of Nuisances, and the two sets of officers cost the Board nearly 70,000*l.* per annum.

The Report, after dealing with the condition of the Thames, described by its inspector as "a huge sewage tank which for now many months has not been cleaned out;" the pollution of the Lea, and other rivers; and the Canal Boats Act, of the working of which it speaks rather diffidently; proceeds to deal with two subjects of great interest to the medical profession, viz., the adulteration of food, and vaccination. During the year 1884 nearly 2,300 analyses were made by some 250 analysts, and the proportion of articles found adulterated was 14.4 per cent. of those examined. That is not unsatisfactory so far, but it is very unsatisfactory to learn that in most of the small boroughs and in many of the rural districts the Sale of Food and Drugs Act is practically inoperative. The article found most frequently adulterated was spirits, though, as the adulterant was invariably

water, there is perhaps not much cause for indignation. Coffee and butter came next, chicory being the main addition to the former, and beef or pork fat the chief adulterant of the latter. Over 10,000 samples of milk, or nearly half the whole specimens of food and drugs examined, were analysed, and 1,761, or rather more than one-sixth, were condemned. But only in one case was any addition of solids detected. Tea, on the other hand, and sugar were found seldom, if ever, spurious, while bread was only adulterated in two per cent. of the specimens analysed. So that out of the five chief articles of consumption at the breakfast-table of the poor, two only, coffee and butter, proved unworthy of implicit confidence. As regards the results of the analysis of drugs, we have given an extract from the report in another column. The vaccination statistics of 1882, contained in the Report, must be dealt with hereafter, as the full returns will be published separately in the supplementary volume containing the Medical Officer's Report. We will only add here that of 807,584 children born in 1882 who survived, 94.5 per cent. were registered as successfully vaccinated, while of the remaining 5.5 per cent. the Board has no evidence. That one person out of every twenty born should be left unprotected from small-pox shows how far our present system is from complete efficiency.

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## CLINICAL PAPERS.

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### XXV.—ON THE USE OF ERGOT IN LABOUR.

THERE are two things that are apt especially to strike one in reading the older works on obstetrics and in talking to the practitioners whose procedure is founded on those works. The one is the importance which is attached to simple retention of the placenta without adhesion, and the frequency with which it is assumed to occur; the other is the tendency to rely upon ergot as an oxytocic agent. The experience of modern obstetricians with regard to the one and their practice with regard to the other, are entirely different from what was taught within quite recent times, and from what is still experienced and practised by many who have never come under the influence of modern precepts. It may be stated without hesitation that simple retention of the placenta, resisting the usual methods of removal by expression or traction, or both combined, is seldom if ever met with in modern midwifery practice; while the administration of ergot to hasten birth in cases of feeble uterine contraction has been almost entirely superseded in practice by other agencies, manual pressure, galvanism (largely and successfully employed by individual practitioners) and instrumental delivery. Two cases which have lately come under the notice of the writer incline him to believe that there is more than a mere casual connection between these two changes in midwifery experience and practice. Possibly the connection may be acknowledged in some of the many handbooks of obstetrics, English



and foreign; but if so the lesson taught therein has not duly impressed itself on the mass of general practitioners of the old school. The first case alluded to was that of a young and healthy primipara who was rapidly and unexpectedly delivered of a dead child at the end of the seventh month of pregnancy. The practitioner, finding a dead child in the bed, and fearing hæmorrhage, for reasons difficult to determine, at once administered a drachm of liquid ergot. On attempting to remove the after-birth, some twenty minutes later, he found the cord grasped by the rigid os and the entire placenta still in utero. The os would not even admit a finger. The help of the writer was requisitioned, and by his advice the woman was put deeply under chloroform. Still, in spite of persevering efforts, the rigid os resisted all efforts to introduce even a finger-tip, and in the end the attempt was given up. Some twelve hours afterwards the placenta was found lying in the vagina, compressed into a hard ball of the size and shape of a large lemon. In the second case the rigidity of the os was not so marked, but the placenta resisted all attempts at expression and traction, though on giving chloroform the contraction of the os was overcome without much difficulty and the placenta thereupon easily removed. In this case ergot had been given by the practitioner in attendance in order to hasten delivery, and he had been making unsuccessful attempts to remove the placenta for three hours.

Neither of the cases corresponded to the so-called "hour-glass" contraction of the uterus of which we read so much in obstetric literature, but see so little in obstetric practice. Hour-glass contraction—a condition almost certainly due to the neglect of the practitioner to keep the womb well in hand after the expulsion of the child—implies rigid contraction of the internal os, with flaccidity of the body of the uterus. In the above quoted cases, however, the whole of the uterus was in a state of tonic contraction; there was none of the alternate balling-up and loosening of the uterine tissue which one feels after an ordinary labour. In the first case, too, the condition of the placenta when removed suggested that it must have been subjected for some hours to prolonged and powerful compression, the contraction of the womb being so continuous and efficient, that not a single clot was passed with or after the placenta. Now this tonic contraction of the uterus is the very result which we know and wish to be produced by ergot; it is its power of producing it which renders ergot such a valuable hæmodynamic in post-partum hæmorrhage. At the same time it is this very action which has driven it almost entirely out of the field as an oxytocic. Until the placenta has come away, we look for alternate contraction and relaxation of the uterus, and by substituting for this action the tonic contraction produced by ergot we are running counter to Nature (a wise interpretation and imitation of whose aims and methods form the only sound principles in midwifery practice), and risking injury either to child or mother. It cannot be too deeply impressed upon the student of obstetrics that only under most exceptional circumstances is it advisable to give ergot unless one can assure oneself that both child and placenta are likely

to be delivered before the uterus comes under the action of the drug.

Before concluding this paper it may be worth while to add a few practical remarks on the removal of the placenta. Next to the precautional use of antiseptics, the expression of the placenta by the left hand and the subsequent care of the womb probably constitute the most important reform in the modern treatment of normal labour, lessening as they do respectively the opportunity of infection by the practitioner, and the liability to post-partum hæmorrhage. There is, however, one danger in connection with expression of the placenta, which has been frequently pointed out, but which has not been taken to heart so generally as it might be. When the placenta is expressed it comes away rapidly, drawing the membranes after it. The latter are thus very liable to be clipped by the contracting os, and if the placenta is not received by the hand, or if being received it is drawn away too suddenly, a piece of membrane is very apt to be torn off and left behind—a very undesirable, not to say dangerous result. The safer practice is to receive the placenta in the right hand, and if there is any drag on the membranes to hold it and to wait half a minute or more until the contracted os relaxes and the membranes come away easily. Following this procedure, there will be seldom any necessity, though it may sometimes perhaps be safer, to twist the membranes into a rope as the text books direct.

E.

## REVIEWS AND NOTICES OF BOOKS.

*Diseases of the Tongue*; by HENRY T. BUTLIN, F.R.C.S. London: Cassell & Co. 1885, pp. 451.—This is one of Cassell's Clinical Manuals for Practitioners and Students of Medicine, and may be taken as a representative volume of the series. The subject is exhaustively treated in many ways, and some of the more important diseases are admirably illustrated in chromo-lithograph. Beginning with accidents to the tongue, the author next proceeds to consider congenital defects, and then, seriatim, every disease that has ever been seen or recorded. If it were possible to find any fault with so admirable a compilation as the one before us, it would be on the score of the paucity of pathological details and the absence of illustrative drawings of these conditions. Few surgeons are better qualified to supply both the details and the drawings than Mr. Butlin. The descriptions of the clinical facts are in large part transcripts with criticisms and remarks by the author. In such facts our literature and text-books abound, but in the minute pathology of the conditions described they are sadly deficient, and the want is in no way supplied in the volume before us. One of the most interesting and most valuable chapters in the book is that on the after-treatment which operations on the tongue require. The author says: "Until a comparatively late period, the after-treatment of patients who had suffered amputation of the whole or part of the tongue was little studied." He also refers to the fact that in two well-known works on the antiseptic treatment of wounds, no mention of those of the tongue is made. The majority of our readers, we imagine, either as students or practitioners, will remember how penible most of their tongue cases were, with their horrible factor, and incessant dribbling of decomposing discharges from the mouth. Various plans, including drainage through the floor of the mouth, have been tried with but very partial success. And not only from this standpoint is this fœtid discharge disagreeable, poisoning



the room or the ward and rendering it offensive to every one in it, for there is the danger of septic pneumonia, by far the most frequent cause of death in fatal cases. The breathing air passing over this decomposing surface gets charged with disease germs, and moreover, the discharge itself finds its way into the larynx, and thence to the lungs, and so sets up the fatal complication. The most recent and the best treatment now consists in feeding the patient entirely for some days on nutritive enemata, and keeping the floor of the mouth packed with iodoform gauze. This treatment was proposed first by Wölfler, one of Professor Billroth's assistants; he carried it out successfully in 17 cases of various operations on the tongue; not only was there no fatality, but the inconveniences were reduced to a minimum, and from first to last, there was no fœtor. The mode of dressing is as follows: Strips of the gauze, about the width of two or three fingers, are placed in the cavity of the mouth with a pair of forceps; all the angles of the wound are filled with it without exercising any undue pressure, but so as to cover the whole surface of the wound. The strips of the gauze interlace with the surface of the wound, and in the next few days cannot be separated from it without the occurrence of bleeding. If the strips are properly placed, there is nothing more to be done to the wound, for they may remain there six or eight days until they fall out. Only the superficial layers, which become sodden with the saliva and the food, need be removed from day to day. Wölfler does not feed his patients by enemata, but apparently through the mouth from the first. This, we think, is a mistake. It is better to give peptonised food *per rectum*, as long as possible; a few drops of opium help to quiet the patient as well as the rectum. If the latter become irritable, the use of a soft œsophageal tube is to be commended. In this manner, the dressing in the floor of the mouth is kept dry and healing goes on more rapidly; but if food must, for some reason, be given by the mouth, it will be found advantageous to take out the superficial strata of gauze, to cleanse out any mucus which may have collected about the fauces, and then to give the food. Immediately afterwards the mouth may be well-cleansed with boracic or some other solution, and then repacked with the iodoform gauze. The whole work under review is exceedingly interesting, and will doubtless be highly appreciated by the practitioners and students of medicine to whom it is addressed. When the complete series of manuals has appeared, we shall be in possession of an admirable library, one of the chief advantages of which will be that in a small space will be given not only the writer's own experience (which is sometimes not very great), but that of the best known authorities on the subject, compiled up to the latest date. It is obvious, therefore, that for such a series to maintain its present popularity and value, the editions must follow each other with fair rapidity, on account of the rapid march of events, and of the vast improvements which this march brings with it.

*A Practical Treatise on Diseases of the Kidneys and Urinary Derangements*; by C. H. RALFE, M.D. London: H. K. Lewis, 1885. It is always a misfortune for an author when his book is just forestalled by someone else who treats of the same subject and from the same standpoint. Dr. Ralfe appears to be in that unenviable position, though through no fault of his own, for within the last few months a well-known monograph on this subject has reached a fourth edition, whilst another great authority has finished, after many years of labour, his masterly treatise on the same topic. However, the function of the critic is not to institute comparisons, but to judge of each book on its own merits. At the outset we must confess that the opening chapter on the general symptomatology of kidney disease did not give us a favourable impression of the work. We very much doubt the advisability of endeavouring to compare such widely different conditions as are here dealt with; diabetes and chronic Bright's disease should surely be kept quite distinct, whereas here their symptoms are taken consecutively, in reference, for instance, to the ophthalmoscopic changes where they have absolutely nothing in common. If the first chapter is thus open to objection, the next chapter sees

Dr. Ralfe at his best. It deals with the clinical examination of the urine, a subject in which the author is thoroughly at home, and which he has handled in a manner that leaves nothing to be desired. The author speaks much more decidedly than do most of his predecessors, as to the pale granular kidney being the final stage of the large white; but whether we agree with him in this matter or not, we must all allow that it is often very difficult to draw a line histologically between intra and inter-tubular changes. Dr. Ralfe speaks favourably of the solvent treatment of small uric acid calculi that have just been passed into the bladder, but if they are so small as would seem to be necessary for successful treatment in this way, surely a very slight measure of surgical interference would get rid of them more effectually and far more speedily. Several times throughout the book the use of Davy's lever is mentioned as an aid in diagnosis, for instance, to determine from which kidney pus is being discharged, but no directions are given for its use. No doubt the student can find out how to apply the lever so as to control the common iliac artery by reference to a surgical manual, but this will not tell him the exact relations of the ureter, and even if he has remembered them from his anatomical days, he will still want to know how he is to feel sure that he is compressing the ureter, and how long such compression must be kept up in order that the diagnosis may be made. We hope that in a subsequent edition Dr. Ralfe will be a little more explicit on these points. And in that edition, we hope too that the very numerous grammatical and clerical errors which disfigure this one will be removed.

*Medical Reports of the China Imperial Maritime Customs*; Special Series, No. 2. 28th Issue. London: P. S. King & Co., 1885. This number of the Reports, which we owe to the far-sighted initiative of Sir Robert Hart, and which we sincerely hope will be kept up by his successor, is not inferior in interest to its predecessors. It deals with the two middle quarters of 1884. Many cases, some of which we shall take the opportunity of quoting in full hereafter, are carefully recorded by the Customs Medical Officers, whose opportunities of observing disease under novel conditions are certainly unique, and to whom a powerful incentive to observation and thought are doubtless afforded by the publication of their reports in a collected form. On almost every page of the present number one meets with interesting facts. Thus, Dr. Henry calls attention to the liability of Chinese women who deform their feet to accidents, resulting in two cases under his observation in Pott's fracture. Dr. Jamieson records a very interesting case of enlarged heart, weighing 34 oz., with mitral and aortic incompetence, the possessor of which had never complained of illness till his sudden death. Dr. Rennie reports a case of typhoid fever, with death on the tenth day at a temperature of 106.2°, in spite of baths, and a case of hepatic abscess treated by Manson's operation. Dr. Myers contributes some very sensible remarks on the use of alcohol in health and disease. He remarks on the peculiar inability of the Chinaman to withstand any affection localised in his bowels. "I have repeatedly seen a Chinaman, purged once or twice, exhibit a condition of shock which could scarcely be worse if he had received a severe abdominal wound; while if the latter had really been the cause, his chances of speedy recovery, with often few or no unfavourable symptoms, would be infinitely better than with a foreigner similarly wounded." Of Dr. Myers' Report on the teaching of native students at the Manson Memorial Hospital we spoke last week. Dr. Lowry's report contains some careful observations on bubonic plague; and the volume closes with a note on Distoma Hepaticum, by Dr. Wallace Taylor, supplementary to that which appeared in the previous issue of the Reports.

*Operative Surgery in the Calcutta Medical College Hospital*; by KENNETH McLEOD, M.D. London: J. & A. Churchill, 1885, pp. 351. This work consists of a tabular record of all the cases of surgical operation which have come under the author's treatment during five years' service as sur-



geon to the Calcutta Medical College Hospital, together with short notes of such cases abstracted from the more detailed histories kept in the wards. The record includes a grand total of 800 operations with a death-rate of 14·7 per cent., among these there are 27 operations for vesical calculus, with 4 deaths; 18 hernias, with 9 deaths; 129 cases of elephantiasis of scrotum, with 23 deaths; 10 cases of epithelioma of the penis; 41 excisions of joints, with 4 deaths; 38 primary amputations, with 9 deaths. Dr. McLeod is a strong advocate of the antiseptic treatment in surgical operations; he says the details given in his chapters "amply sustain the conclusion, and there is no difficulty in appreciating these local changes, for the phenomena of a septic repair differ fundamentally and entirely, more especially in bad subjects and bad hospitals, from those which characterise septic repair. In the case of good subjects and good hospitals the difference may not be so apparent." He then refers to the difficulties of securing aseptic occlusion in India, so much depending on the surgeon's assistants and surroundings. The book contains most interesting cases, together with Dr. McLeod's views thereon. Altogether the work before us is a record of which the author may be justly proud, and on which we cordially congratulate him.

*Clinical Lectures on Scrofulous Neck*; London: J. & A. Churchill, 1885.—In this little volume Dr. Clifford Allbutt and Mr. Pridgin Teale have issued two clinical lectures delivered by them at Leeds during the past year, and originally published in our columns. Their collaboration has been very successful, and now that the surgeon is so often called upon to operate on parts of the body that were once left almost exclusively to medical treatment, we may expect to find such division of labour a more frequent, as it certainly is a most convenient, arrangement. Dr. Allbutt deals with the medical aspect of scrofulous glands in his own inimitable way, and leads up to Mr. Teale's practical description of their treatment by extirpation. The substance of the lectures was communicated to the International Medical Congress in 1881, but many of the cases were inadvertently omitted from the Transactions. The details of these are now given, and Mr. Teale tells us that his more recent cases abundantly confirm the experience previously gained. The operation advocated is an admirable instance of treatment based on a sound and enlightened pathology, and deserves to come into much more frequent use than it has hitherto done.

*Elements of Surgical Pathology*; by AUGUSTUS J. PEPPER, M.S., M.B. Lond., F.R.C.S. Second Edition: Cassell & Co.—We gave a considerable space to a review of this book on its first appearance, and we need do little more now than congratulate the author on having given heed to our criticisms, and amended his work in the directions we indicated. The chapter on "Inflammation," which we mainly fell foul of, has been entirely re-written, and now forms a much more satisfactory introduction to the study of surgical pathology than it did as it originally stood. Besides this, the whole work has evidently been subjected to painstaking revision, and new sections have been added on acute rickets, foetal rickets, Raynaud's disease, progressive obliterative arteritis and spondylolisthesis—most of them subjects of much recent attention. A new and useful chapter on cell-multiplication is also appended. We have therefore much less hesitation now in recommending the work to advanced students than we felt on perusing the first edition.

## ABSTRACTS AND EXTRACTS.

### FROM THE FOURTEENTH ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD.

*Small-pox in London in 1884.*—From the beginning of the year, small-pox, which during 1883 had been at a low level, began to show signs of increase. The number of patients admitted during the year into the hospitals and

hospital ships of the Metropolitan Asylums Board was 6,900. In February the hospital ship *Atlas* began to receive cases. In April a tent hospital for convalescents was opened at Darenth. In May the managers hired from the Poplar Board of Works the infectious hospital built by them some years since at Plaistow. In June the second hospital ship, the *Castalia*, was prepared for the reception of patients. The maximum number of patients under the care of the managers was reached on July 3rd, when it amounted to 1,391. From that time the numbers fell rapidly till the close of the autumn, when they again increased. On the last day of the year there were 1,060 patients under treatment. There are now three ambulance stations, in telephonic communication with the offices of the managers in Norfolk Street. To these offices all cases of small-pox are at once notified by telegram, with a statement whether the disease is of a mild or severe type. Severe cases are taken to the land hospitals, whilst mild cases are removed at once by ambulance to the river side, two ambulance steamers being used for their conveyance to the ships at Long Reach. When convalescence begins the patients are removed to the camp at Darenth, in which as many as 1,000 patients have been accommodated at one time. Some difficulties have been experienced in the administration of this large camp; and, during the interval which will probably elapse before the next visitation of the disease, further consideration of the question of the provision to be made for convalescent patients will be necessary.

*The Adulteration of Coffee.*—Coffee continues to be one of the chief subjects of adulteration, and about one-fifth of the samples examined were reported against. The peculiarity in one case was that the berries were actually shown to the inspector, and were ground in his presence, so that there seemed to be no likelihood of adulteration. Chicory, however, was found on analysis to be present, and the vendor was fined. It is possible that this fraud was due to the revival of an old practice of compressing chicory by machinery into the size and shape of coffee-berries. These sham berries are mixed with real ones, and the purchaser, who sees what he believes to be coffee being ground before his eyes, is hopelessly deceived. As chicory only costs threepence or fourpence a pound, the fraud is very profitable. It is no rare thing for so-called "coffee" to be sold which proves on analysis to be composed of one-fourth part of coffee added to three-fourths of chicory.

*Adulterated Drugs.*—Of 442 samples of drugs analysed during the year no less than 64, or 14·5 per cent., were reported as adulterated. The chief subject of analysis was sweet spirits of nitre, of which 106 samples were examined and 36 were condemned, no less than 20 being either wholly or almost wholly destitute of nitrous ether. We may probably assume, however, that in a greater or less proportion of these cases the deficiency was due, not to intentional dilution, but to the accidental escape of volatile spirits which had originally been present. Of 35 samples of quinine all were genuine, but 2 samples of tincture of quinine (out of 9) were reported against. Similarly 13 specimens of powdered rhubarb were pronounced pure, while 6 out of 17 samples of tincture of rhubarb were found wanting both as regards the strength of the extract and the proportion of proof spirit.

*A Vaccination Census.*—Among the measures taken by Boards of Guardians may be specially mentioned a very comprehensive investigation instituted by the Guardians of St. Pancras with regard to the vaccination of the residents. A staff was organised consisting of ten gentlemen connected with University College Hospital, who were appointed to institute, under the direction of Mr. G. W. Collins, L.R.C.P., a house-to-house enquiry throughout the parish. They visited 21,885 inhabited houses and obtained statistics with regard to the vaccination of 141,620 persons. The enquiry elicited some interesting information. It showed that, of 25,917 children over one and under ten years of age, no less than 25,692, or more than 99 per cent. had been vaccinated, while of 112,425 persons over ten years of age, 71,213 or 63 per cent. had been vaccinated once, 39,835, or 35½ per cent., had been vaccinated more than once, and only 1,377, or less than 1½ per cent., were unvaccinated. As regards the incidence of small-pox on vaccinated, re-vaccinated, and unvaccinated persons



respectively, the results of the enquiry were as follows :— Of the 71,213 persons over ten who had undergone a single vaccination, 2,013 or 2·8 per cent. were found to be marked with small-pox. Of the 39,835 who had been re-vaccinated, only 29, or 0·08 per cent. were so marked. But of the 1,337 unvaccinated no less than 857, or 62·2 per cent., bore unmistakable traces of that disease.

*Compulsory Notification of Infectious Disease.*— The system of compulsory notification of infectious disease is steadily growing. In our last Annual Report we enumerated thirty-four towns, with an aggregate population of more than two millions and a half, where it had been already introduced. We have now to add that the towns of Chester, Croydon, Dewsbury, and York adopted similar provisions in their Local Acts of last year, and that Bills containing clauses of the same kind, and applying to Eastbourne, Hastings, Ramsgate, Sunderland, and Wakefield have been submitted to us prior to their introduction into Parliament in the Session of 1885.

**IMPORTANCE OF THE THERMOMETER IN EPILEPSY.**— Dr. Légrand la Saulle delivered a lecture, of which the following is a portion (*Gazette des Hôpitaux*, No. 78), at the Hospice de la Salpêtrière :—" I have just lost a young epileptic under conditions well worthy of being reported, demonstrating as they do the clinical and exceptional value of the thermometer in epilepsy. But, first, let me lay down as a principle this fact, that it is not possible when an epileptic has undergone great amelioration under the bromide treatment to suspend the use of the salt for a certain time without the patient being exposed to grave convulsive relapse. All the provisional immunities so slowly acquired may suddenly disappear, and the patient in some hours, in two or three days, or, at a maximum, in nine days, may have to pay the balance of his comitial arrears and lose his life. Several years of great relative security, due to a daily perseverance in an invariable dose of the bromide, may give place to a sudden catastrophe. A suspension somewhat too prolonged of a medicine become indispensable for the maintenance of the silence of the neurosis, notwithstanding apparent health and the integrity of the intellectual faculties—and all is done. When an epileptic has been under the influence of bromide for a long period, he continues, after the cessation of the therapeutical agent, still, though less and less, to eliminate the bromide by the urine. After the 15th, the 16th, or even the 17th day no more is found, or only mere traces. If the patient had fits no longer, he may yet have one or more in the short space of time that had elapsed since his emancipation from the bromide slavery. But if the benefit of the treatment persisted (which is not very rare) for a month, six weeks, two, or even three months, there is still reason not to partake of a deceptive quietude. The enemy is there, all ready to strike. For a certain number of years I have always insisted on these particulars which are so special, on these minutiae, and ordinarily I exercise the greatest vigilance in the control of my own prescriptions; but in consequence of an intercurrent disease while taking the bromide, leading to a suspension of the medicine, I have witnessed twice in the same patient a most dangerous state of the disease. On the first occasion she recovered, but on the second she succumbed. This patient entered the Salpêtrière, at the age of 17, in November, 1881, and up to the end of that year there were counted 38 convulsive attacks and 13 vertigos; and during 1882 there occurred 132 attacks and 81 vertigos. In January, 1883, she became the subject of typhoid fever, and the bromide of potassium (of which until then she had taken from 4 to 5 grammes daily) was suspended. Twenty-five or thirty days afterwards she had completely recovered from this and was very merry, when she was suddenly seized with a fit, and had 1,646 attacks within the next three days. She got better, however, and renewed the bromide. During 1884 she had 259 attacks and 9 vertigos. In January, 1884, becoming dyspeptic, with symptoms of biliary calculi, the bromide was again suspended. On 7th February she was going on very well, and had resumed her ordinary little occupations in the ward, when she fell down in a fit, and on the 16th she died, after having suffered 2,074 attacks. She

had traversed quite a typical condition of epilepsy, and the most unfavourable prognosis had been given much more on account of the gradual elevation of the temperature than for the multiplicity of the fits. Thermometrical indications acquire here so great a prophetic value that their revelations cannot be too strongly insisted upon. An epileptic who habitually has a temperature of 37·5° C. may very well have one of 38° during and a short time after an isolated attack. If this has been a severe one, it may rise to 38·2° or even 38·5°, the pulse at the same time increasing to 80 or 86 and the respiration to 23-27. But when a series of attacks appear it is a very different matter. The multiplicity of the attacks, which is sometimes so extraordinary, is of the greatest importance in the convulsive period of epilepsy; but it is the elevation of temperature which should arouse the attention of the practitioner. Dr. Bourneville, who has contributed so much towards making known the clinical importance of the thermometer in diseases of the nervous system, has seen, for example, a little patient who, in the course of five days, passed from 38·3° to 42·1°, and another from 37·6° to 41°, the figure of 41° being quite hyperpyretic. The temperature increases in general from the first attacks, mounting up in proportion as these attacks are multiplied, especially when the faculties are enfeebled or abolished. At the end of this convulsive period the temperature may have advanced from 40° to 41°, and then death supervenes; but in a certain number of cases 39·5° is not exceeded, and then the stupor may disappear, consciousness return, the temperature speedily falling to 39°, 38° or even 37·8°. In the meningitic period of the disease, after the convulsions have become rare or have ceased, the temperature may diminish; but it may undergo another elevation, and then the condition is highly perilous, especially if the other symptoms are simultaneously exasperated. But even in this meningitic period if the temperature has not become hyperpyretic (40·5°, 41°, 41·3°), the collapse has diminished, the tongue has become moist, and especially if the temperature has sensibly diminished, all may yet be well. This epileptic condition may oscillate between three and nine days, and Dr. Bourneville has never seen it exceed the latter. In three-fifths of the cases the termination is fatal. In fine, thermometrical indications possess an undeniable value in the prognosis, and this fact is not as yet sufficiently known."

**ANTIPYRIN.**—Dr. Zíteke writes in the *Therapeutic Gazette*, for August: "Collapse, which so often accompanies kaïrine and makes its administration dangerous, seldom or never follows the administration of antipyrin. In one of my cases, where antipyrin was given for more than eight days in considerably large quantity, I observed that the temperature fell to 96° and remained so for several hours, though no other alarming symptoms were present. The pulse was full, the sensorium undisturbed, the respiration regular, and the patient was always ready to take the offered nourishment. Hence, I think that this fall of temperature, which sometimes follows large doses of antipyrin, and which was duly observed also by Docent von Hofer, Dr. Batek, Prof. Przibram, and others can hardly be called a collapse, as all the pathological signs of collapse are usually wanting, and because the temperature after having been low for several hours begins to rise to its normal stage again. The sweating stage, which is so often observed in the wake of kaïrine and other drugs, is of no consideration after the administration of antipyrin. Sometimes it may be observed, yet it is usually the case in such diseases in which hyperhydrosis is one of the most common symptoms. In such cases small doses of agaricine or of atropine if administered are able to check the excessive sweating. Finally, as to the exanthematous symptoms which follow large doses of other drugs, they were also observed after a prolonged use of antipyrin. The eruptions were of widely different shape and form, some resembling measles, others scarlatina, or even the common form of urticaria hæmorrhagica. In some cases, however, it is impossible to lay the exanthema at the door of the drug, whilst in others, it is without the slightest doubt its effect. In such cases, however, the exanthema usually disappeared as soon as the administration of the drug was ceased. From all this we can derive the one



firm conclusion, that in antipyrin we have found a powerful antipyretic, very valuable in the treatment of the many acute febrile disorders, because its action is sure and because its administration is far more safe than that of many drugs now used by the profession."

**CHLOROFORM AS A HÆMOSTATIC.**—Dr. Betz, in his *Memorabilien*, 1885, No. 5, relates two cases of uterine hæmorrhage, in which he found chloroform of great utility in its arrest. The first of these occurred in the person of a robust woman, 33 years old, delivered of her second child under chloroform. Owing to the delay of the passage of the head, notwithstanding violent pains, the forceps was applied, and after the removal of the placenta, fearful hæmorrhage ensued, so that the reporter did not dare remove his hand which he had introduced into the uterus as a plug and a stimulus to action. The contraction soon subsided, and hot water injected by the side of the hand failed to reproduce it. Chloroform was now poured on a sponge and passed into the uterus, and some was also poured on to the abdomen. On the introduction of the sponge, a severe burning pain was felt along the genital passage, strong contraction of the uterus took place, and the bleeding ceased. A delicate woman, 23 years of age, formed the subject of the second case, being at about the fourth month with her third child. During eight days she had slight hæmorrhage and pains, and on the ninth a fœtus was expelled, succeeded by a mass of black coagulum. Hæmorrhage followed and resisted all the ordinary means, and the patient became cold and pulseless. A plug was made of cotton wool, and after being wetted with a mixture of chloroform and ether was passed up and held against the os by the fingers. Severe burning pain was produced from the vagina to the abdomen, and in a very short time contraction of vagina and uterus, with arrest of the hæmorrhage, ensued. The action of chloroform, Dr. Betz observes, differs from that of the ordinary astringents, not inducing coagulation of the blood as they do, but causing narrowing and closure of the blood-vessels in consequence of muscular contraction. When chloroform is not at hand alcoholic injections may be resorted to. The use of chloroform in this way may supersede the hypodermic injection of ether.

**URETHRAN IN INSOMNIA.**—Dr. R. v. Jaksch, privat-docent and assistant in the first medical clinic in Vienna, has made a number of observations on animals and in the wards on the action of urethran lately described by Dr. Kobert, of Strasburg. It is a white crystalline substance without smell, and something like saltpetre in taste. It dissolves readily in water, and has the formula  $\text{NH}_2\text{CO}_2\text{C}_2\text{H}_5$ . It does not appear to be a poison, as when given to rabbits in doses equal to a two-thousandth of their weight, no ill effects were observed; 110 observations were then made on its hypnotic effect on 20 different patients with various diseases associated with a greater or less degree of insomnia. Amongst them were cases of phthisis, chronic rheumatism, paralysis with cardiac disease in which both morphia and chloral were contraindicated, carcinoma of the rectum with carcinomatous peritonitis causing severe pain, and aneurysm of the aorta. The author at first gave doses of .25 gramme (about 4 grains), but found that that quantity produced scarcely any decided hypnotic effect. He then increased it to .5 gramme (about 8 grains), and with this, which nearly always succeeded in giving the patient a few hours quiet sleep, sometimes commencing immediately after the dose was taken, and sometimes being delayed for an hour or an hour and a half.

**PERFORATION OF THE CERVIX UTERI BY LAMINARIA TENTS.**—Dr. C. C. Lee relates (*New York Medical Journal*, July 25th) the case of a middle-aged single woman, under treatment for what was believed to be a sub-mucous fibroid attached to the anterior wall of the uterus, a short way above the internal os. Laminaria tents, carefully used and frequently changed, were introduced into the elongated cervix in order to favour exploratory and operative measures. The uterus was slightly anteverted. Two tents produced perforation on the anterior surface of the cervix at the vaginal junction. He had heard of two other cases in which a similar accident had occurred during the employment of laminaria tents.

## SPECIAL CORRESPONDENCE.

### THE NEW HYGIENIC INSTITUTE IN BERLIN.

(By Our Berlin Correspondent.)

THE foundation of this Institute has attracted much interest in scientific Europe, chiefly because a large part of the new building has been devoted to the formation of a Bacteriological Laboratory, the conduct of which has been placed under the direction of Dr. Koch as Professor of Hygiene in the Berlin University. From the great resources of this laboratory, both from a research-work and from a teaching point of view, there would seem to be reasonable ground for believing that in the future it will obtain a world-wide reputation similar to that now enjoyed by the Physiological Institute in Leipzig, and therefore more than ordinary interest attaches to the circumstances under which it has been instituted.

Until recently Dr. Koch was director of the old "Health Office" in Berlin, but was often (I believe) in that capacity more or less directly involved in work not strictly bacteriological. Recognising his great ability and the desirability of freeing the hands of such a man as far as possible, the German Government converted a large building in the Kloster Strasse into a Hygienic Institute, placing in it a bacteriological and chemical laboratory and a museum (the latter two departments not yet complete). The bacteriological department at least has been placed under Dr. Koch's direction, whilst his former assistant retains charge of the old "Health Office." The appointments of this bacteriological laboratory are superb. Under the professor's direction are five permanent assistants, and in addition other students who are working there at special bacteriological subjects.

With characteristic forethought the German Government determined not only to give Dr. Koch a magnificent laboratory, but also to place it within the power of almost every professional man in Germany to receive a thorough and practical bacteriological education. Those who work there are divided into three classes:—(1) The ordinary students who are taught for two hours three times a week during a semester. (2) Qualified practitioners who are admitted for from four to six hours daily for a month. (3) Qualified practitioners and others who desire to work at special subjects, and who are provided with a special place in the laboratory in which they can work for at least one semester. The fees for admission are to an English mind very low. For classes (1) and (2), 3*l.*; for class (3) 5*l.*, and absolutely no distinction is made between foreigners and Germans. It was one of these monthly courses (2) that the writer has just taken part in, and amongst the twelve students who had entered for that course there were representatives from Russia, Norway, Australia, America and Canada. The work done in these monthly courses is essentially practical, since the student is expected not to be ignorant of the theoretical branch of the subject. He is compelled to do almost everything for himself; to prepare his own gelatin meat infusion, bread cultivation material, blood serum, potatoes, etc., and this for the most part not once or twice, but over and over again until he can almost mechanically effect their successful preparation. With his own materials he is taught to make almost every known variety of cultivation, and to repeat them *ad nauseam*. He observes microscopically all the chief micro-organisms from micrococci to moulds. He is shewn the manner in which inoculations are made, and then repeats them for himself, next cultivates the organisms from the blood and tissues of the dead animals and again repeats the inoculations and cultivations. He is never asked to believe anything "on faith," but on the contrary is requested to thoroughly satisfy himself that what he is taught is true.

Thus, after one month's hard work, he is fairly well grounded in bacteriological method, and to repeat the witticism of a Danish bacteriologist, represents a spore going out into the world to reproduce its own species in a



suitable soil. The bacteriologist concluded by hoping that all the new cultivations would be "Rein-Culturen."

In conclusion, I should remark that the fidelity in detail, and what may be called "abstract honesty of purpose," evidenced in the daily work in the laboratory by all the officials, cause one to feel that the confidence of the German Government was well grounded; and I would echo the query of your former correspondent, and ask, Where in England could I receive such instruction on any terms whatever, and whose fault is it that I cannot do so?

## GENERAL CORRESPONDENCE.

### CENTENARIANS.

[To the Editor of the Medical Times.]

SIR,—I am endeavouring to collect information respecting centenarians, and shall be much obliged if any of your readers who may be acquainted with such a person, will be so good as to send me notice of the same. I shall also be glad to hear of persons who have attained or passed the age of ninety.

I am, Sir, yours, &c.,  
G. M. HUMPHRY.

Cambridge, September 30th, 1885.

### OBITUARY.

#### THOMAS SHADFORD WALKER, M.R.C.S.

It is with much regret that we report the death, on the 27th ultimo, of Mr. T. Shadford Walker, the well-known ophthalmic surgeon of Liverpool. Although it was known to his more intimate friends that he was in delicate health, his sudden death from apoplexy at the early age of 50 years has been a sad surprise to his professional brethren. Mr. Walker was born at Burslem, in Staffordshire, where his father practised as a surgeon. He was educated at King's College, London, and became M.R.C.S. and L.S.A. in 1858. In that year he was appointed house-surgeon to the Liverpool Infirmary. In 1861, Mr. Walker entered private practice, and obtained an assistant-surgeoncy to the Liverpool Eye and Ear Infirmary. In 1870 he became surgeon, and a short time ago consulting-surgeon. His reputation in ophthalmic surgery was deservedly great around Liverpool, and his practice in that specialty exceptionally large. He did not write much on professional subjects, but devoted his spare time to the study of art, and was famous as a collector of china, manuscripts, Wedgwood ware and other articles of *vertu*. He held the office of President of the Liverpool Medical Institution, and was a Vice-President of the Ophthalmological Society and an energetic member of the Liverpool Art Club.

## MEDICAL NEWS.

THE SOCIETY OF APOTHECARIES, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, September 10th, 1885:—

Stephen Moffatt Hay, Moorefield, Ontario, Canada; Edward Herbert Young, 13, St. John's Street, Stamford, Lincolnshire.

THE METROPOLITAN ASYLUMS BOARD.—On the first meeting of the Board since the recess, on Saturday, a letter was read by the Secretary, asking for a contribution to a testimonial fund to Mr. Elliott, a member of the Board, who had interested himself in promoting the Local Government Board enquiry into the management of the

Eastern Hospitals, which the letter alleged had caused a reduction in their present precept of 60,000*l*. In reply to this statement the Chairman read the estimates to Lady Day 1885-6, showing various anticipated reductions in the expenditure. A discussion ensued, during which it was urged that a reply to the calumnies upon the managers be issued. As to the Elliott testimonial, it was argued that the circular contained untruths and fallacies, and it was moved that it lie on the table; but an amendment, "that it be referred to the General Purposes Committee to report thereon if they thought proper," was carried by the chairman's casting vote.

SMALL-POX AT MONTREAL.—Montreal is suffering from a small-pox epidemic, which continues to spread with apparently hopeless severity. There were no less than 201 deaths from this disease last week, besides 70 in the adjoining municipalities. It is believed that there are now between 2,000 and 3,000 cases in the city. There are probably 100,000 persons in Montreal who have not been vaccinated, and the opposition and bigotry shown by the French population are unabated. They assert that the infection came from the slums of London, and they attempt to bribe the physicians to issue false certificates. The attempt on the part of the health officers to enforce the Compulsory Vaccination Act led on Monday last to rioting, which, at one time threatened to become serious. The offices of the Local Board of Health, as well as of one or two newspapers which had steadily pointed out that the epidemic of small-pox was due to the action of the French Canadians by their bigoted opposition to vaccination, were attacked by the mob and the windows broken. The houses of Dr. Lachapelle, a member of the Provincial Board, of Dr. Laporte, the public vaccinator, and of a druggist who sold vaccine points met with a similar treatment. On the following day the police proved equal to the occasion, and several of the ringleaders were arrested, and the latest accounts state that no further serious trouble is anticipated. Meanwhile, the small-pox is gaining ground, and in the first three days of this week, caused fully as many deaths as in the whole of last week.

BRITISH MEDICAL ASSOCIATION.—The medical profession of Brighton, held a meeting on the 26th ult., at the Dispensary, Queen's Road, which was numerous attended, and presided over by Dr. Withers Moore, to appoint a reception committee for working arrangements for the visit of the British Medical Association to that town next year. The appointment of an influential committee was the result.

THE ARMSTRONG ABDUCTION CASE.—The name of a respected medical practitioner, Mr. W. R. Cheyne, having been dragged into the above case, the editor of the *Pall Mall Gazette* has written to the daily papers to assert from his own knowledge that Mr. Cheyne had nothing whatever to do with the case of the girl Eliza Armstrong. "I much regret," adds Mr. Stead "that the name of this gentleman should have been brought into a business of which he knew nothing and with which he had no sort of connection, direct or indirect."

CHARITABLE BEQUESTS.—Mrs. Susannah Brookshank, late of 5, Arundel Terrace, Brighton, has bequeathed 500*l*. to the Samaritan Fund of the Sussex County Hospital, 200*l*. to the National Hospital for the Paralysed and Epileptic, Queen's Square, Bloomsbury, and 100*l*. to the Brighton Blind Asylum.

CONVALESCENT HOMES.—Miss Rawson, of Nidd Hall, has given 3,500*l*. for the erection of a convalescent home at Harrogate, in connection with the Bath Hospital, and the Earl of Harewood has presented the site (four acres) and 100*l*. towards the building fund. It is stated that the memorial to the late member for Wakefield—Mr. R. Bownas Mackie—will be a convalescent home, or an extension of the School of Art in the town.

ST. JOSEPH'S HOSPITAL FOR CHILDREN, DUBLIN.—This hospital (founded in 1872) for the treatment of sick children of the poor, received gratuitously, has been recently enlarged, to meet the increasing demands upon it. During the past year 235 cases were treated in the wards.



**VOLUNTEER MEDICAL CORPS AT WOOLWICH.**—A preliminary meeting, the first of a proposed series of meetings to establish district corps throughout the country, was held at Woolwich on the 25th ult., with the object of enrolling 100 men of the Volunteer Medical Staff Corps for the West Kent district. Sir James A. Hanbury, K.C.B., Principal Medical Officer of the Home District, presided, and there were also present Surgeon-Commandant Cantlie, Dr. M'Dowell, Principal Medical Officer at Woolwich, Surgeon-Majors Mansell, Maxam, Galway; Surgeons Wilson, Stephenson, W. H. Smith, Purvis, and a number of the principal civilians of the district. Sir Jas. A. Hanbury remarked that they had met with the object of providing a medical service for that portion of the great volunteer force belonging to the Woolwich district. It was at first proposed to establish a Volunteer Medical Association for West Kent for promoting the development of ambulance work in the volunteer service; and secondly to enrol a Volunteer Medical Staff Corps Company, consisting of 100 men, for the West Kent district. There was no question as to the importance and necessity of such a service, and he had not the shadow of a doubt that the movement which they were inaugurating would spread over the length and breadth of the kingdom and colonies. The great volunteer force, comprising nearly 220,000 men, demanded the establishment of this corps, and it was a movement deserving the cordial support and co-operation of all who had the interests of the Volunteer Army at heart. After some discussion, it was unanimously resolved that an executive committee should be appointed to raise a Volunteer Medical Staff Corps of 100 men for the West Kent district, and it was decided to ask the commandants and surgeons of the various volunteer regiments in West Kent to join the committee.

**QUARTERLY HEALTH RETURNS.**—Dr. Alfred Hill, the Medical Officer of Health for Birmingham, has a satisfactory account to give of his district for the second quarter of this year. The total number of deaths was 2,093, giving a rate of 19.57 per 1,000; as compared with the corresponding quarter of last year, there was a slight rise in the deaths of infants under one year, and of persons over twenty; whilst there was a very marked fall in the deaths of children between one and five years, and a decided fall amongst those between five and twenty. The death-rate from the zymotic diseases was remarkably low, whooping-cough alone causing anything like the usual number of deaths. In Bristol during the quarter under notice Dr. Davies reports that there were 1,043 deaths, giving a rate of 19.2 per 1,000; this shows an increase over the returns for the corresponding quarter of last year, which is attributed partly to the greater prevalence of measles and whooping-cough and partly to an increase in diseases of the respiratory tract. The town was fairly free from small-pox, scarlet-fever, diphtheria, and enteric fever during the quarter. In Hastings the report of Mr. Knox Shaw states that there were 155 deaths, equivalent to a death-rate of 12.98. The deaths from pulmonary complaints and from tubercular diseases figure largely, whilst only five deaths are included in the group of zymotic diseases.

**GLASGOW WESTERN MEDICAL SCHOOL.**—Dr. J. T. Carter, the Lecturer on Anatomy at this school, writes to draw our attention to the fact that the existence of the School was ignored in our Students' Number, an omission which we regret. The School has been in existence for five years, during which period most of the subjects of the Medical Curriculum have been lectured upon. The number of students attending the classes shows a steady increase. During the ensuing session Lectures on Anatomy and Demonstrations will be given by Dr. Carter, while Dr. McVail will lecture on Medicine, Mr. D. N. Knox on Surgery, Dr. W. L. Reed on Midwifery and Gynecology, and Mr. J. W. Downie on Diseases of the Ear and Throat. The fees for the classes are moderate, and the students are able to take out the requisite hospital attendance and clinical instruction at the Glasgow Western Infirmary for the sum of 21*l*.

**THE FEVER EPIDEMIC, ASHFORD SCHOOLS.**—It is announced that the epidemic has nearly disappeared.

The later cases were chiefly of a mild type, and with the exception of 18 children and 7 officers, the patients are convalescent. 296 persons contracted the disease (263 children, 23 officers, nurses and servants, including the superintendent, and 10 labourers), and the deaths comprised 12 children and three of the officials. This low mortality is attributed to the great care bestowed by the staff on the patients. It is stated that the investigations and observations of the medical officers, Dr. De la Motte and Mr. Warwick, have brought to light a number of new and unexpected facts connected with the origin, dissemination, and treatment of typhoid, and the results, when tabulated, may be expected both to form an interesting contribution to the pathology of the disease, and to materially modify many previously entertained theories on the subject.

**STATUE OF SIR JOSIAH MASON.**—At Birmingham, on Thursday, October 1st, Sir John Lubbock unveiled a marble statue of the late Josiah Mason, which has been placed in the square between the Science College and the Town Hall. He afterwards delivered an address, in which he eulogised Sir Josiah Mason's wisdom and beneficence, and dwelt upon the importance of scientific instruction, not only as a branch of culture, but as essential to the future material development of the country.

**THE LATE DR. NICOL MARTIN, OF HUSBABOST, GLENDALE.**—There was removed by death last week one of the oldest proprietors in the Highlands—the venerable Dr. Nicol Martin, of Glendale. Born in the first year of the century, Dr. Martin had attained the age of 85 years. He was the descendent of an old Highland family who had long resided in the Island of Skye, and he himself had personal recollection of the country and of its people from the period of his earliest observation. He graduated early in the medical profession, and spent many years abroad, having been during a long period a member of the College of Electors of British Guiana. On returning to this country he applied himself to the management of his estate, Husbabost, which forms a portion of the district of Glendale in Skye, and in which reside many crofters and cottars, who were among the foremost in the land agitation. His professional acquirements were largely taken advantage of by the people among whom he resided; for years he prescribed and dispensed for the crofters and cottars free of any charge, and thus exercised a benevolent care over them.

**BIRTHS AND DEATHS IN FRANCE IN 1884.**—According to the *Journal Officiel*, the births amounted to 937,758 and the deaths to 858,784, being an increase of population in 1884 of 78,974, the increase in 1883 having been 96,000. This diminution is due to the epidemic of cholera which caused nearly 17,000 deaths, and the two departments in which this diminution was greatest (Bouches-du-Rhône and Var) were those in which the most numerous deaths from cholera took place. The department of the Nord continues to be that in which the greatest preponderance of births occurs, there having been 50,950 in 1884 to 35,563 deaths. The results furnished by the department of the Seine are much less satisfactory, there having been only 80,270 births to 72,535 deaths. Of the 87 departments of which France consists, only in 48 do the births exceed the deaths in number, the contrary being the case in the 39 others.—*Lyon Medical*, September 27.

**CONSANGUINEOUS MARRIAGES; THEIR EFFECT UPON THE OFFSPRING.**—Under this title, Dr. Witherington communicated an interesting paper to the Massachusetts Medical Society, which has since been published in full in the *Boston Medical Journal*, for August 20 and 27. Its length precludes our doing more than recommend its perusal to those of our readers who are especially interested in the subject, as containing an able examination of the conflicting views held in relation to it. The author likewise furnishes tabulated particulars which he has obtained concerning more than 100 instances. His general conclusion is that consanguineous marriages are not attended with the mischievous consequences which have been on insufficient grounds attributed to them.

**HAY-FEVER ASSOCIATION.**—Congresses and Associations are indeed just now rampant. The *New York Medical*



*Record* states that the annual meeting of the United States Hay-Fever Association was held at Bethlehem, N.H., on the 1st September.

**CONFISCATION OF CHOLERA-BACILLI.**—Professor Rummo, who had been for some weeks in Spain studying Dr. Ferrán's cholera inoculations, brought away with him four glass cylinders containing some of Ferrán's cholera culture. On his arrival at Naples the municipal authorities, getting to know of this, immediately despatched an official to his laboratory, who at once confiscated the four bottles. These, after being securely sealed, are now deposited in a subterranean vault of the municipal buildings. It is understood that the authorities will not allow Professor Rummo to perform any inoculating experiments with this material.—*Allgemeine Wiener Medicinische Wochenschrift*.

**EARLY TRANSMISSIBILITY OF VARIOLA.**—Dr. Laneeux related at the Académie de Médecine (*Semaine Médicale*, September 9), some cases of variola which occurred in his service in the persons of patients who had entered for quite other diseases. The disease was introduced into the ward by three patients who were admitted into it by error, and were removed as soon as this was discovered. But as these cases which had transmitted the disease were sent out again the first day, or at latest on the second, of the eruption, they evidently show the erroneousness of the opinion generally entertained that small-pox cannot be transmitted until after the second or third day of the eruption. Small-pox, in fact, as well as measles, and probably scarlatina, is transmissible from its earliest period. The period of incubation in the three cases here referred to was exactly eleven days.

**THERAPEUTICAL APPLICATION OF CAFFEINE.**—Dr. Mays, Professor of Experimental Physiology and Therapeutics at the Philadelphia Medical College, as the result of a series of experiments on frogs (*Therapeutic Gazette*, Sept.), comes to this conclusion: "It is very evident that caffeine has a profound tendency to contract and give tone to muscles by stimulating their motor nerves. And since it exercises this power in the human organism chiefly on the unstriated muscles of the heart and the circulatory organs, it is very obvious that its therapeutic application lies in the direction of cardiac affections. Clinical experience undoubtedly teaches that within a certain sphere of these diseases it is superior to digitalis. Not that it will ever supplant the indispensable digitalis, but caffeine has the power of producing the same and sometimes better results without exposing the patient to the risks of the toxic action of digitalis. This is an important consideration. I certainly believe that on account of its tardiness the action of large doses of digitalis is very much underrated. It is slow in making itself felt, but when this comes it exerts its supremacy in a 'death-like grip,' and usually protracts its stay. Caffeine, on account of its immunity in even comparatively large doses is not only a safer agent, but also quicker in its action, as is plainly shewn by the profuse diuresis which closely follows its administration. It acts most beneficially on a weak heart: in valvular insufficiency depending more upon imperfect irritability or contractility of the heart-muscle than upon a loss of valvular urea—although I have seen it act very kindly in permanent mitral and aortic valvular incompetency, with incomplete compensatory action of the left ventricle."

**NAPIER (NEW ZEALAND) AS A HEALTH RESORT.**—Napier is situated on Seinde Island, which lies on the east coast of the North Island of New Zealand, near the southern extremity of Hawke's Bay. From a pamphlet recently issued by Mr. W. I. Spencer, who writes after a seventeen years' residence in Napier, we learn that the climate is a favourable one for invalids, not quite so hot or so enervating as that of Maderia. Limestone clay and sandy beds constitute the chief strata, the soil being porous and drying quickly after rain. Napier is fairly accessible from all parts of the world, the journey out from England taking about forty-five days. The general health of the population is good; typhoid fever, which used to be common, has almost disappeared, and malarial affections are extremely rare. Pulmonary affections are uncommon, whilst Mr. Spencer speaks of cases of advanced phthisis that have done well after their arrival in the colony.

**VENOUS INJECTION OF SALINE SOLUTION.**—Ziemacki and Kotelnikov recently injected a saline solution into the veins of a patient who was intensely anæmic from extra-uterine pregnancy in the Female Clinical Hospital in St. Petersburg. A great improvement occurred in the pulse after the injection, but the patient sank in four days time.

**FILARIA MEDINENSIS IN A PATIENT FROM TASHKENT.**—Professor Bogdanovski, of St. Petersburg, has extracted a worm (*Filaria Medinensis*) 110 centimetres long from the leg of a man of 36, who had returned nine months previously from Tashkent, where he had been residing for five months. Nothing was seen of the patient subsequently.

**CANCER OF PYLORUS SUCCESSFULLY EXTIRPATED.**—In a Polish medical journal, a case is mentioned by Dr. Baronez which occurred in the clinic of Professor Mikulicz, where a cancer of the pylorus was extirpated by Wölfler's method of gastro-enterotomy, and the patient recovered.

**ABUSE OF DISPENSARIES IN NEW YORK.**—These, according to the *Medical Record* of New York (August 15), seem to be more considerable in that city than with ourselves, and that owing to their being more used for teaching purposes. This induces the medical officers to allow the attendance of many persons whose means do not justify their presence there, in order that a better choice of cases for the various clinics may be obtained. "The patients are not the only ones to blame for the existing state of free medical service. It is the physicians also who attend the clinics, most of whom are professors or instructors. To them patients who will well illustrate diseases are at a premium. They are sought after with eagerness, and devices are resorted to to secure them. It is often a matter of how to induce people to come to the clinics rather than how to make them stay away. Dispensaries, too, are multiplied every year, and once started their managers desire to make them successful. Success is measured by numbers, and any inducement is offered to the moderately poor to avail themselves of free medical services." As to the patients themselves, designated here as "dispensary tramps," they are of every sex and age, and have made the rounds of almost all the dispensaries. They become connoisseurs of doctors and their methods of treatment. Some of them are very much puffed up with pride if their ailments have been such as to draw the attention of distinguished members of the profession, and to have brought them forward in the college clinics.

**IODOFORM.**—In the *Therapeutic Gazette*, August 15, Dr. Charles Pettit Stout gives the following directions as to how iodoform should be prescribed:—(1) To make a deodorized powder the iodoform must be in a very fine powder, likewise the chemical used to deodorize, and very thoroughly incorporated and let stand for one or two months in a glass-stoppered bottle. (2) To make ointments, take the deodorized iodoform and mix with vaseline or cosmoline, as the best base for the ointments. (3) In making into a pill mass add glycerine, which will keep the pill moist for a long time, owing to the hygroscopic properties of the glycerine. (4) To make suppositories, melt the ol. theobromæ at a gentle heat and stir in the deodorized powder, and pour into moulds of usual size. (5) To make the ethereal solution, add deodorized powder to the ether: can use one drachm to ounce of ether, or more if desired. (6) To make nasal bougies, cut a slender piece of fine strong sponge, about one inch and a half long, roll between two boards with pressure in shape of a thin cylinder, place a piece of strong silk through one end, and melt by gentle heat the vaseline or cosmoline with the white wax, and stir in the deodorized iodoform; keep stirring, and immerse the sponge and withdraw and cool and immerse again, and repeating until large enough (but stirring constantly), or about the size of a goose-quill; then hang up by silk until cool; then coat with a solution of gelatine containing about ten per cent. of glycerine, which will easily melt at the temperature of the body. The bougie should be introduced into the nasal cavity at night and withdrawn the next morning. One will do for several applications. (7) Can also use the deodorized iodoform by mixing with solution of collodion or solution of gutta-percha, by mixing the powder with either solution and painting the parts and let dry, then



paint over the first with the pure solution. By this means we prevent the iodoform from volatilizing by this impenetrable coating and secure the action of the deodorized iodoform.

**INDIA AS A FIELD FOR OPERATIVE SURGERY.**—The *Indian Medical Gazette* for August calls attention to the wide field which the Civil Department of the Indian Medical Service presents. "Having spent a few years in regimental duty, the young surgeon can generally obtain an appointment in the Civil Department. If, now, the bent of his desires be in the direction of operative surgery, he will soon obtain a wide field for his labours amongst the teeming population of this country, provided he be sympathetic in manner, bold and self-reliant in undertaking single-handed the most difficult operations, and painstaking and careful in carrying out the details of after treatment. . . . Often has it been matter of surprise to us that young medical men at home, endowed with ample pecuniary means, have not entered the Indian Medical Service with the object of accumulating an amount of surgical experience in a few years which it would take them a quarter of a century to gain while acting in a subordinate position on the staff of a London hospital. Pecuniary considerations would not debar them from resigning after eight or ten years' service, and they would return to England early in life, having performed more important operations than most of the senior surgeons of the London hospitals." In proof of the truthfulness of what he says, the writer points to the figures published in Surgeon Major McLeod's *Operative Surgery*, derived from the returns from Bengal, the North-Western Provinces, Oudh, and the Punjab during the years 1878-82. During these five years 13,724 cataract operations were performed in the North-West Provinces and Oudh alone, while 9,261 cases of stone were treated in Bengal and the above-named provinces. Amputations, excisions, and the removal of large tumours are also well represented. He also calls attention to the fact that the English writers on surgery in their statistical tables entirely ignore the work done in India.

**HEARING BETTER IN A NOISE.**—Dr. Sexton brought under the notice of the New York Practitioners Society (*Medical Record*), the case of a man who when 7 years of age had undergone destructive inflammation of both ears from scarlet fever. In his youth he was quite deaf, but hearing began to return as he approached manhood. Eventually he became stoker to a railway locomotive, and was promoted to the position of driver. For many years he ran his engine without any complaint; but when the railway employes were examined as to their power of hearing, he was dismissed. After drifting about he came under Dr. Sexton's notice at the Eye and Ear Infirmary, when it was found that he could not hear a loud voice at the distance of a few feet, and was unable to understand anything that was said to him. The man, however, stated that when he was on the engine he could hear better than his stoker whose hearing was normal, but the moment he left the train he could hear nothing. An artificial drumhead was introduced into one of his ears, and he was immediately able to hear ordinary conversation, and he at once obtained a place as a stationary engineer, and a drum head having been placed in the other ear he was also able to hear with it. Dr. Sexton observed that it is only in cases in which the drum-head of the ear partially remained that this device is of service; but in the greater number of cases of chronic catarrhal inflammation of the ear, the drum-head remains. When hearing is better in a noise the drumhead is usually present, but it is very loose; the equilibrium having been lost there is consequent defect in the transmission of mechanism. In such cases, loud vibrations, such as are experienced in a carriage or train, drive the drumhead in, bringing the ossicles together. Other sounds are taken up, and the subject is able to hear very well. In the above case only the upper segment of the drumhead was present, which failed to drive the ossicles in except during the presence of strong vibrations.

**SPONTANEOUS RUPTURE OF THE STOMACH.**—Dr. Clarke, of the Eden Hospital, Calcutta, records in the *Indian*

*Medical Gazette* for August, two examples of this rare occurrence which came under his notice very soon after each other. The first a Hindoo, 22 years of age, was in the hospital for slight ague when he suddenly fell into a state of collapse without pain or vomiting, and died twenty-three hours afterwards. The second case was that of a woman, who was supposed to have died of cholera, with somewhat uncertain history. "These cases were instances of rupture of the stomach, and not a mere perforation of its walls. Its coats in the first case were atrophied and thin, but in the second they were healthy; and in neither were they softened or eaten away in irregular patches by the action of the gastric juice. In both, the stomach was empty at the time of rupture; and in both the gastric juice acted on the spleen, digesting off its capsule and peritonæal coat, and thus allowing the escape of blood into the abdominal cavity. I think that there can be no doubt but that the rupture in both cases took place before death. The seat of rupture was on the anterior wall. The mucous membrane and peritonæal covering could be traced up to the margin of the rent, and did not present any marked degree of irregularity; and there was an absence of softening, erosion, or rupture on the posterior wall of the stomach."

### APPOINTMENTS.

EMBREY, GEORGE, F.C.S.—Analyst for the City of Gloucester, *vice* Mr. John Horsley, resigned.  
GORDON, GEO., A. S., L.R.C.S. & L.R.C.P. Edin., L.F.P. & S. Glas.—Assistant Medical Officer to the Infirmary, Croydon Union.  
PATTON, A. S., M.B., B.Ch. Dub.—House Surgeon to St. Mark's Ophthalmic Hospital, Dublin.  
POTT, F. H., M.R.C.S.—Resident Medical Officer to the Boscombe Infirmary, Bournemouth, *vice* George H. Dawson, M.R.C.S., L.R.C.P. Edin., resigned.  
PURSLOW, C. E., M.B., M.R.C.S.—Resident Obstetric and Ophthalmic House Surgeon to the Queen's Hospital, Birmingham; *vice* A. F. Messiter, M.R.C.S., L.R.C.P., whose term of office has expired.  
WALSH, WILLIAM A. S., M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Holt District, Martley Union, *vice* Mr. H. Hill, deceased.

### VACANCIES.

BEDFORD GENERAL INFIRMARY.—Surgeon-in-Ordinary. Candidates must be legally qualified to practise both in Surgery and Medicine, and be duly registered. Applications and testimonials to be forwarded to the Secretary on before October 8th.  
ECCLES AND PATRICROFT HOSPITAL.—House Surgeon. Candidates must be duly qualified. Salary, £50 per annum, with board and furnished apartments. Applications and recent testimonials to be sent to E. H. Roe, Esq., Patricroft, Manchester, not later than October 3rd.  
HASTINGS UNION.—Medical Officer to the Third District, in succession to Mr. W. G. Jones, resigned. Area, 10,293 acres. Population, 5,221. Salary, £150 per annum.  
OWENS COLLEGE, MANCHESTER.—Professorship of Physiology. Candidates to forward applications and testimonials to the Council of the College, under cover, to the Registrar, not later than Nov. 9th. Further particulars can be obtained on application to the Principal of the College.  
ST. ASAPH UNION.—Medical Officer to the St. Asaph District and to the Workhouse, in succession to Mr. F. L. Heaton, resigned. Area, 19,260 acres. Population, 4,241. Salary, £67 per annum. Salary for Workhouse, £40 per annum.  
STRATTON UNION.—Medical Officer to the South District, in succession to Dr. W. Stuart, resigned. Area, 27,430 acres. Population, 2,907. Salary, £60 per annum.  
TAUNTON AND SOMERSET HOSPITAL.—Honorary Physician. Candidates must have taken the degree of Doctor of Medicine, or be Fellows or Members of one of the Royal Colleges of Physicians of London or Edinburgh, or of the King and Queen's College of Physicians in Ireland, and be duly registered under the Medical Acts. Applications, accompanied by qualifications and testimonials to be sent to the Secretary, on or before October 14th.  
THIRSK UNION.—Medical Officer to the Pickhill District, in succession to Mr. David Mickle, deceased. Area, 4,098 acres. Population, 611. Salary, £10 per annum.  
WIGTON UNION.—Medical Officer to the Ireby District, in succession to Mr. T. R. Denham, deceased. Area, 19,840 acres. Population, 2,060. Salary, £11 per annum.

### DEATHS.

BAGSHAW, E. L., F.R.C.S., at 13, St. James's Square, Bath, on September 22nd, aged 76.  
BROWN, HENRY J., F.R.C.S., at 20, Foregate Street, Worcester, on September 22nd, aged 66.  
CONCANON, W. A., M.D., at Brisbane, Queensland, on July 30th.  
DRIUIT, WILLIAM, F.R.C.S., at Westfield, Wimborne Minster, on September 27th, aged 65.



HOCKIN, G. T., M.R.C.S., L.R.C.P., L.M., at Southport, Queensland, Australia, on September 23rd, aged 27.  
 LEE, ALFRED ROBERT, M.R.C.S., etc., at 71, Highbury Hill, N., on September 29th, aged 37.  
 PAYNE, EDWIN, M.D., at 19, Gilmore Road, College Park, Lewisham, on September 23rd.

## NOTES, QUERIES, AND REPLIES.

### THE CASE OF DR. BRADLEY.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—Will you kindly allow the following list of subscriptions to appear in the next issue of your Journal?

I remain, yours faithfully,

ROBERT JEFFREYS.

Eastwood House, Chesterfield, September 30th, 1885.

Dr. W. H. Broadbent. Mr. Timothy Holmes, each, £2 2s.; Mr. Clement J. Hawkins, Dr. W. H. Taylor, Mr. R. J. Pye-Smith, each, £1 1s.; Mr. Edward J. Betts, £1; Dr. Ptolemy S. H. Colmer, 10s. 6d.; Mr. A. Hamilton, Mr. Frank S. Goulder, Mr. Allen Wearing, each, 10s.

### COMMUNICATIONS RECEIVED—

Prof. G. M. HUMPHRY, F.R.S., Cambridge; Dr. FOWLER, London; Dr. J. S. BRISPOWE, London; Dr. G. E. HERMAN, London; Dr. HUXLEY, Maidstone; Prof. E. A. SCHÄFER, London; Mr. A. J. PEPPER, London; Dr. J. H. PACKARD, Philadelphia; Dr. LEOPOLD CASPER, Berlin; Dr. W. H. ALLCHIN, London; Messrs. HODGE & Co., London; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; THE SECRETARY OF THE MEDICAL SCHOOL, LONDON HOMŒOPATHIC HOSPITAL; THE DEAN OF THE MEDICAL DEPARTMENT, KING'S COLLEGE, London; Mr. B. F. WATKINS, London; THE MEDICAL OFFICER OF HEALTH OF THE PORT OF LONDON; OUR BOMBAY CORRESPONDENT; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; THE SECRETARY OF THE LOCAL GOVERNMENT BOARD, London; Mr. HUTCHINSON, F.R.S., London; Mr. J. T. CARTER, Glasgow; THE SECRETARY OF THE COLLEGE OF MEDICINE, Newcastle-on-Tyne; Mr. COWELL, London; Mr. SELL, London; THE SECRETARY OF THE NIGHTINGALE FUND, London; THE SECRETARY OF THE OBSTETRICAL SOCIETY, London; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; THE EDITOR OF THE LIVERPOOL JOURNAL OF COMMERCE; THE REGISTRAR-GENERAL FOR ENGLAND, London; THE HON. SECRETARY OF THE HUNTERIAN SOCIETY, London; THE DEAN OF THE LONDON SCHOOL OF MEDICINE FOR WOMEN; THE SECRETARY OF THE CLINICAL SOCIETY, London; THE DEAN OF ST. MARY'S HOSPITAL MEDICAL SCHOOL, London; Mr. N. C. DOBSON, Clifton; OUR LIVERPOOL CORRESPONDENT; Mr. R. JEFFREYS, Chesterfield; Dr. ALFRED MEADOWS, Bournemouth; Dr. W. J. COLLINS, London.

### BOOKS RECEIVED—

Transactions of the Sei-I-Kwai—Napier (N. Z.) as a Health Resort for Pulmonary Invalids, by W. I. Spencer, M.R.C.S. Lond.—Medical Communications of the Massachusetts Medical Society—Medical Dictionary, by Joseph Thomas, M.D., LL.D.—Report on the Health of Bolton during the year 1884—Atlas of the Cutaneous Nerve Supply of the Human Body, by Jacob Heiberg, M.D., &c.—The Blot upon the Brain, by William W. Ireland, M.D. Edin.—Moisture and Dryness; or the Analysis of Atmospheric Humidities in the United States, by Charles Denison, A.M., M.D.—The Encyclopædic Dictionary, Part XXI.—A Guide to the New Pharmacopæia (1885), by Prosser James, M.D.

### PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—Journal of the American Medical Association—The Therapeutic Gazette—The American Journal of Obstetrics—The Medical World—The Hospital Gazette—Revue Médicale—Revista de Medicina—The Ophthalmic Review—The Journal of Mental Science.

## HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopædic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopædic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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MEDICAL TIMES
AND GAZETTE.

No. 1841. LONDON, SATURDAY, OCTOBER 10, 1885.

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I.—ON THE CAUSE AND DISTRIBUTION OF CALCULOUS DISEASE.

By CHARLES B. PLOWRIGHT, M.R.C.S., F.L.S., Surgeon to the West Norfolk and Lynn Hospital,

A Comparatively Stone-free District in Norfolk—Influence of Salt as an Article of Food.

It has long been a favourite idea with me that a careful study of the distribution of our Norfolk stone cases with regard to the geological formation of the various villages in which they have occurred would throw light upon the ætiology of the disease, and although previous attempts to elucidate the cause of the prevalence of calculus in Norfolk have been comparatively unsuccessful, still the attempt was worth making now that the county has been so recently gone over by the staff of the Geological Survey. Through the kindness of Mr. Cadge I have been able to avail myself for this purpose of the records of the Norwich Hospital since its foundation in 1771, as well as, in part, those of the Yarmouth Hospital, together with his own private cases and those of some other Norwich surgeons. In addition to the above, the records of the Lynn Hospital and of several private practitioners in Lynn and in the

county have been made use of, together with a list of some 140 cases for which I am indebted to Professor Humphry, of Cambridge. Altogether something over 2,000 cases, with the locality whence each was derived, have formed the basis upon which the following communications are based. It soon became evident during the course of this investigation that a knowledge of the distribution of the disease in other parts of the kingdom was necessary, and that other causes must be taken into consideration which could not properly be studied if attention were confined to Norfolk. It also happened that by a study of the distribution of the disease in a limited area, as in Norfolk, certain reasons for its frequency or rarity suggested themselves, which it was obviously desirable to corroborate or disprove by appealing to wider sources of information. The small hospital at King's Lynn, during the fifty years of its existence, has drawn its cases, as all hospitals do, not only from the town in which it is placed, but also from the surrounding country district. It has long been a subject of remark amongst the Lynn surgeons that there was one district from which a stone case never came, namely, from Marshland, and although this is not absolutely true, yet it is a fact that the disease is very uncommon in this district. I therefore resolved upon a careful investigation of this point in the hope that it might throw some light upon the ætiology of the disease. The district of Marshland, as limited in the present enquiry, consists of a tract of flat alluvial country of a triangular shape, bounded on



the east side by the river Ouse, on the west by the river Nene, and on the north by the Wash. It comprises an area of about 160 square miles, and in great part, almost within historic times, has been reclaimed from the sea, which, even now, is kept back by a series of banks. Its population, of about 16,000 persons, is purely agricultural. Taking a corresponding area on the east side of the Ouse (excluding the two townships of Lynn and Downham, the population of which, together, is 21,795) we find a similarly agricultural population of about 17,800. Taking all the records of stone cases (including those of Norwich, which date from 1772) I find that some<sup>1</sup> twenty cases have occurred in Marshland against 100 in the eastern area. By confining ourselves to the last twenty years, 1865-85, we find these two areas east and west of the Ouse have produced a very dissimilar number of calculous cases—

West of the Ouse (Marshland), pop. 16,634, 5 cases.

East of the Ouse „ 17,825, 21 cases.

Of course this does not represent every stone case which has occurred during this period, but only those which I have been able to trace.

Since the foundation of the Lynn Hospital in 1835, 129 cases of calculus have been admitted; of these only 14 came from the west side of the River Ouse. Again, the rarity of the disease in Marshland is further shown by the admissions for the last 20 years. Only one case has been treated from Marshland, against 51 from the east side of the River Ouse. This Marshland case is further interesting, inasmuch as it was a child of 4 years whom I cut in 1880. The parents were not natives of Marshland, but migrated from a village on the east side of the river about a year before the child was born, and he had symptoms of stone from his birth.

Between these two areas no noteworthy difference exists in the amount of rainfall, temperature, wind, ozone, &c. As much beer is consumed on one side the river as the other, and there is the same difficulty in obtaining milk, yet the amount of disease is so different. If each case be marked by a dot on an ordnance map, the abrupt manner in which the disease stops on the east bank of the river is very conspicuous. It is difficult to conceive of any other than a water-spread cause thus being limited by a river, especially when we remember that the land on the east side of the river is somewhat the higher, so that its natural drainage is into the river, but not beyond it.

Such being the circumstances of the case, the question naturally suggests itself whether the immunity which the inhabitants of Marshland enjoy is due simply to the absence of some stone-producing cause operating on the east side of the river, or whether there is anything in the Marshland drinking-water which acts as a preventive to the disease. For the following case bearing on the subject I am indebted to Mr. Cadge. A gentleman, whose father and grandfather suffered from stone, lived in two Norfolk villages till he was 17 years of age, and suffered all the time more or less from gravel. For the next 12 or 14 years of his life he resided at Marshland (Tilney) and in the fen district (Wisbech and Ely), during which time he had no gravel whatever. He then removed to another Norfolk village, where his old urinary troubles again affected him to such an extent that he developed a calculus which was crushed by Mr. Luke; he was perfectly cured, but in the course of a few years he developed a second stone, which Mr. Cadge crushed in 1861, removing an ounce of hard uric acid calculus in 17 sittings.

The natural water supply of Marshland is surface water only—ditch-water, in fact—there being no

streams and comparatively few wells. Of late years this has been supplemented—(1) by rain-water stored in cisterns; (2) by a water supply to Wisbech, which is conveyed across Marshland in an iron main, and of which the villages through which the main passes have availed themselves. So impregnated is the soil with salt that only a few wells yield potable water—at least such is the case in that part of Marshland between Lynn and Wisbech. For the purposes of the present enquiry I collected the following 19 samples of surface waters from Marshland, the amount of chlorine in which Mr. F. Sutton, F.C.S., of Norwich, has determined for me:—

		Chlorine grains per gallon.
Terrington St. Clement's	Post Mill Pulk ..	8.12
„ „	Road Side Pit ..	162.8*
„ „	Seaking's Well ..	67.2
Tilney All Saints	Savage's Well ..	110.6
„ „	Holborn's Pit ..	56.0*
„ „	Reeder's Well ..	36.4*
„ „	Gregory's Pit ..	10.08*
Tilney St. Lawrence	Peek's Well ..	33.6
Walpole St. Peter's	Stacey's Well ..	151.2*
„ „	Cozen's Well ..	129.3*
Walpole St. Andrew's	Road Side Ditch	1274.0*
„ „	Timble's Well ..	49.0
North Lynn	Clark's Well ..	127.4
West Lynn	Rayner's Well ..	36.4
„ „	Ellis' Well ..	22.4
Clenchwarton	Cotton Row Pit	10.64
„ „	Bartle's Pit ..	336.0
Elm	Canal ..	319.2*
„ „	Clamp Pits ..	11.2
Average		155.3
= 253.95 grains of salt per gallon.		

Of the above, those marked with an asterisk are not used for drinking purposes. To show, however, how salt water must be before it is rejected by the inhabitants of Marshland, Bartle's pit and Savage's well may be instanced, in both of which the water tastes so strongly of salt that one would think it quite undrinkable, yet I was assured these were both excellent waters when “one pail-ful is mixed with two of rain-water.” The average amount of chloride of sodium in the eleven of the above waters at present used is 108.6 grains per gallon.

If now, for comparison, we take 11 samples of potable water from the corresponding area on the east side of the river, we shall find a very marked contrast. The following samples were collected from various wells used by persons who suffered from calculus during the last 30 years. Mr. Sutton has determined the amount of chlorine in them as follows:—

		Chlorine grains per gallon.
Watlington	S. Nobbs' Well ..	8.40
„	E. Moore's Well ..	3.60
West Bilney	Paw's Cottages ..	3.60
„	Baek's Well ..	2.24
Rnneton Holme	Jerry's Well ..	7.80
West Winch	Hunter's Well ..	3.00
Setch	Newell's Well ..	11.60
North Wootton	The Run ..	2.20
Ashwicken	Robert Smith's Well ..	1.40
Middleton	Shaw's Well ..	2.80
King's Lynn	Water Supply ..	2.20
Average		4.44

= 7.22 grains of salt per gallon.

Because Marshland is a stone-free district and its waters contain salt, yet it by no means follows that presence of salt is the cause of the absence of stone, for there are very few districts in England where salt is so abundant in the drinking waters, and yet there are

<sup>1</sup> The actual numbers are 18 and 94, but about the time the Lynn Hospital was started a lithotomist of considerable local note practised at Downham, of whose cases I have no record, although I know he operated frequently for stone.



many in which stone is still more uncommon. Still the fact remains that on one side of a river where the waters are salt, there is less stone than on the other where this is not the case, and it occurred to me that this line of enquiry was worth following up. If the presence of salt in the drinking waters has any tendency to lessen the frequency of calculus, we should expect to find that a deficiency or an abundance of this substance in the dietary of the inhabitants of other parts of the kingdom will have a similar effect. For this purpose it occurred to me that if there was anything in the aboves upposition, an increase in the number of calculus cases would be apparent during the time the salt tax was imposed.

Salt was taxed<sup>2</sup> in the time of the Commonwealth, at the rate of  $\frac{1}{2}d.$  per gallon; in 1694, this was increased to  $3d.$ , and again in 1698, to  $6\frac{1}{2}d.$ , but being always an unpopular tax, it was taken off in 1730. Two years later, however, it was re-imposed by Walpole. The duty was subsequently raised by Lord North, during the war of American Independence, to  $5\frac{1}{2}d.$  per bushel. In 1798, Pitt raised it to 10s. per bushel, at which rate it was continued until 1825, when it was again raised to 15s. or about thirty times the value of the salt itself. The excessive duty on salt lasted from 1798 to 1823, when it was reduced to 2s., and finally taken off altogether in 1825. We may therefore speak of the salt tax period as extending from 1798 to 1823.

I have endeavoured to obtain from various hospitals in England an account of their yearly admissions of stone cases, before, during, and after the salt tax period, but hitherto with only very limited and partial success. That a distinct increase in the number of stone cases did actually occur in many hospitals during the period of the salt tax, as compared with the preceding years, is shown by the following statistics<sup>3</sup> which show the percentage of yearly admissions, before and during the salt tax period.

		Before the Salt Tax.		During the Salt Tax.	
Canterbury ...	...	1793 to 1798	·6	1798 to 1815	1·2
Leeds ...	...	1776 to 1797	3·5	1797 to 1817	4·4
Worcestershire ...	...	1767 to 1779	1·04	1792 to 1817	2·0
Cambridge ...	...	1766 to 1799	0·4	1799 to 1817	4·0
Leicestershire ...	...	1771 to 1779	0·3	1801 to 1813	3·0
Cheshire ...	...	1735 to 1779	0·02	1787 to 1817	0·4
Shropshire ...	...	1747 to 1779	0·2	1800 to 1813	1·5
Liverpool ...	...	1749 to 1779	0·2	1807 to 1817	0·9
Average ...	...	...	·78	...	2·15

Part of this increase is doubtless due to the increase of the population of the county generally, but this does not explain the whole of the phenomena. If we take Leeds for an example:—

1767 to 1777	..	..	24 cases
1777 to 1787	..	..	62 "
1787 to 1797	..	..	23 "
1797 to 1807	..	..	42 "
1807 to 1817	..	..	46 "

Upon the other hand, we must take into consideration the fact that although the general population, and consequently the gross number of stone cases, may be increasing, yet the hospital accommodation of any particular district may have increased in a greater degree by the establishment of fresh hospitals among which the cases have been distributed. Thus, between 1750 and 1760, Bristol had 83 cases, while between 1780 and 1790 only 36. Now, between 1750 and 1790, hospitals were established at Gloucester, Oxford, Salisbury, Hereford, Birming-

ham, and Bath (2), which places were 35, 70, 53, 50, 87, and 12 miles distant from Bristol respectively. If the salt tax and not the increase in the population be the cause of this increase in the number of stone cases, we shall expect to find a corresponding decline taking place after the duty was removed. How long the effects of the salt famine would take to eliminate themselves it is not easy to say. The tax was finally removed in 1825, and the official registration of deaths did not begin till 1837, but it is certain that deaths from calculus have steadily declined since registration commenced.

Half-year ending 31st December, 1837, 180 deaths :

1837	=	360	1840	=	303
1838	"	320	1841	"	261
1839	"	299	1842	"	304

(Deaths from 1843 to 1846 not abstracted)

1847	=	265	1851	=	204
1848	"	202	1852	"	208
1849	"	218	1853	"	224
1850	"	250	1854	"	183

The introduction of anæsthetics, however, took place about 1850, which would tend to lessen the deaths from the disease, by inducing patients more readily to submit to early operation.

Dr. Thursfield<sup>4</sup> has extracted the cases of calculus treated at the Shrewsbury Infirmary, between the years 1747 and 1877. He found 118 cases were treated from the town of Shrewsbury itself in the 114 years. If this 114 years be divided into two periods of 57 years preceding and subsequent to the year 1820 (exclusive of 15 years of which the records are wanting), it appears that 81 cases occurred prior to 1820, but only 38 after that date. These cases occurred in the residents of Shrewsbury, which in 1801 had a population of 13,812, and in 1881 of 30,400, so that the salt tax period produced a far larger number of cases than did the subsequent period in spite of the increase in the population.

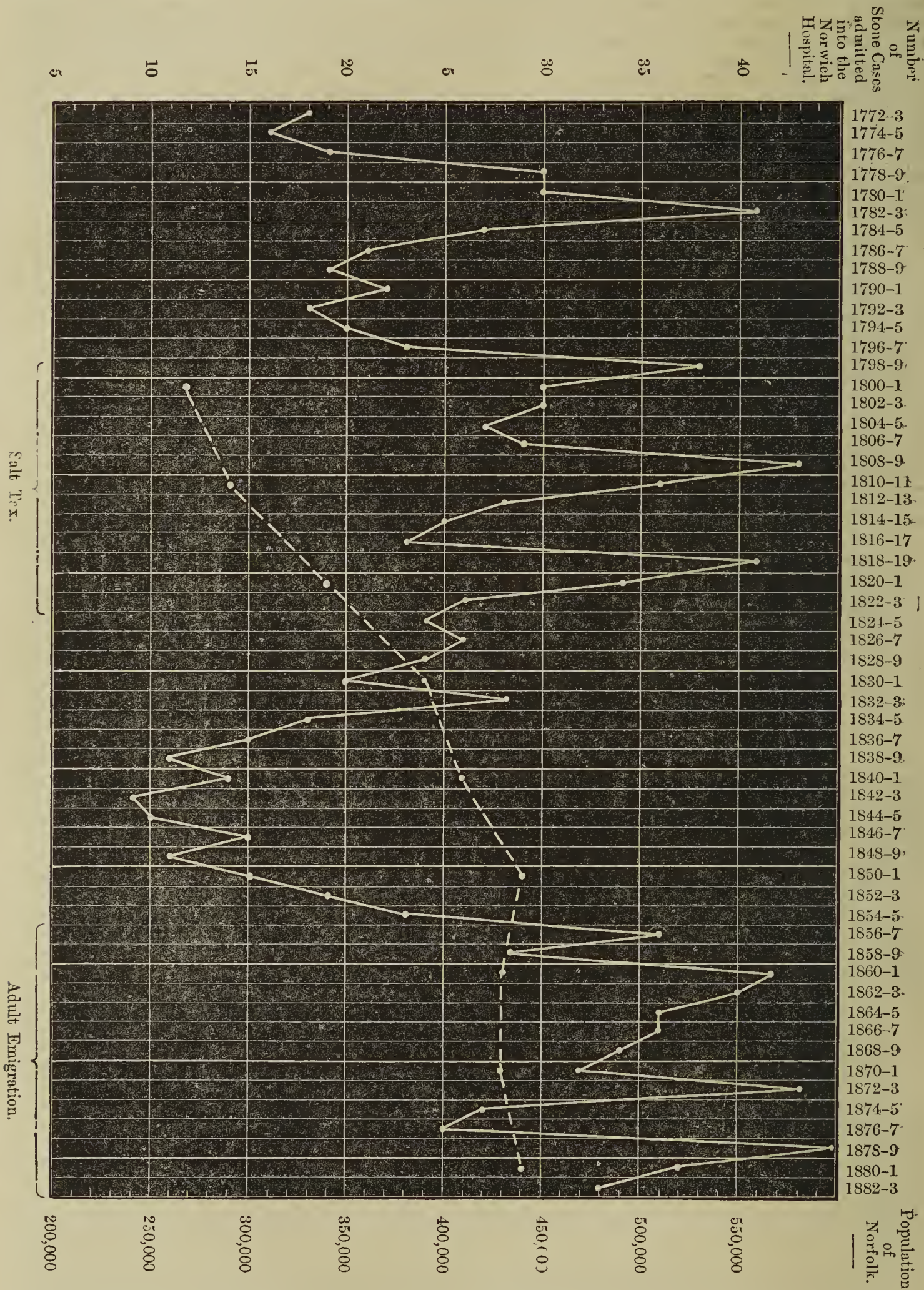
The records of the Norwich Hospital showing the admissions for stone, year by year since 1772, afford much the most valuable evidence, because not only is the population known, but also the dates at which neighbouring hospitals were established. The annexed chart shows this at a glance. We here see that a distinct increase in the number of cases occurred during the salt tax period and a subsequent diminution after its removal—a diminution which steadily continued in spite of the population of the county doubling itself. The only hospital likely to diminish the Norwich cases was the small one of 22 beds at Lowestoft, established in 1820, 23 miles distant. I do not know whether it had so many as 22 beds when it was started, but it would hardly be likely to draw away many cases considering the prestige the Norwich Hospital always has had for stone cases. Lynn Hospital (48 miles) and Yarmouth (24 miles) were not started till 1835 and 1839 respectively. The decline had, however, set in long before the two latter hospitals came into existence. On the chart is also shown the population of Norfolk. This, in 1801, was 270,000; by 1841, when the disease had fallen almost to its lowest, it was 412,000, or nearly double, so that the amount of increase in hospital accommodation is more than compensated for by the increase in the population. We also see by this chart that for the last 30 years (1855-85) the admissions into the Norwich Hospital have risen very considerably, although the population has fallen slightly between these dates. This is accounted for by the fact that a large number of young adults annually emigrate from the country,

<sup>2</sup> For these particulars I have to thank Mr. A. Grant, of Somerset House.

<sup>3</sup> The above statement has been calculated from the data given in Mr. Smith's paper in "Medico-Chirurgical Transactions," Vol. xi.

<sup>4</sup> Report on Borough of Shrewsbury by the Medical Officer of Health, May 14, 1877.





leaving the old men and children—the two stone-producing elements of our population. Between 1851 and 1861, 60,000 of the inhabitants of Norfolk left the county to seek employment elsewhere, and the

same efflux of the adult population has continued ever since. Although there are no census returns prior to the beginning of the present century which are available for the explanation of the rise between 1777 and



1781, yet this can be fairly accounted for, I think, by the growing reputation of the hospital, attracting to it the accumulated stone cases of the pre-hospital period. The cases are shown on the chart biennially; this is done partly to shorten the diagram, and partly to counteract the great elevations and depressions occurring in alternate years, which are mainly compensatory of one another. The average annual number of admissions for stone is 12·8 (*i.e.*, 25·6 biennially).

The salt tax was practically imposed for 26 years, (1798 to 1824); now, if we compare the annual average admissions before, during, and after the salt tax period we find them to be :

	Average Annual admissions.	Population of Norfolk.
Before the Salt Tax.. 1772 to 1797	11·7	1801=273,479
During the Salt Tax.. 1798 to 1823	15·7	1821=344,368
After the Salt Tax . 1823 to 1849	·98	1841=412,664
(Emigration of Adults) 1849 to 1875	15·9	1871=434,791

It is worth while to remark that the salt counties of England are very free from calculous disease, as Mr. Cadge pointed out with regard to Cheshire.<sup>5</sup> I find that for the 10 years 1872 to 1881, the deaths from calculus per 100,000 of the population (1881) were in Cheshire 3·21, against 28·3 in Norfolk. In Durham, another salt county, the deaths for the same period were only 4·91.

The amount of salt consumed in various places and by various classes of the community differs somewhat. Thus, Thudicum<sup>6</sup> in speaking of the amount of chlorine in the urine, says: "Sailors who have lived on salt rations for the greater part of their life spent afloat, will discharge an extraordinary amount of chlorine in their urine, because the ordinary food of our kitchen is insipid to them without the addition of an amount of salt that would make an ordinary person ill. Such men may be seen dipping sweet cake into salt, and this inclination generally lasts for the remainder of their life on land."

In various parts of England, the amount of salt food consumed probably does not differ very greatly. With regard to the amount of calculous disease in Scotland, our knowledge is at the present time very incomplete; from an extended enquiry into this matter, I am, however, in a position to say that the disease is more uncommon than the Registrar General's returns would lead us to suppose. I have received a large number of communications from medical men practising in the North of Scotland, including Orkney, Shetland, and the Hebrides, from which it appears that in the last-named places especially, salt fish enters largely into the dietary of the poorer classes, and that they enjoy a great immunity from the disease. I intend in a future communication to publish in detail the valuable information these gentlemen have given me, as it is in itself a history of the distribution of the disease in their part of Great Britain. I would here remark, however, that salt is an essential ingredient in porridge for one thing, and for another that the Scotch people use this condiment more freely in the dietary of children than we in England do.

If the consumption of salt as an article of food has any power of lessening the frequency of calculus, it occurred to me soon after I began the present investigation that this must have been noticed by other observers. It was very satisfactory to me to find that this is really the case. Mr. Coupland Hutchison<sup>7</sup> has shown that in the navy during the early part of the present year, calculus was exceedingly rare. He found

that from 1st January, 1800, to 1st January, 1816, the navy comprised annually 162,000 men and boys from the age of 9 to 60 years. During these sixteen years only eight cases of calculus occurred amongst the above, and of these only five originated at sea. That is to say, 1 case in every 518,400 males— $162,000 \times \frac{1}{5} = 518,400$ . Mr. Hutchison says this immunity is most marked amongst the sailors (not the officers) of the navy, "who live for months on highly-salted beef and pork," and who thus acquire such a taste for salt that "it is incredible to see what quantities of salt the seamen will use with their fresh beef." It would have been very interesting to have compared the relative infrequency of the disease as it then existed with the present more generous diet of the navy, but Sir John Reid, the Director-General of the Medical Department, informs me this cannot be done, as the cases of calculus, although now very uncommon, are not separated in the returns from other urinary diseases. Dr. Yelloly<sup>8</sup> has suggested that the statistics above quoted are fallacious inasmuch as the navy is manned by adults in good health, and at an age least likely to afford cases of calculus (14 to 50). But Mr. Hutchison points out that the limit of age was at the time he wrote really greater, viz., 9 to 60, and moreover we must remember this was during war-time when governments are always less jealous about the health of recruits, and, in point of fact, at the time in question, employed the press-gang in order to obtain men for the navy: an agency which would unceremoniously over-look physical defects far more obvious than a tendency to urinary calculus.

Mr. Hutchison<sup>9</sup> in a further communication shows that from 1st January, 1816, to 1st January, 1828, 331,000 men and boys were employed in the navy, of whom 21,910 were invalided from various causes, but not a single case of stone occurred amongst them; and from 30th November, 1830, to 30th November, 1836, the navy consisted annually of 30,000, of whom 2,000 were boys, and that during these six years only one case of stone or gravel occurred, which was a case of renal calculus.

If we, upon the other hand, look for a class of the community from whose dietary salt is conspicuously absent, we shall find it in infants and young children of the poorer classes. The children of the upper and middle classes have very generally added to their milk or milk-food a small quantity of salt, especially amongst those, and they are a pretty numerous class of the community, who are guided by the writings of Mr. Chavasse. The fact that the children of the poor suffer more from calculus than those of the rich has been pointed out by Mr. Cadge,<sup>10</sup> who indicates that it may be due to a deficiency of milk in their diet. But milk is deficient for the diet of infants and young children in all parts of England; but it is only in Norfolk and Suffolk that they so specially suffer from stone. Again, in Marshland milk is exceedingly difficult in many of the villages for the poor to obtain, as I can testify from a personal residence; yet the Marshland children escape stone, while the children on the opposite side of the Ouse suffer from it.

From the foregoing it would appear that there is a considerable amount of evidence indicating that the presence or absence of salt in the dietary has a determining influence upon frequency or rarity of calculus. It remains for us to consider in what way this is brought about.

In the first place, I think it is pretty evident that the more salt a person consumes the greater is the amount of thirst he will experience, to allay which,

<sup>5</sup> Address in Surgery, *Lancet*, Aug. 15, 1874, p. 233.

<sup>6</sup> "Pathology of the Urine," 1877, p. 279.

<sup>7</sup> On the Comparative Infrequency of Urinary Calculi amongst Sea-faring People. A. Coupland Hutchison. "Medico-Chirurgical Transactions," Vol. ix, pp. 443-471.

<sup>8</sup> Yelloly's "Philosophical Transactions," 1829, p. 66.

<sup>9</sup> "Medico-Chirurgical Transactions," Vol. xvi, pp. 95-120.

<sup>10</sup> Address in Surgery, *Lancet*, 15 Aug., 1877.



under ordinary circumstances, he will drink a larger amount of fluid than would otherwise have been the case. This is such a self-evident fact that the dishonest publican who adulterates his beer with salt does so to make his customers imbibe more freely ; at any rate, he gets the credit for thus acting. Be this as it may, we all know a meal of salt fish or salt meat makes us thirsty. It is equally obvious that the more fluid that passes through the kidneys in a given time, the more dilute will be the urine, and hence the less chance will there be of its solid parts separating in the form of gravel or calculus. So plain, then, on this score is the action of salt, that it might have been dismissed without further comment, had it not been for the statement of Kaupp and Flack, as given by Parkes,<sup>11</sup> that "the urinary water is not increased, is even lessened in man." I have not had the opportunity of referring to the original statement<sup>12</sup> of these authors, but it is possible that, during the experiments made by these gentlemen, for some purpose unknown to me, they refrained from gratifying their increased thirst. When a quantity of chloride of sodium is taken, as with ordinary meals, the whole of it does not pass out with the urine : a portion of it emerges within six hours (Buchheim) ; another part is retained for some time, and then appears in the urine, so that in 24 hours two-thirds have passed out : while a considerable portion (one-third, Bischoff) never appears in the urine at all, but is either retained for a longer time, or emerges by the skin, or, if there be diarrhoea, by the intestines, or occasionally by the saliva (Percy, Wright), or by the milk during suckling (Harnier).<sup>13</sup>

The same author observes<sup>14</sup> that during childhood everything shows a very rapid kidney excretion, and in this respect the kidney only participates in the activity of the lungs and of the skin. This is clearly seen from the subjoined table, which shows the amount of kidney excretion to a given weight of the body during twenty-four hours in children of both sexes between the ages of three and seven years, compared with adult males :—

	In Children.	In Male Adults.	Excess in Children to each Kilogramme.
Water ... ..	59 c.c.	23 c.c.	36 c.c.
Urea ... ..	0·973 grm.	0·500 grm.	0·473 grm.
Urea and Volatile Salts	0·279 "	0·151 "	0·128 "
Chlorine ... ..	0·303 "	0·106 "	0·202 "

From which it appears that the amount of chlorine to body-weight of children in health is nearly three times that of the male adult ; hence the obvious necessity of supplying this important element in their food for one thing, while for another the greater amount of total solids per kilogramme explains the well-known fact of their great liability to urinary concretions.

That salt is an important element in our food is so well known that one would hardly think it necessary to repeat it ; but there has been a tendency manifested by a certain class of pseudo-physiological valetudinarians to decry its utility. I am therefore the more pleased to note that Dr. Lionel Beale<sup>15</sup> speaks out strongly in favour of an increased consumption of salt as an article of diet, and it would seem that the admissions of stone cases into the Norwich Hospital bear out his remark that the salt tax was "cruel and unprincipled." Our knowledge of the geographical distribution of calculus is very imperfect, but we do know that the disease is very prevalent in

the East Indies, and that the salt tax in India in 1882-3 produced something over 6,000,000*l.*, a sum not very different from that which during the same year accrued to the revenue from the opium tax, about the iniquity of which we hear so much.

Chloride of sodium has been spoken of by physiologists as being a universal solvent, not only of the comparatively few crystalloid substances met with in the body, but also of the colloids, fibrine, albumen, mucine, etc. As early as 1844, Bence Jones showed that the solubility of urate of ammonia was doubled by the presence of sodic chloride.<sup>16</sup> The presence of potassium chloride has a similar effect on the solubility of urate of calcium.<sup>17</sup> It therefore seemed desirable to ascertain whether chloride of sodium affected in any way the solubility of uric acid. My friend, Mr. Henry C. Brown, A.I.C., was kind enough to undertake this investigation. The following is Mr. Brown's account of the experiments : An excess of pure uric acid in the form of a fine white powder (purchased from Becker and Co., Maiden Lane), was digested for three hours with frequent agitation at a temperature of 100° F. in (1) distilled water ; (2) a solution of '615 per cent. sodium chloride ; (3) a '86 per cent. solution ; (4) a 1·3 per cent. and (5) a 2 per cent. solution. The solutions were filtered at the same temperature, and 50 cc. of each filtrate evaporated and dried in a water bath till the weights were constant. From these, after deducting the amount of sodium chloride, the following table was calculated :—

Dissolves at 100° F. in—					
Pure Uric Acid.	Distilled Water.	Per cent. Solution of Sodium Chloride.			
		'615	'860	1·300	2·060
1 part.	8·333 parts.	4000 parts.	2630 parts.	2330 parts.	2000 parts.

The strengths of the salt solutions were taken so as to represent to some extent the extreme variations in the quantity of chloride of sodium in the urine of healthy adult males as given in Dr. Thudicum's table.<sup>18</sup> From the above it is apparent that at the temperature of the body a very small quantity of salt greatly increases the solubility of pure uric acid, and, further, that an increase in the amount of salt proportionately increases the solubility of the uric acid. Speaking roughly, one part of pure uric acid requires 8,000 parts of distilled water at the temperature of the body to dissolve it, whereas the addition of one-half per cent. of salt doubles its solubility, while two per cent. quadruples it. If our sailors consume anything like the amount of salt they are credited with doing, they are not very likely to suffer from uric acid deposits.

We must, however, go a step further ; between the cayenne pepper deposit of uric acid in urine and the formation of a compact calculus there is a great gulf—a gulf, however, which has been bridged over by the researches of Dr. Ord, Dr. Vandyke Carter, and Mr. Rainey, the general outcome of which has been to demonstrate the fact that the presence of a colloid at the moment various crystalloid bodies pass into their crystalline forms so modifies the crystalloid that, instead of becoming a crystal, the body separates in a coherent form. Certain colloids act more powerfully upon crystalloids in the production of this coherent form than others. For example, Dr. Ord found albumen much more powerful in its action upon uric acid than gelatine. But the action of an equally diffused low percentage of albu-

<sup>11</sup> Parkes on Urine, 1860, p. 66.

<sup>12</sup> "Handbuch der Arzneimittellehre," Band i, p. 131.

<sup>13</sup> Parkes *op. cit.*, p. 65.

<sup>14</sup> Parkes *op. cit.*, p. 45.

<sup>15</sup> "Urinary and Renal Derangements and Calculous Disorders," 1885, p. 33.

<sup>16</sup> Ord on the Influence of Colloids, p. 72.

<sup>17</sup> Watt's "Dictionary of Chemistry," 1871, Vol. v, p. 957.

<sup>18</sup> Thudicum's "Pathology of the Urine," 1877, p. 563.



men in urine is so slight that, although the form of the crystals may be altered, yet there is no tendency for the uric acid to become aggregated into a calculus. Hence the rarity of calculus in Bright's disease, where, although the urine contains albumen, yet, being equally diffused, aggregation does not take place. Thus we find that those counties where Bright's disease is very common do not produce many stone cases.

The relationship of calculus to other diseases, as evinced by their geographical distribution, I must leave for a future communication, and would only here remark that the study of the disease from this standpoint is not only one of great interest, but one which throws light upon its aetiology. The action of sodium chloride in preventing the coagulation of the blood is well known, and the presumption is that this salt has a similar action with other colloids. If this be the case, we have no difficulty in understanding the rarity of calculus amongst those who consume salt freely. Dr. Ord tells me that "whatever tends to keep the colloids diffused will oppose the formation of calculus, for while mucus equally diffused does little more than round the edges of the crystals, precipitated it at once becomes the bed of spheres and agglomerations of spheres."

The conclusions I would derive from the foregoing are :—

(1) That there exists in Norfolk a district (Marshland) in which calculus is much less common than in other parts of the country.

(2) That in Marshland the natural water supply contains a large proportion of salt.

(3) That calculus was relatively more common during the period of the salt tax than before or after.

(4) That the disease is rare amongst sailors who consume much salt.

(5) That it is more common amongst the children of the poor from whose dietary salt is almost absent, than amongst those of the middle and upper classes where this is not the case.

(6) That the disease is common in India where salt is taxed.

(7) That the presence of salt greatly increases the solubility of uric acid.

(9) That the consumption of salt by increasing thirst ensures a larger amount of fluid passing through the urinary tract, and therefore lessens the probability of calculus.

(10) That by keeping the colloids equally diffused salt tends to prevent the crystalline solids of the urine from agglomerating into calculi.

And lastly, that the facts above stated warrant us in recommending a more liberal consumption of salt by those who are in any way threatened with calculous disease, either by hereditary tendency or by premonitory symptoms—especially those at the two extremities of life who reside in calculous districts. Particularly does this apply to infants and young children—the former, of course, through the mother, for we know that sodium chloride is one of those salts which freely passes from the maternal system into the mammary secretion.<sup>19</sup>

#### SOCIETY FOR THE STUDY AND CURE OF INEBRIETY.—

A general meeting of this society was held in the rooms of the Medical Society last Tuesday, the President, Dr. Norman Kerr, in the chair. Papers were read by Mr. Carsten Holthouse and Mr. C. G. Robertson. In the discussion which followed, Drs. Poole, Williams, Yeo, Robertson, Jabez Hogg, and Edwards took part.

## PRACTICAL NOTES ON THE ORDINARY DISEASES OF INDIA.

By NORMAN CHEVERS, C.I.E., M.D., F.R.C.S. Eng.,  
President of the Health Department, Social Science Association.

### DISEASES OF THE CIRCULATORY SYSTEM.

(Continued from page 430.)

#### *Aneurysm.*

DURING the past forty years, I have been allowed full opportunity of regretting that my medical brethren should neither have controverted nor adopted the observations which I published in 1845,<sup>26</sup> on the causation of those "true" aneurysms which are dependent upon dilatation of the arterial walls.

They were not mere theoretical speculations, but were the outcome of much attentive study of arterial disease in the dead-house and in museums. All my subsequent observation has confirmed their general accuracy, and I venture to believe that they still deserve attention.

I think that we, the young morbid anatomists of 1845, were not uninstructed in the subject of "*Arterial Tension*," vide Dr. Goodhart's admirable Bradshawe Lecture for the present year. Our writings show that, in the system of the gin drunkard, we had learnt to perceive the existence of chronic blood impurity maintained by a constant supply of turpentine, juniper, white-vitriol and alcohol. Hence the over-taxed kidneys and liver became diseased. Impediment to the circulation through their capillaries gave rise to undue tension resulting in dilatation and hypertrophy in the arteries and left heart—we assigned far more importance to the dilatation than to the hypertrophy, viewing the latter rather in its compensatory than in its morbid aspect. Imperfect elimination of urea and bile elements produced a tendency to endocarditis and degeneration of arterial tissue. We had made a special study of the various conditions which lead to morbid tension in the pulmonary artery. The dependence of permanent dilatation of that vessel and of the right heart and venous system, leading to dropsy, upon over-work, intemperance, chronic bronchitis, emphysema, mitral disease, &c., was a matter of daily observation.

*Aneurysm of the Ascending Aorta.*—Preps. 636 and 638 represent aneurysms of the ascending arch in natives.

An apparently healthy captain, having taken his usual morning walk, returned to his quarters at the Military Club, Calcutta, and was found dead in his bath-room—a very small aortic aneurysm having burst into the pericardium. An East Indian(?) medical subordinate died from an almost precisely similar cause.

I used to think that the progress of an aortic aneurysm through the chest was quite as capricious, as regards its direction, as that of a musket bullet. But the study, chiefly of cases observed in India, convinced me that although the mode of expansion of a thoracic aneurysm is modified by various circumstances, its progress, which is generally to the surface, is ruled by definite laws. The following cases fairly display the principal modes in which aneurysms of the arch and descending aorta advance.

I collected a valuable series of plaster of Paris casts, taken by the late Mr. Bowser, from patients of mine, showing aneurysms of the ascending aorta, chiefly in natives, pointing forwards at and to the right of the sternum, absorbing bone, costal and clavicular cartilages,

<sup>19</sup> Carpenter's "Principles of Human Physiology." Edit. 8, 1876, p. 1057.

<sup>26</sup> *General and Aneurysmal Dilatation of the Aorta; especially with reference to their Pathology and Treatment.* The London Medical Gazette for August, 1845, pp. 725 and 769.



and, in two cases, opening by slough and allowing fatal hæmorrhage. A wealthy and rather noted Hindu gentleman, advanced in life, died with a large pulsating aneurysm about to point on the right of the sternum. I heard that, when his body burnt on the pyre, the sac burst throwing a column of blood into the air. It was manifest from the symptoms, although there was no autopsy, that the death of that truly eminent physician, William Twining, was caused by the opening of an aneurysm of the upper part of the ascending arch into the substance of the right lung. This occurred in a patient of my own.

A case which, as far as my reading and experience go, was unique occurred in the practice of my friend Dr. T. Watkins Wilson.<sup>27</sup> A man, æt. 28, born in India of English parents, a free liver, had suffered for 12 months from no other distress than a pain in the left deltoid muscle immediately under the acromion process, which prevented him from raising his arm. He then became subject to palpitation, difficulty in breathing, a feeling of constriction in the throat, and a pain to the left of the sternum. There was increased and extended dulness in the præcordial region. The first and second sounds were distinct, but feeble. Following the first was a bruit most audible at the upper part of the sternum. The features were full, bloated and congested. Gradually respiration failed on the left side, and the whole of that side of the chest became dull. The thoracic suffering became very intense, and he died in a paroxysm of dyspnoea. It was found—

(1) That there was congenital transposition of the viscera, the liver lay on the left side, the spleen on the right.

(2) That an immense aneurysm, half filled with solid fibrine, occupied the usual site of the heart; the heart with an adherent pericardium was on the right side, displaced, and thrust back behind the lung; the left lung was perfectly collapsed. Serum occupied the pleural cavity. The aneurysm appears to have arisen from the back part of the ascending aorta, and to have made way laterally to the left.

*Aneurysms of the Cross of the Aorta.*—A very delicate young officer, a younger son of one of the greatest literary men of this century, whose death was also from arterial disease, died from a large aneurysm of the upper part of the aortic arch. The sac would nearly have received two fists; I never saw such extensive arterial disease in a person under 25 years of age. The parts were so matted together that, as the specimen lay before me, it took me several minutes to understand it. He was in the Officers' Hospital, but was standing with his foot on a chair, talking and laughing, when he suddenly fell and expired.

In No. 2 of the "Indian Annals of Medical Science," I have detailed fully the very remarkable case of a ship's captain, aged 29, in whom I found during life evidence of the existence of an aneurysm of moderate size obstructing the three primitive branches of the aortic arch.

Under the heading of Diseases of the Organs of Respiration, I shall have to report in detail the case of a Greek who had symptoms of acute laryngitis caused by a little aneurysm arising from the crown of the aortic arch attaching itself closely to the trachea in its upward course, and attempting to open into that air passage. I vainly attempted to save life by tracheotomy. I had to watch the sufferings, ending fatally in a few hours, of a poor European in whom an aneurysm was found to be making its way into the bronchus, nearly as happened in the case of Liston, the great surgeon; save that, in the latter, there was a premonitory gush, followed by a considerable interval of apparent health, in which I took a patient to him.

He looked pallid, but as he took me by the button-hole, I thought that his was one of the noblest and most scholar-like faces I had ever looked upon. Mr. R. O'Shaughnessy published, at p. 306 of the *Calcutta Medical and Physical Transactions*, a case in which aneurysm of the arch of the aorta was mistaken during life for aneurysm of the right carotid. I was asked to examine a young and well-built Queen's soldier, who had a pulsating swelling as large as a hen's egg at the root of the neck. It lay in the course of the left common carotid, and had much the appearance of an aneurysm of that vessel; the application of a ligature distally was in contemplation. It, however, appeared to me that it was an aortic sac. My colleague, Dr. Chuckerbutty, had a patient, a youngish native man, in whom there was a huge pulsating sac arising from the aortic arch, and occupying the whole of the front of the neck. On placing my hand upon it, my first feeling was one of astonishment,—where was the larynx, of which there was no sign in front? A projecting mass lay *just below the left angle of the lower jaw*. This was the larynx with its appendages, which had been pushed aside in the gradual upward progress of the aneurysm. Respiration was quite easy. I showed this to my class, saying that it appeared to give an additional physiological reason for the fact that our upper air passage is not an immoveable bony tube.

*Aneurysms of the Descending Aorta.*—A much esteemed European officer, a well put together dark man, apparently under 35 years of age, was treated by the late Dr. Edward Goodeve, for spitting of blood. There was extensive dulness under the left clavicle. At this spot, I think, a little moist crepitation was noticed. It was considered singular that there should be such extensive lung mischief, with excessive hæmorrhage, where all other signs of phthisis were absent. He went home, appeared to recover, and married. On his return to India, after several months' absence, he appeared well, and, I believe, did not seek medical advice. I recollect to have seen him walking and leading his wife's horse; a considerable exertion in that climate. After sunset, on what was noted to have been a singularly hot day, he was about to walk out with his wife when he fell, bringing up blood, and expired. I carefully examined the diseased structures. An aneurysmal sac, of globular form, larger than a fist, proceeding from the front of the descending arch just as it turns, had burrowed into the substance of the upper lobe of the left lung which it had not pushed away, but had almost completely destroyed by absorption. The amount of dulness and the profuse hæmorrhage were clearly evidence that the aneurysm had occupied that position and had bled largely before he went to England, and that Nature had made an attempt at cure, which was valid for many months.

Preparation 665 is from a European woman, a patient of mine. It displays an aneurysm of the extremity of the arch of the aorta *opening into the œsophagus*. Death did not result from hæmorrhage, although a little blood was spat up, but from pressure upon the trachea and consequent suffocation. The fatal attack of asphyxia was precipitated by a drinking bout. Many years ago, I saw, at the South London Medical Society, a fresh specimen in which the firm and even coagulum of an aortic aneurysm had completely removed an oval portion of the œsophagus, upwards of three inches in circumference. Death had not been caused by hæmorrhage, but the tumour encroached so much upon the passage as to cause dysphagia. It was clear that, if a probang had been used, as was then a frequent practice, the sponge would have entered the aneurysmal sac. I saw a very remarkable case of this kind in Calcutta.

<sup>27</sup> "Indian Annals of Medical Science," No. v, p. 362.



A European, rather past middle age, had difficulty in swallowing. There had not been hæmorrhage, but he was anæmic. Thus, his nose was quite pale, but there were large red vessels upon it, as if he had formerly been extremely florid. Some time after he came to me, the medical friend who had consulted me brought to my office an earthen vessel which appeared to contain more than two pints of blood which had come up at a gush. Not long before that time I had been in the habit of making close examination of aneurysmal clots. With this blood there was at least a handful of partially decolorised laminated clot which had unquestionably come from the sac of an aortic aneurysm, probably through a large opening in the œsophagus. The man was doubtless well cared for; there was no recurrence of hæmorrhage, and he went to an employment at Diamond Harbour, where he died about a year afterwards, it was said of some bowel complaint.

I had long in my ward a middle-aged European who had been a soldier. His chief ailment was a harsh dry barking cough, which it was distressing to listen to. Examination *post-mortem* confirmed the diagnosis that this was due to the pressure of an aneurysmal sac on the left recurrent laryngeal nerve. He was so irritable and quarrelsome a person that I found it very difficult to keep him in the state of quietude which his condition demanded. After a time, the cough abated, and he appeared to be mending, but he died from acute pneumonia, occasioned, I believe, by mechanical interference with the pneumogastric nerve.<sup>28</sup>

An unhappy European sailor was for some time in my ward with an aneurysm of the descending thoracic aorta which had destroyed several ribs posteriorly on the left side, and formed a tumour so bulky that two hands could scarcely cover it. He went out, got drunk, fought, and was severely beaten, and returned to hospital for a time, still he did not die under our observation.

Preparation 678 represents a most interesting case which occurred in my ward. An elderly American master mariner became absolutely paraplegic only a few days before his death. The lower extremities had entirely lost sensibility and power of motion. He, however, declared that once, during the night, he found himself able to use his legs. I told my class that this state of things could only arise from one of three causes—1 and 2, strumous or malignant disease of the bodies of dorsal vertebræ. I considered that the man's occupation and grand physical development, together with the absence of any spinal projection, discountenanced struma; while his aspect and the fact that the cord had temporarily recovered its powers obliged us to put aside the second cause; whereas all indicia countenanced the opinion that—3—an aneurysm had destroyed the bodies of the vertebræ and was compressing the cord. It was found that an aneurysm of the thoracic aorta had largely destroyed the bodies of ten dorsal vertebræ. One of the lower bodies had become so completely absorbed as to expose the dura mater. Higher up, two bodies had been destroyed, also exposing the dura mater; and, still higher up, a portion of the body of another vertebra was disintegrated down to the same tunic. The huge sac was filled with a very dense coarsely-laminated coagulum. In one spot, the sac was about to open into the left lung. At first it appeared possible that the idea of temporarily restored power of motion occurred in a dream; but he was positive that he

had moved his legs. The truth of this appears quite possible, considering the manner in which the cord was compressed by the aneurysm, whose volume was liable to be diminished from the quiet state of the circulation during sleep.

In 1845<sup>29</sup> I suggested that the chief general indications which it is necessary to fulfil in conducting a rational plan of *medical treatment in cases of aneurysm of the aorta* are as follow:—<sup>30</sup>

To reduce, as far as is practicable, the volume of the circulating fluid; but in such a manner as to lessen the proportion of its watery constituents without diminishing the fibrine or producing debility in the system.

To render the circulation through the visceral arteries, general capillary system, principal venous trunks and lungs as free as possible.

To maintain the muscular power of the heart.

To encourage the deposition of *thin* layers of plastic coagulum within the aneurysmal sac.

These principles have always guided my practice. For many years I used to tell my students that the greatest hope of prolonging his life that we can offer to the subject of aortic aneurysm is to afford him absolute REST, which he can best obtain in hospital, where I generally succeeded in keeping my patients with aneurysm until they died. Latterly, I employed the iodide of potassium treatment, but I was unable to attribute any effect to it. While it is, in these cases as in all others, the physician's obvious duty to prolong existence as much as possible, I have always admitted to myself that, in following this line of practice, we distinctly add to the sum of the patient's sufferings. For many years, my wards were very rarely without cases of aortic aneurysm. Only one of my patients died suddenly in hospital; but, as time advanced, the sacs increased in bulk and gradually made their way towards the surface and beyond it. Assuredly, if I were the subject of aortic aneurysm, I should accept, as a mercy, the visitation of sudden death vouchsafed as the alternative of months of suffering, while the mass, in growing, causes the destruction of everything which stands in the way of its advance.

I saw only one case of *Aneurysm of the Common Carotid* in a native man. Death occurred suddenly by cerebral embolism.

Preparation 696 is "*an aneurysm of the right common carotid* of a native, about an inch-and-a-half above its origin from the innominate. Close to its entry into the cavity of the aneurysm, the lining membrane is slightly infiltrated with yellow atheromatous deposit. The tumour is globular in shape."

Preparation 697 is from a Lascar, and displays aneurysm of the left common carotid at its bifurcation, extending along the external carotid. The common carotid was ligatured. The man lived a month. Death occurred from sloughing of the whole of the left side of the neck, which the description does not account for. The left cornea had sloughed.

Preparation 698 is one of great interest. It is from a man of 30, in whom, a year previously, the right carotid was tied by Professor Mott. The disease was aneurysm in the right orbit caused by an accident. He returned to England, and the swelling not having disappeared, the left carotid was tied. He died anasarcaous, with albuminuria. The account of the condition of the vessels and of their irregular distribution is interesting.

Dr. John Shortt<sup>31</sup> tied the common carotid success-

<sup>28</sup> When I commenced the autopsy, it appeared to me that, although the aneurysm was large, it was so completely filled with firm evenly-deposited laminated clot, as to give the idea that nature had made a valid attempt at "cure." I removed the mass entire, hoping in vain for leisure to examine it fully.

<sup>29</sup> *London Medical Gazette* for August 29th of that year, p. 774.

<sup>30</sup> As revised in my treatise on the Treatment of Diseases of the Heart and of Aortic Aneurysm, Calcutta, 1851.

<sup>31</sup> "*Indian Annals of Medical Science*," No. xv, p. 269.



fully in a native prisoner, æt. 34, for aneurysm of the external carotid.

Mr. Edward A. Birch ligatured the right common carotid artery with catgut in a Chumar, æt. 40, for aneurysm of the internal carotid. The operation was followed by headache, left hemiplegia, and mental confusion. The power of speech was lost and recovered. This was a typical case of those disorders of the cerebral circulation which I have shown, in the 36th volume of the *London Medical Gazette* for 1845, to have resulted in many cases where the common carotid has been tied. He eventually made a good recovery.

Baboo Preonath Bose has reported<sup>32</sup> the case of a Hindoo hawker, æt. 32, suffering from a large aneurysm of the *Right Internal Carotid*, who had the common carotid tied by Mr. S. Bowen Partridge. There were no unfavourable symptoms for seven days; then the right eye "became suddenly and uniformly congested, and in the course of 48 hours was entirely destroyed." Hæmorrhage occurred on the separation of the ligature. On the thirteenth day a ligature was placed around the innominate trunk.

The patient sank principally in consequence of pneumonia, a rather frequent result of operations for tying the arteries of the neck.

In the chapter on Diseases of the Nervous System I have spoken of the case of a Hindoo gentleman of high caste, in whom the presence of an aneurysm of a *cerebral artery given off from the left internal carotid* was evidenced by a remarkable bruit.

Mr. A. H. Hughes successfully ligatured the *Subclavian artery* for axillary aneurysm in a native policeman, æt. 25.<sup>33</sup>

There is on record<sup>34</sup> the remarkable case of an Indian major, æt. 33, who died suddenly from an aneurysm of the *Left Subclavian* opening into the left pleura.

A native woman died from *Aneurysm of the Abdominal Aorta* in my ward. She was extremely thin. There was considerable abdominal fulness and a soft swelling, the strong pulsation of which was very apparent, showed a little below the left hypochondriac ridge. After death from rupture, the sac was found to be an immense one, having upon it several rounded diverticula, one of which had advanced to the abdominal wall over the lesser curvature of the stomach, and had formed the pulsating tumour.

Preparations 679 to 683 are five typical cases of aneurysm of the abdominal aorta, but there is nothing to show whether the sufferers were Europeans or natives.

I do not think it needful to cite all of the many reported cases of aneurysm of the smaller arteries in Europeans which appear in our Indian literature, but I may allude to that of a young soldier in whom I saw my friend, Dr. Gordon Hardie, tie the *External Iliac* with perfect success, although there were marked evidences of a most extraordinary amount of disease in the poor fellow's arterial system generally; and to that of a well-conditioned looking European seafaring man who, while under treatment for other disease in my ward, noticed a swelling which I found to be *Popliteal Aneurysm*. Gangrene of the limb occurred, and he sank after amputation. I saw a nearly parallel case in Guy's Hospital.

In 1837<sup>35</sup> Mr. Richard O'Shaughnessy ligatured the *External Iliac* in a Calcutta Hindoo, æt. 40. There was a femoral aneurysm about the size of a large orange. The aneurysm appeared to be cured, although

when the case was reported, six weeks after the operation, the ligature had not yet come away.

There is a singularly interesting case<sup>36</sup> in which Dr. Parry successfully ligatured the *External Iliac Artery* in a European soldier in whom sloughing (of syphilitic origin) in the groin produced diffused aneurysm of the femoral.

Kenneth Mackinnon just mentions (p. 8) the case of a native in whom "*aneurysm of the External Iliac or one of its branches* underwent a cure by sloughing."

Sir Joseph Fayrer tied the *External Iliac* with success for femoral aneurysm in a West Indian negro, æt. 34, who had been several years in India.<sup>37</sup>

In a case where an aneurysm of the femoral artery ruptured at Poupart's ligament, the late Mr. Cutcliffe ligatured both the *External Iliac* and the *Femoral* arteries, using carbolised catgut.<sup>38</sup>

Many years ago, at Guy's Hospital, I watched the case of a man who, upon being admitted with an actively pulsating aneurysm of the femoral as large as an orange just below Poupart's ligament, was attacked with typhus. On his recovery from the fever in about six weeks, the aneurysm had undergone spontaneous cure.

I believe that the first surgeon who tied the femoral for *Popliteal Aneurysm* in India was Dr. Adam Macdougall, who operated with complete success in 1822 on a Hindoo ordnance driver.<sup>39</sup>

Kenneth Mackinnon noticed that the same operation was performed successfully at Madras on a sepoy. This was probably the case reported by Mr. J. Lawrance.<sup>40</sup>

Sir Joseph Fayrer tied the femoral, at the superior third of the triangle, in a Burmese, aged 26, suffering from popliteal aneurysm. The whole of the sac sloughed away. Three days afterwards profuse hæmorrhage occurred from the cavity which had contained the sac. The common femoral was then tied about an inch and a half higher up. Thenceforward he made a good recovery.

Mr. F. F. Allen tried pressure and flexion in a native (Goorkah) corporal, aged 50, with popliteal aneurysm. He then tied the femoral in Scarpa's triangle with perfect success.<sup>41</sup>

Mr. C. P. Costello reported<sup>42</sup> the case of a native soldier in whom he successfully treated an idiopathic popliteal aneurysm by combined pressure and flexion.

Surgeon Major P. Sinclair Laing cured popliteal aneurysm in a European soldier of 30, who had served nearly seven years in India, by flexing the limb.<sup>43</sup>

Dr. John G. French<sup>44</sup> gives the very interesting case of a Mussulmann in whom he tied the artery in Scarpa's space for a false traumatic aneurysm of the femoral, wounded by duck-shot.

Dr. K. D. Ghose employed digital compression successfully for popliteal aneurysm in an up-country Hindoo aged 40.

The cases which I have quoted show clearly enough that aneurysm occurs in the natives of India nearly as it does in Europe; there, however, remains the not-easily solved question—Is arterial disease as frequent in India as it is in the United Kingdom? Kenneth Mackinnon, writing from

<sup>36</sup> *Madras Quarterly Medical Journal*.

<sup>37</sup> "Indian Annals of Medical Science," No. xxvi, p. 146.

<sup>38</sup> *Indian Medical Gazette*, Vol. viii, p. 29.

<sup>39</sup> *Calcutta Medical and Physical Transactions*, Vol. i, p. 199. Poor Macdougall's tomb is in our burial ground at Chittagong. It is said that, being on his way to that station, he died of cholera in his palanquin. As the bearers would not touch the body, they brought it, as it lay, to the station, where it was found that decomposition had so far advanced that a great pit was dug in which it was inhumed undisturbed in the *palkee*.

<sup>40</sup> *Calcutta Medical and Physical Transactions*, Vol. iv, p. 392.

<sup>41</sup> "Indian Annals of Medical Science," No. xix, p. 307.

<sup>42</sup> *Indian Medical Gazette*, Jan. 1st, 1866.

<sup>43</sup> "Indian Annals of Medical Science," No. xviii, p. 261.

<sup>44</sup> *Indian Medical Gazette* for Nov., 1866, p. 335.

<sup>32</sup> "Indian Annals of Medical Science," No. xxvii, p. 332.

<sup>33</sup> *Indian Medical Gazette*, Vol. vii, p. 183.

<sup>34</sup> "Indian Annals of Medical Science," No. iii, p. 461.

<sup>35</sup> *Calcutta Medical and Physical Transactions*, Vol. viii, Part 2, p. 223 of Appendix.



*mofussil* (country) experience, stated it as the result of his observation that arterial disease is rare in India. Allan Webb, having read nearly all that had been published regarding disease in India, and writing with large experience of the Calcutta hospitals, held a contrary opinion. Writing earlier than these eminent authorities did,<sup>45</sup> Richard O'Shaughnessy said that he was "strongly persuaded that aneurysm is much more common in India, and that there are more lives lost by it among the natives than is generally supposed; as, from their total ignorance of the formidable nature of the disease, they apply to the native quacks in the bazaars, who, taking the swellings for simple abscesses, puncture them." I find that, in 1881, there were only 6 admissions for aneurysm and 3 deaths out of an average strength of 114,612 sepoys; while, during the same period, the European army, with a strength averaging 58,728, had 9 deaths from aortic aneurysm, and sent away 9 cases of aneurysm invalided or for change. The result of my own experience is that aneurysm is a rare disease in the natives of India, although I saw many cases in Calcutta, the largest city.

Cases of *Arterial Plugging* are noticed in the chapter on Malarial Cachexia, Vol. ii for 1883, p. 736. I never saw or heard of a case of *Senile Gangrene* in a native. There are not many very aged Europeans in India. I saw only one case of this disease in an Englishman.

#### *Diseases of the Venous System.*

Mr. Charles N. Macnamara has alluded to the case of a European soldier, the subject of general fatty disease, in whom "the *Superior Vena Cava* was ruptured just at its junction with the auricle."<sup>46</sup> A soft yellowish jagged spot, about the size of an eight anna piece (shilling), appeared in the descending cava just at the point where that vessel enters the heart. There was, at the centre of this spot, a small opening through which fatal hæmorrhage had occurred. The walls of the vein in this locality had entirely lost their normal structure, being replaced by fat. The remainder of the vessel, as also the coats of the aorta, the heart, liver, and kidneys, were all in a state of fatty degeneration.

Dr. John Shortt gives<sup>47</sup> the case of a native Christian butler, aged 50, a fat man, said to be intemperate, who fell suddenly, and was fifteen minutes dying. "A circular rent about the size of a shilling was found in the superior cava within the pericardial sac, and near its termination in the the upper part of the right auricle. Half an inch of the cava round the rent had its serous coat destroyed, and the surrounding tissues were infiltrated with blood."

Mr. George Harper has given<sup>48</sup> the case of a European riding-master, aged 45, an unhealthy man of temperate habits, in India for 25 consecutive years. His horse, becoming restive and making a sudden twist round, he was obliged to use great muscular exertion of the lower extremities to enable him to keep his seat. Immediately after this, he felt the right leg stiff and uneasy, and the whole of that extremity became highly ecchymosed from the ileum to the ankle. He survived the accident 41 days, during which his health steadily declined. A circumscribed strongly-pulsating tumour, nearly the size of a goose's egg, was felt immediately above and opposite the umbilicus, over which there existed a distinct bruit. It was suspected that aneurysm of the abdominal aorta or common iliac existed. He suffered greatly from

constant lumbar and abdominal pain, and from attacks of dyspnoea, and latterly there was colliquative diarrhoea. No arterial lesion was discovered *post-mortem*, but the *Vena Cava* was enormously distended for about two inches before passing through the hepatic fissure, and was filled with a large clot of blood. The rectus femoris was ruptured, and it and nearly all the muscles of the thigh and leg had large clots in and about them.

It is not stated whether Prep. 702 is from a native or a European. There is "*Obliteration (embolism) of the Inferior Vena Cava* opposite the termination of the renal veins." At this point the vein is three times its natural thickness. The tumour is about an inch and a quarter across and two inches in length. "Above this the vessel is thin, atrophied, and cord-like." Nothing is said regarding the manner in which the collateral circulation was carried on.

Two cases of obstruction to the inferior cava have occurred within my personal knowledge. In one of these I dissected the tissues of the enormously enlarged external epigastric veins, and found that, unlike any other integumentary veins, these generally small and unimportant vessels are constructed precisely as the inferior cava is, evidently with a view to enable them to act vicariously for that trunk when it is unable to do its own work.<sup>49</sup> For the other case see Phlegmasia Dolens in Diseases of Pregnancy.

For observations on *Venous Plugging* in Malarious Cachexia see Vol. ii for 1883, p. 736.

*Varix* is not common among natives. Throughout my India career I generally looked the natives well over wherever I went, and thus often noticed remarkable evidences of disease. Among the hundreds of thousands of bare legs which I must thus have glanced at, I can only recall to mind one very striking example of varicose veins in the leg of an Ooriah *palkee*-bearer.

(To be continued.)

## NOTES ON A CASE OF CONGENITAL SACRAL TUMOUR.

By H. W. PHILLIPS, M.B., M.R.C.S., Bolton-le-Moors.

BEYOND the acknowledged rarity of such tumours the following case presents features both peculiar and novel, that render it one of especial interest. I should say at starting, that its position was not exactly such as to warrant altogether the name of sacral, being rather lumbo-sacral, or, to be more precise, occupying a region corresponding to the three or four lower lumbar and upper two or three sacral spines; nevertheless, in its anatomical structure it has seemed to be in close affinity with the tumours which have been described under the above head.

On June 12th, of this year, a child was brought to the Bolton Infirmary on account of a swelling on its back, which we were told had been there since its birth some three years ago. On examination this swelling was found to be situated low down in the back, rather to the left side of the spine, and having the relation to it above indicated.

When palpated the tumour was felt to be distinctly lobulated, the individual lobules being large in size, some four or five in number, and attached deeply on their under surface. The outermost of these, that is, the one to the left edge, on firm pressure was felt to slip from beneath the fingers through an opening in

<sup>45</sup> In 1837, *Calcutta Medical and Physical Transactions*, Vol. viii, Pt. ii, Appen. p. 223.

<sup>46</sup> "Indian Annals of Medical Science," No. v, p. 182.

<sup>47</sup> *Ibid.*, No. xv, p. 186.

<sup>48</sup> *Ibid.*, No. xv, p. 256.

<sup>49</sup> *London Medical Gazette*, August 8th, 1845.



the muscles of the back into the abdomen, leaving an empty collapsed bag of skin. From the general contour and feel, this reducible part of the tumour came to be recognised as the left kidney. As the spine disappeared beneath the tumour's edge the tips of the processes were felt to become flat and smooth, and a tendency in them to become cleft could be doubtfully made out. The legs of the child were small and probably unnaturally weak, though the child possessed a considerable degree of control over their movements. Its general health was feeble, though otherwise good.

The case was considered to be one of congenital misplaced kidney, associated with a condition closely resembling spina bifida; and, seeing that there was no prospect of improvement by time, but rather the probability of further trouble as development advanced, an antiseptic exploratory incision was made, in order to ascertain the exact nature of the tumour with a view to a further operation for its relief.

It was now found that the lobules to the right of the tumour, and overlying the cord, were cysts with very firm fibrous walls, connected deeply with the meninges of the cord through a wide cleft in posterior wall of the spinal canal, and, in the case of one which was opened, communicating freely with the subarachnoid space.

Further procedure under these circumstances was deemed inadvisable; the cyst was therefore closed, and the wound brought together with sutures.

For some days after this the child progressed favourably; on the tenth day, however, it became cross and fretful and refused its food, convulsions followed, exhaustion rapidly supervened, and death resulted.

The *post-mortem* revealed a state of matters very similar to what was anticipated from the above noted facts. In that part of the spinal canal corresponding to the lower lumbar and upper sacral vertebræ there was a wide cleft due to a complete absence of both laminae processes. At the bottom of this cleft lay the cauda equina enclosed in the spinal membranes, and attached to the posterior surfaces of the membranes were a number of tough fibrous cysts of varying sizes, containing pale straw-coloured fluid. The cavity of but one of these cysts, namely, that one opened in our exploration, was in actual communication with the sub-arachnoid space. These cysts formed, together with fat and areolar tissue, the bulk of the tumour. To the left, however, of the spinal cleft, and in the position corresponding to the reducible portion, there was found the left kidney lying in fat, with immediately beneath it a cleft in the muscles through which it could be returned into its natural position in the abdomen. The organ itself was apparently perfect and healthy, as were the rest of the viscera. In the fat between the kidney and the cysts, a curious piece of cartilage was discovered, which both in shape and position had apparently some relationship to the imperfect spinal canal.

In a somewhat hasty search I have been unable to find any recorded case in which the state of parts resembled this, and as it has seemed to me of peculiar interest from the curious malposition of an important organ like the kidney, I have thought it right to put the case on record.

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ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.—By the opening of a fever hospital, by the Town Council, considerable additional accommodation has been provided for the treatment of sick children in this institution. Four wards with 16 beds each, and one with 8 beds, are now available for cases of a general description, providing accommodation for 72 children. It is noteworthy that free admission is given to suitable cases, and no introduction is necessary.

## CUMBERLAND INFIRMARY, CARLISLE.

### CANCER OF THE ŒSOPHAGUS — GASTROSTOMY—PARTIAL SUCCESS.

By H. A. LEDIARD, M.D. Edin.,  
Surgeon to the Infirmary.

THIS case is recorded from notes taken by Mr. Francis Smith, who watched the progress from the time that the stomach was opened, and carefully superintended the artificial feeding to the end.

Henry P., aged 54, a tanner, was sent to me by Dr. Highet, of Workington, with a statement that the man had dysphagia, emaciation and probably malignant disease.

I found that no bougie of any kind or size could be passed further down than thirteen inches from the teeth, whilst the patient was able to swallow only liquids. No lump was felt anywhere, and there was absolutely no pain, even on passing a bougie down to the obstruction. The patient was very emaciated, but able to go about well enough, and his chief complaint was that of constant hunger. The symptoms had been coming on for some months, but he had kept at work almost up to the time of his admission.

I held a consultation on August 26th, that is, one week after his coming in, and it was agreed that gastrostomy offered the best prospect, and that there was no time to be lost.

On August 28th I proceeded to open the abdominal cavity under the left costal arch in the position generally chosen. The left lobe of the liver was soon reached, and the stomach lay immediately below. Silk and catgut stitches were used to unite the stomach to the wound, care being taken to pass the needle through skin, muscles, and peritonæum, and finally through the muscular structure only of the stomach, and this left an area, about the size of a half-crown, of stomach-surface exposed. Listerian dressings were used. Little or no sickness or pain followed; all nourishment was given *per rectum*.

On September 2nd some of the stitches were taken out, and as the margins of the wound were rather angry-looking from stitch tension, the opening into the stomach was postponed.

On September 4th the remainder of the silk sutures were taken out. The stomach, which was found covered with an opaque tenacious lymph, was incised with a tenotomy knife, and a small india-rubber tube inserted. A considerable amount of bile escaped from the tube when the plug was out.

September 5th.—About  $\frac{3}{4}$  iij of warm beef tea were introduced into the stomach with a glass syringe, and, so on for the following days, gradually increasing the quantity until a short time before death. The patient took in the course of a day milk O ij, beef-tea O ij, and two eggs, being fed at intervals of two hours. Besides this, on account of a very parched condition of the mouth, he was allowed lemonade and iced water, which he was able to swallow; but anything of thicker consistency he rejected. The wound improved in appearance and a larger tube was inserted.

September 11th.—Temperature for first time rose above normal to 100° F., and on examining chest it was found that air entered with difficulty, with here and there musical rhonchi.

September 12th.—Viscid mucous expectoration, but no increased dyspnoea.

September 14th.—Patient at night was sleeping, but at same time the breathing was carried on by gasps; this condition became worse during the night, and he sank. It must be observed that nearly from the time of admission artificial rectal alimentation was resorted



to successfully, and continued until he took a sufficiency of nourishment by the stomach wound. Pain was as absent after operation as before, but the gradual change noted was a slow desiccation of the body with shrinking of the skin and absorption of fat; this was not checked by the operation, whereas the thirst was aggravated.

*Autopsy.*—No organs abnormal, excepting firstly, the lungs, the right upper lobe of which was consolidated from old pneumonia, and presented a cavity in its centre, about the size of a hen's egg. There was no tubercle or cancer. The bronchial tubes were filled with thick muco-purulent secretion, and the mucous surfaces congested. The omentum was studded with nodules of cancer, varying in size from that of a millet seed to that of a cherry stone. No peritonitis and no ascetic fluid. *The special disease.*—Traced from above, the œsophagus appeared perfectly normal until within three inches of the diaphragm, when some difficulty was experienced in freeing it from surrounding structures, the aorta in particular. At this point, the walls were thickened and indurated with cancer growth, which encroached upon the lumen of the tube, so that it was difficult to pass a small catheter readily through. The stomach, which was small, was attached to the abdominal wall by its anterior surface, and about three to four inches from the pylorus, by a circular mass of adhesions which was sharply defined and limited to the region of the wound.

*Remarks.*—As far as the surgery of the case is concerned, all went well; very little time was lost, for the sequence of events was as follows:—Admission—August 19th. Consultation—August 26th. First stage of gastrostomy—August 28th. Stomach opened—September 4th. Artificial feeding commenced—September 5th. Death—September 15th. Operation a month earlier would have insured a less emaciated and starved patient to operate upon, but the surgeon in this instance had to deal with the material at hand. I cannot feel that this patient's life was either abbreviated or lengthened by what was done, for although large quantities of nourishing liquid food were introduced into the stomach, yet a corresponding result in strength was not realised. I have no modification to suggest in operative detail, but advise keeping to the lines laid down, providing always that the stomach itself is opened as a separate operation, when healing and adhesion are well advanced. The cancerous mass has not as yet been examined microscopically.

THE IMBECILE ASYLUM, CATERHAM.—Dr. G. Stanley Elliot, the medical superintendent, in the annual report just issued, after giving the statistics of the admissions, and the patients under treatment, the discharges (14 had recovered) and the mortality, during the year, shows there were left 2,009 under treatment, 1,078 females and 931 males, and he points out that many patients admitted had, antecedent to their admission, been detained at home, and thus, by the mistaken kindness of their friends and relatives, recovery was doubtful. Cases, he says, which came under treatment within the earlier months of the disease recovered in the proportion of 70 per cent. (excluding epileptic, paralytic, and congenital cases), whereas in cases of from three years and upwards duration of the disease there were only three per cent. of recoveries. Hereditary predisposition, epilepsy, and drunkenness had proved, as usual, the most formidable trio in the causation of the insanity of the admissions, and, he adds, "I have no hesitation in stating my conviction that the majority of our afflicted population owe their sad mental condition either directly or indirectly to alcoholic intemperance."

## APPOINTMENTS FOR THE WEEK.

*Friday, October 9 (this day).*

CLINICAL SOCIETY, 8.30 p.m.—Dr. Sawtell, "A case of Hæmatemesis and Melæna in a Newly-born Child"; Mr. Barwell, "A case of Gastrostomy"; Mr. Clement Lucas, "Two cases of Strangulated Umbilical Hernia, treated by Excision of the Sac and Skin Covering"; Mr. Charters Symonds, "A case of Trephining for Compression by a Clot derived from a Lacerated Meningeal Artery, suggesting temporary or permanent closure of the Carotid as a means of controlling the Hæmorrhage."

*Wednesday, October 14.*

BRITISH GYNÆCOLOGICAL SOCIETY.—Specimens by Dr. Fancourt Barnes, Mr. Reeves, and others; Dr. Jamieson, "Ruptured Perineum"; Dr. Heywood Smith, "Hernia of the Ovary."

ROYAL MICROSCOPICAL SOCIETY, 8 p.m.—Dr. Maddox, "On the Feeding of Insects with Bacilli"; Mr. T. B. Rosseter, "On the Gizzard of the Larvæ of *Corethra pleunicornis*."

*Thursday, October 15.*

OPHTHALMOLOGICAL SOCIETY, 8.30 p.m.—Living and Card Specimens at 8 p.m.; Mr. W. Lang, (i) "Detached Retina in Yellow Spot Region, re-shown"; (ii) "Pemphigus of Conjunctiva"; Mr. Spencer Watson, "Granular Lids and Vascular Cornea treated by Peritomy"; Dr. J. B. Lawford, "Tuberculosis of Choroid"; Mr. G. Anderson Critchett, "A case of Orbital Cellulitis"; Mr. Walter Jessop, "On a case Exhibiting Definite Movements of the Pupils with the Action of the Extrinsic Muscles of the Eye"; Mr. E. Nettleship, "A case of Fatal Meningitis after Excision of the Eye-ball"; Mr. Simeon Snell, "Foreign Bodies in the back part of the Eye with Preservation of Sight."

*Friday, October 16.*

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 7.30 p.m.—Prof. W. H. Corfield, President, Inaugural Address on "The History of House Sanitation."

## Medical Times and Gazette.

SATURDAY, OCTOBER 10, 1885.

THE Obstetrical Society of London reassembled after the recess on Wednesday evening last. The chief business of the meeting was the consideration of a paper on the hypertrophies of lupus of the vulva, by Dr. Matthews Duncan, a sequel to a former paper by him on the ulcerations of the same disease. Dr. Duncan's remarks on the proper subject of the paper were supplemented by records of six cases, each illustrated with a coloured drawing. The discussion was opened by Mr. Jonathan Hutchinson, who, in a most courteous and appreciative speech, after expressing his sense of the great value of the excellent clinical description of the disease given in the paper, urged his own view, which was, that the disease was in no way related to ordinary lupus, but was



really one of the manifestations of tertiary syphilis. One of the cases was described by the author himself as "syphilitic lupus," and in the histories of every one of the others there were points strongly suggestive, if not demonstrative of by-gone syphilis. Dr. Duncan's views were supported by Dr. Thin, on histological grounds, and by Dr. West. Among those who did not altogether agree with him were Drs. Playfair, Galabin, and W. A. Duncan. Dr. Duncan replied with a warmth of manner and strength of language somewhat out of tune with the politeness and moderation of Mr. Hutchinson's criticism. To accept as evidence of syphilis the facts upon which Mr. Hutchinson dwelt, Dr. Duncan said was the most unreasonable thing he had ever heard. He did not assert that the disease he described was identical with *lupus vulgaris*. It was a distinct disease, about which there was a large literature; and the term "lupus of the vulva," as denoting it, was convenient and well understood.

THE annual conversazione at Guy's Hospital, held on the evening of the 1st of October, would appear to gain in popularity with each succeeding year. Owing to the large area of space at their disposal, however, the organisers of the entertainment are enabled to distribute their objects of interest in such a way as to avoid that inconvenient overcrowding of their guests which forms such an unpleasantly prominent feature of some of the other medical gatherings of the year. The usual lavish decorations, supplied by prominent firms, and a more than usually large collection of objects of art and interest were displayed throughout the lower medical wards and museums under the searching glare of the electric light, the various buildings being connected by means of covered ways. A novel effect was produced by the illumination of the hospital grounds with coloured lamps, many hundreds of which were distributed, after the manner of the popular exhibition at South Kensington, along the margins of the pathways and flower beds. The prizes gained by students during the past year were distributed by the Treasurer in the Anatomical Theatre in the presence of an enthusiastic audience, a special ovation being accorded to Dr. Wilks who was present for the first time in the character of Consulting Physician to the Hospital.

IN Spain the daily number of deaths from cholera has fallen to about one hundred, and in Sicily to about half that number. There are still scattered cases in Italy and France, and a correspondent of the *Standard* states that there have for some time been cases at Nice, which have been kept dark. The same correspondent gives a quaint explanation of prejudice against doctors strangely widespread among the poor of southern nations. The patients and their friends see "Poison" on the bottles of laudanum used for cholera, and at once assume that the doctor's aim is to kill them and so stamp out the germs of the disease. But, of course, even the most ignorant peasant must know that if such were the doctor's intention, his bottles would be made to look as innocent as a Florence flask. We suspect that the rage against medical men is due to

the fact that the mortality is so much greater and medicine so much more impotent in cholera than in other diseases. Hence, under a new and appalling experience, an ignorant mind may easily rebound from confidence to angry distrust.

THE special correspondent of the *Times* continues to send home most able letters from the chief cholera-stricken towns in Spain, the reading of which we hope will give a little of that impetus to the Mansion House Fund which it so sorely needs. His account of the way in which the epidemic was met by the inhabitants of Saragossa and Barcelona, gives us a much higher idea of the "self help" of the Spaniards than we previously held. But the sanitary condition of both cities, and of the villages around the former, is deplorable. At Saragossa there are no sewers, and the houses are mostly drained into deep pits dug in the porous soil beneath the houses. The liquids percolate away, and the solids are removed from time to time, generally in an open cart. The drain-pipes are untrapped, and a silver spoon left on the sink soon covers itself with sulphide. At Barcelona there are sewers, some built centuries ago and in excellent condition, others built recently and already leaking; but the sewers are only intended for slop and rain-water. As a matter of fact they receive the fluid that overflows from the cesspools, but they are so thoroughly ventilated that there is little chance of sewer-air making its way into the houses. Barcelona has an insufficient water-supply, but Saragossa draws its water from high up the Ebro by means of a canal, which was projected in the time of Charles V. as a means of uniting the Atlantic with the Mediterranean. This comparative purity of supply probably accounts for the small cholera mortality in the city as compared with that in the villages around.

THE principal physician in charge of the Cholera Hospital at Barcelona assured the *Times* correspondent that he was able to save 95 per cent. of the cases brought under treatment before the algide period, but hardly 30 per cent. after it had fully developed. Most of the patients brought to the hospital were in a very dangerous condition; and of the deaths that occurred 75 per cent. had taken place within 24 hours of the arrival of the patient. With respect to the treatment, he found that, to produce the reaction, friction with rags steeped in frozen water, followed by sub-cutaneous injections of ether, was most effective. To stop the diarrhoea doses of tannin and enemas of dilute perchloride of iron were useful; but most successful of all was the hypodermic administration of laudanum, which was thus retained in the system and checked the vomiting. To maintain the purity of the air, ozone was discharged in the dormitories, and all dejections instantaneously disinfected. There were three doctors, three assistants, a chemist, and from eight to twelve nurses; and of these attendants only one had been ill, and then but slightly. Altogether, continues the correspondent, energetic measures have been taken at Barcelona to cope with this epidemic, and if equal zeal is displayed to remove the cause, Barcelona will become one of the healthiest towns of the Mediterranean.

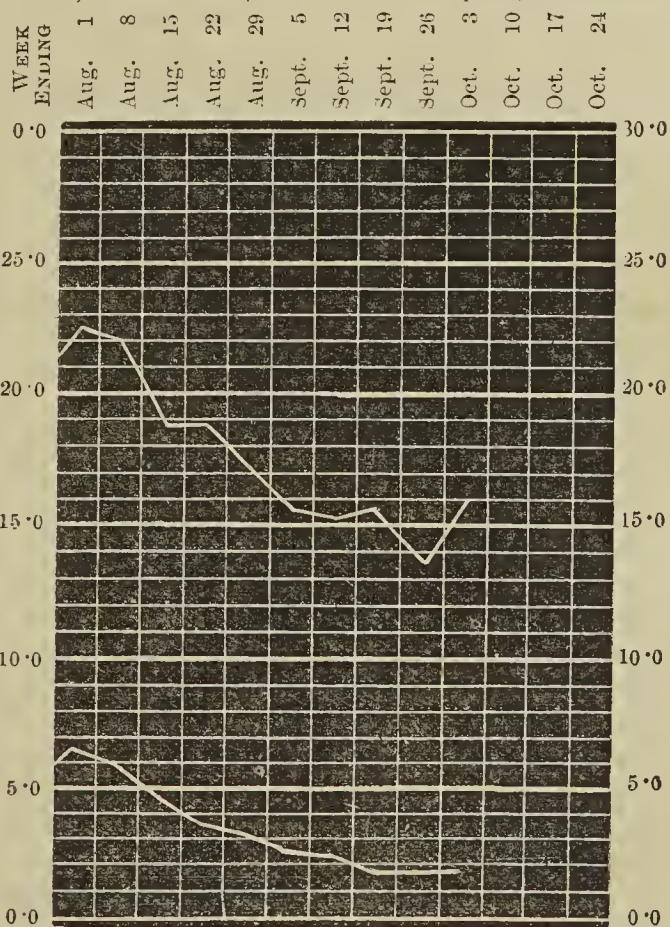


WE have before us a complete list of the office-bearers of the Washington Medical Congress, as appointed by the new organizing Committee, and the number and importance of those who have declined to serve under the altered circumstances are even more striking than we had imagined. The President, Dr. Austin Flint, retains office; but of the Vice-Presidents, four, viz., Dr. Stillé, Dr. Skillman, Dr. Atlee and Dr. Wendell Holmes, have withdrawn. The Secretary-General, Dr. Packard, has also withdrawn, and been replaced by Dr. Davis, of Chicago. Of the General Committee, Dr. Billings, Dr. J. M. Browne, Dr. Engelmann, Dr. Minis Hays, Dr. Christopher Johnston, Dr. Thos. F. Wood, and Dr. N. Senn have expressed their unwillingness to serve. Amongst the officers of Sections, *i.e.*, amongst the men on whom falls the scientific as distinguished from the ornamental function of the Congress, the withdrawals are still more numerous. They include thirteen out of the seventeen presidents of sections, thirty vice-presidents, eleven secretaries, and more than eighty Members of Council. Some of the sections remain mere skeletons. Medicine, for instance, loses its President, Dr. Da Costa; four Vice-Presidents, Dr. McCaw, Dr. McSherry, Dr. T. F. Rochester, and Dr. Weir Mitchell; one Secretary, Dr. W. Osler (our Gulstonian lecturer of last spring) and ten members of the Council. Surgery loses its President, Dr. Yandell; three Vice-Presidents, including Dr. Agnew and Dr. Gross; and a Secretary, Dr. Collins Warren. And much the same is true of several other sections. At present there is no sign of anxiety to return on the part of those who have retired; indeed, every week brings intelligence of fresh withdrawals. So that unless some golden bridge can be found over which the retirers may return, or the mischief-makers retire, the Congress will be, with a few brilliant exceptions, a Congress of mediocrities, of no value whatever from a scientific point of view. The *New York Medical Journal* tells us "that the 'new committee' has utterly failed to repair in any degree the breach of concord which its creation precipitated upon the American profession, and which, in the view of the great majority of well-informed and fair-minded men, has entirely done away with the possibility of a successful meeting of the Congress in this country in 1887." And it asks whether it is incumbent upon the officials of the Congress to wait much longer before withdrawing the acceptance of the American invitation. "Our own conviction," adds our contemporary, "is that both the interests of the Congress and those of the American profession would be decidedly furthered by prompt action on the part of our European colleagues," in which conviction we heartily concur.

At the meeting of the Metropolitan Board of Works on the 2nd inst., Mr. Runtz introduced a deputation from the Association for the Preservation of the River Lea, headed by Mr. Charles Russell, M.P. These gentlemen explained that no scheme could be considered satisfactory or final that did not provide for the complete exclusion of sewage from the Lea, a non-tidal river, interrupted by locks. Such works would require from two to five years for their execu-

tion. Meanwhile, as a temporary abatement of what had become an intolerable nuisance, injurious to health and seriously depreciating the value of property, they proposed that the Tottenham sewage should be conducted by a new sewer into the Springhill sewer of the Hackney district belonging to the Metropolitan Board of Works and joining the main outfall sewer near Old Ford. The Tottenham Board were prepared to construct the junction sewer between their present outfall and the head of the Springhill sewer at their own cost, and the Hackney Board had no objection to the proposal. The sewer would be used only during dry weather, the sewage reservoir at Tottenham serving as storage basins whenever the volume of sewage was larger than usual and storm waters would be allowed to discharge into the Lea. Of course the arrangement would be but temporary, and the junction sewer would be closed when the permanent works should be completed.

THOSE who have followed the returns of the Registrar-General each week, will be prepared to learn that the death-rate for the third quarter of the present year in London was 18.1, as compared with 20.0, the average for the preceding nine years. Last week the death-rate rose from the abnormally low point it had reached to 16.0, but the deaths notwithstanding were 160 below the corrected average for the week. The increase over the previous week was equally present at all ages, and does not appear to be attributable to any one special cause, save and except perhaps the weather, which was, for the most part, remarkably



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past 61 weeks.

cold, and to which we may ascribe the extra 50 deaths from respiratory diseases. The epidemic of small-pox is steadily diminishing; there were only 18 new cases



during the week, the total under treatment at the close of it being 131, 7 deaths having been recorded. From measles there were 20 deaths, a number slightly exceeding the average, and from scarlet fever 14; whooping cough produced 22 deaths, and enteric fever 16, whilst diphtheria, which seems to have taken a permanent and high place in our weekly bills of mortality, reckoned 24 victims. The deaths from diseases of the respiratory system and from phthisis were in excess of any return during the previous 13 weeks. In the provincial towns the lowest death-rate was 12·3 at Bolton and the highest 26·0 at Oldham. In Liverpool measles caused 9 deaths, and scarlet fever and diphtheria 6 deaths apiece.

OUR Paris Correspondent writes:—The founder, and for a long time the leader, of the French school of histology, Professor Charles Robin, died on Tuesday last of apoplexy, at the age of 64. The history of Professor Robin was for a long space of time the history of medical microscopy itself, and he stood prominent as the representative of that branch of study, in opposition to Velpeau and other practical and clinical teachers, who endeavoured to cast ridicule upon the microscope and histology as viewed in relation to medical science. The triumph of Robin appeared complete, when, in 1861, a chair of histology was created at the Faculty of Medicine, of which he became, of course, the first occupant. His success was great at first, but he soon became unpopular with the students on account of his extreme severity as an examiner; while, on the other hand, the clerical party, then predominant, were incensed at the so-called materialistic tendencies of his lectures and writings. The combination of these two hostile forces led to violent scenes, in which the Professor was hissed, abused, and prevented from speaking. At a later period he regained his popularity through the petty persecutions of the clerical party, which, among other annoyances, excluded him from the list of persons qualified to sit upon a jury, although at this time Robin was unquestionably one of the most celebrated men of science in Europe. He had become, in spite of strenuous opposition, a member of the Institute in 1866. When the Senate was created, in 1870, Robin was named a Senator by his native department (Ain). He remained a member of the Assembly till his death, although in politics, like many scientific and literary celebrities, he was content to play a dumb part. Indeed, both his qualities and defects made him unfit to play the part of a Demosthenes; he had neither the eloquence nor the assurance which are the stamps of the political orator, and which are seldom developed by a severe process of scientific training. Robin was one of the chief disciples of Auguste Comte, and one of the founders of the celebrated *Société de Biologie*, along with his intimate friend Claude Bernard. He was also closely connected with Littré, and became with him one of the joint editors of the *Dictionnaire de Nysten*, which, although in the beginning a mere vocabulary of words employed in medical science, became a stumbling-block to orthodox believers, and a sort of gospel to the followers of positivism, through the extreme boldness of some of its definitions, those

for instance, of *Ame, Homme*, and a few others of the same description. In private life Robin was a most amiable and disinterested man. All his pupils were much attached to him, and he will be sincerely regretted by his numerous friends. The Chair of Histology at the Faculty of Medicine, left vacant by Robin's death, will probably be disputed by numerous candidates, among whom the most prominent are Drs. Lancereaux and Mathias Duval and Professor Ranvier.

ON Tuesday next and the three succeeding days, Dr. Symes Thompson will deliver his annual course of lectures at the Gresham College. We are glad to notice that he has chosen a more suitable subject for his course than was the case on a former occasion when we called attention to the anomaly of a professor of medicine lecturing on the manufacture of poultices and such things. This year he will treat of diseases of the heart under the following heads: influence of heart disease on the tissues of the body, influence of disordered nerve supply on the heart, influence of deteriorated blood on the heart and influence of the organs of circulation and respiration on each other. The lectures are free, and commence each evening at six o'clock.

THE idea that medicine is destined to take a large share in reconciling Eastern nations to Western culture, is one which, tardy of birth as it has been, is not the less flattering to our profession. It remains to be seen, of course, whether medicine will be any more successful in winning converts than missionaries and merchants, but it has this advantage, that its gifts are more immediate than those of the one class, and more freely given than those of the other. When one surgeon, single-handed, can operate successfully on 245 cataracts in eighteen months, as Surgeon Major Maunsell did in India, the people must be blind indeed not to realize the advantages held out to them by Western Science. In recent numbers we have given very hopeful intelligence of the prospects of Western medicine amongst the Chinese; but it is in India that the field is most free. In one Presidency alone, as our Bombay correspondent has told us, over 3,000 in-patients and 10,000 out-patients are treated daily at the hospitals and dispensaries, but as yet the large proportion of the immense female population throughout the Peninsula has been shut out from the advantages of modern medical science. The Zenana Medical Mission has, no doubt, done good work amongst the women of India, 61 pupils having been taught at the school with a view to entering upon the work. Is it hoped that this movement may be extended and consolidated, and at a meeting held at the Mansion House on Tuesday, a special appeal was made for 2,000*l.* to "facilitate the affiliation with a London general hospital, and thus prepare the way to become a recognised medical school, to make some payment to the lecturers, to make more complete the departments of instruction, and to more widely assist the candidates unable to fully pay for board, residence, and instruction." We forbear to criticise the policy of organizing another school of medicine for women in London, when the existing one is hardly yet securely founded; but, in any case the Zenana Medical Mission can



hardly expect to do more than touch the fringe of a great work. If the women of India are ever to be endowed with the benefits of scientific medicine to any appreciable extent, it must be by means of an effort framed on a larger scale and endowed with a more liberal revenue. This effort is now being undertaken by the National Association for supplying medical aid to the women of India, into which Lady Dufferin has recently thrown herself heart and soul.

THE objects of what is to be known as the Countess of Dufferin's Fund are:—“(1) Medical tuition, including the teaching and training in India of women as doctors, hospital assistants, nurses and midwives. (2) Medical relief, including (a) the establishment, under female superintendence, of dispensaries and cottage hospitals for the treatment of women and children; (b) the opening of female wards under female superintendence in existing hospitals and dispensaries; (c) the provision of female medical officers and attendants for existing female wards; (d) and the founding of hospitals for women where special funds or endowments are forthcoming. (3) The supply of trained female nurses and midwives for women and children in hospitals and private houses.” To carry out these objects it will be necessary, according to the prospectus of the Association, to provide scholarships for women under tuition or training, to give grants in aid of institutions that provide satisfactorily for the medical training of women, and to procure in the first instance from Europe or America a sufficient number of skilled medical women on adequate salaries. In time it may be hoped that the Indian female medical schools will furnish what is required. The central Committee will undertake to engage competent medical women for the charge of female medical schools and wards if desired to do so by the branches or affiliated societies, but will make it their special care to supply the wants of those places which are outside the sphere of any such local organisations. The Association has done wisely in not interfering with the bodies already at work in the field which it proposes to occupy; but there is no doubt that much economy of labour may be secured through the guidance of a central body, highly patronised and liberally endowed. The prospectus of the Association has been drawn up with statesmanlike forethought, and it properly insists on all its *employées* working in harmony with, and where necessary in subordination to, the medical officers of this Government, upon whose goodwill and support the eventual success of the scheme must so largely depend. We need hardly say that the project is one which has our warmest support. Here, surely, is a work in which women innumerable may find that outlet for their pent-up sympathies and activities which has been so long and so loudly demanded. They will be able henceforward to take a fair share in that moral conquest of the peoples of the earth, which seems to be the Saxon's birthright. We shall see!

INCREASED accommodation at the Children's Hospital in Aberdeen having become absolutely essential, the building of a new wing was undertaken, and is now

rapidly approaching completion. By its space will be provided for thirty additional patients, so that there will be fifty-four beds exclusive of those in the fever block. All the modern improvements in the way of ventilation, heating and drainage have been adopted, and the walls of the wards are plastered with a hard cement, so that they can easily be kept clean. The kitchen is wisely placed on the second floor, and the laundry is in the extreme basement, the out-patient room being between it and the ground floor. The medical wards, two in number for boys and girls, containing twelve beds apiece, are on the ground floor; and the surgical wards, with a similar number of beds, are on the first floor, and adjoining them is a small ward for eye cases. Provision can also be made for the separate treatment of patients when it is considered necessary, and doubtful cases can be isolated downstairs until their true nature is revealed. The fever block is about seventy feet from the main building, and is quite complete in itself, so that the risk of infection spreading from it to the patients in the rest of the hospital is reduced to a minimum.

THE position which Gravesend occupies in respect to the metropolis is such that its sanitary state must ever be a matter of the greatest importance to us all. In 1877, owing to defects in sanitary arrangements as well as to the prevalence of scarlet fever and enteric fever, Mr. Netten Radcliffe was deputed to enquire into and report upon the sanitary state of the town, and now, after a lapse of eight years, the Local Government Board have sent Mr. Shirley Murphy down to see what steps the sanitary authority may have taken to remedy the defects to which its attention was then drawn. Mr. Murphy found that a Sanatorium has been provided for infectious cases, and an ambulance for the removal of persons so affected; but the Sanatorium does not answer its purpose very well, and a proper hospital is about to be erected; no proper means have been provided for disinfecting the clothes and bedding of those who have become infected. The water company's service has been much extended, and to this Mr. Murphy attributed the diminution in the amount of enteric fever, which, however, is still endemic. The chief defect is in regard to the arrangements for excrement disposal: the existing sewers, with a single exception, are old brick drains intended for storm water and surface water only, and are utterly unsuited for anything else; so that, for the most part, cesspools are the only means of dealing with excremental refuse, and as these are in close proximity to the houses and often to the wells, they constitute a most serious nuisance. A certain amount of paving of courts and alleys has been done, and the surface drainage of the town is more efficient than it was before; but the dwelling-houses, especially in the lower parts of the town, are still ill-ventilated, badly constructed, and badly arranged.

DR. W. OSLER's address at the Annual Meeting of the Canada Medical Association on the growth of a profession is of more than passing interest. The difficulties in regard to preliminary and general education which we have experienced have been felt in



Canada ; and it is a just cause of complaint that men can come across to this country and obtain a diploma which places them on the register in their own country, and enables them to evade the regulations of their own university. In one point Canada differs from the mother country, in that there is no reciprocity between the different provinces ; this, undoubtedly, has its disadvantages as well as its advantages, but there are, doubtless, not a few teachers in London who would be glad if there was no reciprocity between the three divisions of the kingdom. We hear a good deal about the disproportionate number of licensing bodies and medical schools that we have, but in Canada they are far worse off in this matter, for with five million inhabitants they have eleven complete schools, four of which have some seven hundred students between them, leaving the remaining seven schools to share a couple of hundred students. As Dr. Osler says, such a state of things can end in but one of two ways : either several of the schools must die of inanition before long, or they must be supported by extraneous aid ; and Dr. Osler considers that the time has arrived when a strenuous appeal should be made to the public for assistance to build laboratories and provide apparatus for the smaller and less wealthy schools. An ill-equipped school is, in his opinion, an evil thing, and he holds that the provincial boards should refuse to recognise those schools which are not provided with all the apparatus necessary for a modern medical course, and that no new school should be permitted to be established until the promoters had satisfied the board that they had suitable buildings and hospital accommodation, and sufficient funds to carry on their undertaking.

#### STRAY THOUGHTS ON THE ADDRESSES.

It is impossible for anyone who may have heard or read the admirable addresses delivered by Mr. Hutchinson and Mr. Holmes on the opening day of the session to think lightly of the system of introductory lectures. They may be an anachronism, as Professor Schäfer calls them, though we doubt whether they are more so than nine-tenths of the systematic lectures which succeed them. But anachronism or not, we should wish to see some equally efficient instrument provided for drawing forth the utterances of men like the two we have mentioned, before we would willingly consent to their abolition. It may be conceded that many inaugural addresses are less interesting to their audience than to their authors ; it may be granted that one has to labour through an intolerable deal of mud before laying hold of one diamond. But that is the way of things in this world, especially in this world's literature, where much tasting has to be done for every morsel of savour and refreshment. In short, two such lectures as those delivered at Leeds and at St. George's form in themselves a sufficient plea for the continuance of the system.

In import and purpose the two addresses were as wide as the poles asunder. The one, addressed to a general audience, dealt with the large, perhaps the largest, problems of human life ; the other, delivered

to a professional gathering, concerned itself with the small problems of a single profession. Yet each was equally liberal and advanced in tone, indeed equally radical, if by radical we mean diving to the roots of things without fear or favour for the musty conventions which the dead years have heaped around them. The only thing that discourages one in reading such addresses is the suspicion of their futility, an admission of which the abolitionists are welcome to make as much as they please. Ours is a profession, we fear, of brave words and halting actions. In the North, for instance, an ex-President and Councillor of the College of Surgeons is canvassing as the Liberal candidate for a Parliamentary constituency, and demanding all sorts of reforms in the medical profession ; in London an ex-vice-president, in weighty and well-weighed words, anathematizes the management of the institution for which he was until lately largely responsible ; while at Leeds, halfway between the two, a Councillor and probable future President of the same College sets all hearts aglow with the hope of those better things that are to follow on a root-and-branch reorganisation of our whole system of education. And yet at the Council-table in Lincoln's Inn, these three late colleagues, elsewhere so bold in speculation, so unembarrassed by convention, so eloquent and persuasive in speech, are reduced to impotence by the passive resistance of a bureau. To use Mr. Hutchinson's metaphor, the College of Surgeons is a tree whose leaves are always soot-begrimed. There the law of individual death (or retirement) loses its beneficence. Elsewhere the old leaves fall and the spring comes—*ἔαρος ἐπιγίγνεται ὥρη*—with its new crop ; but at the College President succeeds President, and Council follows Council, and the whole tree, which might grow into such beauty and strength, stays stunted in the tub into which it was transplanted nearly a century ago. Surely the time has come to break up its tub, and to give its roots space to grow wherever they may find hold and nourishment.

To return from this digression, we heard from Dr. Wilks, at Cardiff, that he, like most men, had to spend his later years in working out and communicating the ideas formed in the flush of youth. This imaginative activity of early manhood might well have been quoted by Mr. Hutchinson as another proof of the beneficence of individual death. An unrecruited patriarchal generation, though versed in all lore, would soon find itself at a stand-still for the want of imaginative force. There would be no progress, for progress implies a constant succession of new minds. Another important lesson, indicated rather than demonstrated in Mr. Hutchinson's address, is that no good work done, either in practice or discovery, is ever lost. The good as well as the evil that we do lives after us, is *not* interred with our bones. This truth, which is made so much of by the modern positivist school, is not a new one to the medical profession. It found expression in the words which Dr. Caius more than 300 years ago had engraved on the monument of Linacre, and subsequently upon his own—"Vivit post funera virtus."

Turning to the practical parts of the addresses, we find the speakers thoroughly at one in most directions,



though on single points they manifest not unimportant differences of opinion. All are agreed that the knowledge imparted by education should be real. It should be a matter of heart-conviction, says Mr. Hutchinson. Subjects should not be "got up" as cram, but learnt as a part of daily knowledge, says Mr. Holmes; and almost the whole of Mr. Schäfer's address is a plea for that practical training which can alone impart reality to knowledge. On the other hand, Mr. Hutchinson and Mr. Schäfer are at variance in the importance they attach to the school-study of the dead languages, though with regard to living languages they are agreed.—On neither point, however, do they speak as experts. In regard to clinical instruction we are glad to find two of the lecturers advocating reforms, on the importance of which we have frequently insisted; but while Mr. Holmes would increase the clinical material at our command by utilizing the infirmaries and dispensaries, where the students would be able to undertake the personal charge of patients, Mr. Schäfer recommends the better utilization of our existing material by allowing the student to walk whatever hospital he may please. On many other points a comparative study of last week's addresses is most interesting; but we have not space to consider them. We will only add that every one who is interested in medical reform should carefully read and consider Mr. Holmes' well-considered programme, and that all who concern themselves with the larger uses of knowledge and the tendencies of modern thought should give the same careful study to the address of Mr. Hutchinson.

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#### THE BRITISH PHARMACOPŒIA AND ITS CRITICS.

Now that the first burst of congratulation on the termination of their labours has died away, the compilers of the new Pharmacopœia are being blessed with more attention than they are likely to appreciate. Every week some fresh error of omission or commission is brought to light where all at first seemed so correct. The most melancholy thing, however, is that the criticisms, no matter how just or well founded, all labour under the same defect, viz.: that they are too late. The new edition of the Pharmacopœia has been struck off, and we shall have to make the best of it with all its faults for the next ten years or so, whether we like it or not. A want of uniformity is perhaps the gravest of the faults that have thus far been pointed out, two of the critics having drawn attention to this defect in regard to the tinctures. Dr. Kilner shows that of the seventy-two tinctures, only twenty-three enjoy an identical range of dose; whilst Mr. Barford reminds us that the total range is from five minims, which is the minimum dose in about ten of them, to a maximum of an ounce in one, the tincture of rhubarb. This, however, does not cover all the shortcomings in regard to the tinctures, for the quantity of crude material used in their preparation shows quite as great a variation as exists in the dosage, and, further, the dose of the tincture does not by any means always correspond to the dose of the original drug. Dr. Kilner instances, in

illustration of this point, the case of cubebs, where the dose of the tincture is from 30 to 120 minims instead of from 240 to 960, as would be the case if the dose had been made to correspond with that of the crude drug. Again, the dose of tincture of digitalis is from 10 to 30 minims instead of from 4 to 12, which would be the proper equivalent to the dose of the powder. Dr. Kilner's remedy appears both simple and feasible. All the tinctures whose smallest dose is less than half a drachm should have a corresponding dilute solution, and all whose minimum dose is larger should have a concentrated solution prepared, so that there should be a uniform minimum dose of half a drachm. The tinctures which, if this suggestion were accepted, would require alteration might be designated "fortior" or "diluta" as the case might be, so that they could be readily distinguished from the original tinctures, which would still be retained. There can be no doubt that such a simplification would be an immense boon both to prescribers and to students, who at present have to master the composition and strength of tinctures by brute force of memory, as they do not appear to be arranged on any system that lends itself to easy remembrance.

The want of uniformity is shown in other things besides the tinctures. In the case of arsenic, for instance, as Mr. Barford points out, the three preparations have different maximum and minimum doses. Mr. Barford has another fault to find with the editors, and it is one of almost equal importance with the previous one. It concerns the needlessly complicated processes which have been introduced to replace some of the older and simpler methods. His illustration is drawn from the dilute solution of sulphuric acid, which is now prepared by the elaborate aid of a graduated glass and a thermometer, instead of simply by adding the acid to water in a beaker; moreover, there is less than no need for the new precautions, inasmuch as the directions are that a sufficiency of water is to be used, and as this is a vague term not to be interpreted alike by two consecutive persons, it is obvious that we need not be too careful about the other steps of the process.

Dr. Robert Lee falls foul of five out of the six vapours that have made their appearance in the new volume, though at the same time he rejoices that the compilers have been sufficiently well informed to put them in at all. If it is worth while to have preparations of this class in the Pharmacopœia at all, and we apprehend there cannot be two opinions in the matter, it would be just as well that they should be of such a strength as to be of some value. How far the vapor olei pini sylvestris comes up to this standard he leaves us to decide for ourselves from the following statement: forty drops of the oil of fir-wood are to be added to water to make one ounce, of this one-eighth (equivalent to five drops of the oil) is added to half a pint of cold and half a pint of hot water, so that the strength of the vapour is 1 in 1,920; if that really was the proportion during an ordinary inhalation, the benefit that the patient would actually receive would indeed be infinitesimal. The vapour, however, is much stronger in the first minute of inhalation than afterwards, and the best plan in practice is to add a fresh quantity of the oil as the first becomes exhausted.



We must admit that many patients cannot tolerate a stronger vapour than that produced by five minims of the oil to a pint of water, which is the proportion recommended in most of the special pharmacopœias designed for use in throat hospitals.

Dr. Murrell is dissatisfied with the directions regarding the preparation of the hypodermic injection of apomorphina which state that "the solution should be made as required for use." No doubt when in the presence of a case of opium poisoning it is desirable that no time should be lost, but it savours somewhat of exaggeration to say that many a valuable life will be sacrificed to a blind belief in the wisdom of a pharmacopœia simply because it does not advise that the solution of apomorphia should be kept ready for use. It is a pity that Dr. Murrell has not lighted upon some drug a little more in general use for an illustration of the directions that he finds inexplicable. Nine-tenths of the profession, we will venture to say, have never used apomorphia at all, and we are somewhat puzzled to explain how any one practitioner finds occasion to have it in constant use.

Dr. Prosser James, who has certainly lost no time in bringing out a very useful little guide, has not much fault to find with the new Pharmacopœia from a therapeutical point of view. He contents himself with disputing the grammatical and classical knowledge displayed by the General Medical Council in the substitution of *semen* for *faba* when speaking of calabar bean, and in the translation of the favourite rhamni purshiani cortex as "sacred bark"; a line of criticism in which it is not necessary for us to follow him.

Such are a few of the criticisms that have already been made on the new Pharmacopœia. Some of them no doubt are well founded, and it is an immense pity that they were not made a year ago in the form of suggestions. Perhaps next time that it is intended to revise the Pharmacopœia it will be found possible to let the proof-sheets be accessible to the public for some little time prior to the final revision. The General Medical Council no doubt contains many able men, but there is hardly one member, we should say, who has a right to seriously consider himself abreast of modern ideas on therapeutics, and we cannot but feel that a little outside criticism before instead of after the publication of the volume would be productive of happy results.

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#### THE LISSON STREET SCANDAL.

It is obviously difficult in the extreme for any one, however independent and conversant with like questions, who has not the power of summoning witnesses and administering oaths, to form a satisfactory judgment on transactions and facts, all palpable evidence of which has been obliterated, and regarding which he has only the statements on the one hand of anonymous correspondents, who may be actuated by personal motives in withholding their names, and on the other, the self-exculpatory explanations of the parties implicated, when sitting in judgment on their own conduct. Yet such is often the position of those whose duty it

is to direct public opinion through the press; it has, in the present instance, devolved on the editor of the *Times*, and we cannot decline the same responsibility. The facts of the case are simply these: a person signing himself "Sanitary," whose identity has not yet fully transpired, wrote in the leading journal an account of certain houses in the parish of Marylebone, which he described as being overcrowded, structurally dangerous, and in a horribly filthy condition; fifty persons in one house, together with a number of visitors to a club room, using a single closet, which was without water, required to be frequently cleared by the hand, and communicated with a foul cess-pit in the yard beneath the back windows. At times, when the pan was filled with excreta above the seat, the excess of slops was stored in pails about the yard, the state of which was sometimes past description. The rooms were not only overcrowded, but let at high rent, a small room without a window, for instance, at 4s. per week. Challenged to name the place he referred to, he at once stated that the houses in question were Nos. 33, 35, and 37 Lisson Street, that the first had been bought by the owner of some property in the rear for demolition to make a way to a building he was erecting, but that the others belonged to a member of the Metropolitan Board of Works, Mr. Brown, of Fulham; and he maintained that the Board had been guilty of a breach of trust, and of complicity with the owner in evasion of the law, in that while they had left the purchaser of No. 33 to pull it down at his own cost, and to erect a wall adjacent to the party wall between it and the next house, they had, after condemning No. 35 under the Dangerous Structures Act, neglected to enforce their own order for fifteen months, shoring the building up at the public expense, until the owner, having completed his arrangements to his own satisfaction, found it convenient to give his tenants notice to quit a house from which he had been drawing rents after its condemnation.

"Sanitary's" statements as to the dangerous and insanitary condition of the houses are corroborated by a Mr. Sherwood, who describes himself as architect to the Salvation Army, and their unsafe and dilapidated state is admitted by the owner's surveyor as well as by the Board in the fact of their condemnation. "Sanitary" disclaims for the Salvation Army any collusion or even cognisance of his letters, but it is said that he is no other than a certain builder, who whether a member of that organisation or not, is at present employed by them in the construction of the neighbouring barracks, for which the speedy demolition of the houses in question was required. Be this as it may, it is curious to find that the army is everywhere a factor which must not be left out of our reckoning.

The matter was brought in the form of report before the meetings of the Marylebone Vestry on the 1st inst., and of the Metropolitan Board of Works on the following day. Each body felt itself aggrieved by the allegations, the former as responsible for the alleged insanitary, and the latter for the dangerous condition of the premises, besides being charged with misuse of powers and public moneys. At the Vestry meeting the utmost indignation was expressed at the letters of



"Sanitary," and a report was read, drawn up by Mr. Wynter Blyth, the medical officer of health, who stated therein that the number of occupants was grossly exaggerated, being but 34 in No. 37, which, moreover, was in a fair state of repair, that the w.c. was not "a nuisance," though without water, that there was a good drain, and that as regards overcrowding, &c., the premises, if not perfect, were certainly quite different from what was described in the *Times*. Of No. 35 he said nothing, since it had not been tenanted for some ten months. He had been informed that it was to be demolished, but found repairs in active progress. Only one voice was raised in defence of the letters, that of Mr. Verey, who suggested that the place had been put in tolerable order between the time at which attention had been called to it, and the visit of the medical officer of health. The members of the Metropolitan Board of Works were equally angry; they could not deny the dangerous condition of buildings they had long ago condemned, but laid the whole blame of their continuance on one of their own inspectors. As to the costs, it was asserted that the owners would be treated alike, and that as yet no account had been sent in.

"Sanitary's" description may have been too highly coloured, the plot may be a Naboth's vineyard which the army coveted as an approach to their barracks, and, like business men, were anxious to depreciate as far as possible; but the Board of Works' defence of their conduct strikes us as particularly lame. They admit having allowed one of their own number an extension of time beyond all reason, but try to throw the blame on one of their servants, whose position was certainly most embarrassing. And now, instead of at last enforcing their own order for the demolition of No. 35, they allow the same member to put into repair for the purpose of re-letting a house which more than a year ago they had condemned as unsafe. The whole thing is a painful comment on the existing system of Metropolitan Local Government. While vestries and the Board of Works are constituted as they are, jerry-builders and house jobbers will be strongly represented on the former and likely to find seats on the latter, and in such bodies there is an *esprit de corps* which saps the independence of those members who personally would be capable of rising to better things. Lastly, so long as medical officers of health are the servants of the boards, holding office at the pleasure of such men, it is utterly vain to expect that they can do their duty as they otherwise would, or avoid falling into the temptation to put as fair a construction as they can on the acts of those to whom they owe their position.

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GLASGOW MEDICO-CHIRURGICAL SOCIETY.—At a meeting of the above Society held in the Faculty Hall, St. Vincent Street, on the 2nd inst., the following gentlemen were appointed office-bearers for the session 1885-86:—President—Dr. G. H. B. Macleod. Vice-Presidents—Drs. David Taylor and Lapraik. Council—Drs. William White-law (Kirkintilloch), W. A. Wilson (Greenock), J. A. Lothian, William Patrick, M. Thomas, A. M. Robertson, S. J. Moore, and A. Wood Smith. Secretaries—Drs. Wallace Anderson and W. G. Dun. Treasurer—Dr. Hugh Thomson.

## ESSAYS ON MEDICAL CLASSICS.

### XII.—CURRIE.

JAMES CURRIE, the son of the minister at Kirkpatrick-Fleming, Dumfriesshire, was born in 1756. After leaving school he went into business, and was for some time in the employment of a firm in Virginia; but he disliked the work, and, being desirous of avoiding the troubles consequent on the outbreak of the American war, he returned home in 1776. In the following year he began to study medicine at Edinburgh, and after a three years' course, being in haste to obtain a military employment, he took the degree of M.D. at Glasgow. He was, however, too late to obtain the coveted post, and was on the point of sailing for Jamaica when he was taken ill. This altered all his plans; he remained in England, and in the following year (1781) settled in Liverpool, where he rapidly advanced in general esteem, and was soon appointed physician to the Infirmary. He became a Fellow of the London Medical Society, and read a paper there on tetanus and convulsive disorders. In 1792 he was elected F.R.S. In the following year he wrote a political pamphlet, which attracted much attention, on the ill effects of war with France. In 1777, when suffering from fever on board a ship from Jamaica, he had been greatly struck by Dr. Wright's treatment of his own, and another case of fever, by means of affusion of cold water; he put this treatment into practice in England, and tried it extensively, and in consequence of his success with it he brought out the work mentioned below, by which his fame was much extended both then and thereafter. In 1792 he became acquainted with the poet Burns; and when Burns died he edited his poems, with a biography and criticism, for the support of the poet's family. Though originally of a robust frame and constitution, he contracted pulmonary disease in 1784; he recovered to a certain extent by the use of horse exercise, his case being narrated in Darwin's *Zoonomia*; but after some fluctuations his health declined in 1804 to such a degree that he was compelled to seek a more genial climate at Clifton and Bath, in the latter of which towns he began to practise; in the following year, however, he died at Sidmouth from atrophy of the left lung and a flaccid dilated heart. Currie was distinguished for manliness and urbanity of manner, and for charm and variety of conversation, to which he united much good sense and sagacity. He was well equipped both for action and speculation. He was amiable, estimable, honourable, upright, and liberal, both in public and domestic life; he was decided without arrogance, was very highly esteemed by his friends, and gained the thorough confidence and attachment of his patients. His work by which we now remember him, and the contents of which we propose to summarize, is called "Medical Reports on the effects of Water, Cold and Warm, as a Remedy in Fever and other Diseases, applied to the Surface of the Body or Internally, &c." It appeared in 1797; a second edition in 1799; a third, with an additional volume, in 1804.



Apart from the attention always due to the observations of a skilful and observant physician, Currie's claim to remembrance rests chiefly on his warm advocacy of the use of cold water as a remedy of the first importance in severe cases of fever, and on his having been the first to employ the clinical thermometer accurately and systematically as an aid in diagnosis, and as a guide to treatment. His book, as its title indicates, is mainly occupied with an account of this single subject. A perusal of it is sufficient to convince us that its author was cultivated and well-read; he frequently quotes other writers, whether ancient, foreign, or modern, is familiar with the chief authorities, and we find him picking up stray facts bearing on the subject from all sources. He always pays most attention to those authors who have been sound and original observers; Hippocrates and Sydenham receive his highest praise. The latter, he says, recorded symptoms accurately, established important factors in treatment, and was a more cautious reasoner than his predecessors or contemporaries, but he had too many theories, which he took for self-evident principles. Currie evidently disliked any pronounced tendency to theory when invading the realm of practice, though he observes in one place that "to theorize seems the irresistible propensity of genius," which doctrine, combined with the remarkable absence of theory in his own writings, would lead one to conclude either that he had himself very little genius in his composition, or else that he kept his tendency to speculate remarkably well in check, for the rudiments of speculation are sometimes visible. He objects to "the eagerness of even eminent physicians to explain and systematize," and holds that "the science of life owes its corruptions more to the misapplication of learning than even to the dreams of superstition," and that the principles of the exact sciences when applied to medicine have served only to mislead and deceive. He had a higher opinion of Bacon's scientific achievements than has generally been entertained since Harvey's cutting epigram. A juster pathology than Sydenham's was, he thinks, established by Hoffmann. Cullen, Brown, and Darwin are passed in review. Among the ancients he is somewhat unsparing of Galen's elaborate and pedantic habits of thought, and he accuses him of introducing much corruption into medicine, but he read his work "for the pleasure of rescuing a stray fact buried under a mass of false theory." His own style is very plain, and he seldom bursts at all into enthusiasm or eloquence, although always striving to give due force to his views. Thus the greater part of his own reports can be read with much interest, though loaded with details of actual cases. There is no denying that the observations are ingenious and carefully made; he is always honest enough to give the true value of the method he employed, and not to omit to point out instances of failure. His arguments to prove his case are sound, and he is impartial and candid enough to alter his opinions in the later editions of his work, when they had been tested by himself or others and shown to be erroneous.

Living in Liverpool, where contagious fever was abundant and frequently epidemic, and therefore a common cause of death, both among the poor inhabi-

tants and the soldiers stationed there from time to time, it was natural that Currie's attention should be principally directed to this form of disease and to the choice of the best method of treatment. It seems to have been partly by chance that he was first led to the employment of cold water; his earliest idea on the subject being derived from Dr. Wright's account of the two successful cases above referred to. He cannot, therefore, be regarded as the originator, and perhaps scarcely as even the re-introducer of the treatment. It is well known that this method was practised by the ancients, being resorted to either occasionally or regularly by the Greeks, Romans, and Arabians, and it had been revived from time to time, according to changes of fashion, since those early days. Moreover, it had been adopted just before as a successful routine practice by Robert Jackson, with whom Currie had some rivalry for priority. Jackson, who had also stumbled upon it by accident, used it largely in combating the remittent fever of Jamaica, and found it of signal service, "the most important remedy in the cure of fevers of the West Indies, and perhaps in the cure of the fevers of all hot climates. Though not, perhaps, absolutely stopping the course of the fever, it generally restored the distinction between paroxysm and remission, diminished irritability, and imparted a degree of tone and vigour to the system, which was justly considered as a sign of safety." His chief dependence was placed on the cold sea water bath, in preference to bark, &c. So much had Jackson accomplished as early as 1777, as appears in his work on the fevers of Jamaica, published in 1791. Currie was not, however, indebted to him for the suggestion, except, perhaps, indirectly through Wright, for he did not become acquainted with his writings until later; and when he did, though the remedy he employed was the same, yet the principles on which he employed it were different and far more exact, and he used it in diseases of a different type. Thus, considering the success which Currie obtained from the careful and discriminating way in which he employed it, and bearing in mind that, though its claim to utility is at present widely recognised, the proper indications for its application, and the extent to which it may be carried out, are yet a matter of dispute, while it is still frequently neglected where it gives more promise of good than any other treatment; it is quite worth while to re-peruse Currie's remarks, and to glean the benefit of his experience in the matter, in which he bears the character of explorer and pioneer. At first he kept a register of all the cases in which he resorted to cold affusion, but after collecting them to the number of 153 he ceased to record any but the unsuccessful, in order to save time. He applied the treatment in hospital and army cases as well as in private practice.

There are many ways of using cold water, each with a different effect in controlling disease: tepid or cold, immersion, affusion, packing with compresses, &c., or merely sponging the surface. The cold bath and sudden cold affusion—especially the last—were Currie's favourite methods. He trusted to the effects of shock and cold combined to overcome the oppression which accompanies the early stage of fever and indicates



its severity. He preferred brine to fresh water, on account of its more stimulating qualities. The conclusions he arrived at as to the proper indications for adopting it were as follows:—Cold affusion is called for when the heat is above normal, and there is no sense of chilliness on the part of the patient, or profuse or long-continued perspiration. The greater the body heat the better are the results (hence the valuable aid Currie derived from the regular use of the thermometer). Its effects are greatest at the daily exacerbation of the fever, *i.e.*, from 6 to 9 p.m., and the benefit accruing is in proportion to the earliness of the disease; the affusion of a bucket-ful of cold salt water—repeated if necessary—will cut short an attack of typhus if given on the third or even on the fourth day. From his thermometric observations, he believed that the temperature was brought down thereby to the normal point; but as he only took the temperature under the tongue, this possibly may not be accurate. Guided by the good effects of cold air in small-pox, and knowing that cold water had been used beneficially in that complaint in China and India, Currie resorted to it also in that disease, according to the same indications, and his efforts were attended with a similar success. He found it of great use also in scarlet fever, especially at the beginning of scarlatina anginosa—the hottest fever of all; it may require repetition again and again, but in some malignant cases of scarlatina and small-pox there is very little heat, and accordingly cold affusion is not indicated. It is dangerous in the cold stage of fever, in which it may easily bring on alarming symptoms, but as soon as the pyrexial stage is established, it can always be resorted to with safety and benefit. On these lines it may be used with advantage in ague, while it is still more valuable and potent in the severer form of tropical remittent fever, as Jackson shewed, and in all fevers of hot climates. It is equally useful, if applied judiciously and at the proper time, in yellow fever. Rush adopted it in an epidemic of this disease, but finally abandoned it for evacuants—calomel and jalap—though, as he used it wrongly, *i.e.*, chiefly at the end, instead of at the beginning of the fever, he can hardly be said to have given it a fair trial. This rule is invariable; after prostration has set in, the use of cold, or indeed of any kind of shock, is inadmissible. It may be remarked here that, in his treatment of fever, Currie did not by any means exclude all other remedies, but gave opium, bark and alcohol freely to meet dangerous symptoms of debility and irritation. As an instance of his occasional plentiful use of alcohol, &c., a case of tetanus treated by him may be quoted, in which for thirty days were given 155 drops of laudanum, and five bottles of Madeira daily, besides much ale and several gallons of brandy in all. In milder febrile diseases Currie resorted to cold sponging freely. Noticing that the disagreeable sense of burning was seated principally in the palms, soles and temples, and believing that these sensations were the cause of a good deal of the disturbance, he took especial care to keep these parts cool and moist by vinegar and water. In the febrile and other diseases of children, he found tepid affusion a “blessed and invaluable remedy.” The same treatment was

found useful also in many cases of plague, but in dysentery it was useless.

At first he considered it unsafe to use cold in the presence of pulmonary complications, but he learnt in time that this objection was ill-founded. He did not believe it could do so much in inflammatory affections, where the fever is only symptomatic, and where the sensibility to cold is naturally increased; in these he found digitalis preferable. Hence we have not the advantage of his experience of the use and value of cold affusion in acute pneumonia. In endeavouring to give the rationale of the cold bath, he unfolded a rough theory of fever; he made it consist of a stage of debility, leading to a spasm of the peripheral vessels; the reaction produced by this resistance to the central power engenders a morbid degree of heat, which is thus a necessary part but not the origin of fever, though in itself it does harm. Cold affusion acts by relaxing the spasm, thus removing the excess of heat, at the same time acting as a general stimulus. Antimonial emetics and diaphoretics will produce equal relaxation, but are debilitating. Bleeding, of course, is still more effective, but is open to the same objections as depressant drugs. He looked on the maintenance of animal heat, irrespective of the external temperature, as the peculiar attribute of life; he showed that it exists to some degree even in the lower animals and plants; and explains how respiration, digestion and perspiration are the three functions on which life and living heat immediately depend. The unctuous sweat of the negro makes him more able to withstand tropical heat than the thin perspiration of the European; and in this way unguents, as used by the ancient Romans, especially after warm bathing, help to preserve health and strength.

Besides employing cold water in fevers, Currie tried it in other complaints, noting, however, that in the absence of fever, the constitution must be good, and without profuse and continued sweats. After the mode of Hippocrates and Avicenna, he used it with success in idiopathic tetanus (avoiding it in the symptomatic form), and with equal advantage in the convulsions of children, but with less success in epilepsy. He opposed the theory of the inflammatory nature of tetanus and hydrophobia, and either resorted to the cold affusion or plunged the patient headlong into a cold bath. He remarked that the best method was to resort to it during a paroxysm. He reports an obstinate case of insanity, ultimately cured by this seemingly rough treatment (a somewhat similar case, of acute mania, cured by immersion is reported by Willis), but he notes that in such cases there must be no organic disease, the circulation and digestion must be good, and the disease paroxysmal. He also used affusion in cases of alcoholic intoxication and opium poisoning. Besides employing cold externally, Currie methodically gave cold water freely as a refrigerant drink in fever, a plan, as he shews, as old almost as medicine itself; a useful auxiliary to stronger methods in the hot stage, but, like them, prejudicial in the cold and sweating periods. He made a series of experiments on the effects of immersion of the body in very cold water on the temperature, which are of some physiological interest, but not of any thera-



peutic importance. He found that tepid (87-97°) bathing sometimes cooled the body more quickly than cold, there being more evaporation and less reaction, and he suggests that it might be employed where sudden affusion would be dangerous. He also ascertained that there was no absorption by the skin, the body weight being unchanged by immersion in a bath; any absorption that goes on in this way being through the lungs. He has some useful observations on opium, pointing out that it produces sleep when the mind is vacant, the stomach empty, and external impressions are excluded; therefore it is aided in fever by cooling the stomach or the surface. Alcohol is the same, but more heating, less diaphoretic and less soporific.

Currie had the great satisfaction of meeting with more and more success, the longer he continued his system of treatment; and in a few years it became extensively adopted by other practitioners, many of whom bore testimony to its good effects.<sup>1</sup> He shewed that diseases arising from imprudently drinking cold water or cold bathing occurred only when the body was fatigued after severe exercise, and that these are fatal only when the body is much exhausted. Cold water is never so safe as when the body is immoderately heated. It is on these popular facts and the boldness of the proceeding, that the general prejudice against its employment at any time is principally founded, though of course it must be taken into consideration that its administration is often inconvenient and troublesome. In Germany, however, where the use of Currie's system has been often pushed of late years to an unreasonable extent, it is said that the popular prejudice against it is fast dying out, the friends of fever patients often demanding its application. The strange fact in the history of the treatment is that it should have passed out of use so entirely for years after its success appeared to have been demonstrated, and that it should have fallen to another nation to take it up, and work it out before we, the fellow-countrymen of Currie, would admit its usefulness. For this long "cold obstruction," we owe to Currie's name, henceforward, a grateful and proud regard.

N. H.

## REVIEWS AND NOTICES OF BOOKS.

### THORBURN ON THE DISEASES OF WOMEN.<sup>2</sup>

THE lamented death of the author of this book so quickly after its publication, gives a sad interest to its pages. This interest is the more melancholy because the book bears throughout evidence that it is the work of an experienced, sagacious and conscientious practitioner; one who has made it his duty to keep

himself acquainted with the literature of his subject; who has striven to the utmost of his power to treat his patients rightly, and not merely successfully and profitably to himself; and who has felt the responsibility attaching to the teacher, and therefore kept in view, not simply the imparting of knowledge of medical art, but the making of upright and honourable practitioners. We have perused the book with pleasure as we noticed the characteristics we have endeavoured to describe. But we are compelled also to add, that it appears to us to fall short of the highest standard. It is not what is called an epoch-making book. It does not aspire to lead, nor do we think it will much influence, the tone of thought, or the practice of gynecologists. The author has read much, and on the matters about which there is general agreement, he speaks with confidence, clearness, and accuracy; but where evidence is conflicting, and general opinion unsettled, he seems either afraid or unable to express a decided opinion. He generally gives both sides, and endeavours to steer a path between them by the aid of some incontrovertible general principles. This is a course with which we do not find fault. If the student follows the advice given to him, he will not go far wrong. But a book which is to influence opinion must do more than enunciate sound, but generally admitted, maxims. And the student is apt to think although the author does not recommend this or that measure, still it must be of some use, or he would not have described it. In gynecology of late years, naming has outstripped knowing, and ingenuity of invention has been more apparent than carefulness of observation or exactness of statement. Hence there is more need for caution in judgment in this department than in almost any other.

In illustration of our remarks, we will make brief extracts which show the attitude of our author towards some of the current controversies and later novelties of gynecology. With regard to the great question of Listerism, the author says it would be highly unbecoming in him to speak dogmatically; we must appeal to the future for guidance. Then he gives some excellent precepts as to surgical cleanliness, and says that if he were compelled to choose between the nail-brush and soap and water on the one hand, and germicide specifics on the other, he is not sure which he should prefer, but that the choice is unnecessary. As to the spray, his views are unsettled. In speaking of neurasthenia, the author wisely writes "that real uterine or pelvic disease may be the starting point; I have no manner of doubt. . . all this *may* be, and occasionally is, the case. . . But, for the most part, and especially in the case of young and unmarried women, the relations of cause and effect are precisely the reverse. It is the anæmic or neurasthenic condition which gives rise to local pelvic congestions, to catarrhal discharges from uterus or vagina, to consequent displacements of the uterus even, and to the multiplicity of ovarian, uterine or pelvic aches and pains." We think it would be more accurate to say "to (the *symptoms* of) local pelvic congestions, &c." But putting this point aside, we are very glad to see a recognition of the fact, that pelvic symptoms are not always an indication of pelvic disease.

In speaking of dysmenorrhœa we find the following useful caution (p. 183): "Alcohol is perhaps the most popular remedy, and its use in dysmenorrhœa, and in alleviating the nervous depression of pregnancy, is an almost certain means in neurotic subjects of creating habitual female drunkards. I can trace scores of cases, from my own knowledge, to this source alone." Another wise remark, which the practitioner will do well to note, we take from p. 21. "The introduction of remedies into the cavity of the

<sup>1</sup> Currie's public spirit and interest in the general good of the people is shewn by the efforts he made to improve the sanitary condition of Liverpool, and his attempt to establish a lunatic asylum for the district.

<sup>2</sup> A Practical Treatise on the Diseases of Women, prepared with special reference to the wants of the general practitioner and advanced student; by John Thorburn, M.D., F.R.C.P., Professor of Obstetric Medicine, The Owen's College and Victoria University, Manchester, Obstetric Physician to the Manchester Royal Infirmary, &c., &c. With chromo-lithograph and over 200 illustrations. London: Charles Griffin & Co., 1885, pp. 575.



uterus is not so light a matter as mere book descriptions might lead many a tiro to suppose. None but gynæcologists are aware how often its unskilful or unprepared-for employment leads to acute or subacute attacks which leave matters worse than before." A similar practical warning occurs at p. 219. "Intra-uterine injections . . . have often proved fatal . . . in able hands . . . I look upon them with the utmost suspicion, and would advise the young practitioner, at any rate, to have nothing to do with them in endometritis." At p. 238 the voice of truth and experience is again heard—"I have seen so much mischief produced by attempts to destroy hypertrophied portions of cervix by potassa fusa, in the hope that it would lead to absorption of chronic corporeal hypertrophy, that I can only use one word to express my advice in the matter—Don't."

Lacerations of the cervix, and Emmet's operation for their repair, are described at length; and the author lays down indications for the performance of this operation. But at the conclusion of his remarks on the subject comes the following sentence, which must rather damp the zeal of the beginner:—"I would further supplement the advice by recommending the practitioner who has successfully performed 'hystero-trachelorrhaphy' to dismiss from his mind the notion of having achieved a *cure-all*, and to remember that every single symptom attributed to the lesion under consideration may exist in its absence, and may remain or return in spite of its temporary remedial effect." This sentence may seem to some a round-about and cautious way of saying that the operation is really not a bit of good. Space, however, does not allow us to go on quoting; we have given enough to show the author's prominent qualities of candour, caution and good sense. It is a book which, on the whole, the general practitioner may safely trust to, as giving him a good picture of the present state of gynæcology, much sound advice, and many useful practical hints.

*School Hygiene and Diseases Incidental to School Life*; by ROBERT FARQUHARSON, M.P., M.D., etc. London: Smith, Elder & Co.—This is a book likely to do good in its generation. The hygienic code laid down by the school doctor often appears unnecessarily rigid to parents, who are naturally unfamiliar with many of the important facts upon which it is based; and the schoolmaster, standing between two fires, is sometimes tempted to pass over recommendations which appear almost revolutionary in favour of some *via media* which he thinks will be more pleasant, and hopes may prove as safe. Dr. Farquharson, writing with the authority of an all-round experience, and from the vantage ground of an independent observer, has striven to place parents, pupils, masters, and doctors *en rapport*, by sketching the conditions under which alone they can all work in harmony to their mutual advantage. The book does not profess to teach his profession to the practitioner, and is perhaps wisely reticent on most of those statistical details which are required in a work of reference; but the chapter on "The Duties of the School Doctor" contains some practical hints of value, to which the author's personal experience at Rugby lends added weight. Written in a pleasantly chatty fashion which conveys more information than is at first apparent, it is likely to be appreciated by the lay-reader, male or female, who would probably have been repelled by an abstruser style. The book can be thoroughly recommended to all parents and to all masters and mistresses of schools; if they appreciate its teaching and will be guided by its sound common-sense, there are better times in store for school children, and for school doctors also. If Dr. Farquharson had treated his subjects fully, he must have written an encyclopædia; he has done something of greater practical utility by publishing a manual which is worth reading and which can be understood by everyone. There are some evidences of hasty compilation and of imperfect proof reading which

can be corrected with advantage in a subsequent edition. Medical men will demur to the statement that the auditory meatus is better syringed by "pulling the ear forward," and there are still some schoolmasters south of the Tweed who have not bowed down before the increasing usage of "will" in place of "shall."

*Die Schall- und Tonstärke und das Schalleitungsvermögen der Körper*; von KARL VON VIERORDT.—Karl von Vierordt's name is known to all readers of German physiological literature, but we fancy there are few who are aware of the prolific nature of his work. His contributions, spread over a period of years, commencing in 1842 (when his first paper upon the pathology and therapeutics of strabismus appeared) until 1884, the year of his lamented decease, and amounting no to less a number than 115 original papers and published books, offer us another example of the amazing industry of German men of science. He is probably best known in this country, to the general medical public, by his text book of physiology, which first appearing in 1860, quickly ran through three editions, and reached its fifth edition in 1877. Devoting his researches largely to the physical problems of physiology, there is scarcely any branch of this science which he has not enriched by his labours, and his work has received grateful acknowledgment at the hands of English physiologists. The present volume deals with a number of physical researches to which its author had devoted many years of labour. Karl Vierordt did not live to see its publication, and the editing and production of the work have been ably undertaken by his son, Professor Herman Vierordt. Though dealing with subjects too abstruse to be of great interest to the general reader, the researches detailed in this work are of great value to the physiologist and those interested in physiological acoustics.

*Aneurysms of the Aorta*; by OSWALD BROWNE, M.B. London: H. K. Lewis, 1885.—Dr. Browne's thesis constitutes a valuable addition to the literature of the important subject with which it deals. It is based on a careful study of the *post-mortem* records of St. Bartholomew's Hospital during 17 years, giving a total of 88 completed cases of aneurysm of the aorta. Of these 31 affected the first portion of the arch, 29 the second, and 10 the third, the remainder occurring in some part of the descending aorta. Many interesting points are brought out in the course of this study—for instance, in the first part of the arch the pulmonary artery and vena cava superior are the parts most likely to be compressed, rupture is not common, when it does occur being either into the pericardium or right pleura. In the second part of the arch the trachea is by far the most likely structure to suffer compression, the left recurrent laryngeal nerve being sometimes involved; here, too, rupture is not common, being either into the left pleura, left bronchus or trachea. In the case of the third part of the arch the pressure falls on the vertebræ and œsophagus, rupture being common either into the left pleura or œsophagus. Aneurysms of the thoracic and abdominal portions are very liable to terminate by rupture. Dr. Browne has displayed considerable erudition in his references to the mention of aneurysms by the writers of the pre-anatomical period.

*Dental Surgery for General Practitioners and Students of Medicine*; by ASHLEY W. BARRETT, M.B. Lond. London: H. K. Lewis, 1885.—This little volume is one of Lewis's Practical Series, and it is to be hoped that its successors will be equally practical and to the point. Mr. Barrett has shown good judgment both as regards what he has inserted and what he has left out. He has given everything that the general practitioner of medicine ought to know about the accidents and diseases of the teeth and their treatment, without crowding his pages with dental pathology or dental mechanics. The chapter on irregularities in the positions of the permanent teeth is very good, and should prove useful to the practitioner, who is often quite competent to take upon himself the treatment of such cases if he only knew it.



*Health Lectures for the People*; Vol. viii. Manchester: John Heywood.—This, the eighth series of these useful popular lectures, contains those delivered at the Manchester Technical School during 1884-85. The subjects dealt with include soils and sites, entrusted to the chairman, Dr. Ransome; draining and sewerage; plans and sections; foundations and materials used in buildings; plumbing; decoration and furnishing; heating, lighting and ventilation; and last, but by no means least, the legal position of landlords, tenants, and sanitary authorities, by Professor J. E. C. Munro. The language used by the lecturers is free from technicalities, and they are so arranged that their hearers can hardly fail to have profited by them.

*Heiberg's Atlas of the Cutaneous Nerve-supply of the Human Body*; translated and edited by W. W. Wagstaffe, B.A., F.R.C.S. London: Ballière, Tindall & Co., 1885.—We favourably noticed the German original of this work some months ago, and are very glad to see it published in a form in which it will be more accessible to the English student and practitioner. Mr. Wagstaffe has introduced notes where they seemed necessary, and has added a preface in which he shows the indisputable value of an atlas of this kind. The book is one which every busy practitioner will do well to keep amongst his works of reference.

## NOTES ON FOREIGN HEALTH RESORTS.

### CORFU.

CORFU has for many years been familiar to the English as a winter residence for invalids suffering from pulmonary affections. But of late the Riviera, and, later still, Davos and sub-arctic climates of this nature, have been in fashion, and the beautiful island that a quarter of a century ago was the resort of numerous visitors whose chief object was to avoid the rigours of an English winter, is now deserted except by the sportsman and tourist. Other circumstances too, have combined to produce this result. English rule is now a thing of the past, and with it has departed the thousand-and-one advantages that those only who have lived for a lengthened period under a foreign flag are capable of appreciating. The facilities of travel have greatly increased, and a voyage to Australia is now an affair of almost as little difficulty as a trip to Paris. The consequence has been, that an enormous percentage of consumptives who, a few years ago, would have been distributed among the cities of the Mediterranean or the Adriatic, or, at the furthest, in Madeira or Egypt, are now filling the cabins of the Australian liners, and passing their winters in the Blue Mountains, or amid the lovely scenery of the north island of New Zealand. Yet Corfu hardly deserves the oblivion into which she has fallen, and if beautiful scenery, a tolerable amount of amusement, good cookery, and proximity to civilization go for anything in the choice of an invalid's winter residence, as even the most bigoted of climatologists will admit, it must be allowed that the island is possessed of many advantages which are by no means always found combined in other health resorts of wider fame.

Corfu is, from every point of view, the most important of the seven Ionian Islands. The others—Zante, Cephalonia, Santa Maura, Ithaca, Cerigo, and Paxo—are for the most part so ill-adapted for a prolonged visit, and so little likely to come under the notice of the invalid, except during a yacht cruise or a stay of an hour or so in a steamer, that no further reference to them is needed. An excellent service of steamers has rendered most of them accessible, but, even if the visitor has resolved on seeing something of them, he will in all cases make his head-quarters at Corfu. The island, from its somewhat central position, is a port of call for many steamers bound to Alexandria, the Levant, and other parts, and the harbour is rarely devoid of shipping. Most of the steamers, however, sail from the port of Trieste, and

should the traveller be arriving *via* Italy, he will have to time his arrival at Brindisi with care, or he may have to wait from three to five days at that most uninteresting of towns. This caution is necessary, as the Sicilian steamers, though nominally communicating with the Austrian Lloyd and Greek boats, often fail to do so. The latter vessels leave Brindisi at midnight on Friday, reaching Corfu about noon on the following day, and there is also another steamer every Monday, performing the voyage in the same time. The accommodation on both these lines is good and the passage seldom rough. Those who do not dislike the sea will probably choose the Trieste route, as avoiding the fatiguing railway journey through Italy. The Austrian Lloyd steamers leave that port for Corfu twice weekly, the direct vessel, taking rather more than two days, and the indirect exactly a week on the voyage. The latter is by far the most interesting route, and is not the less to be recommended from the fact of its lying for the most part within the shelter of the belt of islands that guard the eastern shores of the Adriatic. The cookery and accommodation obtainable in Dalmatia and Montenegro are by no means suitable for invalids, but thanks to the coasting steamers, the picturesque and interesting towns of those countries can be seen with comfort, as a stoppage of a few hours is made at each port. In this way, the traveller can visit Pola, with its magnificent Roman amphitheatre; the Byzantine and Venetian Gothic churches of Zara and Sebenico; the enormous Palace of Diocletian at Spalato; Cattaro with its lovely fiord and wonderful old Venetian fortifications, and the beautiful scenery of the Albanian coast. In addition to the above-mentioned direct and slow steamers, there are also other branches of the Austrian Lloyd which touch at Corfu.

Owing to the frequency and strength of the *Bora*—the terrible north-east wind which in winter renders the navigation of the Adriatic as dangerous as it is unpleasant—this route to the Ionian Islands should not be taken later than the beginning of October. It is perhaps even better to defer it till spring, and to choose it for the homeward voyage.

The approach to Corfu is one of the most beautiful in the world. The straits which separate the island from Albania are so narrow and so enclosed by the curve of the land, that they appear as a lake, and the stillness of the water and the snow-crowned mountains of the mainland heighten the resemblance to the Lago di Como. Were not descriptions of scenery *hors de propos* in these notes, Corfu is one of the few places that would tempt to them, but it may be shortly said that it is, without doubt, the most beautiful island of the Mediterranean. Boats meet the steamers to convey passengers ashore, but the sea is never rough enough to be unpleasant. The custom-house is merely an affair of a *pour-boire*, and the visitor, climbing a short, but steep ascent through narrow, picturesque streets, reaches a wide esplanade open to the south, in the neighbourhood of which most of the best houses are situated. The hotel most frequented by the English is the Hotel St. Georges. The Hotels d'Angleterre and Bella Venezia adjoin it, and are equally well situated, but they are more patronised by visitors of other nationalities. Living in the St. Georges is good, but somewhat dear. In 1884, twelve francs a day was charged for a small room and board; early breakfast (*café complet*) as well as lights being extra, which raised the price to fourteen francs. The other hotels would probably be cheaper, but not so good. The cooking is, on the whole, fair, about equal to that of a second-rate French hotel. Lodgings could probably be obtained, but it is doubtful whether they would be altogether satisfactory. There are, however, many villas in beautiful situations on the outskirts of the town, which, in the palmy days of the English occupation were peopled by our countrymen. Many of these have been allowed to fall into disrepair, but others in good order are still to be had at absurdly small rents. Servants are not difficult to obtain, and some speak either English or Italian, though it must be confessed that they are not numerous. Household necessities, such as linen and plate, can be hired, and there is no doubt that this is the most economical mode of residence, although it does not offer such social advantages as hotel life.

Yachting is one of the chief attractions of the island.



Not only do many English yachts annually visit it for the shooting to be obtained on the opposite coast of Albania, but there is also a small fleet of vessels of from fifteen to one hundred tons ready for hire in the port itself. The charge made for a 35-ton cutter, with the crew provided, is 1*l.* per diem. There are between twenty and thirty of these craft, and most of them are let during the season. This commences in October, on the arrival of the woodcocks, and ends in March. The sheltered position of the island renders it peculiarly adapted for yachting, and even if the visitor be no sportsman, there are so many places of interest and beauty along the coasts, accessible only by sea, that it is a form of amusement as enjoyable as it is healthy. Every Monday the little fleet of vessels leaves the harbour, returning on the Saturday to rest and re-provision.

As may be gathered from the foregoing facts, the shooting, which is almost entirely confined to the Albanian coast, is rather overdone. Woodcock, snipe, duck, and wild fowl generally, can be obtained, together with an occasional wild boar, but on the whole the sport cannot be said to be particularly good, unless the sportsman care to adventure himself further inland, and risk the bad food, and a fair chance of meeting with brigands. If the patient sent to winter abroad is in tolerably good health, and is such an enthusiast as to make fair shooting a *sine qua non*, he would find Algeria more suitable, especially if a dry climate happened at the same time to be advisable. In May extremely good quail shooting is sometimes to be had on the island itself, but the advent of these birds is very uncertain, and the flights often stay only a few hours.

The walks, rides and drives about the island are extremely beautiful, and picnics during the winter season are, in consequence, very frequent. Horses can be hired for five francs per diem, and a carriage and pair for sixteen francs. The hotel prices are, however, considerably in advance of this, about twenty-five francs being the charge for carriages. An Italian opera company usually visits the town in the winter, and there are also occasionally plays in French and modern Greek. Lawn tennis is possible if, as is done by the officers of our ships, the net and other necessities are imported. The English residents are so few in number that, for all practical purposes, it may be said that there is no other society except that obtainable in the hotels. In the season these are crowded, but those who intend to take a villa will have to remember that they will have to depend upon their own resources for their amusements. Bathing is but little indulged in, but there is tolerably good sea-fishing; and the visitor, if he be an artist, will find abundant employment for his brush in the picturesque costumes and beautiful scenery which everywhere meet the eye.

The season about Easter is probably more interesting in Corfu than in any other place in Europe. Our Easter Day is Palm Sunday with the Greeks, and from every part of the island, from Albania, from Zante, Cephalonia, and the rest of the seven islands, and even from Montenegro, the peasants flock into the town in hundreds, all wearing the gala dress peculiar to their district. On the following Saturday, at the instant of the citidel clock striking eleven, a lamb is slaughtered by every citizen in the town who can afford to buy one, and the gate-posts and lintels marked with its blood. Other customs, which would require more space than is at our disposal to describe, but which are equally interesting, are peculiar to this season and also to Corfu, but enough has been said to show that there is a good deal worth seeing, and it is worthy of remark that a good many travellers visit the island especially for the Easter ceremonies.

The English occupation of the islands, existing over a period of nearly fifty years—from 1815 to 1864—gave abundant opportunities of studying the climate. The winter weather sets in in October with northerly winds and a somewhat heavy rainfall. The early rains fall in September, and are commonly followed by pleasant weather lasting about a month. From October to April is the wet season; rain falling, on the average, about every other day. It should be mentioned, however, that the greater quantity of this falls in showers of short duration, and it is but seldom that entire days of rain are recorded. The rainfall

of Corfu itself varies considerably from year to year, but may be estimated at about 35 inches. Thunder-storms are not common, and occur most frequently in October.

The following table shows the number of days in which rain fell during the year, over a period of three consecutive years:—

January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
14	16	11	10	3	3	1	0	3	12	10	13
15	10	14	24	4	4	2	1	7	7	6	11
6	8	11	7	0	0	1	1	3	5	3	5

Fog is almost unknown, except upon the mountains; indeed, it would be hard to find an insular climate so devoid of it, unless we except the Canaries. Dew falls heavily in autumn, and also occasionally in the spring and winter. In summer it is rare.

March is often a very pleasant month, but towards the end of it, or at the beginning of April, the southerly winds blow frequently, and the weather is not so agreeable. The *scirocco*, or south-easterly wind, is warm and damp, the wet bulb of the hygrometer rarely sinking more than 5° during its prevalence. In summer it is unbearably hot and oppressive. At all times it makes its influence felt, even those in robust health feeling tired and disinclined for exertion. The majority of phthisical patients are distinctly the worse for it. During the month of April these winds blow for two or three days in succession, accompanied with clouds of dust. Then comes rain, after which there is an interval of three or four fine days, which, however, are generally overcast in the morning. Later on the weather is beautiful, and it may be questioned whether a spring so fresh and so exuberant is to be found in any other part of the world. Without the *scirocco* Corfu would be nearly perfect as a climate.

The thermometer in Corfu itself rarely, if ever, falls below the freezing point, and but seldom below 45° Fahr. Temperatures above 90° are equally rare. The mean annual height of the thermometer at the sea level is about 63° Fahr. Dr. Davy, in his work on the Ionian Islands, gives the following table of the mean monthly temperature recorded in Corfu between the years 1821 and 1827 inclusive:—

Months.	1821.	1822.	1823.	1824.	1825.	1826.	1827.
January...	52	53	52	52	52	53	54
February...	53	49	53	54	51	50	53
March...	56	53	56	56	51	55	55
April...	63	59	59	56	57	57	57
May...	74	66	68	65	66	61	67
June...	74	76	75	71	69	70	71
July...	79	80	79	77½	76	73	79½
August...	84	84	80	81½	77	80	82½
September...	78	82	79	80½	74	79	75½
October...	67	75	73	73	65	72	71
November...	63	65	63	62	61½	66½	64½
December...	59	58	54	58	61	59	60

The hygrometer shows the climate to be, on the whole, rather a damp one, although, during the prevalence of northerly winds in the summer, the difference between the bulbs is sometimes as much as twenty degrees. This, however, is unusual, but the hot winds, when they do occur, do not seem to affect prejudicially those patients suffering from pulmonary disorders.

PROFESSOR HAESER, of Breslau, author of a well known "History of Medicine," who was also well skilled in music, has lately died at the age of 72. The death is also announced of Professor F. Baeckman, of Warsaw, where he had been professor of Pharmacy and Chemistry for many years.



## GENERAL CORRESPONDENCE.

## REFORM AT LONDON UNIVERSITY.

[To the Editor of the Medical Times.]

SIR,—While those bent upon revolutionizing the London University upon the lines suggested by the Association for Promoting a Teaching University for London are reflecting upon the cold reception their proposals met with at the last meeting of Convocation, and are considering what steps they will take to again urge the matter on the notice of the House, it would be well to see what have been some of the results of the recent meddlesome tinkering with the regulations relating to medical examinations.

The principle of allowing candidates to postpone one subject of an examination and take it up subsequently, that is, of taking an examination out in parts, is known only to the Medical Faculty; it is strange that this should be the case when we remember that, as a rule, medical students have far more time at their disposal than arts and science undergraduates, and, moreover, have a systematic curriculum prescribed for them. This principle was first permitted in the case of the Physiology of the Intermediate M.B. Examination; then the Logic of the M.D., which is now to be docked in deference to the expostulations of some candidates rejected in it, could be taken apart from the Medicine. Lately the principle has been extended to the Preliminary Scientific, and now a candidate may present himself in any two of the three subjects and postpone the other or *vice versa*. If a candidate takes all three subjects and fails in one, he is rejected in all; while if (knowing his own weakness) he purposely plucks himself in one subject or two by postponing them, he may pass in the remaining two or one. And to complete the absurdity: suppose a candidate twice presents himself in all three subjects, and each time fails in one, but not the same one, he is plucked in all. Yet wherein, I would ask, has this candidate (who has now passed in every subject) exhibited less knowledge than the successful student who has taken his examination in parts? This dangerous principle of a serial issue of London degrees I venture to think destroys the utility of an examination, whose function is to register a man's knowledge at a given time in certain cognate subjects bearing upon the Faculty in which he seeks to graduate.

Again, another recent concession to those desirous of "making London degrees more accessible to London students" was putting on an additional Preliminary Scientific in January, so that two are now held in the year, the other being in July. This change, laudable enough in intent, has been utterly futile, and has afforded no relief whatever. The reason is that a regulation of the Intermediate M.B. Examination requires that two years shall elapse between it and the Preliminary Scientific. Hence a successful candidate at the January Preliminary Scientific cannot proceed any earlier to the Intermediate than if, as formerly, he had passed in July, but has (according to the rules) done himself out of a chance of honours in reward for his additional exertions and premature success.

Another anomaly I would point out. It is provided in the Science regulations that anyone passing the Preliminary Scientific, who at the same time passes the Mathematics of the Intermediate B.Sc., or has *previously* passed the Intermediate B.A., is admissible to the B.Sc. Pass Examination. But a candidate who passes the Intermediate B.A. *after* the Preliminary Scientific is not so admissible. Why an advantage should be accorded to the student who learns his Mathematics before his Preliminary Science which is denied to one who merely reverses the order, possibly the Senate can explain.

Cases of this kind must constantly occur, and the officials at Burlington Gardens are doubtless being daily peppered

with brain-splitting conundrums of this character, which are the outcome of the pettifogging patchwork legislation which has recently been conceded to those who desire to "modify London University so as to adapt it to the requirements of the medical profession in England."

In former times a candidate either passed or was plucked, and if the latter, he had to set to work all over again; if it was hard, at any rate there was no doubt about it; but now-a-days, with the complicated and everchanging code of regulations, the man who prospers most is the artful dodger and the examination casuist.

The moral of all this is, that the Senate is too unrepresentative to know what is required, and being unrepresentative is weak in execution and out of harmony with Convocation and undergraduates. Indeed, the recent agitation for turning the University into a University of Teachers, when considered apart from the anxiety of its promoters to swallow up the Teaching Association lest it should swallow us, was but a clumsy expression of the need of senatorial reform.

As you have not, like your contemporaries, acquiesced in the spoliation of London University, I trust that, on behalf of students and graduates alike, you will advocate a speedy rectification of the anomalies which I have endeavoured to point out.

I am, Sir, yours, &c.,

WM. JOB COLLINS,

M.D., B.S., B.Sc., (Lond.).

1, Albert Terrace, Gloucester Gate, N.W.  
September 30th, 1885.

## CONVALESCENT HOME CERTIFICATES.

[To the Editor of the Medical Times.]

SIR,—In a recent number of your paper, you called attention to the excessive demands occasionally made upon the time and attention of doctors in the matter of filling up medical certificates for convalescent homes. The subject is one which has been much considered by the Convalescent Committee of the Charity Organisation Society, and so far as concerns patients who are dealt with by our society (2,000 since January 1st), the difficulty of which you complain has been very considerably reduced by the use of one simple form of certificate.

This form has been accepted as sufficient by the large number of homes to which the Charity Organization Society's patients are sent, and thus has substituted one approved form for the many different kinds which were formerly in use. It is to be hoped that a considerable extension of this system of a uniform certificate may take place, and that in time one form may be adopted almost universally by all convalescent homes for all their patients. These remarks do not for obvious reasons refer to institutions such as the Margate Sea-Bathing Infirmary, and the National Sanatorium for Consumption at Bournemouth, as these are special hospitals where a special class of disease is treated. I enclose for your information and inspection a specimen book as issued by the Charity Organization Society to the hospitals for their use, and I may add that, simple though it looks, it is the result of a great deal of thought and consultation with hospital physicians and surgeons. It is a matter of extreme difficulty to frame a medical certificate which shall be at once simple and concise.

I am, Sir, yours, &c.,

C. S. LOCH, Secretary.

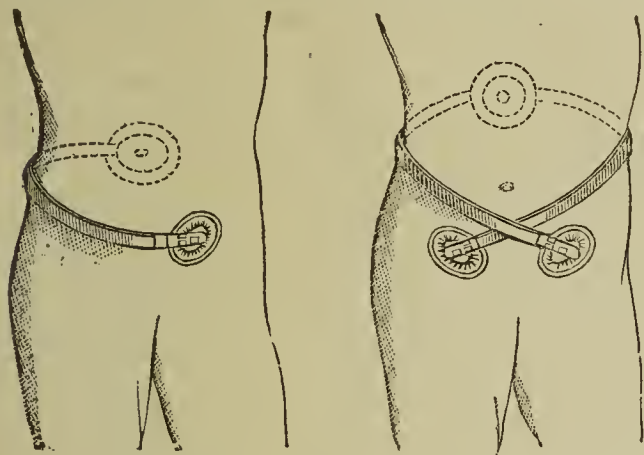
Charity Organization Society,  
15, Buckingham Street, Adelphi, W.C.  
October 2nd, 1885.



## INVENTIONS AND IMPROVEMENTS.

### A NEW TRUSS ARRANGEMENT FOR THE COMFORTABLE AND STEADY SUPPORT OF DOUBLE INGUINAL HERNIA.

THE single truss of Messrs. Salmon and Ody, Strand, with its ball and socket joint, and long sweeping spring from the centre of the back to the further side in front, has stood the test of practical use for seventy years. Why not, therefore, by simple multiplication of the same instrument, give an equal boon to the sufferers from double hernia? This, under my direction, has been carried out with complete success. The subjoined sketch will show at a glance



this new arrangement. The two arms of the spring cross each other in front, without in the slightest degree interfering with each other's action. I find also, that by joining the two springs firmly together behind, great steadiness is secured. The springs by this arrangement are prevented from falling down over the hips, and allow free action to the legs and to the springs themselves. The advantage of having the springs in two parts is, that the maker can apply a stronger one either side if required. Other recommendations connected with the truss are as follows:—Trifling pressure over the hips; free motion of the body, with comfort in stooping. The perfect action of the ball and socket joints with the elongated springs (which press the pads inwards instead of outwards), enables much smaller ones to be used, and satisfies the great desideratum of not arresting the flow of blood from the extremities. To render this truss more comfortable, I considered it most desirable to construct an inexpensive elastic pad, which has been done by introducing coils of india-rubber tubing. It is well to remember that the *lower edges* of the pads, in front, should just rest on the bone below. Mr. Cantlie, of Charing Cross Hospital, has seen this double truss in action, and considers it most perfect.

HENRY ARMSTRONG RAWLINS, M.R.C.S.,  
Sutherland Avenue, Maida Vale, W.

### A NEW SANITARY CLOSET FOR COTTAGES.

DR. BYLES, the Medical Officer of the Eccleshill Local Board, and Mr. Hanson, engineer, Bradford, have recently devised a new sanitary closet for cottages, working-class dwellings, and other places where water-closets are inapplicable, which offers incidentally many advantages which will greatly reduce the cost and trouble involved in dealing with the removal of night-soil. It is well known that the cause of the intolerable smell arising from the ordinary privy is the fermentation of the liquid and solid excreta. In the "pail system" the evil is intensified by concentration in small vessels, and so serious is the nuisance caused by the removal of the pails and the emptying of their contents into the collecting vans, that the "pail system," from which so much was hoped, stands generally condemned. The difficulty is entirely overcome by the "Separator" closet, which does what has never hitherto been satisfac-

torily accomplished, *i.e.*, separates the fluids from the solids. How this is accomplished will be best understood from a description of the closet and its working. The bowl is similar in shape to the old w.c. bowl, viz., a simple conical basin with no bottom. It is not a fixture, and, being quite independent of the other parts of the apparatus, may be instantly lifted out for cleaning. Underneath the opening is an iron tray or platform, having three or four parallel slots across its whole width. Immediately underneath the tray is a bell-mouth pot pipe communicating with the sewer. When the closet is used the urine passes through the narrow slots in the tray, and runs away into the sewer, the solid faeces and paper are left on the tray. By the pulling up of a handle, like the ordinary water-closet lever, a scraper is now made to pass over the tray, clearing off all that is left into an adjacent box or pail. The scraper is so made that the slots are cleaned at every pull of the lever, and they cannot possibly get choked. In its construction the apparatus is simple, strong and durable, while it can be supplied at a cost under 1*l*. The following are some of the advantages which the "Separator" closet offers:—(1) Effectual separation of solids from fluids. (2) Easy drainage of privies. (Drains cannot get choked.) (3) Slop water may with advantage be poured down the closet seat instead of into street gullies. (4) Dry cinders in the ashpit, free from all organic matter:—solving the difficulties with regard to "refuse destructors." (5) Overcomes the objections to the "pail system," because:—(a) The contents of the pail are solid instead of semi-fluid. (b) The pail is not immediately beneath the person using the closet, but on one side. (c) The pail need not be removed as often as in the ordinary "pail system," because its contents, not being constantly worked up with fluid, remain dry and inodorous. (6) Will save largely in the cost of removal when properly applied and fitted, as farmers will gladly take the dry excreta. (7) The expense of the apparatus and fitting is trifling. (8) The working parts are few and well protected, and there are no chains, pulleys, valves, cisterns, or ball-taps to get out of order.

Some of these closets have been in use for some time with perfect success, and we understand that the patentees are now prepared to deliver specimens to local sanitary authorities, and to give estimates for quantities.

HODGE'S TRUSS.—The chief feature of this ingenious truss (Hodge & Co., 18, James Street, Oxford Street) is the pad, which is made of soft inodorous vulcanized rubber, and in form is somewhat like a mushroom. The flat top ensures pressure on the margins of the hernial opening, on the principle insisted on by Prof. Wood, without enlarging the opening as conical pads are apt to do, while its resiliency ensures the pad keeping its place without exerting injurious pressure. The pad is perforated for ventilation and covered with chamois leather, and it can be moulded to any shape to suit the indication in individual cases. Pressure is regulated by a small screw on the convexity of the spring. We have no hesitation in recommending this truss.

THE PRINCE'S PORT.—Some recent writers on gout, having removed their ban from, and even recommended, the use of port wine by patients who are sufferers from that disease, one of the oldest firms in London, Messrs. Berry, Bros. and Co., of 3, St. James Street, whose name is very familiar to the medical profession, have brought under our notice a sample of port wine which adequately fulfils the conditions laid down by the writers in question. Having been kept in wood for from 50 to 60 years, it is thoroughly fermented and matured, and it also fulfils the condition laid down by Mooren of increasing the acidity of the urine to a very slight extent. We will not take upon ourselves to express an opinion as to the advisability of prescribing port wine in cases of gout, but if the practitioner should determine to do so, he cannot find a wine more suitable to his purpose than that of Messrs. Berry, which is excellent in every way.



## MEDICAL NEWS.

THE SOCIETY OF APOTHECARIES, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, October 1st, 1885:—

Alfred George Francis, M.R.C.S., Southchurch, Essex; Frederick John Jaynes, M.R.C.S., Wormington Grange, Gloucestershire; George Henry Oliver, M.R.C.S., 73, French Gate, Doncaster.

On the same day the following gentleman passed his examination in the science and practice of Medicine, Surgery and Midwifery, and received a certificate to practise, viz.:—

George Francis William Ewens, Ealing House, West End, Hammersmith.

DR. CAMERON has been selected, by a large majority, the Liberal candidate for the representation of the College division of Glasgow in the next Parliament.

SURGEON-MAJOR A. STEPHEN, statistical officer to the Indian Government in the Sanitary and Medical Departments, has been appointed to act as Sanitary Commissioner in the Punjab.

BRITISH MEDICAL BENEVOLENT FUND.—The Hon. Dr. Beane, of Melbourne, who is now in this country, has made a third donation of £100 to the above charity.

PUBLIC BATHS IN EDINBURGH.—It has been decided by the Town Council to erect public baths on part of the old infirmary ground, involving an estimated expenditure of 11,080*l*.

THE PROPOSED HOSPITAL IN THE HOLLOWAY ROAD.—The Committee of Management of the Great Northern Central Hospital have received five competing plans of the new hospital. After selection of one by the Building Committee, the plans will be on view, open to the inspection of the subscribers and public at the hospital in the Caledonian Road.

ST. MARK'S OPHTHALMIC HOSPITAL, DUBLIN.—The building of the eastern wing of the hospital has been completed. The new wards will be utilized for the reception of patients as soon as funds are provided to purchase the furniture required. This extension will be a great boon, as the hospital is overcrowded with patients from all parts of Ireland.

ARMY MEDICAL SCHOOL.—The introductory lecture at the opening of the Winter Session of the Army Medical School at Netley, was delivered by Professor F. de Chaumont, F.R.S., on the 2nd instant. The principal subject of the discourse consisted of a review of the changes which had taken place during recent years in the organization of the Army Medical Department, and the influence of those changes on the functions of medical officers and on the health of the army. Forty-eight surgeons on probation had joined to attend the session, 40 being for the British Medical Service, and eight for the Indian Medical Service. Veterinary Surgeon F. Smith had also joined to attend the practical course of hygiene at the School.

OPENING OF EDINBURGH MEDICAL CLASSES.—This week the Practical Anatomy and Practical Chemistry classes of the School of Medicine, Surgeons' Hall, were opened for the session by Dr. Macdonald Brown and Dr. Stevenson Macadam, lecturers in Anatomy and Chemistry respectively. Since last year there has been added to the anatomical department a number of dissections of different parts of the body, and also frozen sections, these having been beautifully preserved and arranged in mounted cases or basins fixed into desk frames. The practical work of the Anatomy class under Professor Turner was also opened in the New University Buildings.

MEDICAL SCHOLARSHIPS.—At Guy's Hospital the entrance scholarship in Arts of 125 guineas has been awarded to Mr. Henry Woolmington Webber, and the entrance scholarship in science of 125 guineas to Mr. Frederick William Hall. At the London Hospital the entrance science scholarship of the value of £60 has been awarded to Mr. David Brown, and that of the value of

£40 to Mr. J. N. Collins. The open scholarships in natural science at St. Mary's Hospital Medical School, of the value of 60*l*. each, have been awarded to Messrs. G. Watson, A. F. Stabb, and G. A. Simmons; those of 50*l*. each to Messrs. C. E. Lansdown, H. A. Caley, and V. W. Low; and those of 50 guineas each for students of Epsom College to Messrs. J. J. Knox and S. P. Matthews. At Charing Cross Hospital the Entrance Scholarship of 30*l*., tenable for one year, has been awarded to Mr. F. H. A. Taylor; and that of 20*l*., tenable for one year, to Mr. J. H. T. Goodwin.

SMALL-POX IN MONTREAL.—The deaths in Montreal and the district from small-pox in September numbered 996, whilst during the last four days of that month and the first two of the present they reached 342. The Montreal mob, although all open violence is checked by the police and soldiers, still tear down the placards from the houses infected with small-pox; and the sanitary officials are only able to attach them under strong guards. A large military force guards the Exposition building, which has been made a small-pox hospital. On Tuesday night the guard here were attacked by a mob of some three hundred persons, but the rioters were easily dispersed without much damage being done.

THE LUNACY AMENDMENT ACT.—The anomalies of Acts of Parliament are proverbial. A nice point has been raised before the Guardians of Wirral (Cheshire) Union, under the Act passed at the close of last session, upon which they have sought the opinion and direction of the Local Government Board. In compliance with the provisions of the Act, a lunatic with suicidal tendencies was lately brought by a policeman to the Wirral Workhouse, and was refused admission, there being no accommodation for such a person, and no official available to attend upon him. By another clause of the Act a magistrate may commit such a lunatic to the workhouse, and the Guardians must admit him on such an order. The anomaly is that, under the second clause, the Guardians are empowered to refuse admission when there is no suitable accommodation, and by the third they are bound to receive a lunatic whether the accommodation exists or not. The Guardians have applied to the Central Authority, to inform them whether they are compelled to make special provision for lunatics.

STANLEY HOSPITAL, LIVERPOOL.—Lord Derby formally opened, on Tuesday, two new wings to the Stanley Hospital at the north end of Liverpool, to which his lordship presented the land required, together with 1,000*l*. to the general fund of the hospital. In responding to a vote of thanks, Lord Derby complimented the committee on the excellent sanitary and other arrangements of the institution. Hospitals, he said, rendered most important services to medical science, and in that regard all classes of society benefited by them. Of all forms of charity hospitals were the least liable to abuse. No doubt they were often used by those who were able to pay for medical service, but it was an abuse which might be checked in various ways; and in all our large towns there was abundant scope for all forms of medical charity. With regard to the manner in which such institutions were supported, he had been repeatedly struck by the small proportion which the subscribers to charities bore to the whole community, and he feared that too little regard was paid to the class who would gladly, if asked, subscribe small sums. He also deprecated the feeling which induced many not to subscribe at all rather than to figure for less than neighbours might think they ought to give. He concluded by expressing warm interest in an institution so intimately associated with his name and family.

SUGGESTIONS FOR IMPROVING THE STATUS OF THE PROFESSION IN BELGIUM.—Our *confrères* in Belgium are much exercised in their mind, about the increasing numbers of medical men yearly turned out by the universities, and the consequent overcrowding of the profession. A discussion has just taken place during a session of the Central Council of the "Fédération Médicale Belge," at which a report was presented by Dr. De Windt on the subject. At the close of the session a set of suggestions were drawn up, by Dr. Cloquet, for remedying the over-



crowding, and generally improving the status of the profession, amongst which are—(1) The re-establishment of the *examen d'élève universitaire*. (2) The modification of the programme of studies, so, *e.g.*, that only such accessory sciences should be studied as are really important to the medicine. (3) The establishment of courses of medical bibliography, the history of medicine and of dental diseases. (4) The suppression of the surgeon-dentists (*i.e.*, dentists without a medical qualification). (5) The establishment of medical societies with courts of honour, for the reference of disputes between medical men, or between them and their patients. (6) The establishment of a uniform tariff to which all medical men will be bound in honour to conform. (7) The organisation of a uniform service for the treatment of the poor. (8) The organisation of dispensaries or clubs, under the patronage of the State, in factories and amongst *bond fide* working men only.

**PROVINCIAL HEALTH RETURNS.**—From Dr. Sykes' report for the Borough of Portsmouth for 1884, we learn that there were 2,587 deaths, giving a rate of 19.22, which is slightly above that for the previous year. The cause of this mainly appears to be the great prevalence and fatality of measles which carried off 164 victims; this in great measure, and probably with perfect truth, Dr. Sykes attributes to the absurd practice of not including measles amongst the diseases notification of which is compulsory, and the opportunity therefore is never obtained of an early chance of stamping it out. Diarrhoea, too, proved rather fatal, otherwise the year in question was a fairly healthy one. Diphtheria and enteric fever were both unduly prevalent during the year, but did not prove remarkably fatal; they are probably both due to the polluted condition of the soil and the defective sanitary arrangements, which still in great measure exist. Mr. Sergeant's report for Bolton for 1884, discloses an increase in the death-rate, the total number having been 2,615, giving a rate of 24.0 per 1,000. Diarrhoea amongst the infants and pulmonary affections amongst the aged were the chief causes of the increased mortality. During the first half of the year there were 7 deaths from measles and in the last half 104. The other zymotic diseases did not give much trouble: of small-pox there were eleven cases, but no deaths; scarlet-fever caused fifteen, and diphtheria only two deaths. The compulsory notification scheme is in operation, and is found to render invaluable assistance in tracing diseases to their origin.

**CONVERSAZIONE AT GUY'S HOSPITAL.**—As usual, the medical session at Guy's Hospital was ushered in by a conversazione, which was attended by rather over three thousand people. The medals and prizes to the successful students were distributed by the Treasurer, at ten o'clock, in the Anatomical Theatre, which was crowded with ladies and gentlemen interested in the prize winners. In the course of his short speech, the Treasurer drew attention to the remarkable successes which Guy's had for some years passed obtained at the various examining bodies. Thus at the Intermediate M.B. Lond. University in July last, twenty-four, or a quarter of the whole number of successful candidates, came from Guy's; and in the honours examination, a quarter of those placed were Guy's men, and out of four exhibitions Guy's obtained two, and the marks qualifying for a third. At the B.S. examination, a third of the successful candidates came from Guy's, and a Guy's man qualified for the Gold Medal at the M.D. At the College of Surgeons, both at the Fellowship and Membership examinations, the percentage of the Guy's men passed was very high. Thus, at the Spring Primary, 37 out of 39 were successful. At the Apothecaries Society, the Surgical Scholarship of 100*l.* and the Silver medal for Botany both fell to Guy's men. After a few remarks from Dr. Wilks, the company returned to that part of the hospital devoted to the conversazione, where the pretty and elaborate electric lighting by Messrs. Woodhouse and Rawson, and the very tasteful decorations by Messrs. Morris and Co., excited universal admiration. Some of the most interesting exhibits were the instruments adapted for applying the electric light to medical purposes; Mr. Wilson Swan kindly exhibiting some of his own inventions. The various collections of microscopical objects was particularly good, Messrs. Gowan and Crook, students

of the hospital, showing some very beautiful bacilli. Messrs. Tooth gave a very fine display of pictures; and Messrs. Coote and Tinney's band was in attendance. The anatomical, comparative anatomy, and pathological museums were lit with the electric light, and in the latter, Dr. Goodhart showed all the pathological specimens added to the museums during the last year. The grounds were illuminated in the same style as the Inventories. All the company seemed to have enjoyed themselves thoroughly, and did not separate until a late hour, each carrying away with him as mementoes a very tasty programme and a leaflet containing an account of the work of Guy's Medical School for the past year.

**UNIVERSITY COLLEGE, LIVERPOOL.**—On Saturday last Lord Derby presided at the inauguration of the new session, and in addressing a full audience, said he need scarcely remind them that one important event of the year was the admission of the College to Victoria University. The effect of that change was that to all residents in or near Liverpool not only is higher education provided at a very moderate cost, but that the education would now bear the stamp of a University degree, the practical value of which to young men having to make their way in a profession they did not require to be told. He believed that as Victoria University became better known the number of its students would continually increase, and its hold upon the support and confidence of the public would be strengthened. He ought, however, to explain, because the matter was one on which misunderstanding was possible, that the union with the Victoria University did not in any way interfere with the independence and self-government of that or any other of the federated colleges. It was in University matters alone that any kind of central control was exercised. In regard to all local action, the college remained absolutely free, and in the decision of University matters each college which was a constituent part of the University enjoyed full and fair representation. After the Principal had made his annual statement, Professor Bradley delivered the inaugural address, in which he treated of the dangers of devotion to specialism in study. Lord Derby said that the address contained a most useful and well-timed warning against the danger to which they were all exposed by the tendencies and surroundings of the time. There was no use in saying they ought not to be specialists. They had got to be specialists if they meant to do anything. No man could now, like Bacon 300 years ago, take all knowledge to be his province. In these days the intellectual world was too wide for any man even to conceive such an idea. Men must resign themselves to undertake one small piece of work, to give their lives to it, and to be happy that they could succeed in doing even that thoroughly, remembering that after all each one was only a unit among some hundred millions who inhabited the surface of the globe. But it was just because they must be specialists in practice that they were bound to counteract the consequent tendency to narrowness by an enlightened appreciation of what other men were doing. That he took to be the practical moral of Professor Bradley's address, not that any of them tried to be a Jack of all trades, for they knew that would not work, but that they should learn to understand enough of pursuits which were not their own to be able heartily and sincerely to recognize the usefulness of those pursuits and the eminence of those who had become distinguished in them. His lordship then proceeded to deliver the prizes.

**QUEEN'S COLLEGE, BIRMINGHAM.**—At the annual conversazione last week, the Mayor (Alderman Martineau) after distributing the medical prizes to the successful competitors, reminded the audience that the medical profession in Birmingham had great traditions. It was a profession which had always held a high position in the community of Birmingham, and in whose roll were inscribed many honoured names—last, but not least, the name of him whose death they had lately had to deplore—Dr. Heslop. The medical profession gave a great deal of time for the benefit of the public. Many of them also moved in a wider sphere and gave useful service to the public outside their profession. In the public life of Birmingham an infusion of educated professional men had been of the



greatest possible benefit to the public service. He thought that the medical man should be above all and to the last a man of open mind, not running after new fashions and vague fancies, but ready to receive the new facts which came up from time to time, and to apply the principles of his science to them, and not be precluded by any ancient prejudice from taking new impressions. Dr. Sawyer, president of the Clinical Board, presented the clinical prizes and explained that, as president of the Clinical Board, he occupied a representative position with regard to the General and the Queen's Hospitals, which at present were happily united for purposes of clinical instruction. This union had been found in the past to conduce very much to the efficiency of clinical teaching in the town, and they trusted that the union might long continue. In addition to the prizes he had just distributed, prizes still more valuable had been awarded for clinical work—namely, resident appointments at the hospitals. Having expressed deep regret at the absence of his predecessor in office, Dr. Russell, whose serious illness was deplored throughout the medical profession, Dr. Sawyer congratulated the College upon the very substantial improvements and reforms that had been effected during the past year. He and his colleagues on the Council were deeply conscious that many improvements would have to be effected in the College yet before they could feel satisfied that they had placed it in its due position with regard to medical education. But they could point with pride to the improvements effected during the past year, more especially the improvements in their anatomical museum, which now contained a series of preparations and anatomical specimens unsurpassed in any museum in the country. Another great improvement had been accomplished in the election of a professor of pathology, with the special duty, scarcely fully recognised before, of demonstrating histriological subjects. They had also associated the College with the Birmingham Borough Lunatic Asylum, where their students might obtain knowledge the importance of which they would fully appreciate afterwards in practice. Mr. A. F. Clay, at the invitation of the Warden, stated that when Dr. Russell resigned the onerous duties of senior physician of the General Hospital, a Committee was formed to present to him a testimonial in the shape of an illuminated address. So well did the proposal commend itself that 109 past and present students of the College immediately subscribed to the fund. Having read letters from gentlemen who had subscribed to the testimonial, in which were expressions of the highest esteem for Dr. Russell, and of great gratitude to him for his kindly manner of imparting instruction and encouragement, Mr. Clay said that, though Dr. Russell's serious illness prevented the presentation of the testimonial even privately, the subscribers hoped to do something to perpetuate the name of their most industrious and most kind teacher, towards whom they cherished a feeling which could only be expressed by the word love. Mr. Clay then read a letter which had been dictated by Dr. Russell, and the usual votes of thanks were proposed and carried.

**SALICYLATE OF COCAINE HYPODERMICALLY.**—Salicylate of cocaine has been tried as a hypodermic injection in an obstinate case of trigeminal neuralgia by Max Schneider. It acted marvellously well; 0.4 gramme was injected under the skin of the cheek. This was repeated several times, and almost entirely relieved the pain and the distressing insomnia. Galvanism completed the cure.

**COCCUS OF VAGINITIS IN CHILDREN.**—A Hungarian physician has examined the vaginal secretions of a number of little girls who were suffering from all kinds of chronic diseases in a children's hospital, with the result that the coccus which existed in all was, according to the observer, identical with Neisser's gonococcus, and with that found in vaginal blenorrhœa.

**UTERINE SURGERY IN SPAIN.**—Seventeen myomatous tumours have lately been excised together with the uterus and left ovary, fallopian tube and lateral ligament, by Dr. Don M. C. Sabater, of Madrid. The patient did well. The total weight of the mass removed was 4 kilogrammes 480 grammes; the largest of the tumours weighing 3 kilogrammes 100 grammes, and measuring 25 × 20 × 21 centim.

**INOCULATION OF YELLOW FEVER BY MOSQUITOS.**—A Cuban physician has been successful in inoculating healthy persons with yellow fever. His plan is to make a mosquito which has recently stung a patient from the second to the sixth day of the disease to sting the person who wishes to be inoculated. A priest who had been inoculated and whose temperature was taken daily was found on the eighth day to be suffering from cephalalgic pain in the chest and fever, 38.2° C. In the evening he was worse, was covered with perspiration and had bloodshot conjunctivæ, the temperature being 39.1° C.; vomiting occurred during the night. He continued in much the same condition till the fourth day of fever, and when the colour of the eyes was decidedly icteric, the urine contained biliverdine and a little blood exuded from the gums on pressure. The pain had now ceased. The next day the patient was restless and the urine contained a trace of albumen. Both these symptoms disappeared on the sixth day, and on the seventh the temperature became normal. When two mosquitos were employed the symptoms were rather more severe, and lasted longer than when only one was used. The experiments were not always successful, four cases out of eleven being unaffected.

**THE SANITARY COMMISSION DURING THE WAR OF THE AMERICAN REBELLION.**—Mrs. Livermore, during some lectures which she had been delivering at Boston (*Medical Journal*, September 17) on the War of the Rebellion, referred to the immense benefits conferred upon the combatants by the exertions of the Sanitary Commission which was spontaneously formed on a large scale to meet the wants of soldiers beyond those supplied by the Government. It began its work with the permission of the National Government, but without any active co-operation until it had proved its ability to fulfil the objects it had been organised for effecting. She described the arrangements for distributing refreshments to troops in transit; the lodges, forty or more in number, which were in fact free hotels, open day and night to every soldier passing on furlough, and which on the average entertained 2,300 soldiers each night; and the hospital stores collected and forwarded. No army started for battle without a superintendent of the Commission, and a company of agents, men and women, and waggons packed with sanitary stores. No distinction was made between blue and grey uniforms, confederate soldiers being as kindly treated as those of the union. After the battle of Antietam, for instance, there were distributed 28,763 towels, bed-ticks and pillows, 30 barrels of linen bandages, 2,620 cans of condensed milk, 5,000 lbs. of beef, 3,000 bottles of wine, several tons of lemons, crackers, tea and sugar. The estimated value of the sanitary stores thus distributed during the war was 15,000,000 dollars, and the total amount raised and expended in the work of the Commission was 47,000,000 dollars.

**AN ILLEGAL MEDICAL CONTRACT.**—There occurred recently in the Michigan Supreme Court a curious case, wherein the validity of an agreement between a physician and his patient as against a railway company was in question. The physician, it appears, had agreed to accompany his patient, who had been injured by the defendant's cars, and explain to the lawyers and physicians employed by the company the character and extent of the injuries, he receiving as compensation an amount determined by the sum awarded as damages. This agreement the Court held to be illegal and void, though not on the ground that the injured man got more than he ought to receive. The Court decided the matter on entirely different grounds, which are fairly expressed by the following extracts from the judgment:—"He puts himself in a position where both parties are expected to rely on him and to act on what he says. When under such circumstances he makes a disclosure of his knowledge and opinions the subject of a contract, whereby his compensation is to depend upon the amount obtained by his employer by reason of the disclosure, it is plain that he puts himself in a position where it is his interest to exaggerate. . . . And, however honest a man's actual intentions may be, and however faithful he may be, there is a temptation to misrepresent and a direct danger that the misrepresentation will operate



injuriously to the parties dealt with." — *Philadelphia Medical Times*, August 22.

**MEDICAL WORKS IN THE LAW COURTS.**—"The vexed question as to the admissibility of medical books in court," the *Philadelphia Medical Times* (August 22) observes, "frequently comes up for new adjudication and interpretation. The most recent of the cases is found in one of the California courts, where it was held that medical works could not be read by counsel to prove the nature and probable effects of personal injuries. It was claimed that the Common Law rulings had been changed in California by the adoption of a new code, which declared that 'historical works, books of science or art, and published maps and charts, when made by persons indifferent between the parties,' were '*prima facie* evidence of facts of general notoriety or interest,' and the question was whether this legislation made medical books competent evidence. The discussion centred upon what could be termed 'facts of general notoriety and interest,' and whether medical investigation and experience, as recorded in text-books, come under this head. It was decided that they do not; but that such facts 'include the meanings of words and allusions, which may be proved by ordinary dictionaries, and authentic books of general literary history, and facts in the exact sciences founded upon conclusions reached from certain and constant data too intricate to be elucidated by witnesses when on examination.' Thus, mortuary or chronological tables, recognized standards of weights and measures and currency, are admissible. The rule as to medical works is thus stated. 'But medicine is not considered as one of the exact sciences. It is of the character of inductive sciences which are based on data which each successive year may correct or expand, so that what was considered a sound deduction last year may be considered an unsound one this year; and the very book which evidences the induction, if it does not become obsolete, may be altered in material features from edition to edition, so that we cannot tell in citing from even a living author, whether what we read is not something which this very author now rejects.'"

**THE LAST EPISODE OF THE FERRÁN INOCULATIONS FOR CHOLERA.**—Under this heading the *Union Médicale*, October 6, publishes an extract from a communication in the Spanish paper, the *Diario*, of Tarragona, concerning an alarming consequence that has followed the Ferrán inoculations at a small maritime locality called Cambrils, situated between Tarragona and Tortosa. No particulars of the number of inoculations that have been effected are given, but it is asserted that nine of the persons who had undergone inoculation had subsequently been obliged to undergo amputation of one or both arms in order that the gangrene which ensued might be arrested. At the time the communication was made there were two other persons about to undergo the same operation. A complete panic has arisen in the neighbourhood, especially among those who have undergone inoculation.

**CAPSICUM IN HÆMORRHOIDS.**—A case is mentioned by a correspondent of a Peruvian medical journal of a case of bleeding piles cured by capsicum. The patient was a man of 28 years of age. He was much distressed by passing variable quantities of blood after going to stool, and suffered a good deal from anal irritation and tenesmus. No tumour could be detected. He had formerly been in the constant and daily habit of using a violent purgative for ten months, and after he left it off, obstinate constipation followed, and it was under these circumstances that the hæmorrhage commenced. The writer tried all kinds of remedies and regulated the diet without producing any great improvement, and at last was contemplating surgical measures when he happened to mention the case to a hospital physician, who suggested a trial of capsicum, as he had himself been cured of a very obstinate form of chronic dysentery by its means, and he felt sure that it possessed the property of acting on the rectum. This was consequently prescribed with meals, and the doses gradually increased. A marked improvement soon was observed, and at the end of a couple of months a complete cure was effected.

## BIRTH.

At the College, Glasgow, the Wife of PROFESSOR GAIRDNER, M.D., LL.D., a Son, on the 1st instant.

## APPOINTMENTS.

GAYNOR, L.K.Q.C.P.I.—Resident Surgeon to St. Vincent's Hospital.  
HUTCHINSON, EDWARD, C.M. and M.D. Edin.—Medical Officer to the First District and to the Workhouse, Bridlington Union, *vice* Dr. C. F. Hutchinson, resigned.  
JOHNSTON, FRANCIS, M.B., C.M. Univ. Glas.—Senior House Surgeon to the Liverpool Northern Hospital, *vice* W. Horrocks, resigned.  
LAWSON, T. C., M.R.C.S. and L.S.A.—Medical Officer to the Second District, Shaftesbury Union, *vice* Mr. H. Sturard, resigned.  
MILLER, R., M.B., B.Ch., T.C.D.—Junior Assistant Medical Officer to the Sussex County Asylum, Hayward's Heath.  
NEATE, CHARLES PITT WETHERALL, M.R.C.S. Eng., F.R.C.S. and M.R.C.P. Edin.—Medical Officer to the Stilton District, Peterborough Union, *vice* Mr. L. Thelwall, resigned.  
POWELL, J. J., M.B. Lond., M.R.C.S.—Senior Resident Medical Officer at the Royal Free Hospital.  
WASHBOURN, JUN., WILLIAM, M.R.C.S., L.R.C.P.—Medical Officer to the First District, Gloucester Union, *vice* Mr. A. P. Carter, deceased.

## VACANCIES.

OWENS COLLEGE, MANCHESTER.—Professorship of Physiology. Candidates to forward applications and testimonials to the Council of the College, under cover, to the Registrar, not later than Nov. 9th. Further particulars can be obtained on application to the Principal of the College.  
QUEEN'S COLLEGE, GALWAY.—Professorship of Natural Philosophy. (*For particulars, see Advertisement.*)  
ST. OLAVE'S UNION.—Resident Assistant Medical Officer, &c. (*For particulars, see Advertisement.*)  
TAUNTON AND SOMERSET HOSPITAL.—Honorary Physician. Candidates must have taken the degree of Doctor of Medicine, or be Fellows or Members of one of the Royal Colleges of Physicians of London or Edinburgh, or of the King and Queen's College of Physicians in Ireland, and be duly registered under the Medical Acts. Applications, accompanied by qualifications and testimonials to be sent to the Secretary, on or before October 14th.  
THE GREAT NORTHERN CENTRAL HOSPITAL, CALEDONIAN ROAD, LONDON, N.—Surgeon. (*For particulars, see Advertisement.*)  
WESTMINSTER GENERAL DISPENSARY, 9, GERRARD STREET, SOHO.—Resident Medical Officer. Salary, £100 per annum and furnished apartments. Applications, with testimonials to be sent to the Secretary, on or before October 12th.

## DEATHS.

CRANE, J. W., M.D., at Danett House, Leicester, on Sept. 30th, in his 81st year.  
MARKBY, THOMAS, M.R.C.S., L.S.A., at Stanley Villa, Zetland Road, Bristol, on Oct. 4th, aged 47.  
MOGER, ROBERT GEORGE, F.R.C.S., late of Highgate, on Oct. 1st, aged 78.  
MONCKTON, STEPHEN, M.D., F.R.C.P., at Maidstone, on Sept. 30th, aged 61.

## NOTES, QUERIES, AND REPLIES.

### A WAY OF MANAGING THREATENING PILES WITH SOME PROLAPSE OF THE BOWEL.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—There are two objects to be attained: to reduce the frequency of evacuation in order to give rest from straining, and to increase the bulk to be expelled. The daily effort over a few nut-like morsels is the cause of all the mischief. These efforts must be reduced and the bulk at the same time increased, for the expulsion of bulky well-formed fæces is no trouble, whilst that of small lumps is exceedingly difficult, and the great straining required causes the progressive advance of the disease. Thus, the indications are plain: give rest and obtain such a bulk as can be laid hold of by the bowel and expelled without undue force. I have tried this management for the last fifteen months with much advantage. After defecation the bowel should always be neatly returned with the finger, which may be guarded with soft paper.

In this trouble formerly, after the daily evacuation there was always much remaining discomfort: the prolapse, so frequently urged, was never entirely over-gotten, but remained to tease. Now, there is at least one day of complete comfort, the day of non-evacuation. But sometimes the relief may not be perfect on evacuation day, some fulness remaining, more or less, during that day. Possibly this system of treatment may in the long run effect a full cure.

I am, Sir, yours, &c.,

J. E. H.

September, 1885.



## THE BRADLEY FUND.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—Please acknowledge the following contributions in the next issue of your Journal. And as it has been decided to close the subscription list on Monday, the 26th day of October, I shall be glad if those gentlemen who have not already paid their subscriptions, would kindly forward me their cheques as soon as convenient.

I remain, yours faithfully,

RICHARD JEFFREYS.

Eastwood House, Chesterfield, October 7th, 1885.

Mr. Alfred Willett, Mr. Malcolm M. McHardy, each, £2 2s.; Dr. G. C. Dale, Mr. Matthew Hallwright, Dr. Arthur W. Orwin, each, £1 1s.

## COMMUNICATIONS RECEIVED—

Prof. GAIRDNER, Glasgow; Dr. J. SQUIRE, London; Dr. R. J. PYE-SMITH, Sheffield; Dr. HERMAN, London; Dr. WOLFENDEN, London; Dr. BENHAM, London; Mr. FLOWRIGHT, Shrewsbury; Dr. ALLCHIN, London; Mr. RIVINGTON, London; Dr. HEYWOOD SMITH, London; Dr. H. C. FOX, London; Dr. E. SYMES THOMPSON, London; THE ASSISTANT SECRETARY OF THE SOCIETY FOR THE STUDY AND CURE OF INEBRIETY, London; Mr. GEO. WILLIAMS, London; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; THE SECRETARY OF THE MEDICO-CHIRURGICAL SOCIETY, Glasgow; THE REGISTRAR-GENERAL FOR QUEENSLAND, Brisbane; Messrs. HODGE & Co., London; THE HON. SECRETARIES OF THE MEDICAL SOCIETY, London; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; THE ASSISTANT SECRETARY OF THE ROYAL MICROSCOPICAL SOCIETY, London; Mr. POLAND, London; Mr. H. BYLES, Ecclehill; THE HON. SECRETARIES OF THE SOCIETY OF MEDICAL OFFICERS OF HEALTH, London; THE SECRETARY OF THE ARMY MEDICAL SCHOOL, Netley; Mr. H. A. RAWLINS, London; THE HON. SECRETARY OF THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, London; THE REGISTRAR-GENERAL FOR ENGLAND, London; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; Mr. R. JEFFREYS, Chesterfield; Dr. W. H. BROADBENT, London; THE SECRETARY OF THE CHARING CROSS HOSPITAL MEDICAL SCHOOL, London.

## BOOKS RECEIVED—

Suggestions on some Symptoms of Renal Disease and their Management, by Charles W. Purdy, M.D.—Report of the Port of London Sanitary Committee, etc.—Address, by James T. Rudall—Reading Medical Dispensary, Report for 1884—Borough of Portsmouth, Report for 1884—Diseases of the Larynx, by Dr. J. Gottstein, Edited by P. McBride, M.D., F.R.C.P., F.R.S.—Die Diphtheritische Allgemein-Erkrankung und deren Behandlung, von Dr. Ed. Schottin, Dresden—Elements of Pharmacy, Materia Medica, and Therapeutics, Third Edition, by William Whitla, M.D.—A Summary of New Remedies, by Thomas M. Dolan, M.D.—The Diseases of Sedentary and Advanced Life, by J. Milner Fothergill, M.D.—A System of Practical Medicine, by W. Pepper, M.D., LL.D., and Louis Starr, M.D., Vol. III.—The History of Cholera in India from 1862 to 1881, by Deputy Surgeon-General H. W. Bellew, C.S.I.—Westminster Hospital Reports, Vol. I.

## PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—The Hospital Gazette—Revue Médicale—Edinburgh Medical Journal—The Polyclinic—The Analyst—The Western Medical Reporter—The Medical Temperance Journal—The Glasgow Medical Journal—The Birmingham Daily Post, Oct. 3—North Carolina Medical Journal—La Crouica Médica—The Birmingham Medical Review—An Ephemeris of Materia Medica, &c.—The Medical Chronicle—The Lancaster Guardian, Oct. 3—The Veterinarian—The O. N. P. Review—Archives Générales de Médecine.

## HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London

Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guys, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 11 a.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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Mr. Augustus Pepper: Abstract of Introductory Address at St. Mary's Hospital.

Mr. R. J. Pye-Smith: Abstract of Address at the Sheffield School of Medicine.

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# MEDICAL TIMES

AND GAZETTE.

No. 1842 LONDON, SATURDAY, OCTOBER 17, 1885.

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## CLINICAL REMARKS ON PERITONITIS.

### CHRONIC OR SUB-ACUTE PERITONITIS IN THE YOUNG.

By W. T. GAIRDNER, M.D., LL.D.,  
Professor of Medicine in the University of Glasgow.

(Continued from page 426.)

CASE.—*Very well-marked thickening, amounting to tumour of the Great Omentum, gradually resolved in two years, with extremely insignificant symptoms—Crepitus in right pulmonary upper lobe, arising under observation, and persisting during the entire course of treatment with little modification—Symptoms scarcely appreciable, and general health well maintained.*

THE case I have now to mention has been under my observation at different times since May, 1883; and although thus earlier in date than the others already referred to, I have placed it here last in order, because the chief physical facts connected with the abdomen can be more readily explained by recalling these others, than by appealing to anything in Lizzie C.'s own more

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recent history; the last detailed notes of her case, in January and February, 1884, indicating that but for previous observations and the history, it would have been difficult at that time to demonstrate (as to a clinical class) that anything abnormal existed in the abdomen at all. I have, indeed, sent for and seen this girl more than once since that time, but only to satisfy myself as to her condition of quiescence as regards the abdominal disease, and also to observe again certain other facts which you, also, will find very interesting, if you take the trouble to follow the whole narrative continuously; for in no other way can the significance of the individual facts be properly understood. This girl, then, is in a certain sense "cured"; and her cure has lasted, as regards the abdominal disease, for fully two years; but I do not on this account say that she is absolutely, *i.e.*, pathologically as well as clinically, even now in a normal condition; on the contrary, there are certain abnormal facts, not at all obscure, and very rarely absent or difficult to discover, which, even if there were no symptoms at all present, and if there had been no history of prior disease, would necessarily induce great caution in speaking about her as "cured" in the most strict sense of the word. And it is precisely this contrast between the definiteness of the physical signs of disease, and the relative insignificance of the symptoms, that makes me anxious to bring the case under your attention.

Lizzie (or Elizabeth) C. was 9 years of age when she was first brought under my notice on the 7th of May,



1883, on account of a swollen abdomen; which, it may be said quite unreservedly, was at that time her only symptom, and, even after most careful examination and enquiry into the facts, was almost the only thing that could be ascertained about her suggestive of organic disease at all. Now, a swollen abdomen in a child may proceed from many causes, and is often regarded as a very trivial and unimportant disorder, *per se*. I do not say that you will be right in so regarding it; I would rather lead you to be very careful about all such cases, and not to dismiss them in the summary way they are often treated, with a little grey powder or a few doses of castor oil. No case could have been more trivial than that of Lizzie C., if judged by the amount of local uneasiness or of constitutional disturbance; for, from a note extending to more than seven pages in the Hospital Journal (Ward 6, T. pp. 222 *et seq.*), and mostly made by myself in presence of the class within two days of her first admission to the Western Infirmary, we can assure ourselves even now that the most thorough investigation was made at that date, and that neither in respect of complaints, nor in respect of physical and physiognomic signs, was there anything to beget even a suspicion of grave disease, except the physical condition of the abdomen; no hereditary syphilis, no scrofulous indications, no rickets, no chest symptoms of any importance, unless the cicatrices of a very old and obviously artificial eruption which may have pointed to some chest disease in early infancy, treated with antimonial or other ointment, but in the interval of years practically lost sight of and forgotten. She was said to have been always a healthy child, and her appearance confirmed it; she was, indeed, the very picture of health, nay, even of superfluous or "rude" health (as judged by her colour and general appearance) at the time of admission. She herself had first drawn attention to the swelling and hardness in the abdomen, about three months before, and she admitted that she had felt it "slightly sore." Her mother affirmed that, a few days after the swelling was first noticed, the girl was troubled with diarrhoea, at first pretty severe; but this had ceased after a fortnight, under merely dietetic treatment and without medical advice, and it had not recurred. Appetite and digestion, according to her mother's testimony as well as her own, remained unimpaired; and I may add that our experience in the ward tended in all respects to confirm these statements, in respect that her temperatures, carefully taken for weeks together, showed no signs of fever; and her body-weight, by no means apparently deficient even at first, went on increasing after admission.

And yet, with all these facts in her favour, more strongly so, even, than in the case of Jane M. (the first of this series that I placed before you), there was no doubt at all, in Lizzie C.'s case at this time, of the existence of a distinct tumour in the umbilical region, corresponding exactly, both as regards percussion and palpation, with the characters of a thickened great omentum as already detailed to you. The report, which goes into every element of the diagnosis as demonstrated to the class on 9th May, is open to your inspection; and I spare you the details here, simply because there is so much besides in the case to occupy us. The tumour was distinct and palpable, dense to the feel and superficially dull all over the umbilical region, so that it could not have been either faecal accumulation, or merely inflated intestines. The epigastric, hypogastric, and both iliac regions were comparatively soft and yielding, and quite normal to percussion. There was not, in fact, a single element in the diagnosis of thickening of the great omentum that was wanting in this case, and all the physical signs were present in even a more definite form in Lizzie C. than in any of the others; but there was no

evidence at all of fluid effusion at the time we first saw this girl, nor at any time afterwards. We judged it possible or probable, that there might have been such effusion at an earlier date; but if so (as in the case of Jane M.), it had been absorbed so as to leave no traces to physical diagnosis.

Had this case ended favourably at this point, and without any observations of interest other than those above mentioned, the case would have been mainly a reproduction, or rather an anticipation, of the facts presented to you in Jane M., with some non-essential variations of detail. Had this been so, I should probably have been satisfied with alluding to it briefly as such. But there is much more of clinical instruction in the case than this. The great probability, from the pathological point of view, of such a lesion as existed in Lizzie C. being of tubercular origin led to a more than usually, indeed an anxiously careful exploration of the lungs at the very first examination (May 9th). The result of this was that there was some ambiguity as regards the auscultation and percussion-signs, respectively, of the two apices; but on the whole we thought the right spex showed "a distinct deficiency, both as to quantity and quality, of the R.M., and even, perhaps, a little irregularity amounting to jerking. At the back," the report continues, "percussion of the right apex appears relatively impaired, and here also the R.M. is inferior in fulness to that of the left, but without râle or other alteration in quality." I emphasize one or two points in this report for a reason that will presently appear. Taken by itself, it amounts to a suspicion, but no more, of disease, probably tubercular, in the right apex.

Just a week after this, however (May 16th), I was again examining this patient, after noting carefully her satisfactory condition since admission as to the general symptoms. On this occasion my attention was attracted for the first time by "a fine and slight crepitus, probably of the mucous order, developed in the right apex since the previous careful observation, and audible very distinctly down to the second, and less so down to the third rib, accompanied everywhere by wheezing râles, but of no great intensity." The observations, in other respects, as to the relative fulness of the R. M., &c., on the two sides, were confirmed on this occasion.

I purposely caused a large number of persons to listen to these sounds, because, although it was possible that they might have been merely occasional and transitory, and therefore of no great importance, it was also possible that they might have a bearing on the diagnosis and prognosis of the case as one of tubercular disease both in the abdomen and the chest. The observation being made thus early and thus studiously with reference to this point, was followed up with the more freedom, because the state of the patient admitted easily of frequent examination. She was gaining in weight; she was free from fever and from pain; she had no considerable cough,<sup>1</sup> and no expectoration. Yet from that time onwards I can absolutely affirm that during the whole summer, when she was under daily observation up to the end of September, 1883, there was not a single occasion when the râle above referred to was found absent from the right lung in front, or even very difficult of detection. It had always nearly the same characters—a very fine clicking or crepitant râle, always much more distinct during inspiration, and sometimes only audible with forced inspiration, without any appreciable amount of tubular or other altered quality of the R. M. in the

<sup>1</sup> The precise fact, as noted, May 16th, is as follows:—"The ward sister, on being appealed to, has noticed a short cough without expectoration, but not such as to molest her, or to have attracted the child's own attention; which, therefore, may have been indefinitely present before admission."



right lung; but with, as above stated, a somewhat depreciated relative amount of fulness, and this both at apex and base. It perhaps differed from the crepitus of the early stage of pneumonia, but very slightly so, in being more of a moist character; and certainly much more in its long persistence without other alterations. All this was frequently the subject of clinical commentary, and of very repeated observation, not only by myself and my assistants, but by some of the other physicians of the Western Infirmary, and by occasional strangers. In not one instance did the râle altogether fail to be observed, although its area and its amount both varied. It was chiefly heard over the upper lobe, and never on the left side.

During her residence, on this occasion, of nearly four months, Lizzie C. gained in weight, in all,  $25\frac{1}{2}$  lbs., having been on admission 3 st. 2 lbs., and at her dismissal, 4 st.  $13\frac{1}{2}$  lbs. The condition of the abdomen very notably improved, without its being able to be said that the physical signs mentioned had altogether disappeared. Her cheerfulness, and her sense of well-being, were unimpaired throughout, and no local symptom seemed ever to cause her any uneasiness. Her cheeks were almost preternaturally rosy and fat, and it was only by becoming satisfied of the entire absence of fever that we acquitted her at times of a morbid flush; but I afterwards came to know that this peculiarity, and her altogether exceptionally good physique, had procured her an engagement at a theatre as a subordinate in a pantomime, and were by her mother and all her friends considered to be exactly in accordance with her condition from infancy onwards. I may add, that although partial sweats about the head and face appear once to be mentioned in the report, it was during warm weather, and was not considered, ultimately, to have been a fact of any importance.

Here, then, we have a combination of details, in the case of Lizzie C. which I have given you, so far, in a much condensed form, or abstract, from journals T and U of the female ward, inviting you to refer to these journals for yourselves, in case you should be of opinion that all the evidence of importance is not fully before you. I will merely say here that there is not a single point, in my opinion, in which the evidence of detail bearing on the peritonæal disease was not as carefully recorded, and as faithfully considered in reference to possible fallacies, as in any of the other cases here cited to you, or, as in the case of Jane M. and Mary Jane S., which have been mainly under your own observation. And you are not to suppose for a moment that any of these details are at all new to me, as I may presume some of them are to you.<sup>2</sup> On the contrary, cases of this kind in a general way (though that of Lizzie C. is certainly an exceptional one) have been constantly occurring to me for more than thirty years in hospital and dispensary practice, as well as in consultations among the more affluent classes; and the impressions about them that I wish to leave on your minds might be almost indefinitely illustrated out of the fifty or sixty journals which a decennium of the Western Infirmary has accumulated for our wards, as well as by reference to older experience in the Royal Infirmary here, and in the Edinburgh Royal Infirmary. What I wish to do now, however, is not to generalise prematurely, but rather to place before you the lessons of these four cases, thus successively presented in series, as elements out of which you may learn something more for your-

selves. And it is to press home the lessons of Lizzie C.'s case that I now invite you to read with me more continuously the later reports, made when she could be hardly spoken of as a patient, but rather assent for at my request, in order to take stock (as it were) of her physical condition and progress.

On February 1st, 1884, I sent for this girl (she lives at Paisley, seven miles from this), and in the journal of Ward 6 (v. p. 169), we have a note which, as it is not long, I will quote almost entire:—"Speaking generally, it may be said that all the facts noted last summer are still more or less apparent; the abdomen being soft and elastic, but decidedly abnormal to percussion over the whole omental region; and the true intestinal note (*i.e.*, on superficial percussion) being only procurable towards the hypogastrium. The râle observed in the right apex is still appreciable, and perhaps more clicking and hollow in character, but still not so definitely altered as to suggest any well-marked new physical changes. The mother's account is as follows:—Lizzie complains of nothing, is always light-hearted and fit for all games with her companions, rising at eight in the morning and going to bed at eight in the evening without any appearance of undue languor, sleeps well at night, takes her food well, is never sick, has no diarrhœa and complains of no pain. As regards pulmonary symptoms her mother remarks that she may take a cold occasionally, and did so three weeks ago; and as the result of this a very little cough may be admitted as occasionally audible, but not so as to make the girl herself complain. [See footnote above, indicating exactly the same facts as at date May 16th, 1883.] She has preserved to the full the rosy appearance she had in summer, so much so, that the only question that can be raised is whether it does not incline to lividity. Her mother thinks her decidedly less fat than when dismissed last summer, but she has never noticed any feverishness nor sweating."

Again, on the 11th of October, 1884, I sent for Lizzie C., and on this occasion, and some later ones, much longer and more elaborate reports will be found in Journal X., p. 37, *et seq.*, the substance of which (condensing them very carefully to save repetitions, but omitting nothing essential) I will now endeavour to convey to you.

It appears that Lizzie C. suffered somewhat from headaches during the autumn of 1884; and as they disturbed her sleep she was on this account withdrawn from school in September, and put under medical treatment. There was, however, no uneasiness as regards the chest or abdomen, till the beginning of October, when she complained of pain in her right side, and on strict enquiry it appears she was possibly a little short in the breathing, but it was by no means a prominent symptom, and in the main, her mother adheres to the report made on February 1st (see above). She may have been a little feverish with the headaches, but otherwise there was no evidence of any constitutional disturbance. The physical facts were exactly as before, with the exception (which, however, was in exact accordance with the observation of May 16th, 1883) of a certain amount of distinctly wheezing râles audible on the right side. (It was presumed that these were on this occasion of recent origin.)

On the 11th October, 1884, Lizzie C. was found to weigh 5 st.  $2\frac{1}{2}$  lbs., as against 3 st. 2 lbs. at our first observation of her in May, 1883, and 4 st.  $13\frac{1}{2}$  lbs., at her dismissal in September; so that although she had not lost weight (but in fact gained about 3 lbs. between September, 1883, and October, 1884), it might be fairly maintained that there had been either an absolute or a relative loss of weight during some portion of the latter period, corresponding, in all

<sup>2</sup> Although in teaching clinically, I usually make but little reference to authorities, in dealing with demonstrable facts, it would be easy to show that in most of the text books the diagnostic characters and significance of thickening of the great omentum have been strangely overlooked; although the mere anatomical fact has long been known. Hence the prominence given to these points in the preceding papers.



probability, with the illness above mentioned. It was, however, by no means very apparent to even a professional eye, that she was notably thinner or less in good health than on previous visits.

On January 5th, 1885, this girl was readmitted at her mother's request, chiefly on account of a "shortness of breath," with wheezing, especially at night. At this time she had gained 3 lbs. in weight since October, and looked certainly to my eye as well as ever (as a somewhat critical note made the next day informs me); the trace of "lividity" above incidentally alluded to being discounted (as it were) in consideration of previous knowledge of her appearance. The pulse was 80, regular, and of fair strength. The respiration barely 16 in the minute, and absolutely tranquil. Apart from the mother's statement, there was nothing to lead to any apprehension of renewed chest disease. It was, however, ascertained more fully than previously that Lizzie's father died of something that was called "bronchitis with inflammation of the windpipe" at the age of 30. He was a very intemperate man. Her mother also thought that there were traces, at least, of bronchial affections in the family.

The abdomen was found to have a maximum circumference at this time of  $24\frac{1}{2}$  inches, *i.e.*, one-and-a-half inches less than at the time of first admission, and almost four inches less than the absolute maximum noted on 28th August, 1883. Allowing for the developmental growth and improved condition of the child generally, this was considered a highly satisfactory note, and it was borne out in detail by a most critical estimate of the physical facts, which, as it was practically superseded at a later date by a much more compendious statement with almost identical results, I will not trouble you to read over. The râle, so often previously observed and discussed, was at this date made the object of a formal lesson at the bedside to the clinical class, and in the very ample report framed for the purpose of detailed instruction, and resting on all the previous observations, the following statements emerge: "Dr. G. remarks, with a view to the classification of this râle (1) That during the whole period of its singular permanence it has been heard, perhaps not quite exclusively, but always in an immensely preponderating degree, with the inspiration; (2) That while it has at different times and in different degrees suggested so much of the moist quality as to make it impossible to demarcate the râle from the moist râles, there has been no such consistent progress from dry to moist as is implied in Dr. Walshe's description of the dry and moist crackling rhonchi respectively (see 4th edition 'Diseases of the Lungs, &c.' pp. 326-330, therefore, it was argued, there had been no evolution of the phenomena in the direction proper to, and according to Dr. W. eminently characteristic of, the progress of tubercle in the lung towards softening); (3) It appears, both to Dr. G. and Dr. Middleton, that there has been a little (but still only a little), increase in the tubular or bronchial quality of the R. M. in the right apex since the first observation; and this mostly, if not exclusively, in the region of the sterno-clavicular articulation; (4) It is difficult to say whether there has been any change in the percussion since the first observation in May, 1883."

On February 4th of this year we were able to record the results of a renewed daily observation of this case for a month in hospital as showing once more "quite satisfactory progress" in respect of the removal of the slight complaints indicated on her re-admission. "She says she has now no headaches. The pain on the right side is gone, and she appears to be quite unconscious of any wheezing or other notable symptom of pulmonary disease. Appearance perfectly good;

temperatures subnormal, rather than otherwise, but cannot be said to show anything worthy of remark. Apart from the history, there would be no reason at all for anxiety about the patient, or for detaining her in hospital. The abnormal facts in the abdomen are still just perceptible, but with so great an amount of difficulty that in the absence of previous history they would certainly be disregarded. It seems safe to say that the palpation is that of a normal abdomen in a plump, well-nourished child, with a good deal of fat in the abdominal wall. [The percussion still, however, appreciably abnormal.] The circumference is now  $26\frac{1}{3}$  inches, being two inches of increase since she was last admitted on January 6th, but this increase is probably commensurate with an increase in the general bulk of the body; at all events there is nothing whatever to lead one to suppose it abnormal." [The circumference in February, 1885, was in fact just over what was recorded as that of an abnormal or swollen abdomen in May, 1883; the difference being that normal development had taken the place of disease.]

As regards the chest, it was observed on Feb. 4th, 1885, that the same ambiguity which had been noted in May, 1883, existed in the percussion of the two apices. "The well-known râle was again found in the right apex in even a larger and more diffused form than ever before, and, though it is difficult to put into words changes of so extremely slight a character, the râle is certainly more of a moist order, and with larger bubbles than on most previous observations, and this is the more remarkable, as it is only a few days since Dr. G. and Dr. Beveridge, examining together, were struck with the paucity of the râle, and with its being rather difficult to catch, except at some points and on very full inspiration. To day, the râle is distinct at all points down to the third rib, and even occasionally a little below this, but during the examination by the class, it becomes much less abundant and more circumscribed, and is chiefly audible in the sterno-clavicular region. Wheezing is scarcely, if at all, appreciable. [The other characters of the R. M. did not differ from previous examinations, indeed, could not be said to indicate any advance in the disease even as compared with May, 1883.] Sputum has been entirely absent since admission."

On February 7th, this girl was dismissed for the second time, after exactly five weeks residence, greatly improved, and practically well<sup>3</sup>. The whole period of observation and treatment, taken together, in this case may be said to extend over more than two years, and it is likely, I hope, to be much further extended, for I have good hopes now that Lizzie C. may attain to womanhood, or even to mature age; and, having watched her case with so much interest thus far, I shall endeavour, if possible, not to lose sight of her entirely in the future.

*(To be continued.)*

<sup>3</sup> The very last reports of Lizzie C. through her mother, conveyed in a post-card dated August 31, 1885, are perhaps a little less favourable. "She has not slept much for the last fortnight, with pain in her head and breast. The swelling in belly is much about the same. The general health is good. Takes her food very well."

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.—At the quarterly meeting of the governors of Addenbrooke's Hospital, it was announced that the late Master of Jesus College a few days before his death, had presented to the hospital a portrait of Bishop Turton, who was a great benefactor to that institution, bequeathing to the hospital at his death a twelfth part of his residuary estate. The portrait will be placed in the Board-room of the hospital.



## CYCLIC ALBUMINURIA — (ALBUMINURIA IN THE APPARENTLY HEALTHY).<sup>1</sup>

By F. W. PAVY, M.D., F.R.S.,

Senior Physician to Guy's Hospital.

ATTENTION has been recently given to a form of albuminuria which has been spoken of as "albuminuria in the apparently healthy," "physiological albuminuria," "intermittent albuminuria," and by my colleague, Dr. Moxon, in the Guy's Hospital Reports, Vol. XXIII, 3rd series, "Albuminuria in Adolescents." It is important that the albuminuria in question should be distinguished from the ordinary form of albuminuria, as the gravity of the two is diametrically opposed. Several cases have, during the last six years, fallen under my notice, and I have observed in them a character which has served as a ground of distinction, and enabled me to express an opinion at the commencement which has been verified by the advance of time. The character I refer to is the diurnal alteration that takes place in the condition of the urine. Examined at one period of the 24 hours the urine is found to contain, it may be, a large amount of albumen, whilst at other periods there is none, and what is observed one day is repeated with more or less closeness the next. These cases thus have a cyclic character belonging to them, and hence my adoption of the term "cyclic albuminuria" as the heading of this communication. It appears to me an appropriate one to employ for the purpose of classification. The description to be given of what is noticeable is as follows:—In the early morning the urine is free from albumen. Albumen then shows itself, it may be, at 9, 10 or 11 a.m., or not till the early part of the afternoon. After reaching its maximum it declines, and often by the evening it has disappeared. It is rare to find that it has not disappeared by bedtime. The period of diurnal appearance is, without too closely limiting it, pretty uniform for each case. Some days the amount may be observed to fall and then rise again. Also there may be considerable variation in the amount of albumen observed on different days. The condition noticed may go on not only for weeks and months, but even for years. It is not accompanied with any impairment of health, and there are none of the ordinary constitutional indications of the existence of Bright's disease present. In some cases I have noticed that there has been a sharp and unduly forcible cardiac impulse, but the pulse has been soft, and not hard and sustained as in Bright's disease. Such being the history belonging to the albuminuria in question, there is nothing to lead in a direct manner to its recognition, and it is generally in an incidental way that it becomes brought into view. The urine in other respects presents ordinary characters. No casts of tubules are to be observed but frequently oxalate of lime crystals are present.

The age in the cases that have fallen under my notice has varied from 9 to 49. Altogether I have seen 3 cases in children, viz., 1 at 9, 11 and 13. Two were boys, the other a girl.

It is not surprising that the condition should excite grave looks and the shrugging of shoulders on the part of members of the profession which give alarm to the patient, but there is nothing to show from the experience that has yet been gained that it is to be regarded as an early stage of Bright's disease, or that it leads on to anything serious.

The kind of albumen present in several of the cases has not been simply ser-albumen, but a mixture of caseiform or alkali-albumen with ser-albumen.

I do not propose at the present moment to offer any theory in explanation of these cases. Analogous phenomena are, however, noticeable in the case of persons the subjects of the phosphatic diathesis. Here the urine voided may be perfectly bright and clear in the early morning, whilst for a few hours after breakfast it is turbid from the deposition of phosphates, and becomes clear again in the afternoon, and remains so till the following day after breakfast when the same cyclic course of events is repeated. Again, without our being able to account for it by the operation of external influences, a diurnal variation occurs in a regular manner in the temperature of the body. An illustration is here afforded of a physiological cyclic change, and other illustrations showing the tendency in this direction might be adduced.

I will now supply the details of a few cases selected from those which have fallen under my notice.

In the spring of 1881 Mr. O. T., a tall, well-built, well-nourished, healthy-looking young man, 21 years of age, discovered the existence of albumen in his urine. He was engaged in practical chemical work, and was led to examine his own urine when suffering from a temporary attack of lumbar pain. To his dismay he found albumen present, and for some time was in a state of mental distress about it. When the case fell under my observation I desired that specimens of urine passed at different periods of the 24 hours should be brought to me for examination, and recognised the case to be one of the class I am describing. Frequent examinations of the urine were made, and at one time this was done for three weeks on every consecutive day. What was observed was this: The urine passed on rising in the morning was never found to contain albumen. Sometimes as early as 10 or 11 a.m., but at other times not till about 2 p.m., albumen began to be perceptible. On first being found the quantity was slight, but went on increasing till usually about 6 p.m., when the maximum point was reached. It afterwards declined, and usually on going to bed the urine was free from albumen, or if it contained any it was only a trace. Breakfast was taken at 8 a.m., lunch at 2 p.m., and dinner at 6 p.m. Beyond the presence of albumen the urine presented normal characters except that it threw down oxalate of lime crystals. Casts of tubules were never found. There was no constitutional evidence of Bright's disease. The pulse was soft. There was undue cardiac impulse, but it was sharp and not heaving.

Such was the condition existing in 1881, and being desirous of knowing whether it had disappeared or not I wrote in March of the present year, and requested that I might be afforded the opportunity of again examining the urine. I received in reply as follows: "In answer to your request of yesterday I shall be very pleased to do anything I can to be of service to you. For a short time I tested my urine frequently with the same results. I then gave it up, as I found it only led to my getting mentally uneasy, so that for the last three years I have never tested for albumen. I will try and come to see you soon as you request. We are so busy just at present that I am afraid I cannot well get away during business hours. However, I will try one day next week, and, in the meantime will make a few more tests of the urine passed at various periods, and let you know the results when I see you."

On the following week I received a visit from Mr. O. T. He brought with him specimens of urine, and told me he had found that the old condition still

<sup>1</sup> Read in the Section of Medicine at the Annual Meeting of the British Medical Association in Cardiff.



existed in the same form as before, the urine being free from albumen in the morning till about noon, the maximum amount being present between 4 and 6 p.m., and the urine being free again at bed-time, or if not absolutely free only containing a trace. I examined the specimens brought, and the results obtained confirmed this statement, but the afternoon urine contained less albumen than I had noticed previously. This might have been incidental. The bodily health was good in every way. There had been no illness during the four years that had elapsed, and no deviation from the state before observed was perceptible.

I have again procured specimens just previous to the Association Meeting, so as to bring the report of the case up to the present time. The urine passed at 8 a.m., July 20th, was free from albumen; that passed at noon contained a trace; that passed at 5 p.m. a considerable amount, and that on going to bed a trace. The same kind of condition that was before noted, therefore, still exists.

In July, 1883, Mr. T. W. R., 18 years of age, was brought to me by his father with the history that he had recently successfully gone through the examination for a Civil Service appointment in one of the British possessions, and on afterwards presenting himself for medical examination was not passed on account of the presence of albumen in his urine. He had been at Cheltenham College and had been reckoned as one of the healthiest there, engaging freely in the different sports pursued by the students, without the thought having occurred to himself or others that anything wrong existed with him. The urine passed at the time of consultation about the middle of the morning contained a slight amount of albumen. I desired that specimens passed at different periods should be sent for examination, and it was found that the early morning urine was free from albumen, whilst albumen was present in notable amount at 1 p.m., and absent again at bed-time. Examinations were made July 19th and 30th, and August 4th, 8th and 13th. They all agreed in showing the early morning urine to be free from albumen. The amount varied in the early afternoon urine, and by the end of the evening the urine had become free from albumen, or only contained just a perceptible trace. Microscopic examination revealed the presence of oxalate of lime crystals and no casts. The result of this examination was communicated to the authorities in Whitehall, and I was asked to meet the medical advisers (two of the most distinguished members in the profession) of the Board at a time appointed for the candidate to attend. This, as at the previous medical examination, was unfortunately for the candidate in the afternoon, and as was to be anticipated, the urine voided at this time for analysis contained albumen. Had it happened that the medical examination in the first instance had been conducted during the early part of the morning, the candidate would have undoubtedly been passed, for there was nothing against him beyond the condition of the urine that has been described. I expressed and recorded in writing my conviction, from what I had seen of other cases, that the candidate's condition was not to be looked upon in the light of ordinary albuminuria, and that it would not interfere with his continuing in the possession of health and ordinary working power. He was not, however, accepted. He had one more chance left him, which was to go in for the examination again in the following year, which his age just permitted. This he did, and came out in a higher position amongst his competitors than at the previous one. When he afterwards attended to be medically examined, his urine was free from albumen and he was passed. In the previous March it had been examined and was also found free. I have just (July 1st, 1885)

obtained an opportunity of seeing the person and examining the urine. Four specimens were brought derived from what was passed at 7.30 a.m., 1.30 p.m., 5 p.m. and 10.30 p.m. Under ordinary testing they would all be pronounced to be free from albumen, but with scrupulous attention the 1.30 p.m. and 5 p.m. specimens showed just a discoverable impairment of brightness, and the 5 p.m. specimen more so than the other. There had been an uninterrupted enjoyment of good health, and the bodily condition was in every respect satisfactory.

T. F. H., aged 49, consulted me in February, 1882, with the history that he was the subject of albuminuria, and that it had been noticed that albumen was present at one time and not at another. Although his bodily health had not suffered, he had been advised to give up hunting and shooting, and otherwise adopt an invalid mode of life. He had been in the habit of examining his urine himself with heat and nitric acid, and came with the statement that albumen was to be found between breakfast and lunch, but not in the early morning or at bed-time, or if at bed-time only to the extent of a trace. Finding by my own examinations that this statement was correct, I gave a different prognosis from that which had been given to him before, and recommended him to lead a prudent but ordinary mode of life, both as regards exercise and diet. I have watched the progress of this case, and examined the urine from time to time. I notice in my case-book that in June, 1883, all the five specimens brought were free from albumen. The last visit to me was in May of the present year, and again I see the report that no albumen was to be found. The general health was good.

In November, 1881, W. H., aged 19, was brought to me by his local medical attendant on account of the presence of albumen in his urine. He had already been taken to a physician, and the father had been alarmed by being told, in answer to an enquiry about the future employment of his son, that he had no future of any duration to look forward to. Investigation showed that in the early part of the morning the urine was non-albuminous. Soon after breakfast albumen began to be perceptible, and a little later on was more abundant. Usually at bed-time the urine was free from albumen, but sometimes a trace was found. In March, 1882, the condition of the urine was the same. There was no sign of any impairment of health. In December, 1883, I was afforded an opportunity of examining the urine again, and there was then an absence of albumen.

C. M., aged 19, appeared in good health, but albumen had been discovered in his urine when being examined for life assurance. I saw him in consultation in March, 1883, and it had been previously noticed by the medical practitioner that the albumen was not always present. The early morning specimen was free, whilst after breakfast albumen was found.

Last week a gentleman, aged 28, came to me with a letter from a medical practitioner. The letter is dated Liverpool, July 20th, 1885. It runs as follows: "About a week ago I found albumen in the urine of the bearer. The specimen I examined was passed in the evening, he having had a meat tea, and played a few games of lawn tennis. The albumen produced a decided milkiness with picric acid and heat, also with nitric acid, and left a deposit after twelve hours' standing equal to about one-tenth of the urine. The urine was acid; specific gravity 1.025; no sugar. No casts, but a very abundant deposit of octohedral crystals of oxalate of lime. The urine passed the following morning fasting had the merest trace of albumen. In the evening, a few days later, the albumen had returned. I had not examined it in the interim. The following morning, fasting, no albumen,



but after breakfast, consisting of sole and an egg, the albumen had returned in somewhat larger proportion. . . . . So much for the present condition. About four years ago his life was refused by an assurance society. I examined his urine at that time, and found some sugar in it—a very little, but he has heard the assurance medical examiner found albumen. He was treated by my late partner for some months, and you then saw him and found nothing wrong with his urine."

Reference to my case-book shows that this person came to me in 1881 with the history that sugar had been found in his urine. At the time of his visit his urine was free from sugar. I put him upon a test diet for a few days—that is, desired him to partake freely of starchy and saccharine matters—and still finding his urine free from sugar, I told him that he might consider that he was not the subject of diabetes. He has now come to me as the subject of albuminuria, and my own observation shows, as had been noticed by the medical practitioner who sent him to me, that it is only during a part of the 24 hours that his urine contains albumen. The urine passed on rising in the morning of July 24th, was of specific gravity 1,030, with no albumen, and 6.804 per 1,000 of acidity. At 11 a.m. the condition was, specific gravity 1,024, considerable amount of albumen, and acidity 1.701 per 1,000. At 5 p.m., specific gravity 1,031, less albumen, and acidity 6.048 per 1,000. At bed-time, specific gravity 1,023, faint trace of albumen, and acidity 2.520 per 1,000. July 25th, on rising there was again an absence of albumen, the specific gravity was 1,030, and the acidity 6.930 per 1,000. Microscopically, the only abnormal condition discoverable in the several specimens was the presence of oxalate of lime crystals. Such is the information as yet obtained, and upon it I judge the case to fall in the category of those I have been describing. Much to the relief of the patient I expressed this opinion to him. He is of a highly excitable temperament, and was in an exceedingly anxious state about himself. It is curious that he should have come to me first with reference to sugar and now with reference to albumen, and I hope it will turn out that the encouraging terms in which I spoke to him with regard to the latter will prove as well founded as they did with regard to the former.

A case fell under my notice a few months back in which a first impression, based upon a statement of the patient that he was suffering from albuminuria, and that it had been observed that his urine was free from albumen in the early part of the morning, was found on full investigation to be erroneous. It was a case of a gentleman, 48 years of age, with a gouty family history, and a presumption that he himself owed his troubles to gout. Albumen had been discovered in his urine in 1879 when seeking advice from a physician regarding the most suitable Continental watering place to visit. Ever since this time albumen has been known to exist, and, as I have mentioned, the patient came to me with the statement that in the early morning the urine was free from albumen. He was the subject of alarming attacks of what he called faintness of so severe a character as to lead him to think that he was in imminent danger of death from stoppage of the heart. Upon one occasion, when driving in the park, an attack occurred, and he was taken to the house of Dr. Fothergill. I was glad that he fell into the hands of a person so capable of observing the nature of the condition existing, and I learnt from the patient that, notwithstanding the kind of feeling he experienced, his heart was found to be beating forcibly, and he told me Dr. Fothergill had referred the attack to contraction or spasm of the cerebral vessels. I see Dr. Fothergill present, and perhaps he remembers the case. As far as the general condition

was concerned, the symptoms were suggestive of the existence of gouty or granular kidney, but the urine was of normal quantity, colour, and specific gravity, and at its maximum only contained a slight amount of albumen. My own examination confirmed the statement that had been made, except that on scrupulous inspection the existence of a faint trace of albumen was perceptible in the morning urine. The microscope, however, revealed the presence of casts of tubules, and this carried the case at once out of the group I am describing.

In what I have stated about cyclic albuminuria I do not mean to imply that this is the only form of albuminuria which is associated with the apparently healthy state. On the contrary, I am of opinion that albumen may be persistently present, and yet not necessarily mean that a grave condition exists. I have seen cases which have afforded grounds for this conclusion. The subject is one which requires the light of further enquiry to be thrown upon it.

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## CLINICAL LECTURES

### ADDRESSED TO STUDENTS ON THE METHOD AND DATA OF MEDICAL DIAGNOSIS.

By W. H. ALLCHIN, M.B., F.R.C.P.,

Physician to the Westminster Hospital, and Joint Lecturer on the  
- Principles and Practice of Medicine and on Clinical Medicine.

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#### LECTURE I.—INTRODUCTORY.

GENTLEMEN,—You are now entering—many of you for the first time—on that portion of your curriculum which is to immediately fit you for the practice of your profession. The value of the studies which have hitherto engaged your attention is both great and varied. Not only have you acquired thereby a knowledge of the structure and functions of the body, per-versions of which constitute disease, but you have also been trained to observe the facts that anatomy, chemistry, and physiology present, and to appreciate their significance and relationship to each other, and to comprehend the lines along which further advance is being pursued. These same powers of observation and reasoning you must bring with you here into the wards, for the problems that the patient offers are to be followed in the same method that you have elsewhere applied to health. The mention of this word health suggests at the outset one of the many difficulties you will meet with. What is health? what is disease? Where is the line that separates them? are questions you will frequently be putting, half involuntarily, perhaps, to yourselves, and which you will find impossible to supply a complete answer to. Health is a term which we arbitrarily employ to express that condition of the construction and working of the body, which prevails in the majority at any given time, and in which all the functions of life are performed in the completest manner. Very far from a satisfactory definition is this, I admit, but it is the best I can furnish you with, and though not attempting to express any more than you already know, claims, I think you will see, to be consistent with the line which you and I are about to work together on. You should not forget also that this term is a relative one; what may be a normal condition at one period of life may become a grave indication of disease at another. Then, too, there are individuals who offer exceptions to the generally recognised standard both of structure and function who



yet cannot be said to be unhealthy; such idiosyncracies complicate, even if they do not render impossible, any attempt to completely define health. Fortunately, the difficulty does not seriously interfere with us in our work, but nevertheless, I hold it to be desirable to remember that the nearer we do approach to an accurate conception of the normal state, the more precise will be our knowledge of the intimate nature of disease. With no sharp boundary line between the states you have been hitherto engaged in investigating, and that which you are now about to study, you might well ask where you are to begin? Occasionally you will see cases in the wards, and far oftener in private practice, when this query becomes very pertinent, for among the most difficult of the investigations we have to undertake, is to satisfy ourselves that there is nothing the matter with a person who claims to be ill.

Corresponding to the impossibility of defining health is the difficulty of defining disease. To say it is a departure from the healthy standard does not help us much, when we do not exactly know what that standard is; but at the same time if we remember that we mean by disease some perversion of function, slight or great, dependent on some defect of structure, obvious, or as yet with the means at our command irrecongnisable, we shall be at least thinking and speaking in harmony with the currently accepted notions of physiology and pathology; and this whilst we quite accept the fact that between health and disease is a borderland not to be defined.

A case of disease that presents itself to a practical physician offers three aspects for consideration: first, there is its causation, or as we term it the ætiology of the malady. The pursuit of this line of enquiry on anything worthy to be called a scientific basis is a subject of quite recent development. So long as sickness was attributed to the malign influences of demons or to vitiated humours, a sound theory of causation was impossible. But now that we recognise that disease is dependent on some disturbance of those influences, whether intrinsic or extrinsic to the body, in obedience to which living matter liberates its energy, we are enabled to appreciate to a great extent *what* leads to disease, even when we do not know precisely *how* the cause may act. With the knowledge of the determining conditions of disease we are better prepared to prevent it, which is the first object of our art. We enquire into and ascertain as definitely as we can the cause that may have led to the production of a case of illness that comes before us, partly in order to add to our as yet very imperfect knowledge of ætiology, and so far benefit others, and still more particularly for the purpose of removing the cause, if it still exist, or counteracting it if possible—both important factors in the art of treatment. In studying the natural history of disease, its origin and evolution, the knowledge of its causal circumstances seems to be of prime importance. To this end many of our profession devote their entire life and labour, with what brilliant results, in the prevention and diminution of illness, the records of the Registrar-General amply testify.

For the moment I am concerned in telling you that, as a branch of medicine, it is fairly well marked off from that which deals with the detection and treatment of disease, and is pursued for the most part on lines of its own.

Next, not necessarily in order of time, for it is often only towards the end of the investigation or even later, that we are able to satisfy ourselves as to the cause; but next in the sense of another line of enquiry is the all-important one, "What is the matter with the patient?" the forming a diagnosis. This it is which will mainly concern us here. But I cannot too emphatically remind you that it is only a part of what

you have to do, a very important part, but only a part. There is the third aspect of your patient to be considered. Do not forget that you go to him for the purpose of relieving his suffering and curing him of his disease, towards the accomplishment of which diagnosis is only a means. There is a too prevalent notion that a physician's duties end with giving a name to the complaint after a careful and elaborate examination of the patient, but he who stops at this point can scarcely lay claim to the title "healer of the sick," however valuable may be his contributions to theoretic science. It is, I maintain, quite possible to hold this view, that making a diagnosis is but a means towards the end of treatment, and, at the same time, aim at the highest degree of perfection in the diagnosis itself. Being able to treat a patient successfully is not incompatible with the ability to accurately ascertain the nature of his malady. The best physician is he who can do both. You have arrived, if I may say so, at a very impressionable period in your work, when you will hear discussed, and discuss for yourselves, questions and problems which will insensibly tinge many of the views that you may hold through life, and upon which may depend your success, and what is of more importance, your power of doing good. I speak to you, therefore, earnestly on this point, knowing how easily a fatal scepticism in the power of our art may be acquired. I am not proposing at this moment to furnish you with grounds for a firm faith in the remedial efficacy of medicine; I trust that you will obtain them for yourselves in the wards of a hospital, always remembering that of necessity there is a very large proportion of cases which cannot be cured or even relieved, and to base your opinion only on the results here obtained would be manifestly unfair.

Let us now clearly understand what it is we aim at in endeavouring to ascertain what is the matter with a sick person. I think I can best lead you into the position I wish you to assume in regard to the enquiry if I illustrate it by a very simple case. Let us suppose that a man has met with an accident that has produced a simple fracture of one of the bones of his leg. He is brought to the surgeon ignorant of the nature of his injury, but conscious only of pain and an inability to use his leg. The surgeon recognises these two conditions, and seeks by examination of the limb to ascertain what organ—bone, muscle or nerve—it is which has suffered injury, and as a consequence has produced the pain and impaired power of movement. Knowing how the structures of the limb are normally arranged, he soon distinguishes in what way the parts before him are different from the normal, and on completely ascertaining the difference, so adjusts his treatment to allow of repair and cure. The sooner you appreciate the fact that identically the same line of procedure is to be adopted in any case of illness that you are called upon to treat, the sooner will you have acquired the conception of what medical diagnosis really is. It is, in brief, the endeavour to ascertain the structural defect that underlies every indication of impaired function, and the nearer it approaches to a perfect realisation of what the defect is, the more complete is the diagnosis. Let me say at once, that this desirable consummation is rarely attained; were it so, our art would be a perfect one, which it is at present far from being. Dependent as medicine is upon so many other branches of science, neither of them in any way complete, it is impossible that the one which includes the practical application in varying degrees of all should itself be perfect. In the vast majority of cases we have not the complete anatomical and physiological standard to refer to, such as the surgeon possesses in the case of a single fracture, and consequently so long as our standard of the normal is deficient, so long will uncertainty attend the accurate recognition



of disease. It is here enters the opportunity for difference of opinion so proverbially characteristic of our profession.

If such be our aim, how are we to attain it? what are the means at our command? First, you possess a foundation of anatomy and physiology, imperfect though it be, with which you will contrast, so far as you can, the abnormal appearances of structure and manifestations of function that you will meet with in the wards. There, also, you are acquiring simultaneously with your clinical work, either from your text books or your lectures, what is known as a systematic knowledge of disease — the classical standard collated from the records of many cases by many minds. To the standard so prepared we are in the habit of referring every case that comes before us, recognising the characteristics of agreement and distinguishing the points in which they differ. The value of this standard knowledge is undoubtedly great, but it is liable in some hands to be over-estimated, and to constitute subsequently the greater part of the mental stock-in-trade of the young practitioner who is discouraged at finding, when he is thrown on his own resources, that the maladies he is called on to recognise and treat do not conform to the easily comprehended cut-and-dried description that his book has led him to think he ought to meet with. For every so-called typical case that agrees in the main points with the description laid down, you will meet many that offer exceptions on few or many points, and nothing could be more fatal to your real progress than attempting to make such cases agree with the standard by slurring over or neglecting these exceptional features. Rarely, indeed, are two cases of disease absolutely identical in every particular, any more than are the individuals who are the subjects of the complaints.

Provided, then, with systematic information, you approach the individual case in the spirit of an impartial enquirer into the evidence that it presents. It now becomes your duty to obtain this evidence, to weigh and estimate its value, and to draw conclusions from it, thus forming your judgment or diagnosis. It is desirable to keep these three stages distinct, for very different attitudes of mind are involved in their performance, and unless careful, you are very apt to draw hasty and erroneous inferences to the impairment of your diagnosis and the detriment of your patient.

The evidences of disease that a patient offers are of two kinds. There are those which you recognise by means of your senses, sight, hearing, touch, smell, and taste—often called the objective signs. And there are the subjective symptoms, for the ascertaining of which you are dependent on the patient's own account. It is easy to see that the value of the results obtained may be very different: in the former case the accuracy of your information entirely depends upon yourself, on your own powers of observation, that is, of recognising what is before you, and of the skill with which you employ each of your senses with the help of such aids as the microscope, stethoscope, thermometer, &c.; on the other hand, you are at the mercy of the patient, whose power of either appreciating or explaining his own sensations is liable in most cases to be very imperfect. Partly by judicious questioning, partly by the orderly employment of your eyes, fingers, and ears, you will obtain from your patient a number of data which you connect together and form a judgment upon: as you come to acquire experience, you will, in many cases, almost surely perform these operations nearly simultaneously, but I strongly advise you at first not to attempt to piece the facts together to make a diagnosis until you have all the evidence you can get before you. As I have told you, different mental efforts are required, and by proceeding carefully you will be less likely to fall into the

error of making up your mind what the nature of the malady is that may be before you, and then squaring the signs and symptoms of the patient with your preconceived judgment. I am most desirous you should cultivate the habit of proceeding slowly and step by step; by so doing you will avoid many mistakes, and will thereby possess yourselves of the caution that is attached to real knowledge, as opposed to the timidity or rashness which a conscious ignorance begets.

Again I say, do not mistake me in supposing even by the most careful adherence to these or any rules, or the most skilful observations, that you will be able to form a complete diagnosis in every case that you meet with.

Often you will come across cases which are most obscure, that is, cases where either from a most imperfect history of previous condition or from inability to give any clear account of their own symptoms, or from the very nature of the objective signs themselves, or from all these circumstances combined, the arriving at a satisfactory diagnosis is impossible, and it may sometimes even occur that the case may end fatally, and *post-mortem* examination does not clear up the difficulty. All this only means an imperfection in our means and method of finding out, not that the diagnosis is intrinsically impossible. It is at this point that experience comes to be of value; it is able to furnish in reference to any given case not only accurately induced conclusions, drawn from the study of other cases, but also to supply certain empirical information the reasons for which are not so apparent, but which in the course of time, and by comparing one with another, may become transferred into the category of positive knowledge, incidentally in the progress adding to our pathological conceptions, and perhaps even those of physiology as well.

So far, then, as diagnosis is concerned, your work will at first consist in obtaining as complete a record as possible of your patient's state and progress, which is known as "case taking," and I propose to occupy your time by systematically enumerating the various heads of information that you are to enquire into, what questions you are to ask and how you should put them, and explaining to you the significance and value of the answers you obtain show you how to form a conclusion on the evidence you have collected.

Such a course must at once appear to you as being extremely formal, and herein lies the objection urged by many against the insistence of a too detailed scheme as being artificially precise and failing to take account of the numerous exceptions in dealing with which the student requires help. Doubtless the objection would be valid if the student were to become a slave of the scheme, instead of recognising that it is but a means for his obtaining the information he desires. Without a guide of some kind every case becomes an exception, and in the labyrinth of isolated cases the student loses his way and lapses into a vague and loose habit of thought and expression, most dangerous to the efficiency of a practical physician. I will admit, however, that here and there a student's previous training or natural disposition unfits him to accept with advantage a detailed scheme prepared for him, and yet may succeed in a path of his own choosing. But I believe such are rare exceptions, and in dealing with the majority I would counsel the acceptance of a plan as complete and precise as it may be made, reserving to yourselves the right to modify such scheme in your own way as future experience may suggest. There will be time enough for you to investigate exceptions when you have acquired a knowledge of the general course of disease. It may further be asked whether such a plan as I am about to give you is needful to be applied to all cases. Surely it may be said that there are many examples of disease, the nature



of which may be arrived at without the elaborate enquiry that my plan lays down. To such I would reply that, no doubt, so far as being able to give a name to many cases of illness that present themselves, a few questions and a very partial examination may suffice; but there is something else needful. The investigation of every sick person offers the opportunity of adding to our knowledge of the causation, the pathology and the symptomatology of the disease in question; and by carefully proceeding according to a definite plan, new features and facts come to be accumulated, and so far contribute to the natural history of the malady. Many a point, the significance of which is in no way apparent at first, becomes full of meaning in relation to other symptoms when noticed repeatedly. The more perfect your record of your case on every point, the more valuable does it become as a contribution to the completion of the classical standard and to determining the pathological alliance with other states. I shall propose to indicate to you what details you may, without impropriety, neglect, but, as a rule, it is safer to be too full than too meagre.

Again, I would say that the frequent repetition of thoroughgoing procedures engenders a habit that subsequently is often of great use, especially on those occasions when you may be called on to examine presumably healthy subjects for life assurance, for the services, and the like, when a hap-hazard investigation without order or system is likely to lead to many important points being overlooked. If, in my remarks, I appear to be too definite and positive, I beg you to remember that I am so, since I believe that such a position is the soundest for a teacher to assume. I am perfectly conscious that there are many exceptions to what I shall refer to as general rules, but I hold that the study of these exceptions should come later in your work, when you have already possessed yourselves of some positive knowledge.

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## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

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### ABERDEEN CHILDREN'S HOSPITAL.

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#### CASE OF SARCOMA OF CEREBELLUM.

By A. MACGREGOR, M.D.,

Assistant Physician to the Hospital.

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A. E., aged 11 years, was first brought to the Aberdeen Hospital for Sick Children early in May as an out-patient to get advice for frequent sudden attacks of vomiting accompanied with severe headache. Apart from these attacks, and not very marked, but increasing weakness, he felt well. The thoracic and abdominal viscera were apparently healthy. No dimness of vision was complained of, yet the ophthalmoscope revealed decided left optic neuritis with large and very tortuous veins. The right fundus was normal. The conclusion came to was that the boy was suffering from some kind of tumour of the cerebellum, and the result proved that this diagnosis was correct.

He was admitted into the hospital on 29th May, when his general condition, except that he was weaker, was much the same as when he was first seen. The left optic neuritis, however, was more marked, the

striated and beautifully mottled disc with the large tortuous veins making a very striking picture. The right fundus now showed the beginnings of similar changes.

*Family History.*—Patient is one of a family of ten, two of whom died of scarlet fever, and one of "water in the head." Father and mother are both alive and healthy, aged 47 and 49 years respectively. The mother is a highly nervous woman. Paternal grandfather at the age of 50 years, and two aunts aged 41 and 18 years respectively, all died of "apoplexy."

*History of Present Illness.*—The symptoms first appeared about six months before admission. The sickness and vomiting came on suddenly without any warning, lasted only a very short time, but were accompanied and followed by very severe headache. He had usually two or three attacks each week. During the first week after admission there was no vomiting and no complaint of headache, but the following week he had a severe attack, and the temperature which before was normal became sub-normal; and while he remained in the hospital the morning temperature was almost invariably 97° F., the evening usually 98°. After this there were at least three attacks in the week, and on one of those days the pulse was 56 per minute and irregular.

On 24th June, slight left facial paralysis was observed, and about this time also there was developed left convergent strabismus, which remained permanent. The eyeballs were evidently being protruded. He was taken home on 30th June. When seen about three weeks later, he was evidently much worse, the eyeballs seemed very prominent, the pupils were widely dilated, he walked with a much feebler step and frequently staggered, but a tendency to fall to one side more than another was not observed.

On 12th August, I found him in bed, lying with his head well thrown back. He complained of severe frontal headache and pain along the back of the head and neck. Pulse 56, pupils widely dilated and no reaction to light. He passed urine in bed, and now required to be supported when walking, having a tendency to fall forward. Vision, tested by reading, seemed normal.

On 20th August, at 5 a.m. he was suddenly seized with sickness, vomiting, and severe headache. The vomiting lasted only a short time, but he gradually became more and more comatose and died that evening.

*Autopsy.*—Permission was granted to examine the head only. The dura mater was nowhere adherent, the convolutions were slightly flattened, the veins and sinuses were distended with dark fluid blood. The brain seemed to lie on a bed of a dirty-yellow coloured fluid, which was also found in the ventricles in considerable quantity. The outer half or more of the left hemisphere of the cerebellum was found to be the seat of, or to have been replaced by, a tumour of a pale fleshy colour. After a week or two in spirit, the tumour measured 2½ inches long, 2 inches across its broadest part, and ½ inch thick; the brain matter proper formed a capsule for it, and it could be easily shelled out everywhere but on its inner side, where it was extending towards the middle line. Under the microscope it was seen to consist chiefly of small round cells and broken up brain elements.

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UNIVERSITY OF ABERDEEN.—The University Court has appointed to be extra-professorial examiners for Graduation in Medicine for one year, the following, viz., Dr. John Alexander, of Glasgow; Dr. J. Maedonald Brown, of Edinburgh; Dr. Alfred H. Carter, of Birmingham; Dr. J. A. McWilliam, of London; Dr. A. D. Leith Napier, of Dunbar; and Dr. Francis Warner, of London.



## APPOINTMENTS FOR THE WEEK.

*Friday, October 16 (this day).*

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 7.30 p.m.—  
Prof. W. H. Corfield, President, Inaugural Address on  
"The History of House Sanitation."

*Monday, October 19.*

MEDICAL SOCIETY OF LONDON, 8.30 p.m.—The President  
(Dr. Ord) will deliver an address on opening the Session.  
Dr. W. H. Broadbent, on "Examples of Syphilitic  
Disease of the Brain and Nervous System."

*Tuesday, October 20.*

PATHOLOGICAL SOCIETY, 8.30 p.m. — Dr. Dickinson,  
"Malignant Tumour connected with Cranial Bones";  
Dr. Payne, "Bacilli from a case of Rhino-Scleroma";  
Dr. Hale White, "Ulceration of Gallstones into Stomach,  
causing Pyloric Obstruction"; Dr. Sainsbury, "Tumour  
from the Base of the Brain containing Skin"; Mr.  
Shield, "Cancer of the Bladder"; Dr. Gulliver, "Mul-  
tiple Hydatids of the Brain"; Mr. Barker, "Primary  
Lympho-Sarcoma of Tonsil"; Mr. Mansell Moullin,  
"Bladder and Rectum six months after Littre's Opera-  
tion for Imperforate Anus"; Mr. Lockwood, "Mal-  
formation of the Heart"; Mr. Eve, "Two cases of  
Sarcoma of the Tongue"; Mr. Alban Doran, "Broad  
Ligament Cyst"; Dr. Lediard, (1) Black Tongue (card),  
(2) Primary Sarcoma of Femoral Glands (card), (3)  
Intercondyloid Fracture of Femur (card); Mr. Shattock,  
Congenital Absence of Fibula (card); Dr. Bruce of  
Edinburgh will exhibit some Pathological Specimens of  
fine sections of Entire Viscera.

*Wednesday, October 21.*

MIDLAND MEDICAL SOCIETY (at Medical Institute, Edmund  
Street, Birmingham), 7.30 p.m.—Annual Meeting for  
Election of Officers.

*Friday, October 23.*

CLINICAL SOCIETY, 8.30 p.m.—Mr. Mayo Robson, "Two  
cases of Cholecystotomy," with remarks; Dr. Edward  
Seaton, "The Characteristic Symptoms of a Febrile epi-  
demic illness at a School"; Dr. Samuel West, "A case  
of Idiopathic Purulent Peritonitis in a child of ten,"  
with Autopsy; Mr. Walter Rivington, "Two cases of  
Ligature of the external Iliac Artery for Femoral An-  
eurysm."

# Medical Times and Gazette.

SATURDAY, OCTOBER 17, 1885.

THERE is little sign in this year's entries of any  
revival in the popularity of the London Medical Schools.  
At ten schools from which we have received returns,  
the aggregate entries of all kinds are this year 744,  
whereas last year the entries at the same ten schools  
amounted to 728! St. Bartholomew's Hospital  
holds its own well, counting 132 full entries against  
125 last year, or a total entry of 148 compared with  
one of 138 in 1884. In these figures, the students  
attending the London University class are not in-  
cluded. The total entry at Guy's hospital has increased  
in yet greater ratio, viz., from 79 in 1884 to 90 this

year. The entry at the London Hospital has fallen off  
by 22, viz., from 129 to 107, though the main decrease  
is in occasional students, the full entries having only  
fallen from 83 to 77. At St. Thomas's Hospital there  
are 89 full entries, an increase of three on last year's  
return; the occasional entries number 24, exactly the  
same as last year. Of the smaller schools the Westmin-  
ster Hospital shows the largest proportional increase,  
having exactly doubled its total entries and more than  
trebled its full entries, a result undoubtedly due to its  
improved facilities for teaching. With its 28 full  
entries and 8 occasional students, it now treads close  
on the heels of St. George's Hospital with its 31 full  
and 6 occasional entries; the full entries last year at  
St. George's were only 24. The full entries at St.  
Mary's Hospital are 52, an increase of nearly 50 per  
cent. on last year's returns; the partial entries, how-  
ever, have fallen from 21 to 15. Charing Cross has  
increased its full entries by six, from 46 last year to  
52 this year; the occasional entries being, last year 12,  
this year, 10. The main loss has fallen on King's  
College and Middlesex, the total entries at the former  
having fallen from 62 to 47, and at the latter from 43  
to 37. So as yet the tide of prosperity has not begun  
to flow.

THE first meeting of the Clinical Society was held  
on Friday, October 9th, a very considerable gathering  
of members being present to inaugurate the work of a  
new session. The new volume of the Society's  
Transactions was, according to the annual custom,  
presented to the meeting, and would appear fully to  
justify the appreciative remarks made by the President  
in so doing. The energetic Secretaries, Dr. Stephen  
Mackenzie and Mr. Godlee, must be congratulated on  
having brought out a work not only much larger, but  
also more complete than any volume that has yet  
emanated from the Clinical Society. An interesting  
account of a case of hæmorrhage from the stomach of  
a newly-born infant was read by Dr. Sawtell. The  
occurrence would appear to be quite unique; the cause  
of the bleeding was discovered after death in the  
presence of numerous minute hæmorrhagic erosions in  
the mucous membrane of the stomach. A discussion  
of more than ordinary importance was raised by a  
paper communicated by Mr. Clement Lucas on the  
treatment of the sac in operating upon cases of  
strangulated umbilical hernia. Mr. Lucas advocated in  
strong and positive terms the advantage of complete  
excision of the sac with the redundant skin about it,  
believing that the sac if left unexcised would become  
a fertile source of future danger. Several surgeons in  
the course of the debate gave an account of their own  
experience of the operation, from which it is satisfac-  
tory to note that a much larger proportion of success  
is obtained at the present time than was ever antici-  
pated in former days. Opinions differed, however, to  
some extent as to excision of the sac. Although the  
method was evidently adopted in most cases, some  
hesitation was expressed by the President and others  
as to its universal adoption as a rule of surgery.  
Another surgical paper involving a broad question  
was read by Mr. Symonds, in which he gave an account  
of a difficult case of hæmorrhage from a lacerated



meningeal artery. Whether in such cases it was better to trephine the skull and search for bleeding points or to proceed at once to ligature of a main vessel would appear by the light of Mr. Symonds' cases, and by two others communicated by Mr Howse, to be decided in favour of the latter method.

THE first meeting of the Session of the University College Medical Society, held on Wednesday, the 14th instant, was rendered notable by an address from Dr. Burdon Sanderson, the late Professor of Physiology, whose re-appearance for the occasion was warmly welcomed. The subject of the address was "The Story of a Life devoted to Science," and the life selected was that of the late Professor Cohnheim. The lecturer first gave an epitome of the events of his career, borrowed from the biography of Külme—how he rose almost from poverty, taking advantage of "the magnificent education Germany offers to her children," studying Anatomy under Kölliker, and Pathology under Virchow, then serving in the Schleswig-Holstein war, with the intention of afterwards practising medicine, when chance intervened, and he was offered and accepted the post of Assistant to Virchow. Thence he was promoted successively to the Professorships of Pathology at Kiel, Breslau, and finally Leipzig, when his health broke down, and he succumbed to the ravages of gout in 1884. His enthusiasm was so great that he said, the very day before his death, that if the cholera came to Leipzig, nothing would prevent his going to the *post-mortem* room, even if he should be carried there. On this illustrative history Professor Sanderson made several noteworthy comments. Borrowing an expression of Külme's, that the leading feature of Cohnheim's life was its distinctly known purpose and regulation according to that purpose, he rendered it "A really good man knows his aim and purpose, and is determined to carry it out constantly." He defined three prominent qualities in Cohnheim's character :—(1) The clear conception of his life's task, or scientific earnestness; though enjoying life and society nothing interfered with it. (2) The very special and characteristic attribute of the scientific mind—incapacity of holding contrary opinions at the same time, or intellectual truthfulness. (3) Independence, which is an outcome of the last. His life's task was to replace Virchow's Cellular Pathology by a doctrine based on the active powers of the corpuscles; and thus he was led to discover the phenomena of "emigration," which "reversed the whole doctrine of inflammation." Besides this, he advanced our knowledge of embolism, venous congestion, the pathological influence of the nervous system, &c.

IN applying the history thus told and analysed, Dr. Sanderson gave some sensible and shrewd advice :—"If any one thinks he has made up his mind to give himself up to scientific enquiry, he would for his part say—'Don't, or, at any rate, think twice about it.' Keep hold of medicine with one hand and science with the other, for medicine does good to others *and* to yourself, while the use of pathology is not recognised. Go on as if to fit yourself thoroughly for practice.

Enter it by the easiest gateway, and do not waste time on academical distinctions. Reside for a time in a hospital, and then you will be in a better position than ever before to decide whether you prefer science or practice. If the former, do not seek a junior hospital appointment, but choose a special subject for study, and after learning the language and the methods adopted, go to the best foreign school for that particular subject. After this, though a scientific career is easier now than formerly, there are very few ways in England of spending life as Cohnheim did. The medical profession does not sufficiently realize its value. Though research scholarships are good, it is bad to be induced to take up science for their sake." The lecture was full of interest, and calculated to arouse enthusiasm; but, with all admiration for the subject serving as illustration, it may be questioned whether it is desirable for us to take him as a model in every respect. The common sense of the profession may after all be right, that it is not good to make too sharp a demarcation between abstract science and practice, or only with very rare exceptions. Would Sydenham, had he lived now, have made it his chief end to watch the life and adventures of a small round cell?

THE first ordinary meeting of the Session of the Liverpool Medical Institution was opened by a few introductory remarks from the President, Dr. Gee. He referred in feeling terms to the death-roll of the past year, containing as it did the names of three old members of the Institution, viz., Drs. Gill and Spratley, and that of his predecessor in the Presidential Chair, Mr. T. Shadford Walker. In a short review of the work done in the previous session, Dr. Gee showed that considerable progress was being made in all the departments of the Society. He recommended the microscopical section especially to the support of the members, and pointed out the benefits resulting from patient microscopic research. After the address the upper suite of rooms was thrown open, and the meeting converted into a *conversazione*. Messrs. Alexander, Greves, Oxley and Parker showed numerous drawings and photographs of disease and injury, and dry and wet specimens of caries of the spine, rheumatoid arthritis and syphilis. Dr. Imlach showed a large uterine tumour just removed, and Mr. Frank T. Paul exhibited a beautiful series of photographs of English and Scottish scenery taken by himself. Specimens of new drugs and instruments were also shown, and the various articles were inspected with much interest by a large assembly. The rooms were decorated with plants and flowers kindly sent by Dr. R. F. Owen, of Tue Brook.

THE Midland Medical Society is evidently in the hands of a very efficient *impressario*. Last year Sir Spencer Wells was persuaded to go down to Birmingham to open its session, and deliver his excellent address on the Revival of Ovariectomy. This year the star whose services have been secured for the opening night on November 11th is Dr. Wilks. The Society numbers nearly 350 members, and will hold its annual meeting on Wednesday next, when the



officers for the session will be elected. Mr. Bartlett will retire from the Presidency, to be succeeded in all probability by Dr. Holmes Joy.

At the Glasgow University, the preliminary examinations closed on Saturday last. They were attended by an exceptionally large number of candidates. At some of the sittings there were not many under 200 present. The professional examinations for degrees commenced on Monday, and will continue till Wednesday, the 21st. For the first (which includes Natural History, Botany and Chemistry) the number of candidates is 165. The names of 115 have been given in for the Second Professional Examination, which embraces Anatomy and Physiology (including Histology); while 71 candidates are this term attempting the third examination—Regional Anatomy, Materia Medica and Pathology. So that the large total of 351 candidates are at present under examination for medical degrees in Glasgow University.

THERE is no game of bodily skill exempt from a liability to certain special forms of injury; a proposition which lawn tennis illustrates with no less fidelity than the rougher exercises of football and cricket. It has dignified with the distinctive title of "lawn-tennis leg" an accident which, when it was a more rare event, had no more popular appellation than rupture of the plantaris tendon. And it has made even non-players quite familiar with another term, "tennis elbow" to wit, the diagnosis, treatment, and doubtful curability of which have exercised the pens of several recent contributors to the daily press. Almost all these communications are couched in a despondent strain, which is even observable, strange to say, in that of a sufferer, who, after several weeks' unsatisfactory use of ordinary remedies, happily bethought him of consulting "a well-known bone-setter." The bone-setter found—as he was morally bound to do—"that the point of a bone in the elbow was broken." Although after a week or two's treatment by fly-blisters, bread and milk poultices, and the sling, "the bone has set," the patient does not yet venture to do more than "hope the elbow will be all right again soon." Such an expression, may, however, be taken as affording antecedent probability of another variety of faith-cure.

No one who has had opportunities of studying cases of this injury can doubt that under the popular designation of "tennis elbow" are included at least two or three different lesions. A consideration of this fact should, in itself, lead patients to consult by preference those who make anatomical knowledge the basis of their diagnosis and treatment in surgical injuries. Dislocation of the pronator radii teres muscle, an accident originally described by Mr. Callender, and one very apt to be produced by the sudden and forcible pronation practised when making a back stroke, used to be distinguished as "lawn-tennis arm." But in popular speech the distinction is not always maintained between this and tennis elbow. The latter injury depends, according to the descrip-

tion given by Dr. Innes, on the constant jarring of the head of the radius against the condyle of the humerus. It is also very apt to occur when, as in serving under-hand with a twist, the radial head is, as it were, repeatedly ground against the humeral and the ulnar articular surfaces, the orbicular ligament being also strained by the specialised tension of all the muscles acting on the joint. Treatment will of course vary with the cause, and may, in a few cases, demand prolonged rest and special precautions on resuming play; but if based on a correct diagnosis, and carried out intelligently, it is very successful. There is no doubt that practitioners at large would do well, in their own interests, to make themselves more thoroughly *au fait* at dealing with these common, but vexatious accidents. Not only will they thus regain the *kudos* which eminent bone-setters may have acquired at their expense, but their patients will be more ready to believe in the cheerful assurance that "the small bone of the elbow"—whatever that may be—is neither "out" nor "broken." It is always well not only to know the truth, but to be able to apply it.

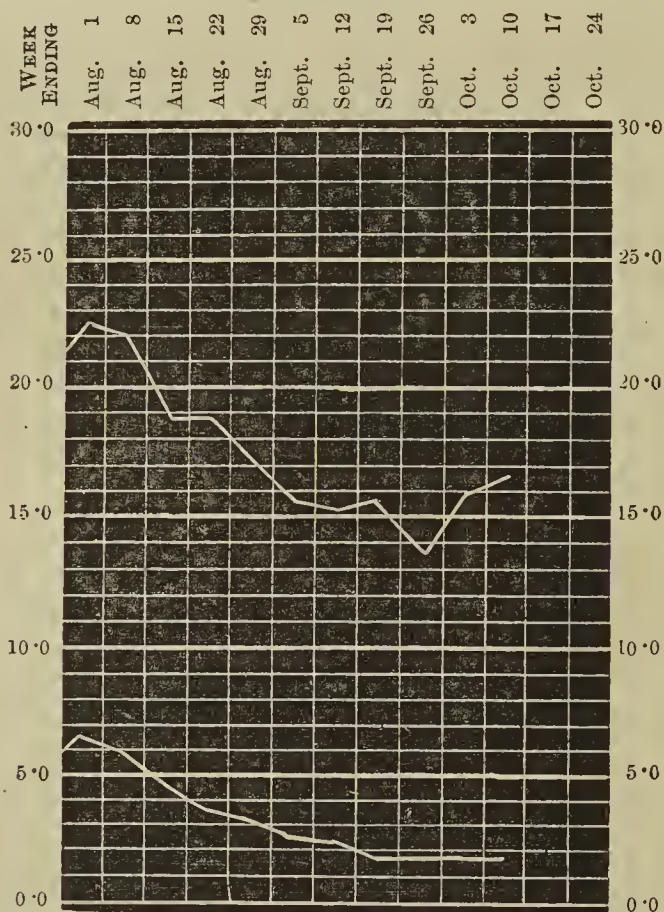
WE see that Dr. Crichton Browne is a candidate for the representation of Hackney, on the London School Board. Even Mr. Fitch would, no doubt, be glad to have Dr. Browne remitted to a position where his inconvenient eloquence would be more or less muzzled. While those who saw in the celebrated report on over-pressure in London Board Schools, a larger grain of truth than Mr. Fitch was pleased to detect, will be ready to admit that the public attention having been sufficiently aroused to a danger, Dr. Browne will be likely to do better work now as a sentinel inside, than as an independent scout outside the official circle. We only wish there were likely to be more doctors on the London School Board.

DURING the week the cholera has shown a slight recrudescence both in Spain and in Sicily. In the former country it has reappeared in the province of Albacete, and the daily deaths have risen from about 100 to 130. Madrid, however, is declared to have been free from the disease for a fortnight, and a solemn *Te Deum* was sung there on this account on Wednesday. According to the statistics of the Board of Health, the first case of cholera in Madrid occurred at the end of April. Between that time and the present month, there have been 1,654 cases and 1,051 deaths. The special Cholera Hospital has been closed during the last week. Observations prove that the death-rate among the patients admitted to it was smaller than among the persons attacked who refused to go to the hospital. Up to the 12th inst., official statistics show that in Spain, there were 266,323 cases and 97,382 deaths. Barcelona, Cadiz, Jaen, and Valladolid are now the only towns with more than ten cases or ten deaths daily. The long-delayed report of the Medical Commission appointed by the Spanish Government to enquire into Dr. Ferrán's inoculations has at length been delivered to the Ministers, and it is said to be unfavourable to Dr. Ferrán's procedure on the score both of its danger and its inefficacy. Towards the end of last week, cholera



broke out on board a Government vessel at Toulon, but we have heard of no further spread of the epidemic at that port. The authorities at various of the Mediterranean health-resorts have written to the English papers to reassure their chief patrons that they need not be deterred from visiting them by fear of cholera. Cannes and Algiers, it is stated, have been entirely free from the disease throughout the year; while the British Consul at Nice feels confident that the disease will entirely disappear from that town as soon as a fall of temperature occurs. The Mansion House Fund for the relief of the Spanish sufferers from cholera slowly grows, but has not yet reached 4,000*l*.

NOTWITHSTANDING a slight rise in the number of deaths in London last week, they were still 146 below the average. Of the zymotic diseases, whooping-cough did most mischief, causing 34 deaths, whilst scarlet fever caused 21, measles 17, diphtheria 14, and enteric fever 12. There were 8 victims to puerperal fever; and 10 (including 5 infants under one year) deaths



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past eleven weeks.

from erysipelas. The mean temperature of the air was 47.6° or 5.2° below the average. The quarterly returns for the third quarter of the year as regards mortality in London have been made up, and give the following as to deaths from zymotic diseases: Measles comes first with a grand total of 610 deaths; next whooping-cough, 541; diphtheria, 237; scarlet fever, 185; enteric fever, 150; and small-pox, 136.

THE careful study which has been carried out in the pages of a contemporary, as to the results of the notification of infectious diseases in those towns in England

and Wales where a compulsory system of notification has been adopted, places beyond the possibility of doubt the great benefits which this system is capable of conferring upon the public health. Why measles and whooping-cough should have always been omitted in the classifications of infectious diseases drawn up for these purposes, we are at a loss to understand, except that it was feared by the supporters of the new scheme, that if they undertook too much at first the whole thing might be a failure, and they therefore omitted the two most prevalent of the infectious diseases as a temporary measure of precaution, to prevent the whole scheme being swamped from a too-extended sphere of action. The general public appear to have taken very kindly to notification, and it has nowhere met with opposition on their part. The profession, as is pretty well known, were strongly in favour of the duty of notification being imposed on the householder or occupier, and not on the medical attendant; but although in all the places into which the scheme has been as yet introduced, the duty of notifying has been practically imposed on the medical man, sometimes in conjunction with the occupier, it is satisfactory to know that it has been loyally carried out by the profession almost without exception. The towns from the statistics of which this study was drawn are thirty-four in number, and comprise about two and a-half million inhabitants, and every year the number of those who are, so to speak, under the protection of compulsory notification, shows a considerable increase. It appears, however, that at some of the towns the results that have been obtained in the way of diminished zymotic disease have not been at all commensurate with what might have been expected judging from the effects of compulsory notification elsewhere. In such towns there would seem to be an impression that notification is in itself sufficient, and accordingly the all-important isolation is left unprovided, and without this it is needless to say notification becomes a mere empty name, powerless to do good, and even doing harm by lulling the townspeople into a false sense of security.

ON Thursday, the 8th inst., Dr. Guy Percival L'Estrange Nugent was elected Physician to the House of Industry Hospitals, Dublin, in succession to the late Dr. Benjamin George MacDowel. Dr. Nugent graduated in Medicine and Surgery in the University of Dublin in 1878. He subsequently became a Demonstrator of Anatomy in the School of Physic, in Ireland, Trinity College, Dublin; and about two years ago he was appointed Assistant Physician and Pathologist to the House of Industry Hospitals in room of Dr. Stewart Woodhouse, now a Medical Inspector of the Local Government Board for Ireland. Dr. Nugent is a Fellow of the Academy of Medicine.

WE would fain hope that the vigorous letter of Lord Sheffield in the *Times* the other day, anent the insanitary state of Newhaven, would bring the powers that be in that hygienically benighted place to their senses. It appears that the sanitary shortcomings of



the town have been the subject of local comment for years past, but that nothing has as yet been done to remedy them. The Local Government Board, in consequence of a report of one of its own officers, requested the Local Board to proceed without delay to construct a proper system of drainage. This the Local Board have flatly refused to do; they are of opinion, in their reply, that this is an inopportune time to commence an extensive system of drainage, and they will wait until the times are better before commencing the undertaking. If the authorities flatter themselves that their town will prosper when it is a matter of common notoriety that its drainage system is unequalled in its defectiveness, it only shows that they are grievously ignorant of public feeling on these matters, and quite unfit for the responsibilities that have been entrusted to them. The only chance of regaining prosperity for their town, would be to have the drains put in the best possible state, and to take good care that it was publicly known that this had been done. Meanwhile, we hope the Local Government Board will show that its recommendations cannot be slighted with impunity by ordering the necessary works to be carried on and paid for by a special compulsory rate. What the sanitary defects are, we gather from the report of the local surveyor, who wrote in August last, that he had examined one hundred houses, and that he found that the sanitary arrangements were faulty and defective in the majority; the drains were foul, the traps ineffectual and in many cases stuffed up with flannel or earth, and often broken; the sinks were connected with the main drain; the ash-pits were without covers, and several were in a state of fermentation. And yet the Local Board do not think the present time opportune for commencing an extensive system of drainage. Do they suppose that the drains will right themselves if only given sufficient time, or are they simply waiting till they are a little worse before applying the only remedy?

THE re-constitution of the Department of Clinical Medicine in the Medical School of Berlin has of late attracted considerable attention, and the arrangements, as finally concluded, give promise of something more than ordinary efficiency. The Chair vacated by the death of Professor von Frerichs has been divided between Professors Leyden and Gerhardt. To each of these Chairs there are now attached four assistants, two of whom are to be occupied with practical clinical work and treatment, and two with scientific investigations only. Amongst the names of those appointed to these offices are several which are already known to the medical world, notably, Dr. A. Fraenkel, Dr. Landgraf, Dr. Brieger, and Dr. Ehrlich. Provision is thus made for the systematic study of clinical medicine in a manner which has rarely been attempted before, and if only sufficient opportunities be afforded for students to learn for themselves as well as to be taught by others, the system cannot fail to bear good fruit in the future. The best clinical teaching in the universe is of little value, however, if the lessons of the classroom are not verified by the student himself at the bedside.

## LONDON UNIVERSITY REFORM.

THE holidays being virtually at an end, the various movements for assuring the higher development and status of education in London again begin to move. The members of the Lower House of the existing University of London have been convoked for the 3rd of November, to take up again the consideration of Lord Justice Fry's scheme of reorganisation, and before the end of the week we shall, in all probability, have learnt something more of the proposal of the Royal Colleges of Physicians and Surgeons to obtain powers for conferring a medical degree. Of the Association for Promoting the Establishment of a Teaching University we have heard little of late, its action being held more or less in suspense until Convocation of the established University has pronounced on the proposals which are before it. It is impossible for anyone to predict what action such a fluctuating body as London Convocation will take. The house which met at the end of July seemed certainly indisposed to swallow Lord Justice Fry's scheme as a whole; the expressed opposition to it was strong, and there was certainly a large majority in favour of further consideration and discussion of the subject. What will be the result of that prolonged consideration we are unable to foretell. On one point, however, Convocation appears to have made up its mind. Both the advocates and the opponents of reform express equal disinclination to promote any lowering in the standard of the London degrees. Whatever happens, we may take it for granted that the medical degrees given by the existing University will continue to represent, as they have hitherto done, the highest practicable amount of medical culture. From this determination, with which we fully accord, two things follow. First, the interests of medical education in London, and of the London medical schools, render it advisable, nay, necessary, that a medical degree should be instituted, which shall be accessible to such London students as would be accepted for graduation at the less rigorous of our British Universities. Secondly, it follows that no scheme for reforming the present University should be accepted which does not give the graduates, as distinguished from the teachers, a much more valid voice in the control of University policy than has been accorded them by Lord Justice Fry's committee.

It is abundantly evident that if the teachers are to have practically the entire management of the University, as the Committee propose, there will be no guarantee for the maintenance of the present high standard of the degrees. On this point the interests of the graduates and of the teachers are likely to be opposed. We do not say that they will be opposed, but it is clear that teachers who feel severely the competition of rival universities may be tempted to use their power in the University to increase the number of their pupils by enlarging the facilities for conferring degrees upon them. And unless their power should be balanced by an adequate representation of the graduates upon the Senate and the Boards of Studies, we very much fear that the almost unanimous desire of the graduates to maintain the standard of the



degrees might come to be disregarded. We may remind our readers that Lord Justice Fry proposes that of the 32 members of the new Senate 18 shall be representatives of the teachers, while the Crown and Convocation shall only have 7 representatives a-piece. Thus the teachers would always have a large working majority on the governing body of the university. On the Boards of Studies, which are intended to form the most influential element in the control of the University examinations, the representation of the graduates would be practically *nil*. We may be certain, however, that Convocation will never ratify a scheme which gives it only one representative on each Board of Studies. We need not here reiterate the arguments by which we supported the principle of giving the laity as distinguished from the teachers a substantial voice in the government of the University (see *Medical Times* for July 18th, 1885). But we are bound to state that mature consideration has not changed our opinion that the one great defect of Lord Justice Fry's scheme, which renders it unworthy of the support of Convocation, is that it places the University bodily in the hands of teachers, many of whom would have no interest in maintaining the prestige of the degrees or the high efficiency of the examinations.

Few will deny that there is a real necessity for re-organising the University of London. Even Dr. W. J. Collins, who, as the Randolph Churchill of Convocation, represents a small group of Tory-Democrat graduates, admitted in his letter to us last week the need for senatorial reform, though he stigmatised the present agitation as a clumsy expression of it. Dr. Collins' expressions are certainly anything but clumsy, but he did not attempt to deal with the real sources of the present discontent with the University. That he conclusively showed the inconveniences attending certain minor innovations introduced by the Senate, mainly at the instigation of the Lower House, we freely admit; and therewith by implication he demonstrated the necessity for a more intelligent control of the examinations. But we have not as yet heard, either from him or from any of his group, any suggestion as to the direction which, in his or their opinion, University reform should take. We regret also to see that no amendment containing any counter proposals to those of Lord Justice Fry is likely to be submitted to Convocation at its next meeting. Shortly after the meeting in July, formal notice was given of certain proposals for the reform of the University, which, in our opinion, were much more worthy of acceptance, and much more likely to be accepted by Convocation, than those of Lord Justice Fry and his committee. They had in view the realisation of the following objects:—(1) An enlargement of the powers directly exercised by Convocation; (2) An increase in the proportion of Senators to be elected by Convocation, and the limitation of the tenure of office in the case of all Senators; (3) The encouragement of mature study and original research among the members of the University, especially by the establishment of University lectureships of limited tenure, in different departments of learning and science; (4) The establishment of a Congregation of the University of London, consisting of (i) the Senate, (ii) members of Convocation (of such

standing and other qualifications as might be determined on), (iii) the examiners and other officers of the University, and (iv) representatives of such institutions in London and the provinces as might be in connection with the University. The last proposal is understood to have been shaped after the model of the Oxford Congregation, so far as a difference of circumstances would allow. We see with some regret that the above carefully considered proposals are not likely to come under consideration at the approaching meeting, for we think that the duty of Convocation would have been greatly lightened if those who object to the scheme of the Committee had thus formulated the broad outlines of the reform which would meet their approval and secure their votes. At any rate, we hope that at its approaching meeting Convocation will show itself determined to come to some final settlement on the question, and will not again postpone its anxiety for the reform of the University to the lower, if more imperious, desire for refreshment.

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#### THE GERMAN EVIDENCE FOR VACCINATION.

IN a previous number we commented, in severe language, on the perversity and dishonesty of those anti-vaccinators who, when asked to explain the "triumphant results" of the German vaccination laws of 1874, refuse to look at the small-pox statistics of subsequent years, and quote the mortality of 1871–2 as proving the uselessness of vaccination, justifying their preposterous argument by alleging, in the face of repeated contradiction, that legislation as stringent had been in force for fifty or more years previously. One thing, however, they cannot deny, viz., that universal revaccination was not compulsory until then, and to it we attribute no small part of these results. Another class of anti-vaccinators, represented by Mr. Dudgeon in his recent letter to the *Times*, assume a somewhat less unreasonable position and one that admits at least of fair discussion. They argue as if London, which is never free from small-pox, and is subject to epidemics recurring every few years, were the type of a well-vaccinated community, and as if Leicester, which has hitherto enjoyed a comparative immunity from small-pox, stood alone among towns of its size in this respect, its freedom being in some way the result of its rejection of the practice of vaccination. To give any logical value to their argument, they ought to be able to show not only that the population is less vaccinated than that of most towns, but that it enjoys an immunity from small-pox greater than that of towns of like size but better vaccinated. This certainly is not the case, for a glance at the annual report of the Registrar-General will show that Leicester stands by no means alone. Nor is the cause to be found in its sanitary condition, for the high mortality from diarrhoea proves that this is far from perfect—indeed, in some respects must be worse than that of some more populous towns. It owes its immunity to its stringent notification of every case, isolation of the patient by removal to hospital, and, what has not been attempted elsewhere, though of more value than all, the practice



of quarantining or secluding in a suitable refuge, all persons who have been exposed to the risk of infection, a course well deserving of imitation.

Bad sanitation alone cannot give rise to a clearly differentiated and specific disease like small-pox any more than dirt can *breed* vermin where none existed before, or defective sewers call rats into being without the intervention of parents. Only indirectly and so far as bad sanitation implies want and overcrowding does it conduce to the propagation of the disease when once introduced. In Germany, since 1874, *really* compulsory vaccination and *revaccination*, not merely paper compulsion, have all but stamped out the disease, and this quite irrespective of sanitation, for the results are no less conspicuous in filthy Breslau and Posen, with their dirty and poverty-stricken semi-Polish population, than in the healthy, wealthy, and in every way model city of Frankfort-on-the-Maine. If vaccination be in-operative and sanitation all in all, how comes it that small-pox has been all but banished from within the borders of the German Empire while the sanitary condition of the great majority of German cities is as yet worse than anything in this country? And how can we explain the striking contrast presented by towns in every other respect similar, but in the one case under German, in the other under Austrian law? Whether it be the stricter and earlier enforcement of infantile vaccination, or the compulsory revaccination on the approach of puberty, we leave our opponents to decide, but we must insist on their recognising and explaining, if they can, the fact that something in the *new* law has effected a change in the prevalence of small-pox simply marvellous.

The anti-vaccinationists sneer at the "forebodings" of the *Lancet*, suggesting that the editor of our contemporary would rejoice to see Leicester decimated by small-pox. We hope, as sincerely as Mr. P. Taylor and his friends do, that such a catastrophe may never occur, but we share the fears of the journal in question. For years the anti-vaccinators of Montreal lived in the same fool's paradise as those of Leicester, but the illusion has at length been rudely dispelled. Nine hundred and ninety-six deaths in one month, or one in

one hundred and twenty of the population, the plague still raging and trade at a complete standstill, constitute a scene the like of which may be repeated nearer home if the small-pox should once evade the repressive regulations of the Leicester authorities. On the question of the dangers attaching to vaccination itself we are open to fair discussion. The point at issue between us and our opponents is one of degree, not of facts. While they maintain that the dangers of syphilitic, erysipelatous, and septic infection are great and inseparable from the operation, we maintain that with the exercise of due precaution in the operation, and care in the selection of the lymph, they may be reduced to proportions utterly insignificant compared with the benefit conferred; while the first-named, which alone can inflict lasting and constitutional injury, can be absolutely avoided by the use of animal lymph. We would have the proved neglect of every possible precaution, when leading to ill results, punished in the severest manner, and calf lymph, liquid as well as dry, brought within the reach of every practitioner, so that any person might insist on its employment. Nay, more, if public feeling rightly or unreasonably required it, we would consent to the performance of vaccination being confined to a select or limited number of practitioners, so that we might have the really compulsory vaccination and revaccination that have proved such a boon to Germany. When we see week after week in the *Veröffentlichungen des Kaiserlichen Gesundheitsamtes* that not a single death has occurred from the Baltic to the Alps, from the Rhine to the Oder, and compare this with the returns from London, Paris, Vienna, Prague, and St. Petersburg, we feel that, setting aside syphilis, which is absolutely preventible, the infinitesimal risk of erysipelas and septicæmia is so far outweighed by the immunity from small-pox conferred by vaccination that we are determined not to let the matter drop until the German law of 1874 has been transferred to our own statute books. In conclusion, we subjoin a table taken from the report of the German Imperial Commission which presents a nut beyond the power of all the anti-vaccinators in the kingdom to crack.

DEATHS FROM SMALL-POX PER 100,000 INHABITANTS IN A NUMBER OF GERMAN AND NON-GERMAN TOWNS.

	1870	1871	1872	1873	1874	1875	1876	1877	1878	1879	1880	1881	1882	1883	
Berlin ...	22.3	632.5	138.6	11.2	2.4	5.1	1.8	0.4	0.7	0.7	0.8	4.7	0.4	0.3	The figures enclosed within the thick line cover the period during which the New Vaccination Laws have been in operation.
Breslau ...	18.8	356.7	282.5	13.7	0.8	0.0	0.0	0.7	1.5	0.3	0.7	1.1	3.2	8.3	
Hamburg ...	25.0	107.5	95.2	0.8	0.5	0.0	1.3	1.2	0.2	0.0	0.0	2.2	0.4	0.0	
Munich ...	0.0	88.9	61.5	2.9	1.0	0.0	0.5	0.0	0.9	0.0	0.0	10.3	2.9	0.0	
Dresden ...	9.0	360.2	85.2	13.1	4.3	2.5	0.5	0.9	0.0	1.3	3.6	2.6	1.3	0.8	
London ...	30.2	242.1	53.8	3.5	1.6	1.3	20.3	70.9	38.3	12.1	12.5	61.9	11.0	3.4	The lower rates in 1873-4 are due to the exhaustion of the susceptible individuals by the preceding epidemic, and were not maintained out of Germany after the births of two years and immigration into great cities had made good the loss of susceptible subjects.
Paris ...	546.2	?	5.5	0.3	2.4	13.6	20.1	6.8	4.4	45.3	108.9	49.4	29.6	20.4	
Vienna ...	46.7	74.9	536.9	223.5	135.2	113.5	167.3	81.0	75.9	46.9	73.5	123.9	108.2	9.6	
Prague ...	?	15.2	?	?	30.0	10.9	78.4	395.7	86.3	84.3	290.1	64.0	57.4	224.8	
Petersburg	?	?	?	?	?	?	?	?	141.9	112.8	21.5	28.1	77.2	46.7	

GENERAL RESULT.—Deaths per 100,000 inhabitants :—

In London, Paris (excluding the year of the War, 1871) and Vienna from 1870—1874 ...	136.3.
In the same, together with Prague and Petersburg (except in the last, 1875-7) from 1875—1883 ...	101.05.
In Berlin, Breslau, Hamburg, Munich, and Dresden from 1870—1874 ...	92.38.
“ “ “ “ “ “ from 1875—1883 ...	1.44.



## REVIEWS AND NOTICES OF BOOKS.

DOCTORS AND DOCTRINES.<sup>1</sup>

THERE is no denying the fact that doctors have not had their due from the biographer. It is scarcely possible to imagine a more interesting or more fruitful subject of biographical study than the lives and work of some of the great leaders of medical thought; to put oneself in their place, as every biographer worth his salt must do, to live as it were in, and amidst the thoughts of, their day, to con the substance and to imbue oneself with the spirit of their writings, and yet not to lose the temper of criticism in that of sympathy or admiration. To live this dual life, to understand as a contemporary and yet to judge as an aftercomer, is given to few; and of those few no one has yet touched the field of medicine, which lies before the future biographer a virgin acre, untrodden as yet except by casual book-makers and writers of articles for encyclopædias. The biographical ideal has undergone a wonderful development in recent years. It is not sufficient now to boil down a few old authorities, to add a sprinkling of extracts from contemporary literature, and to garnish with a brief summary of the views held by the subject of the biography and by a snippet or two of his literary style. The infinite conscientiousness of work, which except as an old and common attribute of genius, we have learnt from the Germans, has become an essential of all biography above book-maker's mark; but that modern English writers have been apt pupils in this respect is clear from the fact, generally admitted, that the best biographies of three of the greatest Germans have been written by Englishmen, only one of them a genius, to wit, Carlyle's Frederick the Great, Lewes's Goethe, and Seeley's Vom Stein. But besides industry in research, we demand in the modern biographer a sympathetic insight into the mind of his subject and a full knowledge of his writings, while last, but by no means least, comes that literary skill which is necessary to convey with pleasure and facility to his reader's mind the ideas that he has himself formed as the result of his labours.

Such being the standard by which every modern reader should, in our view, judge the written lives of great men, we cannot of course award the highest praise to Mr. Bettany's volumes. Probably, however, the author would not elect to offer himself for examination in that standard, and certainly if he did, the extent of the ground which he covers would be against his successfully passing it. Of the biographical studies which we have in view, no man of even extraordinary powers could possibly find force or time to furnish more than a strictly limited number. Mr. Bettany, however, gives us sketches of more than half the doctors of note from Linacre to Mr. Simon, a brief description of whose work appropriately ends the book. With this extension of effort, we are of course prepared to expect little intensity of idea, and the reader must not be disappointed if he misses those illuminating touches which show the hand of the master of his subject and of his art. Still, on the whole, Mr. Bettany has done his work well. He has evidently consulted many authorities, and made a judicious, if ample, use of the gum bottle. His work is well up to date, though that, we fear, in the present instance is a blemish rather than a merit. It is, indeed, a matter for considerable regret that Mr. Bettany has introduced the portrait models of any still living eminences into his show. Apart from the obvious inconveniences of this course, it is a literary anti-climax to lead us up from Harvey to Hunter and Jenner, and

on to Bright and Addison and other giants, only to drop us down and leave us amongst the specialists of to-day. To have dealt only with the dead would no doubt have robbed Mr. Bettany of two of the most fascinating subjects of medical history, antiseptic and abdominal surgery, the chief actors in which are happily still amongst the minority. But the time and space thus saved might with advantage have been applied to making his list of eminent doctors more complete, and his history of medical progress in England more connected. We should like, for instance, to have seen some mention of the founders of the English school of dermatology, Willan and Bateman, who certainly made a greater impress on their special science than Sir Erasmus Wilson, to whom Mr. Bettany gives a full share of pages. We notice too with regret the omission of the older writers on fevers, Currie, Huxham, Clutterbuck, &c., the first of whom certainly has quite as good a claim to the admiration of posterity as Murchison; even Dr. Latham is omitted. Then there is no mention of the great obstetricians, of Smellie, Gooch, Denman and Blundell, the last of whom ought certainly to be gratefully remembered for his work in connection with transfusion. Again, in a work dealing, as Mr. Bettany's does, with the contributions made by English doctors to medical progress, we might surely have expected to find a chapter devoted to "Dr. Alexander Wood and the hypodermic syringe." And if living men are to be admitted to Mr. Bettany's Walhalla, we think it will be generally felt that Dr. West, as the inaugurator of a new era in the treatment of children's diseases, should have been one of the first to obtain entry. The omission to give due credit to our modern pathologists is confessedly due to the author's reluctance to sketch his own colleagues at Guy's Hospital, but a book which omits the highly honoured names of Hutchinson, Wilks, Bristowe, and Moxon, can hardly lay a claim to completeness. After these criticisms, we owe it to Mr. Bettany to express the hope that he may find time to publish an additional volume, making good these regrettable omissions. So far as it goes, his work is good enough to make us desire that it should be complete, so that the English practitioner may have brought before him in a concise form the lessons to be derived from the study of the lives of his great predecessors and exemplars.

It is scarcely necessary to say what these lessons are, so often have they been emphasized by medical speakers. It can hardly, however, be too often reiterated that the one great lesson of all the lives which Mr. Bettany has sketched is the lesson of "hard work." Many, if not most of his models, we are told, rose early, some at three or four in the morning, and were late in taking rest, and the whole of their day was spent in an almost feverish activity. Dr. Stokes said, "My father left me but one legacy, the blessed gift of rising early," and most of those here classed with him as eminent doctors inherited the same legacy. In every case almost, we find the same eagerness for work, the same anxiety to be doing something. Even Sir Henry Holland expressed it in his incapacity for walking slowly. This love of activity, in itself the index of a fine physique, seems to have been in the past an essential to great success in the profession, and it is hardly to be doubted that it is as much an essential now-a-days, when the problems to be solved are far more difficult, while those ambitious to solve them are many times more numerous than in the larger times that are behind us. Sir Dominic Corrigan, reading "The Lives of British Physicians," drew from it the lesson that "there is but one road to excellence and success in our profession, and that is by steady study and hard labour." Sir James Simpson, dying after a life of unwearied activity, sighed, "I wish I had been busier." There are many,

<sup>1</sup> (1) *Eminent Doctors: their Lives and their Work*, by G. T. BETTANY, M.A. (Camb.), B.Sc. (Lond.), F.L.S. Two volumes. London: John Hogg, 1885. (2) *Doctrines of the Circulation*, by J. C. DALTON, M.D. Philadelphia: H. C. Lea's Son & Co., 1884.



no doubt, to whom the lesson is a hard one, because conscious of a physical or moral bar to great activity, they know it excludes them from transcendent success, whatever their other qualifications may be. Still, real success being largely awarded in exact ratio to work done, the lesson of work should not lose its motive force because it warns many that the highest reward is unattainable; or rather, is not the highest reward the consciousness of having worked up to the limit of one's strength and will?

We have coupled Mr. Bettany's volumes with a book of smaller scope, but of higher merit: Dr. Dalton's excellent exposition of the history of the discovery of the circulation. The subject is one which has been dealt with to wearisomeness by English writers and orators, but most of them have confined their attention to the final steps in the process, and have treated it too much from an insular standpoint. No one in this country can wish to minimize the merit of Harvey's work; but Dr. Dalton, by taking us straight back to Hippocrates and showing us the obstacles and uncertainties which impeded the discovery, raises the subject on to a higher plane, at the same time that he gives us a clearer and better view of Harvey's contribution to it. The book is one which bears witness to great faithfulness of research, and as the chief passages from different writers which bear on the subject are quoted in an appendix, we have before us all the data necessary for a judgment as to the general trustworthiness of Dr. Dalton's conclusions. The spectacle of transcendently great men like Vesalius groping in the dark after a fact which now seems to stare us in the face may serve to remind us that posterity may perhaps look with the same wonder on our present gropings. But the ever memorable fact that the secret was yielded up as soon as man left vain speculations and took to interrogating his fellows, living and dead, should strengthen our resolve to fight for freedom of research, while making the most of the freedom we still enjoy.

*The Westminster Hospital Reports*; edited by Dr. DONKIN and Mr. MACNAMARA, Vol. i. London: J. E. Adlard, 1885. It has been of late years so much the fashion to decry hospital reports, and to speak of communications in them as being buried, that we were not a little surprised a month or two ago to hear that another hospital was about to venture on a series. It is true that the societies are more numerous now than formerly, but there are many men who, for various motives, do not bring papers before them, though generally quite willing to give the world the benefit of their thoughts when allowed the opportunity of doing so through the unobtrusive medium of hospital reports. For instance, we will venture to say that very few of the papers in the present volume would have been brought before any of the societies during the forthcoming session, and yet they are all quite worth publishing, and will well repay perusal. The volume begins as is fitting with some account of the Westminster Hospital and School by Mr. Cowell, the Senior Surgeon; as he goes over very much the same ground as in the introductory lecture recently published in full in these columns, we need not further allude to this paper. According, as is usual, precedence to the physicians, we find that the medical papers are more numerous than the surgical. The first, by Dr. Fincham, contains the substance of two clinical lectures on pallor of the skin, and constitutes an excellent summary of the varieties of anæmia considered both in relation to their causation and treatment. Dr. Sturges follows with a paper on the use of hypophosphite of soda in the treatment of "tubercular" inflammation of children. After making due allowance for the fact that it is always difficult to be sure of the diagnosis of tubercle when the patient recovers or improves, it must yet be acknowledged that in the series of cases which Dr. Sturges here records, there were several in which few would have hesitated to attribute the symptoms to tuberculosis. Whether the patient would have equally recovered under other treatment must of course remain a little doubtful, but the beneficial results seemed to follow

so directly on the administration of the hypophosphite that it is the bounden duty of others to give the remedy a fair trial. Dr. Allchin, in his introduction to a course of clinical lectures, endeavours to trace the history of the foundation and gradual development of clinical medicine from remote times down to our own day. The next paper is by Dr. Donkin and is entitled "A Commentary on One Hundred and Five cases of Chorea." These cases all came under the author's personal observation, and were carefully investigated with regard to several definite points; for instance, the question of antecedent rheumatism, whether in the patient or in relations, the nervous antecedents and relationships of the disease, with especial note as to the nearness in point of time of the alleged fright or other shock to the attack, and the heart disturbances of chorea, the nature and duration of murmurs being especially studied. We have not the space to give to a detailed examination of this masterly paper, nor is this the proper place to attempt a criticism of it; we must content ourselves with saying that it is the ablest contribution to the theory of the non-rheumatic origin of chorea that we have met with. Dr. Hughes Bennett summarises the results of his experience in the treatment of epilepsy as being strongly in favour of the use of the bromides, which, even when they do not effect a cure, in a large proportion of cases give considerable relief. Dr. Hebb, in a short paper on quiescent tubercle, recounts some cases in which recovery had taken place after an attack of acute miliary tubercle of the lungs; unfortunately he was not able in any of his cases to determine the probable date of the attack. Turning next to the surgical papers, Mr. Cowell writes on the causes of failure after excision of the hip. He considers that the indication for the operation is the existence of grating in the joint when accompanied either by pain, profuse suppuration, or failure of health. Age is a very important question in regard to the operation. The younger the patient, the better the chances of a good result, and the older the patient, the worse. His most successful cases have been in children from three to six years of age, and he would not advise the operation at all after sixteen. The causes of failure are: (1) the external wound contracts so as to interfere with the drainage from the deeper part of the wound; (2) the limb becomes everted; (3) the limb becomes gradually shortened by the contraction of the muscles inserted into the femur. Mr. Macnamara has a short paper on the radical cure of hernia, in which he describes several successful cases, including one of congenital hernia in an infant of six months old. In regard to congenital hernia, if the parents were able to provide proper trusses, and look after the child, he would not operate before the child was nine years old, but would give it the chance of spontaneous cure; but if the parents were not able to take proper care, then he would operate as soon as the child had got over the period of dentition. The editors record jointly a successful case of nephro-lithotomy. Dr. Potter contributes a short paper on indefinite retention of a blighted ovum. Dr. Hall supplies a report from the throat department, and Dr. Fox does the same for the skin department. One of the most interesting communications is that from Dr. Dupré narrating the share he had in the investigation of the cause of death in the Lamson poisoning case; it forms a valuable appendix to the more elaborate document already published in the "Guy's Hospital Reports" by Dr. Stevenson. Dr. Dupré takes the opportunity to criticise the custom which has sprung up of late years for the Home Secretary to refer the appointment of an expert to the decision of the Presidents of the Colleges of Physicians and Surgeons; he objects to it on the ground that the questions to be decided are almost wholly chemical, and he submits that the President of the Chemical Institute ought to be joined with those of the two royal colleges in the selection of a person to carry on to the investigation. The latter part of the volume is devoted to short notes and cases by Mr. Boyce Barrow, Dr. Sutherland, Mr. Smale, Dr. Syers and others, and contains several valuable reports. On the whole, we would express the great satisfaction we have in welcoming this latest addition to periodical medical literature, and we hope that when next year's volume appears the papers will be of the same stamp, and that the number of subscribers will be doubled.



*Transactions of the Obstetrical Society of London*; Vol. xxvi., for the year 1884. London: Longman, Green & Co., 1885. Pp. 375. — This volume contains sixteen papers, besides descriptions of various specimens exhibited to the society. The longest paper, and the one which excited the most discussion, is by Dr. Graily Hewitt, "On the Severe, or so-called 'Uncontrollable' Vomiting of Pregnancy." This malady, according to Dr. Hewitt, is, like most of those to which women alone are subject, due to displacement or distortion of the uterus. His main arguments in favour of this view are: (1) that in most cases of severe vomiting, flexion, or version, with either incarceration of the uterus in the pelvis, induration of the tissues at the internal os, is present; (2) that the vomiting is often relieved by remedying the abnormal position or shape of the organ. This theory met with but slight acceptance. It was pointed out in the discussion, that anteversion and ante flexion (the displacements which Dr. Hewitt thought the most frequent causes of the vomiting) were so common that some reckoned them among the signs of pregnancy: that incarceration of the uterus in the pelvis as a consequence of anteversion or ante flexion was an impossibility, or at least incomprehensible; and that the relief which Dr. Hewitt found result from treatment of the displacement was neither frequent nor immediate enough to justify his conclusion. Mr. Hopkins Walters, of Reading, describes a remarkable case in which the entire uterus with its appendages was torn away from a patient by a midwife, and the patient recovered. In a very laborious and useful paper, Mr. Walters has collected a large number of cases in which a similar mutilation occurred, and points out their medico-legal bearing. Dr. John Williams, in an able paper on the corroding ulcer of the uterus, gives a full report of three cases of this disease, and discusses its pathology. He suggests that there may be two forms of the malady, one identical with lupus, the other allied to senile gangrene. The paper is the best and fullest account of the disease that has yet been published. Dr. Williams also contributes two smaller papers, one on a peculiar wart of the umbilicus, the other on the involution of the puerperal uterus in the absence of the ovaries. Dr. Matthews Duncan contributes a paper on foetal revolutions, and, in conjunction with Mr. J. B. Hurry, one on retroflexions of the pelvis. The former deals with the mechanism of labour, the latter with teratology. Dr. Playfair relates a case of recovery after thrombosis of the pulmonary artery; and Mr. E. S. Tait publishes an unpretending but useful paper on puerperal temperatures. Amongst other points, he brings forward evidence to show that pyrexia of short duration in the puerperal state may be produced simply by emotional disturbance. Dr. Arthur Mitchell expresses his conviction that emotional disturbance in the mother during gestation may be a factor in the production of idiocy in the offspring; and Dr. Kilner urges the benefits to be derived from the use of the induced current during parturition; but, in the case of both papers, the evidence brought forward is far from satisfactory. Mr. Doran publishes two pedigrees exemplifying a relationship which he believes to exist between prolapse of the uterus and hernia. Dr. Mathieson, of Ontario, relates a remarkable case of extra-uterine gestation in which, contrary to rule, he removed the placenta, checking hæmorrhage as he did so, by the application of a swab of perchloride of iron solution; and the patient did well. It will be thus seen that the volume contains no lack of interesting matter, and some papers which are substantial additions to our knowledge.

## ABSTRACTS AND EXTRACTS.

EXTERNAL TREATMENT OF ECZEMA AND PSORIASIS.—In some recent clinical lectures at the Hôpital St. Louis (*Gazette des Hôpitaux*, Nos. 85 and 88), M. Guibout gave an account of the external treatment of eczema and psoriasis. (1) *Eczema*: This, he observes, is the most frequent form of herpetic disease. It is essentially of an

inflammatory nature, and must, in its acute stage, be treated only by antiphlogistics and emollients. In that stage all ointments, even the most anodyne, must be avoided, owing to their liability to ferment and increase irritation, and for the same reason linseed poultices must be prohibited. So also cold baths, and alkaline and sulphurous baths, do mischief, and patients should not be sent to sea-water baths or for the employment of mineral waters, which may irritate either by their high temperature, their chemical composition, or their high degree of salinity. In fact, almost all mineral waters are dangerous in eczema, and it is only when the disease is on the decline that even the mildest can be safely applied. Those of St. Gervais being very mild are nearly the only waters which M. Guibout prescribes in sub-acute eczema. In the chronic form, the stimulant mineral waters may be used with advantage, but with caution. As emollient applications, cataplasms of well-cooked potatoe starch reduced to a jelly and very moist, may be applied three times in the 24 hours, or tepid bran baths or starched water, the starch being prepared beforehand, so as to be readily incorporated with the water. Lotions, when used, should always be tepid, never cold, and all objects of irritation must be carefully removed from contact with the skin. Additional difficulty occurs in treating eczema, when it occupies any hairy region of the body, owing to the increased irritation produced there, and the difficulty of applying emollients. As long as the disease lasts, therefore, the hairs of these parts must be kept cut short. When the genital region is attacked, the horizontal posture with immobility must be observed, care being taken that the diseased parts do not come into contact and are covered with cataplasms. Eczema of the lower extremities can never be cured, unless the parts are kept in a horizontal or somewhat raised position, motionless, and unimpeded by ligatures of any kind. The patient, in fact, should keep his bed, for if the limbs are allowed to be pendant, the eczema is never cured, while the parts become disorganized. When the eczema occupies the greater part of the trunk, or even the whole body, cataplasms are not available, and then we should have recourse to vulcanized caoutchouc, applied directly to the affected parts. This preserves them from all irritating contact, and keeps them at a uniform temperature, and as it were in a constant bath, owing to the impeded evaporation. Complete articles of clothing of this kind are made. They should be changed every 24 hours, washed in bran water, and exposed to the air until wanted next day. In the absence of the caoutchouc, the diseased surfaces may be painted several times a day with a liniment, laid on in thick layers, composed of equal parts of oil of sweet almonds and lime water; powdering the surface after each painting with unscented starch. A tepid bath of bran or starch should be taken daily or every second or third day. The treatment must be quite different in *chronic eczema*, which thickens and "pachydermizes" the skin, depriving it to some extent of its vitality. Stimulating, or even irritating topical applications are now indicated for the removal of the thick epidemic secretions which cover it. This object is to be attained by sulphurous or alkaline vapour baths, by paintings with oil of cade, by frictions with black soap or with sublimate lotions (1 part to 500 of spirit lotion) or by sulphur or boracic acid (10 parts to 100 of vaseline) ointments. (2) *Psoriasis*: Passing from eczema to psoriasis is like passing from summer to winter. In eczema all is hot and burning, while in psoriasis life is chilled and almost extinct—the *dartre morte* of the ancients—for which the most opposite treatment is required. The indications are to remove the hardened and thickened epidermic scales, to arouse the defective vitality of the subjacent dermis, and restore the suspended secretions. This is to be accomplished by means of frictions and baths. The two most useful substances for frictions are the oil of cade distilled from the resin of the *juniperus sabina* and pyrogallie acid. The former furnishes the most prompt, certain, and durable results. It is rubbed energetically twice a day over the whole body with the aid of a cloth pad, or flannel, soaked in the oil, a bath containing 400 or 500 grammes of carbonate of soda being also taken every or every other day, for the purposes of cleansing the skin, dissolving the oil which covers it, and imparting to it



a salutary stimulus. These measures should be continued until the complete disappearance, not only of the epidermic scales, but also of the hypertrophied crusts of the dermis, and of the coppery colour which still persists. But the oil of cade, advantageous as it is, possesses a most disagreeable and tenacious smell, stains both the skin and the linen, and sometimes induces a form of sycosis. The oil has then to be suspended, and the sycosis treated by emollients, and when this inconvenience has been removed, the stimulant effect of the oil must be abated by adding to it more or less almond oil. When this oil cannot be employed, pyrogallie acid in various proportions (5 to 15 per cent. of vaseline or lard) must be substituted. Being inodorous and colourless, it does not give rise to the inconvenience caused by the cade oil, but it is less energetic in its action, and must never be applied to parts exposed to the air (as the face or hands), as it induces in them a colour exactly like that produced by the skins of green walnuts, and which is very long in disappearing. When the psoriasis affects the head, the hair must be kept cut short.

**TRACHELO-RAPHÉ OR EMMET'S OPERATION FOR LACERATED CERVIX UTERI.**—Dr. Zinke, of Cincinnati, in a paper published in the *Medical Reporter* of Philadelphia, August 8, states that he issued circulars to a large number of the most prominent American and foreign gynecologists containing queries as to their experience of the advantages of Emmet's operation. Analysing the replies which he received, he believes that he may draw the following conclusions:—(1) It is evident that the operation has been performed unnecessarily for symptoms similar to, but other than, those arising from lacerations of the cervix; further, that it has been done imperfectly, even without preliminary treatment, in many more. The failure to give relief, as reported by several, is due to these two causes. (2) That from our present knowledge we cannot arrive at any definite conclusion, from the fact that many of the so-called consequences of the laceration are not settled beyond dispute. (3) That every one should carefully select his cases and try every means to give relief before resorting to operation. (4) The operation should never be performed in cases of simple fissure, or in laceration of first or second degree. (5) In cases of eversion and disease of the cervical and corporeal cavity, or both, although attended with hyperplasia and displacement, it has sometimes been observed that all the symptoms abated, that all the parts returned to their natural condition, and that no laceration was discoverable after the employment of alleviative measures alone. (6) That there are some cases of extensive laceration that seldom give rise to any inconvenience. In these the operation should be deferred until symptoms calling for it arise. (7) Even when indicated, it should never be performed until the parts have been brought as far as possible into a healthy condition. (8) Near to and during the climacteric period, it should be postponed as long as possible, since in many cases the symptoms subside under proper treatment on account of senile involution, and never return. (9) The operation is justifiable in lacerations of the third and fourth degree, without complications, if there is a history of malignant disease in the family. (10) It may be performed with perfect propriety in young women as a preventative if the laceration is bilateral and extends up to the cervico-vaginal insertion or beyond it, even though there are no pathological changes. It is the duty of every one who observes a lesion of that extent to urge an operation. (11) It is justifiable in any degree of laceration, and in rare instances even in fissures, when there exists cicatricial tissue productive of reflex disturbances, annoying in character and not tractable under any other treatment. (12) It is absolutely indicated in all extensive tears of the os in which the cervix is everted, its mucous membrane and nabothian follicles diseased, and especially if there be granular or cystic degeneration present—the parts having been first restored to a healthy condition by palliative treatment.

**THE ACTION OF EXCIPIENTS.**—Dr. Hallopeau, at a meeting of the Société de Thérapeutique (*Gazette Hebdomadaire*, No. 32), in relation to the influence exerted by

excipients on substances incorporated in them, observed that he had been making some researches, the results of which plainly showed that a  $\frac{1}{10}$  of carbolic acid embodied in a pomade excited less irritation than  $\frac{1}{50}$  or even  $\frac{1}{100}$  part, when forming part of an aqueous or alcoholic solution. Carbolic acid dissolved in glycerine at  $\frac{1}{3}$  possesses no irritating properties, while, combined with vaseline, it will produce rubefaction at a  $\frac{1}{20}$ . Glycerine soap, containing 10 per cent. of carbolic acid, produces no irritation of the skin. Dr. Duhomme suggested that the difference in excipients arose from the more or less rapid concentration of the solution placed on the integuments. Water and alcohol evaporate much faster than fatty bodies, leaving the carbolic acid in, so to say, a state of nature. To this view Dr. Hallopeau demurred, since with vaseline, which is just as slow as fatty bodies, the irritant power is very marked. Dr. Campardon had remarked an analogous difference, according to the excipient employed in the preparation of boracic acid pomade for intertrigo. If the following formula be employed, viz., vaseline 30, boracic acid 2 grammes, with 10 drops of essence, no irritating effect is observed; but it is quite otherwise when the vaseline is replaced by a starch glycerole. Dr. Labbé observed that vaseline employed as an excipient in a great number of pomades prevents the absorption of the incorporated substance. Dr. Limousin said that vaseline is a very useful excipient in diseases of the eye, as not combining with the active substances with which it is mixed, it acts simply as a means of carrying the medicinal agent to the diseased part. Dr. Hallopeau observed that the white vaseline used at the hospitals is adulterated with paraffine, and contains numerous crystals easily discerned by the microscope; and Dr. Limousin added that the white vaseline being so easily adulterated, it was preferable to employ the brown, which may be easily purified and whitened by filtering it through animal black, without any injury to its purity.

**THE FORMATION OF RENAL CALCULI.**—In a paper read before the Ontario Medical Society, Dr. Groves says: "My own opinion is that with some rare exceptions the formation of primary kidney stone depends upon a predisposing cause which may be called the uric acid diathesis, and certain exciting causes incident to the food and surroundings of the individual, together with a precipitating cause without which stone is not deposited. The exciting causes determine the particular variety of calculus which may be found in any given case, but in the absence of the other two factors the exciting causes will not result in calculous deposit. The mere presence of the diathesis alone will not cause the deposit of stone, for many persons habitually pass large quantities of uric acid without the development of any form of calculus. Ultzman has demonstrated that when the urine is only mildly acid, uric acid is deposited in normal rhombic prisms, but that if the acidity be increased the crystals take the form of elongated, pointed and radiating rods, and that it is precisely these spiny crystals that are found in cases of calculous pyelitis. Dr. Ord shows experimentally that the form in which uric acid is deposited is often determined by the other urinary constituents. Eichorst cites a case where a gentleman invariably passed several uric acid concretions after drinking moderately of wine, and I have had under my care for some time a patient who is regularly attacked with renal colic during pregnancy, but at no other time. Persons who are exposed to the same influences and who are similarly nourished, always have the same character of kidney infarction. Thus in the fœtus and young infants, whose nourishment and surroundings are measurably the same, none but uric acid infarctions are found, but the conditions as to food and surroundings being changed other forms of deposit take place."—*Canada Lancet*.

**AN UNUSUAL CASE OF HEMIANOPIA.**—In the *Ophthalmic Review* for August, Dr. James Anderson records a curious case. His patient, a man aged 28, was seized with giddiness after undergoing great physical exertion, but did not lose consciousness. He had previously been suffering from fever and constipation. After the attack of giddiness he was laid up for four days, and he then found that he could not see properly; he also had slight loss of power in



the right limbs followed by movements which he could not control. He had never had syphilis. He came under observation two years after these symptoms first appeared. There was then no obvious loss of power, but marked loss of sensation in the right limbs. Taste, smell and hearing were natural. The knee-jerk on the right side was exaggerated. The heart and blood-vessels seemed healthy, and the urine normal. The patient could only see the upper half of objects; the movements of the eyes were natural. Examination with the perimeter showed that the lower half of the field of vision was almost gone, and that it was contracted above and at the inner side. There was a very marked family history of cerebral hæmorrhage. Dr. Anderson is of opinion that there was a lesion of the posterior third of the left internal capsule, also affecting the neighbouring fibres lying in the middle third which pass to the trunk and limbs. He declines to speculate on the lesion which produced the visual defect further than to point out that a symmetrical lesion of the optic nerves or a lesion of the upper and anterior surface of the chiasma would explain it.

**HYDROBROMATE OF HYOSCINE.**—Dr. H. C. Wood writes in the *Therapeutic Gazette* (September 15th): As a soporific, the drug is especially successful in those cases in which the insomnia is due to excessive cerebral action—cases in which there is a perpetual and uncontrollable succession of thoughts. Allied to this form of insomnia is the mental condition in which the sleep is excessively disturbed by urgent dreams. This, also, I have seen controlled by hyoscine. In one or two cases of intense fever with delirium the hyoscine has seemed to act very well in controlling the delirium. In two cases the symptoms have been such as to suggest that the drug exerts a paralytic action upon the recurrent laryngeals. One of these cases was in the person of a maniacal female, in whom the hypodermic injection of a large dose of the salt was followed at once by a paroxysm of suffocation apparently paralytic and laryngeal. The second case occurred in a child about 10 years old, suffering from very violent anginous scarlet fever with moderate laryngeal dyspnoea. Hyoscine was prescribed for the excessive insomnia which had lasted from the onset of the fever, with very good results so far as the insomnia was concerned; but so soon as the child came under the influence of the drug, the laryngeal symptoms increased with very great rapidity, and in the course of an hour or two death resulted. Whether the hyoscine was or was not the cause of this increased dyspnoea is of course uncertain; but two cases are assuredly enough to arouse suspicion.

**EXTRA-UTERINE PREGNANCY.**—Dr. Mann, Professor of Obstetrics in the University of Buffalo, in a paper which he read to the Medical Society of that city and published in the *Philadelphia Medical News*, July 11, after narrating four cases of extra-uterine pregnancy which had come under his notice, and reviewing the literature of the subject, arrives at the following conclusions respecting treatment:—"The rule of treatment, then, which I would deduce would be that if the fœtus is alive, destroy it at once by electricity, no matter at what age the pregnancy may be. If it is dead, and in the earlier months, leave it alone until some clear indications for operation show themselves. In the later months, after its death, wait four or five weeks and then remove it by laparotomy. The advisability of this latter recommendation might be questioned, but certainly the risks which a woman runs who carries in her abdomen a seven, eight, or nine months extra-uterine fœtus, are so great that a skilful laparotomy is preferable. The absorption or encysting of a large fœtus, while it may occur, is so unlikely, and the danger of rupture or of septicæmia is so great, that it hardly seems justifiable to allow her to run such a risk. Perhaps my single experience leads me to take too decided a view, but I should directly prefer an early operation to putting it off too long. Unfortunately, we have nothing on which to base a rule as to the exact length of time that we should wait, and the necessary data are obviously very difficult to get. More experience is necessary before deciding this point, but as I have already said, my experience and the opinion which I now hold,

would lead me to an early operation rather than to indefinite postponement and the expectant plan."

**UMBILICAL HERNIA; RUPTURE; EXTRUSION OF SEVERAL FEET OF INTESTINE; DEATH.**—Dr. Rennie records the following case in the *China Customs Medical Reports*, No. 28:—It occurred in a native infant whose mother died of puerperal fever. When first seen on March 3, 1884, the child was 27 days old, and his illness was doubtless due to improper feeding. For some days he had been much troubled with flatulence, and cried a good deal. Since the evening of the 1st March he had cried almost constantly, and on the following morning an umbilical hernia, about the size of an orange, was noticed. About 4 p.m. the coverings of the hernia burst, and the intestines commenced to pass out at the opening. On the evening of the 3rd March, he was enveloped in quilts, which the attendants said they had applied to keep the intestines warm. On removing the coverings it was found that the greater part of the small intestine had passed out of the abdominal cavity and, deeply congested, distended with gas, and smeared with a loose motion that had recently been passed, lay on the surface of the abdomen. After cleansing the parts with sponge and weak solution of carbolic acid in water, and removing some of the flatus by means of a small aspirator needle, the opening in the abdomen was enlarged (it was found impossible to return the bowel without doing so), the intestines replaced, and the wound stitched up with carbolised silk. Eight hours afterwards the child died.

**NEPHRECTOMY, ITS INDICATIONS AND CONTRA-INDICATIONS.**—Dr. Samuel W. Gross, in an elaborate paper in the July number of *The American Journal of the Medical Sciences*, based upon a study of nearly four hundred and fifty cases of different operations on the kidney, presents a careful analysis of all the facts pertaining to the surgery of this organ, and arrives at the following conclusions:—(1) That lumbar nephrectomy is a safer operation than abdominal nephrectomy. (2) That primary extirpation of the kidney is indicated, first, in sarcoma of adult subjects; secondly, in benign neoplasms at any age; thirdly, in the early stage of tubercular disease; fourthly, in rupture of the ureter; and, lastly, in ureteral fistula. (3) That nephrectomy should not be resorted to until after the failure of other measures, first, in subcutaneous laceration of the kidney; secondly, in protrusion of the kidney through a wound in the loin; thirdly, in recent wounds of the kidney or of the ureter, inflicted in the performance of ovariectomy, hysterectomy, or other operations; fourthly, in suppurative lesions; fifthly, in hydronephrosis and cysts; sixthly, in calculus of an otherwise healthy kidney; and, finally, in painful floating kidney. (4) That nephrectomy is absolutely contra-indicated, first, in sarcoma of children; secondly, in carcinoma at any age, unless, perhaps, the disease can be diagnosticated and removed at an early stage; and, thirdly, in the advanced period of tubercular disease.

**DIAGNOSIS OF GONORRHOEA IN THE FEMALE.**—Dr. Martineau, at a recent meeting of the Paris Obstetrical and Gynaecological Society, stated a most important fact by which specific can be distinguished from simple vaginal discharge. In the specific form, the discharge is always acid, while in the simple form it is always alkaline. It is very easy therefore, to decide by means of litmus paper whether a woman is or is not suffering from gonorrhœal discharge. This sign may also prove of value in cases of rape in deciding whether the person who committed the crime was then suffering from gonorrhœa, as any vaginal discharge proceeding from this cause would be acid.—*Philadelphia Medical News*, June 13.

**PARALYSIS FOLLOWING ON HERPES.**—A case is related in a Dutch medical journal of paralysis of the facial muscles on one side, with loss of taste on that half of the tongue, following on a painful attack of herpes affecting the whole side of the face. It was noted that the eruption and the pain ceased on the supervention of the paralysis. The observer, Dr. Waller, considers that the branches of the fifth nerve only were affected.—*Weekblad*.



## REPORTS OF SOCIETIES.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 9TH, 1885.

THOMAS BRYANT, F.R.C.S., President, in the Chair.

THE PRESIDENT welcomed the members on their return to work, and presented the new volume of the reports, calling attention to its greatly increased size and its unusual value, containing, as it did, not only the full Transactions, but also the report of the debate on Charcot's disease and the report of the Spina Bifida Committee. He announced that at the next meeting of the Society a vote would be taken on the question of the serving of tea and coffee to the members before or after the meetings. No discussion would be held, but the matter would be put to the vote at once.

*Hæmatemesis and Melæna in which Blood was first Vomited 21½ hours after Birth; Fatal within 24 hours.*

Dr. SAWTELL read an account of this case and exhibited a preparation of the stomach, showing ulceration. A small male child, born April 9th, 1885, after a natural, but rather tedious, labour, suddenly vomited blood 21½ hours after birth, and, a few hours later, melæna succeeded. Up to this time milk was taken, and vitality seemed but slightly impaired. The discharge of blood continuing, much altered by admixture with meconium and mucus, the child rapidly sank, and died within twenty-four hours from the first appearance of blood. Besides general measures, sulphuric acid was given in tincture of cardamoms. *Post-mortem*, the stomach alone showed causal lesions—viz., small, but deep, round or oval ulcers on posterior wall of cardiac end, near the lesser curve. Dr. Sawtell remarked that, after some examination of the subject, he had failed to find any record of a similar case. He quoted Billard's paper in the *British and Foreign Medico-Chirurgical Review* for 1853, in which Rahn-Escher states that *softening* of the stomach and bowel is sometimes found. An interesting case observed by Dr. Richard Neale revealed no lesion of any kind. Dr. Edis, in the *British Medical Journal* for 1879, deals with *spurious hæmatemesis*; so also Dr. Thorburn. But records of true intestinal hæmorrhage in infants are so rare that Dr. West relates only three as occurring in his extensive practice, and only one of these in the new-born. Finally, Rilliet's elaborate essay does not give any cases of ulceration. The author inclined to the opinion that the ulcers arose from portal obstruction and erosion by gastric juice, and concluded his paper by pointing out the difficulty of diagnosis and treatment, and the truth of Dr. West's observation that the new-born suffer less from the effects of hæmorrhage than might be expected.

Dr. RADCLIFFE CROCKER thought that the case somewhat resembled those of purpura neonatorum, although in the latter the hæmorrhage was generally confined to the skin. It had usually been attributed to the sudden changes of the circulation at birth not being fully completed, temporary arrest of circulation in places being the result. The patches in the exhibited specimen appeared to be hæmorrhagic erosions, and there might possibly have been thrombosis of some of the vessels.

Dr. EDIS referred to the frequency with which hæmatemesis in new-born children was due to the swallowing of blood oozing from a sore nipple.

*Two Cases of Strangulated Umbilical Hernia, treated by Excision of the Sac and Skin Covering, with Suture of the Ring, after Reduction.*

Mr. CLEMENT LUCAS read the full notes of these cases. He began by stating that for several years he had been in the habit of excising the sacs when called upon to operate for strangulation in cases of hernia (of whatever kind), and that he had been led to do so, not so much for the purpose of producing a radical cure (though this was an advantage),

as to lessen the mortality from the operation. He regarded the sac itself as a danger, from its badly nourished texture, its tendency to suppurate or slough, and its liability to collect discharges, and guide them into the peritoneal cavity. To rid the patient of this abnormal, over-strained, ill-nourished, not only useless, but absolutely injurious, piece of tissue, should be the aim of every surgeon when called upon to operate for strangulation, after reducing the bowel. To speak of such a proceeding as "unsurgical" was a wanton misuse of the adjective. It was probably the only operation for radical cure that would bear the test of time. He regarded no operation for femoral hernia complete till the sac had been excised, even though the bowel might have been reduced before opening the sac. The same might be said of acquired inguinal. The congenital inguinal presented especial difficulty, as the whole sac could not be excised without sacrificing the testicle, but he usually excised the funicular portion, and rigid antisepsis was advisable. He was about to advocate much more radical measures in cases of umbilical hernia than were usually adopted, and he believed the mortality would thus be greatly lessened. The first case was of peculiar interest inasmuch as the operation was performed on a patient in an advanced stage of dropsy from Bright's disease. It might be studied with a case reported in the Guy's Hospital Reports for 1879, page 332. In that case he had twice operated on a femoral hernia, at an interval of eleven months, for strangulation during dropsy from heart disease. A married laundress, æt. 48, had suffered some years from winter cough, but till June, 1883, believed herself healthy. She then began to suffer from dropsy. In July, 1884, paracentesis abdominis was performed, when she was under the care of Dr. Wilks. She was tapped a second time in February, 1885, and a third time on April 9th, when eighteen pints of fluid were withdrawn. She then had very general anasarca, râles over both lungs, and dulness of the bases, urine depositing one-third albumen on boiling, and containing some blood. On May 22nd, at 4 a.m., the umbilical hernia, which she had had some years, became strangulated, and Mr. Lucas operated at 1 o'clock, having failed to reduce it by taxis. It was found necessary to open the sac, when a considerable quantity of fluid escaped, and a large piece of purple small intestine came into view. The opening was enlarged so far as to admit the finger into the abdomen, but owing to the water pressure behind it was found impossible by manipulation to reduce the bowel. Finding the obstacle to reduction was the peritoneal fluid, Mr. Lucas placed the patient on her side, and holding the intestine on one side with his finger passed through the aperture, allowed, in this way, three-and-a-half pints of ascitic fluid to escape. After this the bowel was easily returned. He then cut away the whole of the sac, and afterwards all the thin distended skin. Three stout chromicized catgut sutures were next passed through the margins of the umbilical opening to the peritoneal surface, tied and cut short. The skin margins were then brought together with wire sutures. Carbolic spray and antiseptic dressings were used. Sickness ceased at 10 the next morning, and the patient was comfortable. All the wire stitches were removed on the sixth day, and the wound appeared to be healed although the urine still contained one-third albumen and some blood. A few days later slight suppuration took place, and the cause proved to be one of the catgut stitches which came away unchanged on the fifteenth day. After this she gradually improved, and left the Hospital on July 25th, at which time there was no tendency to protrusion at the umbilicus. The second case was that of an exceedingly stout plethoric woman, æt. 52, who was admitted into Guy's Hospital on September 6th, 1885. She was married, and had four children. When lifting a heavy pole of clothes, eleven years ago, she first felt something give way at the navel. Since that time she had on four occasions required chloroform for the reduction of the hernia, which was of large size. The last time it was thus reduced was in August, 1884. At 10 a.m. on September 5th, as the result of a severe fit of coughing, the rupture became distended and irreducible. She was seized with severe pain over the stomach, and vomiting occurred soon after, and continued till her admission at 7 o'clock in



the evening of September 6th. Her bowels had not acted since the hernia came down. She was sick soon after her entry, bringing up dark greenish fluid. She was in much pain, and very restless. The hernia was of large size, and uneven on the surface, four inches by three in diameter, tense, devoid of impulse, and tender on manipulation. Taxis having failed both before and after the administration of chloroform, Mr. Lucas proceeded to operate at 9 o'clock in the evening. A vertical incision, about four inches in length, was made at the upper part of the tumour, and the sac being exposed, the ring was divided outside, and taxis again applied without success. The sac was then opened, and some blood-stained fluid escaped. The sac was found to contain a large mass of adherent omentum, forming an omental sac, within which the bowel was strangulated. After division of the stricture, several feet of dark-coloured intestine were reduced; the transverse colon then appeared in the sac, but it was not strangulated. Two large pieces of omentum were then ligatured with green catgut and cut away. The sac was next separated from its connections, and cut away, except at the lower part, where the adherent omentum made it impossible completely to remove it. Three stout green catgut ligatures were then passed through the edges of the aperture to the peritoneal surface, and the opening thus closed, the stumps of adherent omentum and sac being outside. The skin was cut away and its edges brought together with wire sutures and an aperture left for drainage at the lower front. Carbolic spray and antiseptic dressings were used. She had no sickness after the operation, and was quite relieved from abdominal pain, the abdomen remaining soft and free from tenderness. On the 10th there was a rise of temperature, and on being dressed some blood-stained discharge escaped from the lower part of the wound. After a week a slough came away, evidently the remnant of sac and stump of omentum. After this she rapidly improved, and had a normal temperature. Her bowels acted on the 15th. On September 23rd the drainage tube was removed. September 27th she got up and was practically convalescent. The cases illustrated the value of removing the sac and closing the abdominal aperture. Neither patient was in a good condition for operation, one being in an advanced stage of dropsy from heart disease, the other exceedingly fat and flabby. In both a large quantity of bowel was strangulated, and in one the hernia was much complicated by adherent omentum. In both some suppuration occurred, and in one sloughing; yet no suppuration extended to the peritonæum, as would probably have been the case had the aperture been left patent. Both patients recovered without any symptom to cause serious anxiety.

The PRESIDENT congratulated Mr. Lucas on his cases, and thought that they formed good examples of the modern form of treatment.

Mr. GOLDING-BIRD could not quite agree with Mr. Lucas in the argument by which he defended his mode of procedure, although he fully concurred in the practice of it. It was stated that by leaving the sac, a channel was liable to be formed through which septic material might take its way to the peritonæum. He thought that *post-mortem* evidence generally went to show that when peritonitis occurred it did not begin about the neck of the sac, but rather about the portion of intestine which had been strangulated. The argument hardly seemed good in the light of Mr. Lucas's second case, where a large slough had come away about the external wound; in that case some other cause than the excision of the sac must have been at work to prevent the return of pus into the abdomen. He had himself practised excision of the sac in all his own cases.

Mr. WALSHAM had had occasion to remove the sac in several cases. In two instances of umbilical hernia he had cut it away freely, paring the edges of the tendinous ring and bringing the lips together by means of carbolised silk, the use of which he should prefer to that of catgut. His cases had left the hospital without trusses, and no return of the hernia had taken place. He did not think that it was safe always to assume a radical cure, since it was never possible to make sure that such was the case.

Mr. MAKINS mentioned a case under his own care, in

which he had cut away skin and sac with a satisfactory result.

Mr. BALLANCE related the case of a patient of 50 years of age, in which he had found it necessary not only to remove sac and skin, but also to pull down and remove a considerable portion of omentum. He thought that in such a case it was better to remove as much as possible.

Mr. SYMONDS had operated on two cases of umbilical hernia, both of which were peculiar, in that they presented in two parts, lying side by side, the one protrusion being projected through the wall of the other. He had performed the operation advocated by Mr. Lucas in both instances with success, though the result, as far as subsequent protrusion was concerned, was not known. He considered that the edges of the opening must be ligatured if a radical cure was to be effected.

Mr. R. J. GODLEE asked whether the removal of the sac was, after all, a very easy proceeding? Generally the union of the sac to the skin in umbilical hernia was so very close that it was almost impossible to separate it. In one case he had failed to bring the walls of the aperture together from this very reason. He mentioned a rare kind of umbilical hernia in which the protrusion took place (in children) into the stump of the umbilical cord, and quoted a case in illustration of it.

Mr. HOPKINS referred to the case of an elderly person on whom he had operated for the relief of umbilical hernia by means of a semilunar incision.

The PRESIDENT observed that it was most cheering to hear of so many successful results in the treatment of what was undoubtedly one of the most difficult and dangerous forms of hernia. He thought Mr. Lucas's method was a great improvement, and should always be employed in cases where it was necessary to open the sac. He should be sorry, however, to adopt it as a rule for all cases, as in some he did not think it could be necessary. He had never performed it himself, but he had had successful results by the simpler method without opening the sac, and he thought the latter was more applicable to the cases of aged or very fat persons.

Mr. BARKER, referring to Mr. Godlee's remarks, thought that it would always be possible to remove the sac for at least an inch round the wound, and in his own cases had found no difficulty in doing so.

Mr. HOWSE thought that when so many successful cases of removal of the sac were brought forward together, there was some danger of the new rule becoming universal. He did not think it would be wise to adopt it wholesale, but would still judge each case on its own merits. He had not himself met with any case which required it. In recent cases where there was much omentum protruding, he thought that it would materially increase the risk, and there would be more danger of not being able to unite the edges. If a case could be operated on early, within a few hours, and no case should be allowed to wait when reduction had once failed, it generally did well. Removal of the skin and sac should be restricted to cases where there was either an excess of fluid or a foul-smelling omentum or a much-inflamed bowel. He thought that increased risk would attach to the operation if the rule of removal were to be universally adopted.

Mr. LUCAS replied in detail to most of the speakers, reiterating many of the views expressed in his paper. He looked upon the sac as a dangerous thing which ought by all means to be got rid of if possible. He expressed surprise at the conservative tone of Mr. Howse's remarks, and observed that the results of the so-called major operation were in reality simpler than those of the apparently minor procedure.

*A Case of Trephining for Compression by a Clot derived from the Middle Meningeal Artery, and suggested resort to Compression or Closure of the Carotid as a means of arresting Hæmorrhage.*

Mr. CHARTERS SYMONDS read the following case: A man, aged 43, fell from a height of six feet, striking his head. He was admitted immediately into Guy's Hospital, and was seen shortly after in a totally insensible condition, with right hemiplegia, a pulse of 52, and failing. He had



two abrasions on the left temporal region, and a large extravasation of blood. Though there had been no conscious interval, Mr. Symonds immediately trephined on account of the hemiplegia and deepening coma. The site selected was rather posterior to that usually chosen, as here the chief injury seemed to have been received. On elevating the disc of bone a pulsating clot was exposed and removed. The bleeding was profuse, and to reach the laceration a great deal of bone was removed by Hoffman's forceps, two loose pieces of the sphenoid being found. Two lacerations were found in the vessel; one was closed by under-running the vessel with fine gut; the other by completing the division of the vessel and twisting both ends. The bleeding, however, still continuing, and the bone having been incised to the base, the hæmorrhage was finally arrested by under-running the artery with a piece of the dura mater, and making traction on the ligature carried out of the wound, and by a pair of torsion forceps pushed down into the farthest accessible point and given a half-twist. The operation altogether lasted two hours, and the man lost much blood. Recovery was immediate. As soon as the clot was removed the pulse rose from 40 to 64, and the muscles of the right foot moved; and at the conclusion of the operation the man could move his right arm and leg, and give his name and address. The next day he answered all questions and spoke rationally, and seemed to have completely recovered his consciousness. The same afternoon he became restless, and finally delirious, coma supervened, the temperature rose gradually, reaching 104·8 shortly before death, on the 26th, at 3.15 p.m., or fifty hours after the accident. At the *post-mortem* the dura mater over the exposed area was yellow and purulent, and there was general congestion. The temporo-sphenoidal bone on the right side was bruised, as was the cerebellum. The fracture ran from the site of the operation to the wing of the sphenoid, and there divided into two branches, one running over the orbital plate to reach the cribriform plate of the ethmoid, the other reaching the same point after traversing the optic foramen and sphenoidal fissure. In his remarks, Mr. Symonds said that his main object was to call attention to the paucity of information upon the best method of dealing with the bleeding vessel, and to suggest a resort to compression of the carotid from the moment such a case was seen, and to its ligation should, after trephining, other means fail to arrest the bleeding. Though no mention was made in our leading works of this method of arresting the hæmorrhage, he had no doubt that the idea had occurred to others before it had to him in connection with this case two years ago. He said that probably such severe hæmorrhage was not often encountered, and suggested that possibly the loss of the local pressure of the cranial contents owing to the non-recovery of the brain might partly explain it in this case. To the severity of the operation, to its great prolongation, and to the loss of blood he attributed the fatal meningitis, and did not think that the result affected the average success of trephining. As to whether it would be better to secure the external or common carotid, he thought that while ligation of the external would remove the special cerebral dangers attending closure of the common, its safety was yet to be established. He considered that with our present method of treating wounds less danger need be apprehended from secondary hæmorrhage, and he would therefore prefer to close the external carotid. Mr. Furneaux Jordan's suggestion to ligature the carotid instead of trephining, while it was thought effective, would, Mr. Symonds considered, be confined to those cases seen very early, and would therefore have but a limited application. The absence of the interval of consciousness was considered to be due to concussion, while the strictly localised character of the paralysis was unlike that seen in cases of cerebral laceration.

Mr. HOWSE read a short description of two cases similar to that recorded by Mr. Symonds, and at the request of the PRESIDENT, who remarked upon their importance, he agreed to communicate them to the "Transactions" of the Society. The following is an abstract of them:—

H. H., æt. 10: admitted July 26th, 1884, 12.30 noon. *Accident.*—Fell down fore-hatch, distance of six feet, eighteen hours before admission. *On Admission.*—In a

state of coma, which came on four hours after the accident. Pupils unequal; limbs rigid; convulsive movement of right arm and leg. *Operation.*—Three hours after admission trephining of left parietal eminence, removal of blood clot, fresh hæmorrhage. Digital compression of common carotid for three hours. *Progress.*—Moved right arm and leg on the evening of 26th; no hæmorrhage; went on well; no pyrexia. August 21st.—Wound healed; pupils equal; went into park; when walking drags both hips somewhat, though right the most; right shoulder tends to drop; reflexes equal; left facial paralysis. September 3rd.—Paralysis of right arm and leg has become worse. 15th.—Tonic contraction of right arm and leg. October 8th.—Right arm completely contracted; left facial paralysis persistent; general health perfect. November 20th.—Removed to medical ward. The second case was that of—

F. F., æt. 51, a carman: a healthy man. *Accident.*—Patient was loading a waggon with rags, the hook gave way by which he was holding, and he was pitched forward on to his forehead, falling about ten feet; brought immediately to hospital. *On Admission*, 11 a.m.—No sign of paralysis anywhere, was heavy and drowsy, but answered questions; much effusion under scalp, bleeding from right nostril, none from ear or mouth; pupils normal; pulse slow and laborious. 12.30 p.m.—Increasing insensibility, now quite unconscious, breathing stertorous; right hemiplegia with some amount of spasm. *Operation*, 2 p.m.—Mr. Howse trephined skull with largest sized trephine over the left parietal bone, towards the upper part. There was a large clot of blood between the dura mater and bone; this was removed; there was much hæmorrhage. Dressings were applied, and it was hoped the bleeding would cease under pressure and cold. After the operation the patient moved his arm and leg a little, but they still remained very rigid. He continued unconscious. *Second operation.*—Hæmorrhage continued, so at 5 p.m. the dressings were removed, and more bone was removed (mainly with Hoffman's forceps), and several branches of the middle meningeal were ligatured. This failed to arrest the hæmorrhage, so Mr. Howse cut down upon the external carotid artery, and ligatured it. Hæmorrhage immediately ceased. The patient, however, remained insensible, and died about 8.45 the following morning. *Post-mortem.*—Left parietal bone separated from frontal at coronal suture, the right also for about an inch, and then a fracture ran obliquely backwards across this for about three inches; bone not depressed. Some amount of clotted blood still remained on the dura mater. The under surface of left middle cerebral lobe was much bruised to depth of about half an inch. Viscera healthy.

## SPECIAL CORRESPONDENCE.

### INDIA.

(From Our Bombay Correspondent.)

*The Governor-General on the Sanitary State of Calcutta—Cholera and its Influence on Commerce—Sanitation in Bombay—The Scientific use of Condemned Criminals—"The Medical Register" and Indian Practitioners.*

September 24.

THE subject of the sanitation of Calcutta continues to attract public attention there. The Report of the special Sanitary Commission appointed by Government has been submitted to the Governor-General in Council, and in his reply His Excellency very rightly regrets the acrimonious feeling which has been engendered concerning a subject of equal moment to all classes of the community. Considering its admittedly defective sanitary condition, it was of little or no practical importance whether the increase of cholera in Calcutta since 1880 was co-incident with the so-called "cholera wave." After alluding to the circumstances



which led to the appointment of an independent Sanitary Commission, His Excellency points out that the Municipal Commissioners themselves allow that there is much to be effected towards the improvement of sanitation; and it follows that they are bound to spend as much money on sanitary reform as they can. As to any question of remission of taxation, which curiously enough had been mooted, it would doubtless be a short-sighted policy until all sanitary defects had been effectually remedied. It need hardly be said that the advantages accruing from sanitary reform are immediate, so much so that the present generation might well be content to bear the burden. It certainly seemed not a little alarming, that while cholera mortality was increasing, the municipality went on reducing the sanitary estimates, drawn up by their own officers, by nearly 300,000 rupees. The Governor-General trusts that in future the public spirit of the Commissioners will lead them to recognise matters fully, and that their action will place it beyond the power of outside critics to impute to them indifference or a failure to justify the confidence of Government in entrusting to them the municipal arrangements of the metropolis of India.

The good effects that have resulted from what has already been done ought in themselves to encourage the Corporation to continue the good work upon a larger scale, and the public of Calcutta would, it is to be hoped, cheerfully bear the necessary burden. The Army Sanitary Commission once observed that the value of a single year's loss of productive labour which the existence of the present acknowledged evils entails upon the city would go far to pay for their riddance *in toto*. The important fact that the trade of India with Europe is seriously hampered by the quarantine regulations must not be lost sight of in this connection. These quarantine regulations are in force because of their supposed justification upon the continued prevalence of cholera in our large ports, and especially in Calcutta, which is regarded as the *nidus* of the disease. Every outbreak or rather re-appearance of the malady is, forthwith, followed by fresh restrictions upon commerce, and it has been found hopeless to get these removed or relaxed until the progress of sanitary reform has had a preventive influence upon the prevalence of cholera. The whole thing is in an unsatisfactory condition, and as mercantile interests are so largely at stake, it behoves the trading and shipping firms in England in particular, and Europe in general, to bestir themselves, and bring pressure to bear upon the lethargic Municipal Commissioners of Calcutta.

Calcutta, however, is not the only city that wants looking to. It is time that the good people of Bombay should awake to a lucid perception of the melancholy fact that they are not very much better off in this respect than Calcutta. The system of sewerage introduced a few years since at considerable cost, would seem to have some intrinsic defects of construction, the effects of which have been sadly manifest. Mr. Thomas Blaney, a local medical practitioner and Member of the Municipal Corporation, has discovered a *panacea* for this! He deprecates "closed sewers," and strenuously advocates "open sewers," and this in a tropical city!

That sewers must be properly constructed in this country with all the recent improvements which sanitary engineering, there can be no question, due weight being given to the influence of climatic agencies, and other points. The sewage must be carried away by means of water, of which there must be an adequate supply. Bombay has the superb advantage over Calcutta, of being a seaport; and with proper out-falls, I see no reason why sanitary work should lag behind when millions are wasted by the municipality. The carriage of sewage by water must be prompt and efficient, so that there can be little putrefactive change or generation of deleterious gases. Knowing the decrease in the mortality which has taken place, *pari passu* with sanitary advances in English cities, it would be simply foolhardiness and culpable inactivity on the part of the municipal bodies in this country to content themselves with the old arrangements.

The current issue of the *Indian Medical Gazette* has an interesting editorial article on "The Utilization of Condemned Criminals for Cholera Experiments," suggested by

an address by Mr. Cornish, F.R.C.S., recently printed in the same journal. Mr. Cornish says that "the suggestion has no element of cruelty about it, for it gives a few condemned criminals a chance of surviving otherwise unattainable, and only willing candidates would be allowed to become the subjects of scientific observation." He shows that from 300 to 400 persons are hung annually in India, and he thinks it could be arranged that a small portion of these victims of the hangman might be spared the final execution on certain conditions, their willingly submitting to experimentation, and should they survive that, their lives should be spared. There is nothing novel about this suggestion; it has been made more than once by the present writer, and also by Mr. Blaney, and others, of Bombay. It is sincerely to be hoped that it will be adopted ere long, and that Exeter Hall will not be allowed to mar the success of the only method of positive demonstration of the ætiology, &c., of cholera.

In the *Lancet* (August 29th) I notice a letter from Mr. W. J. Moore, C.I.E., Surgeon-General, Presidency of Bombay, complaining of the action of the General Medical Council in erasing his name from the *Medical Register* without his previously having received any sort of intimation on the subject of change of address. I would point out to the General Medical Council that it is absurd to put in force the rules applicable to members of the profession practising at home to those in the Public Services. It is, however, somewhat different in the case of practitioners resident abroad, and some members of the Indian Medical Service in civil employment with fixed addresses, which can be entered and altered in the *Medical Register*. It is to be trusted that they will take the above into consideration and amend this vexatious rule, and at the same time restore those names that have been erased for this reason to their legitimate places. I venture to think that Section 14 of the Medical Act (1858) needs this necessary alteration.

I understand that a movement is on foot to raise the standard of entrance from Matriculation to what is called the Previous Examination of the Bombay University, in the case of candidates entering upon their medical studies at the Grant Medical College in Bombay, and proceeding, after a four-years' course of study, to the Licence in Medicine and Surgery. Such a change, I am inclined to think, is to be welcomed. A course of, say, a year's study in Arts' Classes would do native medical students an immense amount of good, and would materially tend to facilitate their medical studies. It will at the same time enable them to acquire some knowledge in such important subjects as logic, natural philosophy, and languages.

## GENERAL CORRESPONDENCE.

### POOR LAW MEDICAL OFFICERS SUPERANNUATION AND MEDICAL MEMBERS OF PARLIAMENT.

[To the Editor of the Medical Times.]

SIR,—At the meeting of the Council of the Poor Law Medical Officers' Association, held at their rooms, 3, Bolt Court, Fleet Street, on Thursday the 8th instant (*inter alia*), the case of Mr. Isaac Flower, until recently Medical Officer of the Codford St. Peter district of the Warminster Union, Wilts, was taken into consideration and a resolution was come to, that I should lay the facts before the medical public through the columns of the *Medical Times*, &c., and in accordance therewith I have respectfully to request insertion of the following in your this week's issue. Mr. Flower was appointed district medical officer on the formation of the Union, 49 years ago, and has held office uninterruptedly during the whole of that lengthened period, to the satisfaction of the poor and the Board, before the latter of which he has never been arraigned nor his conduct in any way questioned. His salary, inclusive of all extras, was 100*l*. Last summer, finding that infirmities



were coming upon him which would interfere with the due performance of his duty (he has entered on his 75th year), he tendered his resignation, and at the same time made application for superannuation allowance. In due course the question came before the Board of Guardians for consideration. At such meeting Lord Heytesbury moved that a permanent annuity should be granted; this was negatived. It was then proposed that one year's salary should be given in the form of a gratuity; to this an amendment was made that the sum should be 50*l.* only. This being put to the vote was carried by 12 to 11; but we learn that up to the present Mr. Flower has not signified his acceptance of this insulting offer; he has, however, written to the Local Government Board stating the facts and asking their influence, and has received for reply "that it is entirely within the discretion of a Board of Guardians whether or not they will grant a superannuation allowance either for a limited period or otherwise to an officer on his ceasing to hold office, but they will, if he desire it, forward a copy of his letter for the consideration of the Warminster Guardians," a perfectly useless procedure, *per se*, as all that would accrue would be that the Board would direct that the Department's communication should be laid upon the Board-room table.

Having regard to the lengthened tenure of office, the high character of Mr. Flower, and his advanced age, this procedure of the Warminster Board of Guardians is in the highest degree unjust to this gentleman, and this brings me to the next point in my letter, where, let it be distinctly understood, I write for myself alone, and not under the direction of the Council. I refer to an increase of Medical Members of Parliament, by whose aid only can this permissive Superannuation Act be amended, as well as other legislative requirements affecting the pecuniary and social interests of medical men. I see that there are several medical candidates before the constituencies, and I further note that the two Scottish and the London Universities have candidates competing who are not of the medical profession. It is not to be expected that the present representative of the London University can be disturbed; but we surely can, if we like, wrest the two Scottish from the hands of lawyers or laymen. In the case of Edinburgh and St. Andrew's, we have an able, nay gifted, surgeon, Mr. Eriksen. I trust I shall not be held to be presumptuous in asking my fellow graduates to disregard all considerations as to whether this gentleman be a Liberal or Conservative, but vote straight for him solely on the ground that he is a high-class medical man. I would urge the same policy in every borough or division of a county where a medical man is a candidate, and I do so for the reason that there will be plenty of candidates left to take care of general political considerations, but unless we are up and doing on this occasion, we shall be in the future as we have been hitherto, without political influence in the councils of the nation, a want which I have experienced most strongly during the thirty years I have striven to secure medical, poor law, and sanitary reforms, through the action of the House of Commons.

I am, Sir, yours, &c.,

JOSEPH ROGERS,

Chairman, Poor Law Medical Officers' Association.

31, Montague Place, Russell Square,  
12th October, 1885.

## INVENTIONS AND IMPROVEMENTS.

### NEW AURAL SYRINGE, ADAPTED FOR SELF-APPLICATION.

By J. WARD COUSINS, M.D. Lond., F.R.C.S., Senior Surgeon to the Royal Portsmouth Hospital, and to the Portsmouth and South Hants Eye and Ear Infirmary.

THE brass instrument commonly employed for syringing the ears often renders this little operation tedious to the patient and troublesome to the surgeon. It demands the use of both hands. The syringe must first of all be charged, then placed in position within the aural orifice and discharged; it must now be removed, re-filled, and again inserted in the ear. This complicated series of movements often produces muscular weariness, especially when they have to be continued for any length of time. The new instrument is especially designed to overcome these inconveniences, and to make the operation easy of performance by the patient himself. It can be worked without any fatigue, and the elastic balls and valves are so arranged that only five or six contractions of the hand are required per minute to secure an efficient and continuous stream. The expansion of the hand ball is assisted by a recoil spring, and the force of the current is regulated by increasing or diminishing the number of contractions.



The engraving exhibits the method of self-application. The syringe can be very readily placed in position. The nozzle of the pipe rests against the upper wall of the auditory canal, and the tube is securely suspended by means of a perforated elastic curtain attached to the gutter. The new aural syringe will be found a great convenience in every-day practice, saving both time and trouble, and assisting in the efficient treatment of many common aural diseases and accidents. It is manufactured at a very moderate price by Messrs. Maw, Son, and Thompson.

## OBITUARY.

JAMES RUSSELL, M.D. LOND., F.R.C.P., J.P.

DR. JAMES RUSSELL, the well-known physician of Birmingham, died after a long illness on the 5th inst. Dr. Russell came of one of the oldest and best connected families in the Birmingham district, where his father long held a leading position as a medical practitioner. Born in 1818, he received his professional education at King's College, London, and took the degree of Doctor of Medicine at the London University in 1848. A few years later he became

### FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.—

The annual meeting of this Corporation was held on the 5th instant, for the election of office-bearers. Dr. A. Fergus was re-elected President for the year, and Dr. H. Muirhead, Visitor. On the Board of Examiners Dr. Barlow, Lecturer on Physiology in the Royal Infirmary School, succeeded Dr. James Christie as Examiner in Physiology. The only other changes were the appointment of Dr. N. Carmichael and Dr. J. Dougall as Examiners on Public Health, *vice* Dr. Christie and Dr. Ebenezer Dunnean, who were ruled disqualified from continuing in office.



a Member of the Royal College of Physicians of London, of which body he was elected a Fellow in 1867. Dr. Russell was for some years physician to the Birmingham General Dispensary, an institution which has had the services of many excellent physicians; in 1859 he was elected physician to the Birmingham General Hospital, discharging all the duties of that office with conspicuous ability and zeal until the end of last year, when he was elected consulting physician. Dr. Russell occupied the chair of all the local medical societies in succession. He took the deepest interest in the Birmingham Medical Institute from its foundation, and was chosen President in 1882. He published many excellent papers, but was chiefly known and esteemed as a clinical physician. On the opening of the present Session at the Queen's College, Birmingham, as we recently recorded, Mr. Augustus Clay stated that 109 past and present students had subscribed to a fund to present an address to Dr. Russell on his retirement from the position of a clinical teacher, which he had continued to hold for some years after he had resigned the Professorship of Medicine at Queen's College. Mr. Clay said that, though Dr. Russell's serious illness prevented the presentation of the testimonial, even privately, the subscribers hoped to do something to perpetuate the name of their most industrious and most kind teacher, towards whom they cherished a feeling which could only be expressed by the word love. Dr. Russell with great difficulty dictated an answer, in which he said that his association with the medical students had always been one of the chief enjoyments and satisfaction of his life. He had formed amongst them many valuable friends, and their kind feeling had been continuously shown to him. Dr. Russell was an excellent example of the provincial consultant. Highly cultured and thoroughly practical, he exercised a most beneficent influence both on his students and his patients, by all of whom he was most highly esteemed.

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FREDERICK WILLIAM WARREN,  
M.B., M.A. UNIV. DUBL., F.R.C.S.I.

THE death from enteric fever, with albuminuria, of this young and well-known Dublin surgeon, occurred at his residence, 32, Harcourt Street, shortly before midnight on Sunday last, the 11th inst. Mr. Warren was only 33 years of age, and the news of his untimely death caused the greater number of his friends a pained surprise. A graduate in arts and medicine of the University of Dublin, Mr. Warren received his professional education and training at Steeven's Hospital and Medical College, where he was Cusack Medallist and Exhibitioner in 1869-70 and 1870-71. In 1870 he won the first Clinical Prize in Surgery. A year later he took the Letters Testimonial of the Royal College of Surgeons in Ireland, proceeding to the Fellowship of that Corporation in 1877. In 1872, he became a Licentiate in Medicine and Midwifery of the King's and Queen's of Physicians, of which body he was enrolled a member in 1882. That he was destined to attain a good professional standing, had he survived, is sufficiently clear from the fact that he was surgeon to the Adelaide Hospital, Dublin. He also held the positions of Demonstrator of Anatomy in the School of Surgery of the Royal College of Surgeons, of Surgeon to the Elliott Home for Children, and of Medical Officer to the Dispensary at St. James' Gate, connected with Messrs. Guinness' world-renowned brewery. Mr. Warren was very popular amongst medical students, who flocked in numbers to his private classes. To the second volume of the *Irish Hospital Gazette* he contributed papers on "Diphtheria" and "Fracture of the Spine," and to the *Medical Press and Circular*, a communication on "The Toxicological and Therapeutical Effects of Carbolic Acid." He was a Fellow of the Academy of Medicine in Ireland, in the sectional meetings of which he often took an active part.

## MEDICAL NEWS.

### ROYAL COLLEGE OF SURGEONS.

A QUARTERLY meeting of the Council was held on Thursday, the 15th. A motion of condolence with the family of the late Mr. Gay was passed unanimously. In accordance with the recommendation of the Committee of Management of the two Colleges (to whom the question had been referred), it was resolved to inform Mr. Thomas More Madden, in reply to his communication, that the College saw no reason for altering the regulations by adding the Children's Hospital, Dublin, to the institutions at present recognised by them. Mr. Hutchinson was re-elected to the Court of Examiners. A letter was read from Sir James Paget, informing the Council of his readiness to sit for his bust. A report was submitted, approved, adopted, and directed to be presented to the meeting of the Fellows and Members of the College, to be held on the 29th instant, copies of which can be had on application to the Secretary. Mr. John Wood was elected Bradshaw Lecturer for next year. A letter was read, informing the Council that a sum of 1,000*l.* (subject to the life-interest of a daughter) had been left to the College, to be applied annually to the purposes of the Museum and the lectures connected with it. Mr. Hutchinson's motion, seconded by Sir James Paget, that a Committee be appointed to consider the practicability of adding a wing to the Museum of the College, to have for its especial (but not exclusive) object the display of casts, photographs, drawings, &c., illustrating the results of diseases and injury in the living subject. This was agreed to unanimously; Sir James Paget, Mr. Marshall, Mr. Lund, Sir Joseph Lister, Mr. Hulke, Mr. Durham, and Mr. Hutchinson to form the Committee.

The Council then adjourned.

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### THE MONT DORE, BOURNEMOUTH.

THIS Institution, the foundation stone of which was laid by the King of Sweden some three or four years ago, is at last completed, and available for public use. Its prototype in the Auvergne has been known and frequented (with long intermissions) for centuries, the still existing ruins of the old Roman baths bearing testimony to the elaborate arrangements which the guests of former days appear to have held as essential to a proper enjoyment of the "cure." Unfortunately, the season at Mont Dore in the Auvergne is very short; moreover, the distance from England is considerable, and thus the advantages of the treatment pursued there can only be enjoyed by a minority of the invalids—rheumatic, gouty, asthmatic, phthisical—for whom it would seem nevertheless to be especially indicated. An attempt has therefore been made to bring the "Mont Dore Cure" over to this country, and Bournemouth has been selected as the place at which to establish it. Apart from the fact that there is some similarity in the climate of the two places, it is further thought that Bournemouth offers peculiar advantages of its own. It is built on sand and gravel, a fact, which keeps the place dry even in wet weather; charmingly situated on the sea, facing south and west, it is walled in on the north by rising ground and a wide belt of fir plantations, which, besides cutting off the cold winds, are supposed to exhale certain empyreumatic vapours possessing curative properties for all chest complaints. The mildness of the climate can be guessed from the abundance of evergreen shrubs, which fill the gardens by which the majority of houses are surrounded, and which form so striking a feature to visitors arriving in midwinter. The Mont Dore, or as some writers prefer it, Mont D'Or, as now completed, is not merely an hotel, but an establishment fitted with probably the most elaborate system of baths for medical



purposes to be found in this or any country. Neither expense nor ingenuity has been spared to make the arrangements perfect, and there can be little doubt that as soon as it becomes more widely known, visitors will prefer the new establishment, the advantages of which they can get in their own country, under their own medical men, and at any time of the year, without the need of a long, tedious and expensive journey across the channel, to the Mont Dore of Auvergne, its hot springs and mountains notwithstanding. The question of the mineral waters is to be solved by importing direct from the original sources, and heating artificially to the required point. For external purposes it seems very doubtful whether mineral water need be used at all; in the form of vapour the merest, if any, traces of the solid ingredients will be found; while for pulverising and drinking, of course the imported water, when heated, will be as effectual as if taken at the source. In the pulverisation rooms, which are one of the special features of the "cure," a series of differently shaped steam jets are at work, so that ears, eyes, or throats can be sprayed, and any number of patients can "take the cure" together. Those who are familiar with the antiseptic steam spray can form a very good idea how this part of the treatment is carried out; the thoroughness with which the water is pulverised depends on the fineness of the jets and the steam power employed. Nothing was said at our visit about the antiseptic treatment of chest disease; perhaps the medical advisers of the Mont Dore directors trust more to the vivifying influences of the "cure" than to any special mode of antiseptic treatment properly so called; in this they are probably right. It will be interesting to observe whether English invalids will be able to divest themselves of the idea that a foreign watering place is preferable to one in their own country. With cholera said to be still prevalent in South Europe, it must be agreeable to some invalids at least to know that so good an alternative can be enjoyed at Bournemouth; and it may be hoped that in due time, the fashion to patronize Bournemouth as a winter residence for its own sake, will set in with greater force, for the place enjoys certain natural advantages, which are not to be gainsaid and which are capable of great development. The new Mont Dore will serve as an additional attraction, and if carefully and economically conducted it may prove equally useful to the place, to its promoters and its visitors. The scale of charges is perhaps a little too high, except for better class patients. The directors would do well to revise it, with a view to attract patients in larger numbers, and so make its capabilities more rapidly and more widely known.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen passed their primary examinations in Physiology only at a meeting of the Board of Examiners on the 8th inst., and when eligible will be admitted to the pass examination, viz.:—

Alfred E. Vaughan and Thomas A. Murray, Owens College, Manchester; D. W. Liebshtein and W. S. Routledge, University College; Bruce Hamilton and Henry Hamilton, Bristol School of Medicine; John H. Clayton, John E. Foster, William M. Joyce and Matthew H. Vinrace, Birmingham; James E. Syme, Edgar N. Darwent and Thomas Walcott, University of Edinburgh; Walter Mitchell, Sheffield; Rhodes Hebblethwaite, Leeds School of Medicine; James Magauran, Dublin; Frentz W. Guiselin and Francis a Brooks, St. Mary's Hospital; J. F. G. Alexandre, Bâle; Albert E. Tebb, G. W. A. Mitchell and Hubert Joslem, Guy's Hospital; Charles Mattei, Malta, and St. Thomas's Hospital; Frank Heasman, Sidney H. Badcock, and John More, St. Bartholomew's Hospital.

Passed in Anatomy and Physiology on the 9th inst.:—

Norman Allen, Harold H. Hawley and John Rannie Logan, Toronto; Samuel L. Melville, Liverpool; Robert N. Fraser, Kingston, Canada; James W. H. Steil, Glasgow; Ernest H. Gibbon, Newcastle; Horatio Edward Rawliugs, Birmingham; Kilham Roberts, Bristol School of Medicine; Alfred B. Jones, Middlesex Hospital; Frederick J. Nisbet, Guy's Hospital; Frank D. Bennett, St. Bartholomew's Hospital.

Passed in Anatomy only:—

Edward Foxton, Kingston, Canada; William H. Robinson, St. Thomas's Hospital; Frederic C. Wood, London Hospital; James H. Harrison, University College; H. J. Holman, Guy's Hospital.

Passed in Physiology only:—

Kenneth T. Stewart, Edinburgh University; Arthur J. Lambert, Leeds School of Medicine; George S. Pope, Frederick P. Moles

and Joseph F. Wright, Manchester; Frederick W. Walker, Edinburgh and Aberdeen Universities; John C. Dickinson and John P. De Buriatte, London Hospital; Alexander T. Harrison, Guy's Hospital.

Passed in Anatomy and Physiology on the 12th inst.:—

Stephen Joseph Daly and Kenneth McLaren, St. Bartholomew's Hospital; Christopher Robertson, St. Thomas' Hospital; Harold D. B. Castle, King's College; Theophilus W. Mead, St. George's Hospital; Robert H. Gilpin, Middlesex Hospital; George G. Borrett, London Hospital; J. M. C. Cole, Belfast; James Pearson and William Mitchell Cotton, University Hospital.

The following passed in Anatomy only:—

John Henry Austin, St. George's Hospital; Lewis St. John Reilly, London Hospital; Reginald Stilwell Freeland, Guy's Hospital; William Louis Abbott, Pennsylvania.

The following passed in Physiology only:—

Richard G. Pollock, Frederic G. Vicars, and A. L. Devcnish-Meares, Guy's Hospital; Martin A. Kirton, London Hospital; Stafford L. Archer, King's College; Charles H. Stevens, University College.

Passed on the 13th inst. in Anatomy only:—

Thomas A. Quirk, Melbourne University; Edmund Capper, Benjamin P. Johnson, Locke MacDona and T. Eyton-Jones, Liverpool; J. D. O'Sullivan, Dublin; John Fullard, Birmingham; J. W. Whitehead and Herbert Burland, Manchester; John Wilkins and William F. Fisher, London Hospital; Herbert L. Hudson, Sheffield; Arthur C. Elliman and John W. Emmet, Guy's Hospital; Frank Brightman and Charles H. Clayton, University College; Thomas S. P. Sparrow, King's College.

Passed in Physiology only:—

Alfred W. Waller and Henry B. Shepperd, St. Thomas's Hospital; Walter Watkins, Francis H. Lowe, and A. E. D. R. Peters, St. Bartholomew's Hospital; George Barton and F. B. H. Caudwell, Charing Cross Hospital; A. E. G. Roberts, St. Mary's Hospital; James D. Brown and O. W. Andrews, St. George's Hospital; William C. Burt, C. R. H. Buckley, George J. Cressy and Hugh F. Knyvett, Guy's Hospital; William W. Craig and Anthony Gorney, University College; George E. Price and Mark B. Dumaresq, London Hospital.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on Thursday, October 8th, 1885:—

Edward Samuel Gooddy, M.R.C.S., 58, Kennington Road, S.E.

On the same day the following gentleman passed his examination in the science and practice of Medicine, Surgery and Midwifery, and received a certificate to practise, viz.:—

John Oddy Ward, Kippax, near Leeds.

The following gentlemen also on the same day passed their Primary Professional Examination:—

James George Burgess, Guy's Hospital; Henry Scarborough Cooper, Westminster Hospital; Henry Tottenham West, Belfast Hospital.

**KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.**—At the usual Quarterly First Professional Examination, held on Monday, October 5, 1885, and following days, the undermentioned candidates were successful:—

Jean Helen Grant, London; Philip Lee, Monkstown, Co. Cork.

At the ordinary Monthly Examinations for the Licences of the College, held on Monday, October 5, and following days, the undermentioned candidates were successful:—

*For the Licence to Practice Medicine*—

Clarinda Boddy, London; Ambrose Birmingham, Ballinrobe, Co. Mayo; William E. Le Fanu Hearn, M.B. Melbourne Univ., Hamilton, Victoria, Australia; Gerard Irvine, Irvinetown.

*For the Licence to Practise Midwifery*—

Ambrose Birmingham; John Cuthbert, Bromsgrove, Worcestershire; Edward W. Gray, M.B. Univ. Dublin, Newry; William E. Le Fanu Hearn, M.B. Univ. Melbourne; Gerard Irvine; William J. R. Knight, M.D., A.U.I., Cookstown, Co. Tyrone; James Alexander Lindsay, M.D., R.U.I., Belfast; Edward L. Pooler, M.D., R.U.I., Newtownards.

The undermentioned Licentiate in Medicine, having complied with the by-laws relating to Membership, pursuant to the Supplemental Charter of December 12th, 1878, has been duly enrolled a Member of the College:—

Theophilus William Trend, Lic. Med. 1863, Raeberry Lodge, Southampton.

**ROYAL COLLEGE OF SURGEONS.**—The Library of the College will be closed on Tuesday, the 20th inst., for the purposes of the pass examination for the Membership.



**THE GRAEFKE PRIZE.**—Shortly after the death of Professor von Graefe, a triennial prize was founded in his honour by Professor Welz to be given to the contributor of the best paper to the *Archiv für Ophthalmologie*. The judges, selected from the members of the Ophthalmological Society in Berlin, have awarded the prize for the past three years to Dr. Samuelson, of Cologne, for his paper on "Retrolbulbar Neuritis."

**SURGEON-GENERAL J. H. INNES, C.B.**, Honorary Surgeon to the Queen, has had bestowed upon him a distinguished service reward.

The vacant professorship of Ophthalmic Surgery in the University of Warsaw has been conferred upon Dr. Wolfring, extraordinary professor.

It has been decided that the memorial of the late Mr. R. B. Mackie, M.P., shall be an extension of the Wakefield Convalescent Home.

At the quarterly meeting of the Directors of the Naval Medical Supplemental Fund, held on the 13th instant, Sir W. R. E. Smart, K.C.B., M.D., Inspector General in the chair, the sum of 77*l.* was distributed among the several applicants.

The German Imperial Sanitary Board, which has been hitherto only a consultative body, is shortly to have its scope and functions greatly enlarged, all the medical and veterinary affairs of the Empire being placed under its authority. The Board is also to receive executive powers.

**SEAMEN'S HOSPITAL, GREENWICH.**—At the Quarterly General Court of the Governors of this Hospital, held on the 9th instant, the principal medical officer reported the hospital to be absolutely free from erysipelas and similar diseases, now that the drainage works were completed.

**THE JERVIS STREET HOSPITAL, DUBLIN.**—The new building will be opened for the reception of patients and clinical study on the 29th instant. The wards are on the ground floor and three storeys above. The basement provides accommodation for the dispensary apartments, for the medical men, corridor, waiting rooms, lavatories, &c.

**THE CITY OF DUBLIN HOSPITAL.**—The secretary has received a cheque for 120*l.*, the proceeds of an amateur performance lately given at the Queen's Theatre for the benefit of the hospital. He has also received 50 guineas from the Leicester Cricket Club, the proceeds of a match played in September last in aid of the funds of the hospital.

**THE ROYAL INFIRMARY, EDINBURGH.**—To utilize two (in which twelve beds each can be placed) of the four large rooms on the ground floor, at the south end of the four medical pavilions, hitherto unused, improvements are being made by which an addition of 24 beds will be available for the medical professors, without increasing the nursing staff. The estimated cost is about 400*l.*

**LONDON SCHOOL OF MEDICINE FOR WOMEN.**—Seventeen first year's students have entered this session, including one for anatomy only. The entrance scholarship, value 36*l.* has been awarded to Miss Annette M. Benson, and the John Byron Scholarship, value 25*l.* a year for four years, tenable at the discretion of the Executive Council, to Miss Gabrielle Breeze.

**SANITARY ASSURANCE ASSOCIATION.**—At the monthly meeting of the Council of this Association on Monday last, Sir Joseph Fayrer, K.C.S.I., F.R.S., in the chair, it was resolved on the motion of Mr. Mark H. Judge, A.R.I.B.A., seconded by Mr. Andrew Stirling, to arrange for another series of free lectures on sanitary subjects during the coming winter. Professor Roger Smith, F.R.I.B.A., will deliver one of the series.

**THE INCOME TAX.**—We desire to call the attention of the Medical Schools and all whom it may concern to a notice which appears in our advertisement pages, to the effect that all bodies corporate and unincorporate are required to pay a duty at the rate of 5 per cent. upon the annual value, income, or profits accruing to them from their real and personal property, and that, with a view to the assessment of the duty, all such bodies are bound,

under heavy penalties, to render returns, supported by full accounts, before the 1st December next, to the Secretary, Inland Revenue Department.

**MEDICAL SOCIETY OF LONDON.**—The Lettsomian Lectures will be delivered on January 4th and 18th and February 1st in the ensuing year by Mr. Jonathan Hutchinson, the subject being: "On some moot points in the Natural History of Syphilis." The annual Oration will be delivered on May 3rd by Dr. R. Douglas Powell. The subject of the Essay for the Fothergillian Gold Medal to be awarded in March, 1886, is "The Nature of the Fevers usually termed in this country Febricula, Simple, Continued, and Modified Typhoid"; for that to be awarded in the following year, "On the Methods and Results of Operative Treatment in Malignant Disease." Essays are to be sent to the Registrar, at the Society's House, on or before the 1st of November next preceding.

**SCHOLARSHIPS AT THE MEDICAL SCHOOLS.**—At St. Bartholomew's Hospital Medical College the open scholarships in science of 130*l.* for candidates under 25 years of age, have been awarded to Mr. J. Kerr, B.A., and Mr. Jones, B.A., both of St. John's College, Cambridge (equal); and that of 130*l.* for candidates under 20 years of age, to Mr. A. Stevens. The Jeaffreson Exhibition of 50*l.* has been awarded to Mr. Williamson. At University College, the Entrance Exhibition, of the value of 100*l.*, has been awarded to Mr. T. L. Pennell; that of the value of 60*l.* to Mr. J. B. Mitra; and that of the value of 40*l.* to Mr. J. J. Maenamara. The following have been awarded Open Scholarships in Natural Science at St. Thomas's Hospital:—Arthur Francis Stabb, scholarship, 100*l.*; Seymour Graves Toller, scholarship, 60*l.* C. R. Box, A. C. Lankester, T. A. Dukes, and M. C. Clutterbuck obtained the number of marks qualifying for a scholarship.

**LONDON TEMPERANCE HOSPITAL.**—A new wing attached to this hospital was formally opened last week by the Bishop of London. Four wards with a total of 70 beds have thus been added to the accommodation of the institution, making in the entire building 122 beds. The arrangements of the new wards and the dormitories for the nurses above them were highly approved of. Five hundred and eighty-four in-patients, and 2,000 out-patients passed through the hospital last year, and since its foundation—between eleven and twelve years ago—22,500 have availed themselves of its treatment. The necessity for the present extension is exemplified by the recent overcrowded condition of the hospital.

**ROYAL COLLEGE OF SURGEONS.**—We may remind our readers that a General Meeting of the Fellows and Members of the College will be held on Thursday afternoon, October 29th, at 3 p.m., to receive a Report of the Council. With a view to facilitate business, it is hoped that copies of any suggestions or recommendations which are to be brought forward by Fellows or Members expressive of their opinion on any of the matters comprised in the Report (a copy of which can now be had on application) will be furnished to the Secretary a few days previous to the Meeting.

**THE ELECTRIC LIGHT IN MEDICINE.**—At the conversation at Guy's Hospital the other evening, Messrs. Woodhouse and Rawson, to whom the whole of the electrical illumination had been entrusted, exhibited some incandescent lamps for laryngoscopic and dental purposes; the contrivance for increasing or diminishing the light was especially neat, this being effected by sliding a moveable ring up and down a coil of German silver wire wound spirally round the handle. The current for these and the other forms of lamps exhibited was obtained from a special form of Leclanché battery devised by the exhibitors. In addition to the above instruments for applying the electric light to surgical purposes were also shown by Messrs. Down, who had besides on view the latest novelties in the way of sphygmographs, ophthalmoscopes, &c., and various surgical instruments, including Gowan's new osteotome for division of the neck of the femur.

**THE UNIVERSITY OF EDINBURGH BUILDING FUNDS.**—At the last meeting of the Edinburgh Town Council a letter



was submitted from Professor Turner, the interim-convenor of the Building Committee of the University Buildings Extension, asking the Council's consideration of the appeal now being made for funds to complete the new educational buildings of the University. At the beginning of the year a sum of 15,000*l.* was still required. Mr. William M'Ewan subscribed then 5,000*l.*, and he had commanded this sum to be made available so soon as the remaining 10,000*l.* should have been subscribed. The sum of 7,000*l.* had since been subscribed, and there remained only 3,000*l.* yet to be obtained. He hoped that the Town Council, which had taken so practical an interest in the University, by subscribing 3,100*l.* to the original fund, would take this appeal into consideration. The Committee, it was added, had great hope that they would soon be able to close the subscription list for the educational buildings of the University. It was resolved to remit the letter to the Lord Provost's Committee for report.

**CHARITABLE BEQUESTS.**—Mr. Fletcher, late of Rosebaugh, has bequeathed 500*l.* to the Northern Infirmary, Inverness. Mr. Hugh Blayney, late of Dublin, has bequeathed to his executors 256 shares of the Bank of Ireland Stock, equal to 310*l.* each share, in trust to pay over the dividends or annual profits of same from time to time to the following, among other institutions:—The dividends of 10 shares to the St. Vincent's Hospital and Dispensary, St. Stephen's Green; also of 5 other shares to the Magdalen Asylum, Dominick Street, Dublin; also of 5 other shares to the St. Mary Magdalen Asylum, Donnybrook; also of 10 other shares to the Jervis Street Hospital; also of 20 other shares to the Mater Misericordiae Hospital; also of 5 other shares to the Deaf and Dumb Institution for Boys at Cabra; also of 5 other shares to the Incurable Hospital, Donnybrook; also of 5 other shares to the Buckingham Street Hospital, Dublin; also of 5 other shares to the Cork Street Hospital, Dublin; also of 5 other shares to the Coombe Lying-in Hospital; and also, of 5 other shares to Mereer's Hospital.

**POOR LAW MEDICAL OFFICERS' ASSOCIATION.**—At a meeting of the Council of this Association, held at their rooms, 3, Bolt Court, the subjoined resolution was unanimously adopted:—"That this Council having perused the correspondence relating to the epidemic of small-pox in Camberwell, regrets to find that two medical members of the Board have unjustifiably and on apparently insufficient grounds opposed the grant which was proposed to be given to the district medical officer for extra services in visiting and attending a great number of non-pauper cases of small-pox, more especially as at the same meeting a gratuity was granted to the relieving officers for the extra work they had performed in connection with such cases. And this Council further desires to express its recognition of the courteous and kind consideration exhibited by Dr. Massey in his advocacy of the just claims of such officers."

**HEREDITY AND INSANITY.**—Dr. Manning, the Inspector-General of the Insane in New South Wales, has lately investigated the family history in 21 families where two or more of the children were afflicted with mental weakness, the result of his labours being given in a short paper in the *Australasian Medical Gazette* for August. The 21 families yielded a total of 82 children, of whom 50, 29 males and 21 females, were imbecile or idiotic. In five of the families the parents were related, in two being first cousins, and in three brother and sister; in three families nothing was known of the parents, and in the rest it was ascertained that there was no blood relationship between them. In only one of the families could no insanity be traced amongst the relations of either parent; in three, no information could be obtained; whilst in the rest a strong family history could be made out in nearly all, and in five there was an insane inheritance on both sides. Dr. Manning concludes that in a large proportion of cases, idiocy is dependent upon hereditary influences, and that the marriage of those who are or have been insane, or in whose families insanity is known to exist, ought to be discouraged as much as possible. As regards consanguineous marriages, he agrees with Dr. Withington, whose paper was noticed in a recent number, that apart from inheritance they are not injurious.

**A NEW CODER ON THE AMERICAN DISSENSIONS.**—Dr. Jacobi, who has been removed from his official position in connection with the Washington Congress as one of the chief supporters of the New Code of Ethics, recently delivered an address as President of the New York Academy of Medicine, in which he spoke very gloomily of the prospects of the Congress. "It need not matter," he said, "how much may have, nay, has been done to mar the success of the next International Assembly, and to deprive us of the opportunity long looked forward to of greeting the giants of science, the celebrated teachers, the ingenious experimenters, and our literary or personal friends of Europe, on our own soil. For an International Congress will never convene under the roof of a house divided in itself, though the division may be the work of a few sacrilegious hands only. But this is a sad theme, deplored by everybody who feels, as both a personal grief and a public calamity, the humiliation which is involved in the hesitation on the part of the Congress to assemble in our country." On the relation of the Code Question to the present dissensions, he said: "The code question is dying a great deal more easily than the bloody shirt disappeared from the politics of the country. If it is puffed up as the pivot of the organization of the International Congress, everybody is perfectly aware that this is either a pretext or a grave mistake. I believe it is both. Europeans, who were not afraid of admitting laymen and homœopaths, expected to meet, if ever they should consent to cross the Atlantic for an International Congress, the American medical profession. No International Congress must be caught in domestic quarrels, or audaciously kidnapped by a society, or a party, or the faculty of a medical school. We are presenting a sad spectacle. In our first attempt at welcoming the medical world to our shores we have failed. The humiliation connected with this fact we have to submit to; to trace it to all its causes I can not undertake here. The least we can do is to admit it; if the task we hoped to accomplish was too much for us, let us try to prepare for the future by attending to those duties of our own which we can perform without hindrance or disturbance."

**THE MONTREAL EPIDEMIC AND VACCINATION.**—The present epidemic of small-pox is furnishing incidentally some evidence as to the utility of vaccination. From August 1st to September 14th, the total number of cases was close upon 1,000, and the number of deaths about 330. The very large majority of the victims were French Canadian Catholics. Thus, out of 128 cases occurring last week, all but five were Catholics, while of the total number of deaths, since August 1st, only 34 have been Protestants. It appears that the Canadian Catholics, on religious grounds, do not allow themselves to be vaccinated—hence the force of the epidemic is spent on them. No doubt uncleanly modes of life have also something to do with the excess.—*New York Medical Record*, September 19.

**ST. GILES' DISTRICT.**—The annual report of the Board of Works for this district, together with the report of Dr. Lovett, the Medical Officer of Health, for the year ending March 25th, 1885, has lately been published. After making the necessary corrections for the deaths of parishioners in public institutions outside the district boundaries, the total number of deaths was 1,220, equal to a death-rate of 26.1 per 1,000. The deaths were, however, very unequally distributed between the two portions of the district. Thus, in Bloomsbury the death-rate was 16, showing a decrease from last year's return, whilst in St. Giles' it was 31.7; in the northern part of this sub-district being 23 per 1,000, and in the southern, 38.9. This extraordinarily heavy death-rate is attributable partly to the fact that the workhouse is situated in this area, but more especially to the insanitary state of the Shelton Street area. This street has been for some years a source of great annoyance to the Medical Officer of Health; in 1877, in consequence of his representations, the whole of the north side was dealt with under Torrens' Act, and put into repair, but the houses were too old and the people too uncleanly and destructive in their habits for the improvements to last long, and very soon the houses were in as bad a condition as before. Ever since then Dr. Lovett has been trying to have them demolished, but thus far without success, the delay being due to the



inaction of the Metropolitan Board of Works and the authorities at the Home Office. The following facts in reference to this particular street are sufficiently startling, we should have supposed, to arouse even the official mind to realise that it is time something should be done. In 1884, the general death-rate was 56.8 per 1,000, the zymotic death-rate was 21.8, and the death-rate of children under 5 was 36.4. Ten years ago there were two other areas in the district which vied with this one in insanitary conditions; they have both, however, been done away with, and are now replaced by Peabody buildings. In one, the Great Wild Street area, the new buildings have been long enough erected to afford some evidence of the advantages of the alteration, and last year we find that there the death-rate was 22.6.

**CHLORAL AND OXIDIZING AGENTS.**—M. Cotton, who has been making researches on the chemical relations of chloral hydrate, finds that yellow oxide of mercury decomposes an aqueous solution of chloral, forming carbonic acid, carbonic oxide, and oxychloride of mercury. The red oxide acts similarly, but less energetically. Permanganate of potassium decomposes chloral, forming chloroform and peroxide of manganese, and disengaging oxygen, chlorine and carbonic acid. Chromic acid acts violently on crystals of chloral hydrate, forming carbonic acid and carbonic oxide. It does not decompose solutions of chloral unless heated. Chromic acid and permanganate of potassium do not act on chloroform, bromoform, or iodoform. Yellow oxide of mercury does not act on the two former substances, but decomposes iodoform with evolution of carbonic oxide and carbonic acid.

**THE MEDICAL PRESS GAGGED.**—A Russian journal of hygiene entitled *Health*, has just been suppressed by a tribunal consisting of several high officials, including the minister of education himself, and representatives of the ministry of justice, and the ministry of the interior. Curiously, too, the legal adviser of this triumvirate was the ecclesiastical lawyer of the Holy Synod, so that we may consider that not only law, justice, and education, but even religion itself was invoked in order to put away the accursed thing. We are not told whom our unfortunate contemporary had offended, or whose property was depreciated by its articles, but we dare say that the individual, whoever he may have been, was very thankful that he lived in a despotic country where inconvenient utterances could easily be stopped.

**THE EPIDEMIC OF TYPHOID FEVER IN TUNIS IN 1882.**—The French official report of the severe epidemic of typhoid fever, which occurred in the army and in Tunis in 1882, has only recently been published, and from it the *Union Médicale* (September 8) gathers the following facts. This disease was the second in frequency of those which attacked the expeditionary force, affections of the alimentary canal occupying the first place. Among the 20,000 men who constituted the corps, 2,400 fell victims to the disease, the young recruits especially suffering, so that of 4,200 cases of declared typhoid, 2,000 had not been more than seven months in the service. To the mischievous effects of this short period of service, the inordinate fatigues to which the troops were subjected have to be added. Chief clinical characters of the disease were the rapidity of its course, the frequency of adynamia, the predominance of intestinal lesions, the relative rarity of pulmonary localisations, and the frequency of sudden death. The fatal termination supervened so rapidly that in a sixth part of the deaths it is returned as sudden. This termination was in great part due to the bad ambulance accommodation which numbers declined to avail themselves of preferring to die in their clothes on the ground or on the litters. Among the most frequent complications towards the end of the epidemic was diphtheria.

**THE METROPOLITAN ASYLUMS BOARD.**—The usual meeting of this Board was held on Saturday last. The returns respecting small-pox in the metropolis showed that the epidemic which had long prevailed was steadily dying out. During the fortnight there had been received in all 36 cases, as against 75 in the previous fortnight. Of these five had been received in the South Eastern Asylum and

31 had been received on the hospital ships. During the fortnight six had died, 66 had been discharged, and 130 remained under treatment, of whom 129 were on the ships and one was in the South Eastern Asylum. The number left a fortnight ago under treatment was 155. Sir E. H. Currie stated that, the small-pox having now shown itself to be spent, the question arose whether the managers should proceed with the proposed buildings on the site at Darent. He moved:—"That it should be referred to the General Purposes Committee to consider and report as to the nature, extent, disposition, and qualifications of the accommodation which, in the opinion of the committee, should be provided for the reception of small-pox patients, and that, pending the receipt of the report of the committee, the consideration of the plans for the proposed buildings at Darent should be adjourned." Mr. Carr seconded the motion, which was agreed to. Sir Edmund Currie then brought under notice the report of the General Purposes Committee on a letter from the Local Government Board respecting the maintenance of wards in the urban asylums for the reception of small-pox cases. Sir Edmund pointed out that the managers had kept up such wards in two of the asylums, the Eastern and the South Eastern, and that while no patients had been received in the former, during the last fortnight only six had been received in the latter. The receptions in all during the fortnight only amounted to half the number which used to be received daily. Under these circumstances it was quite unnecessary, seeing the completeness of the arrangements, moreover, for taking the patients down to the ships, to keep up staffs at the several asylums in London. He moved that the following resolution be agreed to:—"That the Local Government Board be informed that the managers adhere to the opinion expressed in the report of the General Purposes Committee—namely, 'That it is not the desire of the managers in non-epidemic times to incur the very considerable expense which would necessarily follow the retention of a staff of officers for the reception and treatment in the five metropolitan fever hospitals of the comparatively few cases of small-pox which experience has shown will probably have to be treated, when the patients could all be more economically and quite as satisfactorily treated under one administration in the hospital ships at Long Reach;' and that the managers have every reason to anticipate, from the return of the number of patients remaining under treatment in the hospitals of the Board and from the very few cases which are at present being removed daily to hospitals, that the present epidemic is virtually at an end. That the Local Government Board be urged to no longer withhold their sanction to the temporary closing of the small-pox isolation wards at the North Western, South Western, and Western Hospitals, keeping open those at the South Eastern and Eastern Hospitals." The motion was carried.

**THE SALE OF FOOD AND DRUGS ACT IN EDINBURGH.**—An important report on the analysis of food, for the quarter ending September, was recently submitted to the Edinburgh Town Council, by Mr. J. Falconer King, the city analyst. During the quarter he had received 15 samples for analysis—3 samples of butter, 4 samples of milk, 2 samples of condensed milk, 3 samples of whisky, 2 samples of water, and 1 sample of confections. Of the three samples of butter, one was found to be genuine as far as freedom from admixture with foreign fat was concerned. It contained, however, nearly 11 per cent. of water. The other two samples were most extensively adulterated, containing, indeed, little or no real butter, and being composed almost entirely of grease, salt and water. Of the four samples of milk, three proved to be genuine. The samples of condensed milk were both prepared from milk, which had evidently been much reduced in quality by having had the cream abstracted. The three samples of whisky were all genuine. The sample of confections might be classed as genuine, although it contained a small quantity of a metallic compound, added evidently as a colouring agency. The two samples of water were both impure. One was contaminated to such an extent by deleterious matter as to be quite unfit for use, and the other contained a distinct proportion of a soluble compound of lead. The report



also drew attention to the disadvantages under which they at present laboured in their attempts to stop the sale of adulterated food in the city. He was perfectly convinced that in Edinburgh at the present time a very large proportion of the food which was disposed of, especially to the poorer classes, was neither what it ought nor what it was represented to be; and in many cases where an attempt was made by the inspectors, who are unfortunately too well known to the sellers, to purchase samples of those adulterated materials in order to have them analysed, they were told that none of the articles which they happened to ask for was kept. Quite recently, a case of this kind occurred. A short time after hearing this, he sent a lad, poorly dressed, to one of these shops, and he was served at once when he asked for half-a-pound of butter. The material which was given him was found, on being analysed, to be adulterated so largely as to be hardly deserving of the name of butter. This being the state of matters, he was of opinion that, until some change was made in the mode of procuring samples, it would be impossible to stop the sale of much of the adulterated food which was at present sold in many parts of the city.

**A DUTCH OBSTETRIC CHARITY.**—The *Weekblad* publishes some interesting statistics of the Obstetric Charity at Gravenhage, which has now been nine years in existence. The confinements are as a rule attended by midwives; but in difficult cases the medical man in charge of the Charity is called in. During the whole 9 years 13,818 cases have been attended, the doctor being called in 1,253 of these; 949 operations were performed, resulting in 16 deaths of mothers and 142 of children. The number of cases during the past 12 months was 2,204, in 362 of which medical aid was sent for, operations being performed in 127 cases, one mother and 15 children dying. The forceps were used in 73 cases, all the mothers living and 68 of the children. There were 19 breech cases; all the mothers lived, but 4 children died. The foot presentations were 12 in number; one of the children was putrid. There were 5 cases of placenta prævia with no maternal deaths. There were 2 cases of triplets, in one of which a boy was born in the first cranial position, two girls following as footlings. Two placentas existed connected together. The children were very small, and all died within a week. There were no cases of puerperal convulsions.

### APPOINTMENTS.

- ANDERSON, JOSEPH, M.B. and C.M. Aber.—Senior House Surgeon to the Preston and County of Lancaster Royal Infirmary, *vice* C. J. Heath, M.R.C.S., L.S.A. Lond., resigned.
- APPLETON, HARRY, M.R.C.S., L.S.A.—Medical Officer to the Second Division of the Second District, Helston Union, *vice* Mr. G. Appleton, resigned.
- BARRON, ALEXANDER, M.B. Lond.—Curator of the Pathological Museum, University College, Liverpool, *vice* F. T. Paul, F.R.C.S., resigned; Assistant to the Professor of Pathology, University College, Liverpool, and Medical Tutor to the Royal Infirmary, Liverpool, *vice* E. Hyla Greves, M.D., resigned.
- COLLIER, JOSEPH, M.B., B.Sc. Lond., F.R.C.S. Eng.—Resident Surgical Officer to the Manchester Royal Infirmary, *vice* Mr. H. W. Pigeon, resigned.
- DAY, PERCY H., L.R.C.P. and L.R.C.S. Edin.—Medical Officer to the Stalmine District, Garstang Union, *vice* Dr. H. Barton, resigned.
- DAYMAN, BARNFIELD, L.R.C.P. Lond., M.R.C.S. Eng.—Medical Officer to the Third District, South Stoneham Union, *vice* Mr. Henry Dayman, deceased.
- DUNCAN, WILLIAM, L.R.C.S. Edin., L.M.—Medical Officer to the Nunney District, Frome Union, *vice* Mr. W. H. Wood, resigned.
- EMRYS-JONES, A., M.D. Edin., M.R.C.S. Eng.—Visiting Ophthalmic Surgeon to the Bolton Infirmary.
- FENNELL, THEODORE, M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Tabley District, Altrincham Union, *vice* Mr. W. H. Sutcliffe.
- HASELL, E. S., M.R.C.S. Eng., L.S.A.—House Surgeon to the Northern Branch of the Brighton, Hove, and Preston Dispensary.
- HEARNDEN, WALTER CARRINGTON, M.R.C.S. Eng., L.S.A.—Medical Officer to the Leatherhead District, Epsom Union, *vice* Mr. Allan MacLean, resigned.
- HOWARD, HERBERT, L.R.C.P. Lond., M.R.C.S. Eng.—Medical Officer to the Third District, Depwade Union, *vice* Mr. H. F. Howard, deceased.
- LANE, JOHN E., M.D. Qu. Univ. Ire.—Medical Officer to the Thames Ditton District, Kingston Union, *vice* Dr. Holdsworth, deceased.
- MAYNARD, FREDERICK, M.B. Durh., M.R.C.S., L.R.C.P. Lond.—Assistant House Surgeon to the Preston and County of Lancaster Royal Infirmary, *vice* W. F. Moore, promoted.
- MCARTHUR, DUNCAN R., M.B. and C.M. Edin.—Medical Officer to the Workhouse and to the Minton District, Sturminster Union, *vice* Mr. J. Turgewell, resigned.

- MOORE, W. F., M.B. Durh., M.R.C.S.—Junior House Surgeon to the Preston and County of Lancaster Royal Infirmary, *vice* J. Anderson, promoted.
- NOBLE, JOHN, M.B., C.M. Edin.—House Surgeon to the Barnhill Hospital, Glasgow, *vice* Dr. Gibb, resigned.
- NUGENT, GUY, M.B.—Physician to the Richmond Hospital, Dublin, *vice* the late Dr. Benjamin McDowell.
- NUNN, JOHN R., M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Peckham District, Alcester Union, *vice* Mr. J. W. Leacroft, resigned.
- PALMER, FRANCIS C., L.K. and Q.C.P. Irel., M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Sapperton District, Cirencester Union, *vice* Dr. Cawthorne, resigned.
- POWELL, J. H., M.R.C.S., L.R.C.P.—House Surgeon to the Weston-super-Mare Hospital and Dispensary.
- RATTRAY, ALEXANDER, M.D. Edin., L.R.C.S. Edin., L.S.A. Lond.—Medical Officer to the Wymondham District, Melton Mowbray Union, *vice* Mr. R. Johnstone, resigned.
- ROGERS, WILLIAM F. C., M.R.C.S. Eng., L.R.C.P. Edin.—Medical Officer to the Sithney District, Helston Union, *vice* Mr. E. Rundle, resigned.
- RUSSELL, JOHN H., M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Cheshunt District, Edmonton Union, *vice* Mr. E. W. B. Garlike, resigned.

### VACANCIES.

- BURNLEY UNION.—Medical Officer to the Padiham District, in succession to Mr. John G. Booth, deceased. Area, 12,871 acres. Population 13,985. Salary, £45 per annum.
- CENTRAL LONDON OPHTHALMIC HOSPITAL, GRAYS INN ROAD, W.C.—Assistant Surgeon. (*For particulars, see Advertisement.*)
- DROITWICH UNION.—Medical Officer to the Hanbury District, in succession to Mr. R. Holyoake, resigned. Area, 10,204 acres. Population, 3,274. Salary, £85 per annum.
- HAVANT UNION.—Medical Officer to the Fourth District, in succession to Mr. P. Pope, resigned.
- MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT.—Honorary Physician. Candidates must be Graduates in Medicine of a British University, or Members of the Royal College of Physicians and appear on the Medical Register. Applications, with copies of testimonials, to be sent to the "Chairman of the Board" not later than October 31st.
- NORTH LONDON HOSPITAL FOR CONSUMPTION, HAMPSTEAD, N.W.—Resident Medical Officer. Salary, together with board and rooms in the Hospital, £400 per annum. Candidates must possess a Medical and Surgical diploma. Applications, with testimonials to be sent to the Secretary, at the office, 216, Tottenham Court Road, W., not later than October 29th.
- OWENS COLLEGE, MANCHESTER.—Professorship of Physiology. Candidates to forward applications and testimonials to the Council of the College, under cover, to the Registrar, not later than Nov. 9th. Further particulars can be obtained on application to the Principal of the College.
- PARISHES OF TONGUE AND FARR, SUTHERLAND.—Medical Officers. (*For particulars, see Advertisement.*)
- THE GREAT NORTHERN CENTRAL HOSPITAL, CALEDONIAN ROAD, LONDON, N.—Surgeon. (*For particulars, see Advertisement.*)
- WONFORD HOUSE HOSPITAL FOR THE INSANE, EXETER.—Assistant Medical Officer. Salary, £150, with board, lodging, and attendance. Candidates must be duly registered, and possess both a medical and surgical qualification, and not under 24 years of age. Applications, with not more than three recent testimonials, to be sent to Dr. Deas on or before October 26th.

### DEATHS.

- CLARKE, W. M., M.R.C.S., L.S.A., at 2, York Buildings, Clifton, Bristol, on October 2, aged 56.
- HAMILTON, WILLIAM, M.D., formerly of Marlton, co. Wicklow, Ireland, at Oakfield, Torquay, on October 4, aged 88.
- LAW, AUGUSTUS, M.R.C.S., at 14, Woburn Place, Russell Square, on October 10, aged 60.
- WILSON, DR. ROBERT, at Seabank, Aberdour, on October 4, aged 85.

### NOTES, QUERIES, AND REPLIES.

#### THE BRADLEY FUND.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—Will you kindly acknowledge the following additional subscriptions.

I remain, yours faithfully,

RICHARD JEFFREYS.

Eastwood House, Chesterfield, October 14th, 1885.

The Proprietors of the *Provincial Medical Journal*, £5 5s.; Mr. Edward Cock, £2 2s.; Dr. W. H. Hooper, Dr. E. Cresswell Baber, each, £1 1s.; Anonymous, 5s.

#### CAPSICUM IN HÆMORRHOIDS.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—The value of capsicum in hæmorrhagic diseases is noted in Section 1587:3 of the "Medical Digest," where Dr. Brock's "legacy," as published in the *British Medical Journal* in 1854, is given, viz., five to ten grains of capsicum powder every ten minutes until post-partum hæmorrhage ceases.

I am, Sir, yours, &c.,

RICHARD NEALE, M.D. Lond.



THE BACILLUS OF BERI-BERI.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—Is Dr. Wallace Taylor the discoverer of the beri-beri bacillus? In 1884, M. de Lacerda described the micro-organism found in this disease; whether Dr. Taylor claims a prior discovery I do not know.  
I am, Sir, yours, &c.,  
EDITOR "MEDICAL DIGEST."

J. F. de Alford.—We cannot give advice in private cases.

COMMUNICATIONS RECEIVED—

Dr. F.W. PAVY, F.R.S., London; Dr. J. WARD COUSINS, Portsmouth; Dr. W. H. ALLCHIN, London; THE OZONE MACHINE COMPANY, New York; Messrs. WOODHOUSE & RAWSON, London; Mr. A. JOHNSTON, London; THE SECRETARY OF THE UNIVERSITY COURT, Aberdeen; Messrs. DOWN BROS., London; THE EDITOR OF THE "MEDICAL DIGEST," London; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; Messrs. P. BLAKISTON, SON & CO., Philadelphia; THE SECRETARY OF THE NATIONAL DENTAL HOSPITAL, London; THE SECRETARY OF THE FACULTY OF PHYSICIANS AND SURGEONS, Glasgow; OUR BOMBAY CORRESPONDENT; THE DIRECTOR OF THE VIENNA POLYCLINIC, Vienna; Mr. GEO. RENDLE, London; Mr. J. HUTCHINSON, F.R.S., London; Dr. CURNOW, London; Dr. DE HAVILLAND HALL, London; Mr. WICKHAM BARNES, London; THE SECRETARY OF THE MEDICAL SOCIETY, London; Mr. J. F. DE ALFORD, London; Mr. J. ROGERS, London; Messrs. S. LOW & CO., London; OUR LIVERPOOL CORRESPONDENT; OUR GLASGOW CORRESPONDENT; Mr. A. CLARK, London; Mr. C. H. WELLS, London; Mr. MUNRO SCOTT, London; Dr. WILLIAM WADHAM, London; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; THE REGISTRAR-GENERAL FOR ENGLAND, London; Messrs. G. W. CHRISTIE & CO., London; Mr. A. BARRON, Liverpool; Dr. NICHOLS, London; Dr. NORMAN MOORE, London; THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD, Whitehall, London; THE SECRETARY OF THE SANITARY ASSURANCE ASSOCIATION, London; THE SECRETARY OF THE UNIVERSITY OF CAMBRIDGE; Mr. G. P. FIELD, London; THE ACCOUNTANT GENERAL OF THE NAVY, Admiralty; Mr. R. JEFFREYS, Chesterfield; THE SECRETARY OF THE ROYAL INFIRMARY, Manchester; THE SECRETARY OF THE PATHOLOGICAL SOCIETY, London; THE SECRETARY OF THE CLINICAL SOCIETY, London; Dr. SAWYER, Birmingham; THE HON. SECRETARY OF THE LONDON SCHOOL OF MEDICINE FOR WOMEN, London.

BOOKS RECEIVED—

The Insane in the United States and Canada, by D. Hack Tuke, M.D., LL.D.—Transactions of The Willan Society of London, Vol. I.—Statistical Tables of the Patients under Treatment in St. Bartholomew's Hospital during 1884—Arithmetical Physics, by C. J. Woodward, B.Sc.—Clinical Lectures on Diseases of the Liver, by Charles Murchison, M.D., LL.D., F.R.S.—Climate and Health Resorts, by J. Burney Yeo, M.D.—Report on the Sanitary Condition of the Parish of St. Mary, Islington, during 1884—A Text Book of Operative Surgery and Surgical Anatomy, by A. T. Norton, F.R.C.S.—Insanity: Modern Views as to its Nature and Treatment, by W. T. Gairdner, M.D., LL.D.—A Concise Dictionary of the English Language, by Charles Annandale, M.A., LL.D.—Choléra Asiatique, par Le Dr. Duboné (De Pau).

PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Natre—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—The Hospital Gazette—Revue Médicale—The Archives of Pediatrics—Journal of the American Medical Association—The Practitioner—Gazette de Gynécologie—The Canada Lancet—Popular Science News—Canada Medical and Surgical Journal—The Australian Medical Gazette—The Canadian Practitioner—The Bristol Medico-Chirurgical Journal—Indian Medical Gazette—The North Eastern Daily Gazette.

HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 2 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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## THE HARVEIAN ORATION.

Delivered at the Royal College of Physicians of London, on October 19th, 1885.

By RICHARD QUAIN, M.D., F.R.C.P., F.R.S.

PRESIDENT AND GENTLEMEN, — It is known to the majority, or even to all, of those whom I have now the honour to address, that our great ancestor Harvey, when he conveyed by indenture his patrimonial estate to our College, made that conveyance subject to certain trusts. One of these trusts, Sir, had reference to the duty of to-day, which, at your request, I am about to endeavour to discharge.

Save for a few brief periods of intermission, this duty has been fulfilled annually since the year 1656, when the first Harveian Oration was delivered by Dr. Edward Emily. In the lengthy roll of those who have succeeded this first Harveian Orator we find the names of many Fellows who have been highly distinguished, not only in the annals of our College, but also in the still wider annals of English science and literature. To follow such eminent men, in the discussion of subjects on which little that is new can now remain to be said, is an undertaking from which I should naturally have recoiled. But, remembering,

Sir, that the request proceeded from you, the distinguished President of our College, once a fellow-student, always a friend, I felt that it was no longer open to me even to hesitate. I felt that I must adopt the words of the Contrôleur Calonne, who, when asked by Queen Marie Antoinette to undertake a duty which her Majesty considered to be difficult, replied, "If it be only difficult, it is done : if it be impossible it shall be done." In the spirit which suggested this answer I am here ; and I crave the indulgence of my hearers whilst I address myself to my task.

For more than twenty years I have listened with attention to successive Harveian Orations, and I have read with care those which have been published during the same period. I have scarcely known which most to admire : the patient research on which these orations have been founded, the philosophic spirit which has breathed through them, or the eloquent and impressive manner in which the conclusions of the authors have been laid before the College. Some of my predecessors have reminded us of Harvey's personal history and surroundings. By others we have been told what was known of the circulation of the blood before his time ; and his method of research and his calm inductive reasoning have been admirably portrayed. By others, again, Harvey's claims to originality in relation to his great discovery have been fully set forth ; and have been established with a certainty which can never be disturbed. In one of these brilliant discourses, his observations on genera-



tion found an able and fitting exponent. On another occasion his philosophy, more especially with reference to the doctrine of final causes, was most ably discussed. On another, the bearing of his discovery upon the improved knowledge of therapeutics, and the better practice of medicine which have resulted from it, was fully described; and the great philosopher was regarded in the light of a physician as well as in that of a physiologist; while we seem still to listen to the oration of last year, in which Harvey was represented as having anticipated some of the great discoveries which mark the present period. Reflecting on these admirable discourses, I felt that it would be impossible for me to retrace such familiar ground, otherwise than at the risk of reminding many of my audience how often they had already heard the same story, related in a more eloquent and a more impressive form.

Meditating, then, on the subject on which I should address you to-day, I remembered that I should have before me the portrait of our great predecessor, who might for a moment be assumed to animate the picture, and to be prepared to listen to what I had to say. And venturing then to ask myself what the founder of this Oration would most desire to hear, it seemed to me that he would say—as might be anticipated from a character so unassuming, so simple, so opposed to ostentation and display—"Of myself I have heard much: I appreciate the honour, the esteem, and the regard entertained for me by my successors. My work has accomplished all that I could have hoped for or desired. Tell me, then, if you can, something of the profession which I love so well."

Anxious to fulfil this unselfish and disinterested wish, and remembering that Harvey had assigned to the Harveian Orator the duty of encouraging his fellows to search out the secrets of nature, it occurred to me that there are two of these secrets which, though not strictly of the kind to which our benefactor's words were intended to apply, are yet of sufficient interest and importance to justify me in asking your attention to them for a brief time to-day.

The first of these secrets has reference to the past: Why is it that amongst a vast number of persons, alike in ancient and in modern times, medicine has not enjoyed that high estimate of its value, as an art and as a science, to which it is justly entitled? The other problem requires the exercise of the prophetic spirit; since I seek to ascertain whether we have any grounds for anticipating a more satisfactory future for our profession, either in the security of the foundations on which it is laid, or in the consequent appreciation of it by the public.

Why, then, is it that both in ancient and modern times medicine has been so often regarded with scepticism and want of confidence, and so often treated with satire, and even with contempt?

In seeking an answer to this question, we cannot be surprised that the scepticism as to the powers of the healing art should be rife, both within and without the profession, when we regard the nature of the problems with which we have to deal. The want of faith may be traced to two sources: one intrinsic, and due to the inherent complexity and difficulties of the subject; the other accidental, external, to be found amongst the people at large. In its scientific aspect, medicine possesses this peculiar difficulty and source of uncertainty: that the individuals or units, with which we have to deal, not only differ from each other, but also vary constantly, each one within itself. They are subject to endless influences from within and from without, mental or physical, inherited or acquired. This ceaseless change of circumstances, and the variations consequent upon it, complicate and con-

fuse the problems presented to the scientific physician, increase the labour of his investigations, and render his conclusions so far uncertain that only repeated verification can bring satisfaction to his mind. This source of difficulty is, however, so fully appreciated by those whom I now address, and by all indeed who are interested in the pursuit of science, that I do not propose to dwell upon it here, but rather to turn to what I have called the external causes, which, by affecting the feelings and judgment of the masses, have frequently thrown doubt and discredit upon our professional proceedings.

Evidence of the existence of such doubt, both in the past and in the present, is to be found in the judgments of men of science, not excluding indeed members of our own profession; in the sarcasms of dramatists and satirists, and still more in the daily action and behaviour of the sick, who, by submitting themselves to the treatment and by accepting the nostrums of charlatans and quacks, in the same spirit in which they would have recourse to our own aid, manifest the like esteem in which they hold us all.

I can best address myself to my argument by recalling to your memory some of the oft-quoted sentiments; which, in the half truths they have expressed, indicate the aspect in which our art has appeared to thoughtful minds.

Quot Themison ægros autumnno occiderit uno?

asks Juvenal satirically, in reference to the leading practitioner of his day—an expression which has been parodied in our own times by an eminent statesman who asked his friend and physician how many deer he had killed during his autumnal holiday; and, on being told a dozen or more, exclaimed, "I congratulate you: you could not have had more success amongst your patients!" Turning to our profession, we find Celsus asserting that "*optima medicina est non uti medicinâ*." Even Hoffmann exclaimed "*Fuge medicos et medicamenta si vis esse salvus*." Dr. Gregory half a century ago expressed a remarkable opinion, not more discouraging to his profession as a physician than damaging to his reputation as a prophet, when he said, "I think it more than possible that in fifty or a hundred years the business of physician will not be regarded even in England as either a learned or a liberal profession." Majendie once stated that "the doctor is often superfluous, sometimes mischievous, and occasionally fatal."

It was not likely we should escape from Shakespeare's criticism. "Trust not the physician," said Timon to the banditti; "his antidotes are poisons, and he slays more than you rob." The opinion entertained of our profession by Molière is too familiar to need repetition; whilst Voltaire tersely described our practice as "pouring drugs of which we know little into bodies of which we know less." The late Dr. Arnold wrote not so long ago: "The philosophy of medicine, I imagine, is almost at zero; our practice is empirical, and seems hardly more than a course of guessing more or less happy." I might easily extend this list, but there is probably no question more comprehensive and more damaging in its inference than that asked by the late Sir William Hamilton: "Has the *practice* of medicine made a single step since Hippocrates?" Embodying as it does the essence of adverse criticism, and coming from so high an authority, I nevertheless hope to succeed in showing how utterly unfounded is the suggestion which it embodies.

The tone of low esteem which runs throughout these quotations, often the reflex of current opinion, as well as of that of the individual, compels an attempt on our part to trace the causes to which it may be attributed. These, I think, may be considered as threefold in their character: first, the very course and progress of the



science and art of medicine itself from the earliest times to the present day; secondly, the amazing credulity of the mass of mankind; and thirdly, the obstinate and unreasoning incredulity of no inconsiderable minority.

In looking back on the history of our art, we may remember how it was believed to have emerged from the clouds, and how those who practised it were regarded as gods; how subsequently in the hands of Hippocrates the art first assumed the form of a science, and was by him and his immediate successors pursued on a line of careful observation, influenced by, but not entirely subjugated to, the prevailing philosophical speculations on the nature of things; how further, impeded at its origin, it became for centuries the prey of rival systems, which, based on *a priori* speculations, and founded on ignorance, were made to fit in with notions engendered by imperfect knowledge. The mere mention of some of these systems is sufficient to suggest the absurdities they propounded, and to justify the taunts and sneers of those who, even could they accept the doctrines set forth, were shaken in their faith when they witnessed rival sects strenuously contending each for its own infallibility. Galen strongly condemned the distinctions made by these sects as leading to interminable hypotheses and disputes; in which each individual supported his own theory to the disparagement of others, and to the great injury of medicine in general.

How, then, can we blame the critics who were bewildered by the rival factions of dogmatists, empirics, methodists, pneumatists, and eclectics, together with the many others in whose hands medicine was "reduced to a mere department of speculative philosophy, involved in futile disputations and in formulas based on no substantial facts," and who for six centuries practically monopolised the healing art? Through the dark ages, during which medicine was largely under Arabic influence, our science consisted for the most part of wordy commentaries on the writings of the ancients; and the practice, mainly confined to the priesthood, was regulated by the grossest superstition. Those were the days of the astrologer and miracle-worker, of cures by prayers, relics, and royal touch, and of the search for the elixir vitæ, the time when surgery was in the hands of barbers.

But it must not be forgotten that during this very period, when all science was at a standstill and when we can scarcely point to a single observation or discovery, the universities were founded, and in the hands of a few, in small and scattered schools, the light of investigation, although dimmed in the prevailing atmosphere of mysticism and hypothesis, had been kindled and was kept alive; notably at Salernum, where an attempt was made to substitute a scientific procedure for the generally prevalent superstitions. At Bologna, Padua, and other schools, anatomy, long discarded, was again beginning to be studied; and thus the revival of learning, and the foundation of the modern scientific method by Bacon, did not find our art absolutely unprepared to receive them. None the less, in Harvey's day the whole work had to be begun anew; the preceding centuries had been almost so much lost time; all that had been handed down from them in the shape of fact was of the most meagre character; dissection had fallen into disuse; without knowledge of structure there could be no physiology, still less any rational pathology and diagnosis; and all that existed of therapeutics was an empirical acquaintance with the efficacy of a certain number of drugs.

It was not long, however, before improvement reached us. In 1518 Linacre, who had studied at Salernum, returned to found our College by obtaining, through Wolsey's influence with Henry VIII., the

charter "whereby medicine was rescued from the tender mercies of the ecclesiastical profession."

The history of our profession from this time presents a record of ever-increasing additions to our knowledge, acquired by careful observation and experiment. Each division of our complex science received a fresh impetus, not a few becoming differentiated and distinct, and all pursuing for the next two centuries a path of uninterrupted progress. Anatomy, which Vesalius, Fallopius, Fabricius, and others had built up, reached, in the hands of their successors, a degree of precision only limited by the nature of the subject. Physiology, which can scarcely claim to have been a separate branch before Haller, was pursued with increasing energy by Hunter, Spallanzani, Hewson, and many others. To Sydenham, Baglivi, and notably Boerhaave, may be ascribed the merit of applying to medicine the method of observation which may be said to have been dormant since the days of Hippocrates. Morbid anatomy, which first took shape in the hands of Bonetus and was developed by the labours of Morgagni, more than sustained its position by the labours of the Hunters, of our illustrious Fellow, Mathew Baillie, and of many eminent French pathologists. Thus, then, did every branch of our science make progress. Unfortunately, however, incidental to this progress, often inseparable from it, and always detrimental to it, there has continued a tendency to system-making and speculating of the shallowest and most specious character. I am not concerned with the causes which occasioned the delusions hence arising, nor with the justification they might plead for their existence in times when superstition and credulity were rife: it is sufficient for my argument that they existed, and that they contributed, not without reason, to the low esteem in which the efforts of even the foremost of our profession were held. But, whilst the true science which budded forth with Hippocrates was stifled by the systems of his successors, its revival with Harvey and his contemporaries was too powerful to suffer the same fate; henceforth the vain imaginings ran their course side by side with the progress of scientific truth, frequently to its hindrance and injury, but still more frequently to be cast aside and forgotten.

The sources of the various superstitions which degraded our science, and which even still afford some ground for scepticism, are to be sought not only in the inherent tendency of the human mind to accept the marvellous and supernatural, to court deception, and to be pleased rather than otherwise with the result of its quest—"quandoquidem populus decipi vult, decipiat"—but also in the admitted influence of the imagination over certain functions of the body. The simple and to us fairly intelligible occurrence of the occasional removal of pain by a concentration of the attention elsewhere, or by the substitution for it of some strong emotion, may account for much that, in the past no less than in the present, has become preposterous and absurd from the lengths to which it has been carried. With such material to work upon, it was and continues easy for designing charlatans, or mistaken zealots, to develop the most outrageous hypotheses and practices.

The revival of learning and the scientific method, whilst lighting up the path for the few, left the masses untouched; and the superstitions which we somewhat complacently refer to the dark ages remained unaffected by the results that accurate observation was producing. The practice of the healing art was not yet entirely removed from the hands of the priesthood; and the treatment of disease by supplications, by the laying on of hands, by the power of relics, shrines, and holy wells, found still its administrators and its dupes. The superstition of the curative virtues resident in sacred things was easily extended to objects intrinsically less reverend in their nature; and talismans of stone,



metal, or wood, engraved with cabalistic signs, or phylacteries, which were texts written on scraps of parchment, and, like amulets, intended to be worn on the person, were easily acquired adjuncts to the necessarily limited supply of saintly relics. And yet who shall say that a time which has produced clairvoyance, metallic tractors, and the "mind cure," is free to cast reproach at the deeds of these dark ages?

The whole so-called cabalistic sciences of astrology and alchemy, developed as they were by men of ability like Paracelsus, came to acquire a strength which they would scarcely have possessed if left alone to the ignorance of the people. John French, in a work on alchemy published in 1650 and supposed to have been among the last on the subject, thus enunciates the pretensions of his craft: "If men did but *believe* what this art could effect, and what variety of wonder there is in it, they would no longer be bound up to Galen or Aristotle, but would subscribe to be faithful to the principles of Hermes and Paracelsus."

Perhaps among the most curious of all the superstitions that have debased our profession is that of the royal gift of healing. Commencing with Edward the Confessor, the touch continued to be practised by our sovereigns, though with many exceptions, until the days of the first George. Nor was it limited to this country. France claims Clovis as the originator, and the ceremony was certainly performed by many of his successors. "In no reign," says Dr. Pettigrew, "did the practice prevail to such an extent as in that of Charles II., and it is not a little remarkable that more people died of scrofula, according to the bills of mortality, during this period than in any other." It may be further observed that surgeons did not disdain to recommend this treatment to their patients. It was at the instigation of Sir John Floyer, a physician of eminence, that Samuel Johnson was twice "touched" by Queen Anne; and, as Boswell remarked, evidently without success. This power has not been held to be limited to royalty: "Even to-day," wrote the late Dr. Meryon, "in Scotland the seventh male child in a family has the gift of curing the king's evil by touch."

The existence of these and a thousand other superstitions, the record of which excites alike our amusement and amazement, could not have been sustained for a moment except for the credulity of those on whom they were practised. "The kind of credulity," said Sir James Simpson, "which the public thus show daily in relation to medicine, they show in relation to no other practical art or science. Indeed, if a similar species of charlatanism were attempted in relation to most other arts and sciences, the delusion would be at once detected, and the imposture duly announced; whilst, in medicine, the delusion would, on the other hand, probably make the propounder's fame and fortune, and in the course of years be forgotten." Truly we may say with Crabbe—

"This love of life, which in our nature rules,  
To vile imposture makes us dupes and fools."

So widespread and importunate were these errors that we find even our own College gravely testing men in their knowledge of astrology (1593-96), deputing members of our body to inspect bewitched people, and, summoning those who assumed the power of cure by touch, requiring them to exercise their skill in the presence of the College.

It is not to be forgotten that Harvey himself, following on the lines of Galen and Aristotle, adopted a view as to the nature of life which is a phase of the almost universal conception held in one form or another up to our own day. It appeared as the "animism" of Hoffmann and Stahl, who bequeathed to us as a consequence what is known as "expectant medicine."

Another development of the same idea is the theory of a vital principle, the "vitalism" of Haller and Barthez, from which even now we cannot be said to be entirely free.

Scarcely more than a century ago the medical world was divided by the contending schools of Cullen and Brown: the latter with his sthenic and asthenic diseases and tonic and depressant treatment, the former, in hot hostility, advocating the hypothesis that disease was the result of opposite conditions of spasm and debility. Soon after this appeared in France the doctrine of Broussais, who held that gastro-enteritis is the basis of pathology, and local depletion the proper remedy for fever. There is yet another system which cannot be passed over without reference, viz.—homœopathy, which teaches that disease consists of symptoms which are to be treated by remedial agents producing like symptoms, the potency of the medicaments increasing in proportion to their dilution.

The influence which these myths have had upon the healing art has been most varied. But certainly they have played a large part in occasioning the low regard in which practitioners of medicine have too often been held by the public. I cannot do better perhaps than quote the words of Dr. Percival, who said: "A list of all the follies which at different periods have been established as articles of faith in medicine would form the severest satire on the healing art."

But despite all these untoward influences, the progress, as I have reminded you, was sound so far as it went when we consider the disadvantages under which the workers pursued their investigations. Nevertheless, they came to a line, beyond which they made but slight advance, a line indistinct, perhaps, and not equally sharp and well-defined in every subject, but withal a line across which, without the intervention of some great change, they could never have passed. We may apply to this period the words that Bacon used in reference to science in general in a previous age: "Learning," he wrote, "is neither prosperous nor greatly advanced, and a way must be opened to the human understanding entirely distinct from that known to our predecessors, and different aids procured that the mind may exercise her power over the nature of things."

Looking back, as I can, to the manner in which the component parts of the medical curriculum were pursued, when I began my student life, and contrasting this manner with what goes on around me now, I cannot doubt, in the words of Bacon, that a new way has been opened—an *instauratio magna*. When I tell some of my young listeners that only forty-six years ago the late Sir Robert Carswell, the first pathologist of his day, whose drawings of morbid appearances remain a monument of accuracy and skill, never used a microscope in the course of his lectures, and that his only reference to microscopic appearances was to mention that pus consists of a clear fluid and globules, some idea may be formed of the change which has taken place.

And now during a few moments let me indicate to you the direction in which this change has been effected, seeking meanwhile if we may find therein any data which may help us to reply to my second question,—What are our hopes for the future? Clearly the direction was towards a better comprehension of the nature of life, and inferentially of disease; together with a more accurate knowledge of the body both in its structure and its functions. The halt to which observers had come was largely compelled by narrow methods of experiment; and it is particularly to improvement in the methods and instruments of research that much of our advance is to be attributed, as it is also from such improvement that still more is to be expected.

First, in respect to gross anatomy—the science of structure—little could be added to the knowledge



which has been continuously accumulated since the days I have previously referred to; but it was Bichat who in 1801, by his treatise on the minute anatomy of the tissues, opened up a new branch of enquiry which but for the microscope could not have existed, and for which the microscope has done what the reflecting telescope did for astronomy. It would not seem, however, that the work of himself and his followers had borne much practical fruit even in my early days. I have told you what was then the state of the microscope in reference to morbid anatomy. Its position in respect to healthy histology was scarcely better; and it is only since then that the impetus for investigation has arisen, and the application of this impetus to physiology. Prominent among the researches into structure was the recognition by Schwann and Schleiden of the so-called cell in all living tissues; a doctrine which has been subsequently extended to embrace the existence of protoplasmic forms generally. I need not more than mention the very considerable position, both as regards extent and accuracy, which histology has assumed within the past few years.

So long as the study of the phenomena of the living body was hampered by the dominant notion of a special vital principle, not amenable to the laws which govern inert matter, and which was to be investigated in ways other than those which were producing such grand results in the domain of chemistry and physics, the progress of physiology was likely to be slow and accidental. The turning point in the subject was undoubtedly its being brought into harmony with the principles which govern other experimental sciences, and being pursued along the same path. So far as the change can be attributed to one man, it is to Mayer that this credit must be given, for his work in 1845 on the relation of organic motion to the exchange of material. For some time from that date, no function of the body escaped investigation by a method of direct experiment of which a mistaken humanity and senseless clamour have since deprived us; always aided by the experiments which nature offers to the physiologist in the shape of disease, complicated though they be by conditions which render them more difficult of explanation.

From the chemical side physiology has received much assistance. Our knowledge of the composition of the blood and its derived secretions, though still leaving much to be desired, has done something towards unravelling the complex chemistry of the tissues. The chemistry of digestion and respiration, which a century, nay fifty years ago, was a jargon compounded of the residues of the Hippocratic notion of the four elements, and of alchemy interspersed with streaks of the new chemistry which was then arising, is now pursued on lines in harmony with those of every-day laboratory investigation. To mention but one practical result thence obtained, I would refer to the artificial digestive juices and prepared foods which are among the most valuable of our remedies. On the physical side are the study of the phenomena of muscular contractility, and the expression of the work done in such terms that it may be calculated with the same accuracy as the fuel value of a pound of coals; the study of the laws of osmosis which underlie all the physiology of absorption and nutrition: the conditions affecting and determining gaseous interchange which explain the process of respiration: the nature of elasticity and the important share it takes in the physics of the circulation: turn which way we will, we see now in our physiological laboratories—themselves the creation of the last twenty years—experimenter and instrument maker competing in a demand and supply of the apparatus by which such work as I have indicated has been rendered possible.

(To be continued.)

## ON THE CAUSATION OF PYREXIA.

BEING A PORTION OF THE ADDRESS DELIVERED AT THE OPENING OF THE SESSION OF THE MEDICAL SOCIETY OF LONDON.

By W. M. ORD, M.D., F.R.C.P.,

President of the Society, and Physician to St. Thomas's Hospital.

AFTER a brief allusion to the various Fellows of the Society who had passed away during the preceding year, Dr. Ord went on to say: When I pass from these relations, in which sorrow and pride are so intimately mingled, I feel that what I should say is not so clearly laid down for me. I will dare, therefore, to choose for myself, and say a few words to set you thinking, a few words touching a difficulty which occurs to me constantly in the study of disease. We all now use the clinical thermometer. We all, from day to day, see it indicating, in various cases, a heat of the body rising to various degrees above the average, with, as our experience tells us, indications increasing in gravity in some proportion to the ascent of the mercury. We know, again, that, for the most part, the rise of temperature coincides with the establishment of the process of fever. Now, this increased heat of the body in fever is to me a very constant stimulant of thought. When I ask people how it comes about, I am generally told that it is simply a matter of increase of combustion; that the oxidation processes of the body go on with undue vigour in fever; that the system is burning its candle at both ends, and that the two flames give more heat than one. When one looks at a patient who has passed through a febrile illness, one is ready to accept the explanation. He may have had no wasting discharge, hæmorrhage, or other obvious drain, yet there he lies bloodless and emaciated, to a degree which leads one readily to believe that on his bed of fever he has been consumed in all his tissues by an unseen fire.

But, for some years, my acceptance of this ready and most plausible way of accounting for the phenomenon has been hindered by an attentive consideration of an article on the Process of Fever, contributed by Dr. Burdon Sanderson to the Reports of the Medical Officer of the Privy Council, for the year 1875. The article contains an exhaustive notice of the best observations made, up to that time, with reference to heat-production in the body during pyrexia. Now, I am giving an address, and not reading a paper; I am, therefore, speaking to suggest a subject and line of thought, and not, as you will see afterwards, to go on to set before you conclusions which I hold that I can prove. I refrain from recapitulating the complex and very refined data upon which Dr. Burdon Sanderson sums up impressively. Suffice it to say that, after careful analysis of these data, he writes thus: "The general conclusion to which the preceding calculation leads us is a very important one, namely, that, although as compared with the heat-production of an individual on fever-diet, the heat-production of a febrile person is excessive, it is not by any means greater than the heat-production of health." There is, in fever, it must be admitted, increased exhalation of carbonic acid, increased excretion of urea, but, after calculation, they do not represent a source of heat sufficient to cause the increased temperature of the body. I have read the article again and again, I have referred to various authorities on the subject, and I am compelled to say that the increased combustion explanation, which satisfied me before, has no longer the same value. To what, then, as I felt obliged to lose faith in my first



belief, should I turn? Might, as some have argued, the increase of heat in the body be brought about by retention, by some state of the surface which would prevent the liberation of heat from the body and lead to accumulation within? The well conducted observations of Leyden and Liebermeister, tend to show that far from being retained, heat is discharged from the surface in larger quantities during fever than in health. And we all know that intense hyperpyrexia constantly co-exists with profuse sweating, involving the freest possible discharge of heat from the surface of the body, as in severe cases of acute rheumatism. If we are bound to deny the cogency of the two explanations we are impelled to find a new one. And in illustration of another possibility to which I would draw your attention, let me use an illustration.

Let us suppose that we place over a flame a metal basin containing water, and let the water come to the boil. Let us place a thermometer in the water. So long as there is water left, the thermometer never rises above 212° F., let the boiling be ever so fierce. The evaporation always compensates for the heat introduced. This is, in a way, a parallel to the marvellous heat regulation of the body, which maintains it at a fixed temperature whatever be the heat or cold of the surrounding air. The heat introduced from the flame is used up in turning water into steam, and raising the steam. Let oil be poured on to the surface of the water, and hinder the extrication of vapour. Heat is then also retained, and the temperature rises in the water, as it would in the system on the retention-hypothesis. On the other hand, let the water evaporate entirely. Then the metal basin becomes heated indefinitely, and the thermometer rises in proportion. The water had afforded to the heat the means of further usefulness in which it—to use an old term—became latent, or took another form of energy.

Now, what I am going to ask you to think about is this. Is it possible that the increased heat of fever may be brought about by the cessation of processes in which heat ought to be used up—either as motion, or chemical action, or other kind of energy; so that the process which may be represented by the boiling water ceasing to exist, like the water when boiled away, the heat generated for maintenance of the process overflows, and warms to excess the body, like the metal basin from which the water has evaporated? Is the increment of heat of body in fever due not only to combustion or other disintegrative process thereto allied, but also to the persistence, in the form of heat, of energy which should have taken another form? This appears to me in a high degree probable. Throughout the body, we recognise two processes ever going on: the building up of tissues on the one hand, their disintegration on the other. The disintegration of tissues is clearly attended by the liberation of heat. Their upbuilding presents itself to me as necessarily attended by the consumption or disappearance of heat, which assumes some other form of energy, kinetic or potential. There is here suggested to me the contrast between evaporation and condensation, between solution and crystallisation. You will ask me if I have any knowledge of experiments demonstrating the using up of heat in the tissue-formation of animal bodies. I have none. So far as I know, all the processes which have been examined have proved to be heat-evolving, even to the formation of peptones. Also, so far as I know, no processes of tissue-building have been investigated from this point of view, and it is difficult to see how, with our present means, any such process comes within the possibility of investigation. But if we have no direct evidence in this matter to help us, we may gain some help from a consideration of the chemical processes of fever. These comprehend, in the first place, an exaggeration

of the combustions of health. But they also comprehend changes which exactly reverse those of health, and indicate strongly that there is, first, a cessation of changes which should occur in health; and, secondly, a production of changes not occurring in health. The proportions of soda and potash which should be eliminated from the body in health are reversed in fever. The same holds of chlorides and phosphates. The potash and the phosphates are the associates of the highly organised principles; the chlorides and the soda of the introduced and further organised principles. On the view that there is, in fever, arrest or default of the building up of the tissues, we can imagine the retained chlorides and soda waiting with the organic substances on promotion, like salmon at the foot of a fall, till at the end of a fever they part with their associate organic matters, and pass them on to the elevating influence of the potash and phosphates. We can imagine the potash and phosphates during fever swept away as useless, because in the arrested ascending metabolism they have nothing wherewith to combine, and are, for the time, useless, fit only for the draught. It is, in fact, presented to me strongly that these chemical variations indicate the cessation, in various degrees, of that process of tissue-building which should, in health, use up heat, and which, ceasing in fever, leaves heat to run wild.

Thinking over such problems, and failing hitherto to find any possibility of experimental investigation of the using up of heat in ascending metabolisms of the body, I turned myself to the vegetable kingdom. In fruits we have, as it seems to me, two processes of meaning exactly opposed one to the other: the building up of the fruit, wherein we have the formation of cellulose, starch, &c., and the ripening, wherein we have the breaking down and the production of sugar. I determined to investigate fruits of rapid growth, and test their temperature as compared with that of the surrounding air. Before doing this, I consulted botanical books, and questioned great living botanists. But information was not forthcoming from either source. The kindness of a friend who has large hot-houses near London enabled me to make some experiments, which I venture to say have some importance in vegetable physiology, as well as in their relation to the question of pyrexia.

The cucumber was the fruit which I chose for my observations. It is a fruit which grows very rapidly, and a fruit in which the signs of ripening can be readily seen. It is grown in houses, at a fairly fixed temperature, and in an atmosphere of considerable moisture. Having chosen my growing cucumbers at a stage free from any fear of ripening, I had a glass bottle, with wide open mouth, filled with water, suspended by the side of each fruit, the bottle equalling the fruit as nearly as possible in size. After twenty-four hours or more I commenced observation. I used a delicate, pointed thermometer, lent to me by that skilful constructor, Mr. Hawksley. With this, I took, first the temperature of the air of the hot-house around the fruit; next the temperature of the water in the bottle; next the temperature of the cucumber at different points of its length. This was done by plunging the sharp end of the bulb containing the mercury to a fixed depth, marked by a line on the bulb. I took the temperature of the cucumber at various points in its length for a definite reason. Cucumbers begin to grow at the base or stalk end, and further growth is beyond this at the tip or flower-end. If any difference of temperature between the fruit and the air should be found, it might be argued to be due to evaporation if the difference were equal at all points; but, if the difference should vary at the several points tested, the influence of metabolism might be recognised.



On May 23rd, 1884, a very warm day, I examined a young growing cucumber thirteen inches long. The temperature of the house was  $86.1^{\circ}$  Fahr.; the temperature of the water of the bottle was  $85.3^{\circ}$  Fahr. The cucumber gave the following readings—At the stalk,  $84^{\circ}$ ; two inches along,  $85^{\circ}$ ; middle  $85^{\circ}$ ; two inches from tip,  $84.6^{\circ}$ ; tip,  $83.9^{\circ}$ . The experiment was repeated with another cucumber on the same day and with similar cucumbers on other days. All the observations were to the same effect. I note one or two other observations. On June 7th, the weather being much cooler, and the air of the house being at  $75.6^{\circ}$  the water in the bottle was  $76.9^{\circ}$ . A ripe cucumber was found to be at  $77.5^{\circ}$  in the middle; a young cucumber, pendulous,  $74.6^{\circ}$  in the middle; a young cucumber, horizontal,  $74.7^{\circ}$  in the middle. On June 14th, the weather being again warm, the water stood at  $86^{\circ}$  in a bottle on one side, at  $86.3^{\circ}$  in a bottle on the opposite side of the cucumbers to be examined. A cucumber, nearly ripe, gave  $84^{\circ}$  close to stalk,  $84.3^{\circ}$  in the middle,  $83.2^{\circ}$  at the tip; a small, but evidently growing cucumber,  $83.5^{\circ}$  in the middle; a nearly ripe cucumber, cut the preceding day, and placed close to the others,  $87^{\circ}$  at all parts.

I trust that you will find in these observations, as they stand, something of interest. They show, at least, that the traditional coolness of the cucumber is not a mere creation of fancy; that the growing fruit is actually cooler than the medium in which it is growing. So far as these observations are concerned, a new fact has been established; but the observations are not numerous, and the inferences are not sure. I hope to extend the observations, to introduce many controlling experiments, and so to go on to safer inference. Nevertheless, arguing upon what we have before us, and upon parallel experiments made upon bananas, with which I will not now trouble you, we may acknowledge that the comparative coolness of the growing fruit may have been due to evaporation, and that the warmth of the separated fruit may have been due to the comparative cessation of evaporation. On the other hand, I may urge that the air of the hot-house was loaded with moisture, as is the case in properly managed houses of this kind, and that moisture was deposited in beads on the surface of the fruit. This, of course, is against the evaporation explanation. And, so far, I should urge that the difference in the temperature of the fruit at various points in its length is against evaporation. Further, it is in favour of the hypothesis of metamorphosis in metabolism, in that the temperature was most reduced where, according to all appearance, tissue-formation should be most rapidly proceeding. If time serve me during the coming year, I hope to institute experiments which shall eliminate the evaporation difficulty, and to investigate other fruits; but, so far as I have gone, I think that I am entitled to argue that there is indication that the metabolisms leading to formation of tissues from juices do actually use up heat.

Now, to apply what has been said to help us in understanding the causation of pyrexia and hyperpyrexia. Dr. Broadbent has written thus:—"If a theory of the febrile process is to be formed, it must be based upon a theory of the relation between the nervous system and the processes of nutrition and oxidation, and especially the latter." When I read this, I can read that my distinguished friend's thoughts go much with mine. I believe that, in the production of fever heat, there is a first factor of increased oxidation, or combustion, or disintegration, setting free heat. I cannot, however, find this sufficient to account for all the increase of heat observed in pyrexia, and still more in hyperpyrexia. The further increment I believe to be furnished by heat going astray in

default of correlative change in metabolism. And, like Dr. Broadbent, I am inclined to recognise in the nervous system the power, inciting, on the one hand, to disintegration, controlling, on the other, the nutritive functions. In the progress of febrile diseases, there is a manifest correspondence of deeper and deeper affections of the nervous system, with higher and higher degrees of temperature. As temperature rises, headache, excitement, insomnia are followed by delirium; on delirium follow various involuntary movements, and finally convulsions; to these succeeds coma. As death by coma approaches, the temperature rises rapidly, and, in many cases, is increased, or, for a time, maintained after death, when the oxidation processes dependent on the circulation of blood must have ceased. The coincidence up to death may be argued to be due to effects of increased heat of the body upon the nervous tissues, but this argument is strongly met by the difficulty of explaining the rise of temperature without invoking the aid of the nervous system. What I would suggest is that in all fever, slight or intense, there is superadded to the combustions which we recognise an influence of the nervous system, a trophic influence, arresting processes in which heat should be transformed; and that the increasing temperature of fever is determined by increase of this inhibitory influence. When death occurs, inhibition, a partial condition, must be replaced by annihilation, a complete condition; and at that stage, while we cannot allot any part to disintegration, we can claim that complete cessation of constructive metabolism must set absolutely free all heat previously generated.

All that I have been urging is, you will say, only theoretical. It is a new contemplation of things daily under our eyes. The practical objects of this Society justify me in going on to indicate how in some degree these speculations may bear upon treatment. We have lying ready to our hands a great armoury of drugs useful, in various ways, in the fight with pyrexia. Of these I will not now speak, not from want of respect, for I am conscious of the great value of many of them; but I wish to speak particularly of the usefulness of another remedy, also always ready to hand—baths—in the control of high fever, as its causation is here presented to us. I have for many years studied the use of baths in the treatment of diseases of various kinds, and have had personal experience of them in most of the important wells of Germany and France. My belief is that baths—large applications of fluids of various temperatures to large surfaces of the skin—come in as moderators; that their main beneficial use consists in attracting, so to speak, the attention of the nervous system, and drawing it off from certain pernicious paths upon which it has embarked. Some years ago, I was much struck with some remarks made at a meeting of one of the learned societies by Dr. Thudichum, in which he threw doubt upon the idea that the reduction of temperature in fever by cold baths was a purely physical phenomenon, dependent simply upon abstraction of heat. I had been using graduated baths in hyperpyrexia, placing the patient in water at  $95^{\circ}$  Fahr., and cooling the water very evenly down to  $70^{\circ}$  or  $75^{\circ}$  during half an hour. The result had been, in some cases, an abatement of temperature as large as  $10^{\circ}$ ; and with this had come sleep, replacing insomnia; calm, replacing delirium; easy breathing, replacing panting. The change in the nervous state from excitement to tranquility had been as pronounced as the reduction of temperature. Soon afterwards, I made an experimental test of the power of such baths to reduce the temperature of a dead body to such an extent. I placed the body of a person dead the day before, after rigor mortis had ceased, in a bath heated to, and maintained at,  $107^{\circ}$  Fahr., until it was ascer-



tained by thermometer that it was heated through. Then I placed thermometers in the body, at various points and at various depths, taking care so to implant them that the water would have no access to their bulbs; and then I cooled the water to 95°; and, during a subsequent half-hour, cooled it gradually to 70°. The reduction of temperature in the superficial parts of the body was much less than that brought about by a bath, and the temperature in the deeper parts was scarcely affected. Even if the circulation had been going on, no lowering of temperature at all approaching a lowering of 6° could, I think, have been produced. It must be acknowledged that the experiment was incomplete, in that I did not maintain a circulation of warmed water in the blood-vessels; but, so far as it gave results, they were adverse to the simple physical theory.

In dealing with this question of baths, we must remember the enormous influence exerted upon the central nervous system by slight impressions made over a large peripheral distribution of nerves. A scald sufficient to produce but a slight vesication, when it involves the whole surface of the body, will kill. And I believe that the application to the whole surface of the body of water at a different temperature from that of the body acts in fever by exerting a reflex inhibitory influence upon the nervous system, leading to a relaxation of its trophic constraint. Of course, few remedies are simple in their action, and I should be prepared to admit the assistant influence of the lower temperature of the bath from the physical side. Anyway, in the treatment of hyperpyrexia, I know of nothing so trustworthy as the bath—cool, cold, or graduated. For my own part, I prefer the last, and have again and again seen it reduce temperature and save life, when quinine, salicin, salicylate, and other febrifuges had failed to arrest a steadily rising temperature already above 106° Fahr. And now my speculations are at an end. I have wished to say something that might give you food for thought, perhaps set some of you on the path of investigation, which I should myself like to follow more closely than circumstances are likely to permit. I cannot claim to have proven much, if indeed anything. I have not sought to do so. I have only sought, on a day when a new session opens, to suggest some new explanations of phenomena coming under our daily observation.

## SELECTIONS FROM TEN YEARS SURGICAL WORK.

By NELSON C. DOBSON, F.R.C.S.,

Surgeon to the Bristol General Hospital, Lecturer on Surgery at the Bristol Medical School.

HAVING recently completed ten years of surgical work it occurred to me, on looking over the list of operations I had done during that period, that I might, with advantage to myself, at least, if to no one else, select a certain number of them for classification and for remark.

I regret that various circumstances have combined to render the list somewhat incomplete; I find gaps in my note-book, extending occasionally over comparatively long periods, partly the result of forgetfulness in entering the cases, but chiefly because I have trusted (rather unwisely) to finding the records I required in the Hospital Reports.

### *Amputations and Excisions.*

With regard to amputations, I think I may say that the percentage of deaths is not less, perhaps, than that of most other operators, nor, on the other hand, is it greater than would be satisfactorily accounted for by the circumstances under which we are sometimes obliged to perform the amputation. By a reference to the accompanying table it will be seen that I have performed major amputations on thirty-six individuals. These are the only cases of which I have notes, but I know that I must have forgotten to enter some cases, especially belonging to the forearm, as I am certain that I have operated more frequently than is set forth in the table, but as I have no note of them I am compelled to omit them.

From the 36 persons, I have removed 39 limbs, that is, three of the patients have undergone double amputation. In these cases the second amputation followed the first, the moment the vessels in the first stump had been secured. One double amputation was thigh and opposite leg, another both legs, and the third both forearms. Out of the 36 patients submitted to amputation 8 have died at variable periods after the amputation. I do not look upon a statistical record of results as being of much value unless an account is given of the actual cause of death in cases which prove fatal. Of the eight deaths after amputation I find that three deaths followed amputation for disease, viz., two of the thigh and one of the leg; whilst five deaths occurred after amputation for injuries, viz., three of the thigh, one Syme's amputation, and one case in which I removed both fore-arms.

On enquiring more closely into the cause of death, I can only attribute death in two cases to what may be called preventible causes. One man, whose thigh I amputated, died of septicæmia, and another man died from the same cause after removal of his leg. The first case was for disease of the knee-joint, in which there was very considerable thickening, and necrosis of femur—the soft parts were converted from long-standing disease into dense fibrous tissue, within which the femoral artery retracted and was never properly secured. Acupressure was applied to the femoral instead of the ligature—severe secondary hæmorrhage occurred, and finally septic absorption; this was the first major operation I ever did. The second case was one of amputation of the leg for sarcoma in a feeble young man; both these cases occurred before I practised antiseptic surgery. The third death among the amputations for disease was in an old man who was suffering from senile gangrene, and whose thigh I amputated by the circular method; he lived 28 days after the operation, and died of exhaustion showing no repair in his stump. Out of the five deaths in primary amputations, two occurred after double amputation. In one of these cases I removed the thigh and opposite leg: the patient having been run over by a train in the evening, dragged himself to a place of comparative safety, and was exposed all night without any assistance; he had lost much blood, and was much exhausted on his admission at 7.30 next morning. The young woman from whom I removed both forearms for a railway smash, died really of an injury to her chest, the iron guard in the front of the engine having comminuted one of her ribs near the angle. She lived five or six days, and at the *post-mortem* a sharp piece of rib was found to have perforated her pleura, giving rise to some hæmothorax and finally empyema. There was also an injury to the shoulder which I diagnosed as being a fracture of the neck of the scapula; I could not very thoroughly examine this part on account of her other serious injuries, but the *post-mortem* showed only contusions and no fracture. One death following Syme's ampu-



tation is put down to typhoid fever, and unless I explained it might possibly be thought that this patient died really of septicæmia; it so happened that, although he was at work on the railway when he was run over, yet that he was unwell, and his wife and two children were at the time down with typhoid fever; and at his autopsy typhoid ulcers were found in the small intestines.

The remaining cases died from shock and loss of blood before admission. Thus it will be seen by this review that only one death really occurred from causes which might be considered to some extent within the surgeon's control; the deaths in the primary amputations were due to the severity of the accident, and I have no doubt I could have improved my statistics had I not given some of these patients the only chance that remained to them by amputating. I have invariably operated at once, rallying the patients as much as possible, but not waiting for the shock to pass off. I am certain that the best thing for such patients is to relieve them at once of the mangled limb if it is considered that the operation should be done at all, that is to say, in all cases except those which are absolutely hopeless, and where no good could be expected from amputation.

With a few exceptions in my early cases, all have been treated on strict Listerian principles; I used carbolised catgut ligatures. I have had two cases of secondary hæmorrhage, one in which I used acupressure, and the other a very strumous man whose testicle I had previously removed for strumous disease. His stump had healed, but the union was soft, and when I opened it up, as I had to do for the secondary hæmorrhage on the eighteenth day, the tissues looked like pulpy and degenerating granulations. The hæmorrhage was from the femoral, which I re-secured, and he finally recovered; the former case died of septicæmia; otherwise I have had no trouble with hæmorrhage after the operation, and during the operation I restrain it by the elastic tourniquet.

In my thigh amputations I prefer a modified Carden, by which I mean a long anterior flap which I generally make from without inwards, and a short posterior flap made by transfixion; the anterior flap consisting of skin and subcutaneous tissue only. In amputating for senile gangrene I generally prefer the circular method. I have amputated three times for this disease with two recoveries and one death. The death occurred in a feeble old man a month after the operation from exhaustion; the flaps failed to unite, but there was no recurrence of the gangrene. In one of the cases which recovered the patient was apparently dying at the time of the amputation, with a very feeble pulse and muttering delirium; this condition was mainly caused by absorption of septic products from his gangrenous limb. Within 24 hours after the amputation he was conscious, and most of the delirium had disappeared. As I have described these cases at length (in a paper which I published in the second volume of the *British Medical Journal* for 1882), I do not now enlarge upon them. I have generally amputated at the lower third of the thigh in senile gangrene of the foot which is showing a tendency to spread. On two occasions in which senile gangrene of the toes has been spreading, I have amputated through the metatarsus with antiseptic precautions: one of these cases was successful after some gangrene of flap, and in the other case I amputated the lower third of thigh for a continuance of the disease, with a successful result. Of the three shoulder-joint amputations one was of no special interest; but two were exceedingly interesting, and similar cases. They were both cases of sarcoma of the biceps muscle; one occurred in a woman and the other in a man. In the first case there was no history of injury, in the second there was the history

of a blow on the part at which the disease first showed itself.

In the case of the woman the primary tumour was encapsuled, and was removed by an operation four-and-a-half months antecedent to the amputation; in the other case the tumour was not encapsuled, and amputation was the primary operation. In the woman the tumour was solitary, in the man there were two distinct tumours. In neither case was there any glandular or other secondary affection discoverable at the time of the amputation. One proved to be a round-celled sarcoma, and the other an alveolar sarcoma. Both these cases died after some months (the exact date of their deaths I do not know), but they both died in the same way with enormous local recurrence, notwithstanding that I dissected out both heads of the biceps in each case, and took care to be as wide as possible of the disease in fashioning the flaps.

Respecting amputations of the thigh I prefer, as I have said, Carden's method where possible, except in cases of senile gangrene, where I prefer the old circular.

Of amputations in the foot I prefer Syme's to any other form where the tarsus is involved. All my Syme's which have recovered have had most useful powers of progression. One, a mason, by the aid of an artificial foot, was able to mount ladders and to do ordinary masons' work without the loss of his foot being suspected by his employers; he kept his loss from their knowledge because he said they would expect him to work for less wages if they knew of it, and he did not see why he should do this, as he was quite as capable as his fellow-workmen. Another case, which I have not lost sight of, is also very successful. The patient holds the situation of a parlour-maid in a good household, and gets about with an artificial foot with scarcely a limp. I have never seen an excision of the ankle-joint that could compare with some of my Syme's in power of locomotion. In fact, one of my Syme's was in a case in which the ankle-joint had been excised some years before; her new joint breaking down necessitated the amputation; the patient can walk with more ease now than she could in the best days of her ankle-excision period.

I think it important in these cases to make a good fleshy stump. I do not carry my incision as far back across the heel as some surgeons do, and I am careful to keep quite close to the os calcis, especially on the outer side, as I dissect up the flap. Wyeth, of New York, says that the main blood supply to the flap is from the calcaneal branches of the external plantar. I agree with him that a fairly long heel-flap with these precautions is less likely to slough than a short one. I generally drain by perforating the thinnest part of the flap.

I have done two Chopart's, though I have only placed one in the table. They both did well; one of them I did ten years ago; he had a fractured pelvis as well. I see him now constantly, and he walks well. I am not, however, very partial to this operation, as I have twice seen pointing of the stump, and an incurable ulcer form over its face, necessitating a Syme's amputation; in one of these cases one of my colleagues did the Syme, and as the late Sir Wm. Fergusson had performed the Chopart, the pointing was not the fault of the operator. I have also myself operated for a like reason on a Chopart which had been done in Wales. And here I may remark that it constantly happens to the hospital surgeon that he is unable to keep his patients under observation for sufficiently long periods to allow him to accurately determine the relative values of various operations; thus, out of my comparatively small list of amputations, I have amputated



on three occasions in cases which, when they left the care of the surgeon they had originally been under, were certainly successful cases, viz. : one old excision of knee, one old excision of ankle, and one Chopart, and yet these cases did not stand the only test worth anything, namely, the test of time.

TABLE OF MAJOR AMPUTATIONS.

No.	Sex.	Age.	Amputation.	Disease or Injury.	Complications.	Result.	Cause of Death.	Date.
1	M.	55	Teale's lower third of thigh	Disease of knee-joint with necrosis of femur	Much fibroid thickening of soft parts; femoral artery could not be secured by a ligature, and acupuncture was applied	Died ...	Secondary Hæmorrhage and exhaustion	
2	M.	15	Lower third of thigh	Pyæmic suppuration of knee joint	Acute necrosis of radius, with suppuration of elbow-joint	Recovered		
3	M.	—	Modified Teale's lower third of thigh	Disease of knee-joint	... ..	Recovered		
4	M.	7	Lower third of thigh	Disease of knee-joint	... ..	Recovered		
5	M.	18	Lower third of thigh	Railway smash ...	... ..	Recovered		
6	F.	6	Lower third of thigh	Disease of knee-joint	... ..	Recovered		
7	M.	6	Lower third of thigh	Laceration of leg ...	First amputated through knee-joint, flaps sloughed	Recovered		
8	M.	31	Lower third left thigh; lower third right leg	Railway smash; run over 9 o'clock in the evening, not found until 7.30 next morning	Very severe smash; long exposure	Died ...	Shock — Exposure — Hæmorrhage before admission	10½ hours.
9	M.	67	Lower third of thigh	Senile gangrene of foot	... ..	Died ...	Exhaustion and want of repair; no extension of gangrene	28 days.
10	F.	18	Through condyles...	Disease of knee-joint	... ..	Recovered		
11	F.	18	Through false joint of old excision of knee	Failure of excision of knee; knee excised in London	... ..	Recovered		
12	M.	62	Lower third of thigh	Senile gangrene of foot	Delirium, septicæmia	Recovered		
13	M.	30	Lower third of thigh	Disease of knee-joint	... ..	Recovered		
14	M.	7	Lower third of thigh	Disease of knee-joint	... ..	Recovered		
15	M.	14	Lower third of thigh	Railway smash ...	Brought from a distance; loss of blood	Died ...	Shock and hæmorrhage before admission	3½ hours.
16	M.	30	Lower third of thigh	Pyæmic suppuration in knee-joint, deep abscess in calf	Ineffectual attempt by captain of ship to open deep abscess in calf of leg	Recovered		
17	M.	54	Lower third of thigh	Dry gangrene of foot from occluded femoral	Occluded femoral artery at point of amputation	Recovered		
18	F.	67	Lower third of thigh	Malignant disease of tibia	... ..	Recovered		
19	M.	46	Lower third of thigh	Failure of excision of knee	Marked strumous condition; severe secondary hæmorrhage from femoral on 18th day	Recovered		
20	M.	44	Middle third ...	Severe railway smash	Much hæmorrhage before admission	Died ...	Shock and loss of blood	1½ hours.
21	F.	17	Shoulder-joint ...	Necrosis of humerus suppuration in elbow joint	... ..	Recovered		
22	F.	34	Shoulder-joint ...	Sarcoma of biceps ...	Sarcoma previously removed; return of growth	Recovered		
23	M.	41	Shoulder-joint ...	Sarcoma of biceps ...	Very large growth	Recovered		
24	M.	24	Upper third of leg	Sarcoma lower end of tibia	... ..	Died ...	Septicæmia	
25	M.	38	Upper third of leg six weeks after injury	Compound fracture	Cellulitis and sloughing of skin	Recovered		



TABLE OF MAJOR AMPUTATIONS—continued.

No.	Sex.	Age.	Amputation.	Disease or Injury.	Complications.	Result.	Cause of Death.	Date.
23	M.	22	Middle of both legs	Railway smash ...	... ..	Recovered		
27	M.	16	Middle of leg third day after injury	Railway smash of foot	Attempt to save limb; gangrene of foot	Recovered		
23	M.	32	Chopart ... ..	Railway smash ...	Fractured pelvis ...	Recovered		
29	M.	32	Syme ... ..	Railway smash ...	Typhoid fever ...	Died ...	Typhoid Fever	
30	M.	23	Syme ... ..	Disease of ankle-joint	... ..	Recovered		
31	M.	18	Syme ... ..	Disease of tarsus ...	... ..	Recovered		
32	M.	50	Syme ... ..	Intractable ulcer after a Chopart	... ..	Recovered		
33	M.	13	Syme ... ..	Smashed foot ...	... ..	Recovered		
34	M.	18	Middle of arm ...	Machinery smash ...	... ..	Recovered		
35	M.	7	Upper third of arm fourth day after injury	Smash of arm ...	... ..	Recovered		
33	F.	26	Both forearms ...	Railway smash ...	Fractured rib and empyema	Died ...	Fractured rib and empyema	7th day.

CLINICAL LECTURES  
ADDRESSED TO STUDENTS ON THE METHOD  
AND DATA OF MEDICAL DIAGNOSIS.  
By W. H. ALLCHIN, M.B., F.R.C.P.,  
Physician to the Westminster Hospital, and Joint Lecturer on the  
Principles and Practice of Medicine and on Clinical Medicine.

LECTURE II.—CASE TAKING.  
*The Family History.*

IN commencing the investigation of a case of illness, we must bear in mind that the signs and symptoms which the patient presents are the resultant of two sorts of influences, which, acting through the structural elements of his tissues, are manifested as the various functions of the body, whether healthy or diseased. These influences are those which are intrinsic, or are hereditarily transmitted, and those which are derived from the surrounding circumstances of existence, the atmosphere, temperature, food, clothing, &c. In endeavouring to accurately arrive at the condition in which an individual may be either in health or disease, and in attempting to ascertain the probable future course of his living, as in estimating the value of his life for insurance, or the progress and consequence of any malady he may be suffering from, it becomes of primary importance that the ancestral factor be enquired into as closely as possible; we therefore commence our investigation with the Family History of the patient.

SCHEME FOR CASE TAKING.

[If patient from age or nature of illness be unable to give an account, state source from which it is obtained.]

Name	Age		
Date of admission	Ward	Bed	

I. Family History.  
Parents living, ages :  
if dead, the cause in patient's own words and the

age at death; any blood relationship of parents previous to marriage.  
Ages of parents at date of patient's birth.  
Number and ages of brothers and sisters :  
cause of death and age at, if any deceased.  
If relatives (paternal and maternal) be generally long or short lived :  
give ages of grandparents, uncles and aunts, if living, or at death.  
Any malady prevailing in the family, especially  
Gout, Rheumatism, Cancer, "Tumours," Scrofula, "Consumption," Heart Disease.  
Bronchitis, "Asthma," "Spitting Blood."  
Dropsy of Abdomen or whole Body.  
Epilepsy, Insanity, Neuralgia, Paralysis of one side, or both legs.  
Diabetes, "Bleeders," Obesity, Alcoholism.  
Stone, Goitre, Fistula.  
Imperfection of Sight, Hearing, Dentition.  
Note members of family so suffering, age of first appearance of malady, and at death, if fatal.  
Supplement by any confirmatory evidence, from medical attendant, death certificates, etc., that may be available.

I have here set down as completely as appears to me to be necessary, the various heads of enquiry into that portion of the evidence upon which the diagnosis will be based, which you are to ascertain by direct questioning, each question to include the words here employed. Thus :—Are your parents living? How old? How many brothers and sisters have you? How old are they? Have any of your family to your knowledge suffered from gout, epilepsy, &c.? Can you furnish any confirmation of the information required by reference to relations, records, former medical attendants, &c.? I do not say you will get all the information here asked for in every case, or in nearly every case. You will be fortunate if you obtain it in a few. But the nearer you can approach to it the more precise will be your knowledge, and the more valuable will be the result, both as contributing to the thorough understanding of your case and as a mental discipline for yourselves. The difficulty of obtaining this kind of evidence is very great: people either do not know or



have forgotten, or remembered but very incompletely, and it behoves you therefore to carefully qualify the answers given by such a phrase as "patient says," lest the bare statements encourage too much importance to be placed on them. You are entirely dependent for the evidence under this head upon what you are told—it may be correct, or it may not; but it is not of such a character as to be intrinsically impossible of precise acquirement, at least to a great extent, and this is what you should aim at, availing yourself for confirmation of the statements made by such help as cross-questioning or outside information may provide. With the exception of the age of the individual (which follows the name for purposes of convenience, and will be fully considered in the next section dealing with the "personal history"), all the points enumerated for investigation are concerned with the relationship existing between the subject of observation and his relatives; that is to say, with the share which the family, of which he is a member, may have had in determining his state of health. In a fair proportion of cases, you may reasonably expect to obtain some evidence of the life history of four generations: the adult who is before you, his children, his parents, and his grandparents; and if you obtain any history at all, it will most likely bear upon three of them. Sometimes details of family history, which are not of sufficient frequency of occurrence as to warrant enumeration in a scheme designed for general application, suggest themselves for enquiry during subsequent stages of examination, when you may insert the particulars obtained in this section of your record. By some it is recommended that this branch of the examination should be treated of after the patient's personal history and state have been ascertained, but I think it preferable to approach those sections of the subject with a knowledge, however imperfect, of the individual's inherent predisposition, before enquiring into the effects of those influences, for exposure to which he is more personally responsible.

"The two properties of organic being which determine and regulate the relation of the offspring to the progenitors, and which not only assign to individuals their position in the surrounding world, but also help them to attain it, are transmission or heredity, and adaptation. Heredity is the conservative, adaptation the progressive, principle. Yet all heredity is not directed to immutability, and many cases of adaptation involve morphological and physiological retrogression."<sup>1</sup> This, the language of a master, expresses to you briefly but completely the part which inheritance plays in determining the characteristics which a living being manifests. With the many theories which have been offered to explain how inheritance is effected, I am not now concerned. It is the facts alone that claim our attention here, that you may best understand what kind of information as well as its value that the family history of a patient furnishes you with. The general resemblance of offspring to parent is a matter of common knowledge. No one expects the seed of an oak tree to grow into anything else than an oak, or the egg of a hen to develop into other than a chick. The resemblance between the resulting oak and chicken may not, and probably will not, extend to absolute identity in every leaf and twig, or the marking on every individual feather, but sufficient resemblance is propagated to justify our recognising the offspring as of the same species as the ancestors. That the hereditary factor does much is self evident, though how much is at present open to dispute, and this for want of sufficient accurate evidence to determine. The general resemblance in configuration of a

child to its parent we accept as a fact of constant transmission and expect it with certainty; the frequent similarity of father and son we are not surprised at, and speak of it as "family resemblance"; but the manifestation of certain peculiarities of habit and manner that we frequently detect in parent and child, opens the question as to how far extrinsic circumstances may not have been concerned in fashioning them. In other words, whilst most of the structural and functional characters of the child are undoubtedly derived from or determined by the parent, the environment has some share in producing others; and the extent of that share is as yet unknown. In the departures from the assumed standard of a healthy person which we term diseases, the share which inheritance takes in bringing them about is especially uncertain, and requires much more precision of definition. But some of the conditions of the problem it is needful you should know.

Those abnormalities of structure which are apparent in an infant at birth, or very shortly after, are termed congenital, and may more properly be considered in the next section of our enquiry. Such defects as are included in the terms arrests of development and malformations, are herein comprised, as also the skin eruptions and other manifestations of congenital syphilis. But between these examples a considerable difference exists, for whilst the latter is most certainly an inheritance from one or both parents, the malformations and developmental imperfections may be, and usually are, due to harmful influences acting on the foetus, through the mother perhaps, but not derived from her, and which are as much the result of some adverse circumstances of the embryonic environment, as the exposure of an adult to some accidental injury is independent of heredity. Many imperfections are, however, transmitted, and cases of webbed fingers, cleft palate, malformed heart, brain, &c., have been known to occur in successive generations; whilst such minor abnormalities as the teeth being cut at birth, occasionally observed to recur in families, serve to connect well-marked diseased states across the boundary region with health.

Confining our attention to what may truly be called hereditary diseases, you will find the greatest difference of opinion exists between observers as to the extent to which they occur. On the one hand, a writer records his "strong impression that the majority of the phenomena of disease have a certain hereditariness of character";<sup>2</sup> and on the contrary, there are not wanting those who would throw doubts upon the almost universally admitted transmissibility of cancer. Surely, it may be urged, there ought not to be such a divergence in opinion among those enjoying equal opportunities of ascertaining the real state of the case. But there are many and grave difficulties which our imperfect knowledge cannot as yet bridge over. Towards making sure what is now uncertain, every well-recorded case that each of you can present will contribute, but you must be satisfied that your record is accurate and that you have taken every precaution to make it so. A fundamental difficulty as to enquiry is the variable meaning attached to the names of the diseases, not only by ourselves, but by the patients themselves, to whom much may be forgiven for a looseness of phraseology which we do not avoid. It is much better, therefore, to employ the words as used by the patient, not attempting to translate them into recognised pathological terms. For a patient to say her mother died of "tumours" does not give much information, but such as it is you have no right to substitute "cancer" for "tumours;" and "paralysis

<sup>1</sup> "The Doctrine of Descent and Darwinism," by Oscar Schmidt, 1875.

<sup>2</sup> "Induced Diseases of Modern Life," by B. W. Richardson, M.D., 1868.



of the brain" does not of necessity mean cerebral apoplexy. A little experience will soon help you to recognise the probable significance of some of the terms your patients use, though you may not build too confidently on your assumption. Another, and a great difficulty that prevents our obtaining accurate results, is the reluctance that many people have of disclosing what they very properly regard as family secrets. They may even wilfully conceal information bearing on any insanity, alcoholism, or even cancer that may have prevailed in their family, regarding the occurrence of such as reflections on their personal character. I need not tell you how sacredly you should respect the confidential knowledge you may obtain, guarding it by the most perfect anonymity. When your patient is assured of this, you may have many a glimpse disclosed that throws a valuable light on your investigation.

But besides these which I may call extrinsic difficulties in the way of obtaining perfectly accurate data on which you may conclude the existence or otherwise of any hereditary strain, there are many intrinsic difficulties which seriously complicate the problem. Foremost amongst them is the undoubted fact that many diseases do not breed true, that is, a large proportion of the children of parents who are the subjects of a certain malady suffer not from the same disease, but from some other which may or may not be apparently allied to it. This is particularly noticeable in the case of nervous diseases, concerning which I may say that many diseases of the central nervous system exhibit a singular proneness to hereditary transmission, a circumstance which suggests many interesting speculations. The various neuroses comprised in the terms insanity, epilepsy, paralysis, chorea, hysteria, neuralgia, hypochondriasis, and tendency to alcoholic excess, would appear to be propagated indifferently, at least to a very great extent. "Hypochondriasis," says Anstie, "is the almost inevitable inheritance of a certain percentage of the descendants<sup>3</sup> of any individual who may be strongly tainted with insanity." In rather less than one-third of his cases of epilepsy Dr. Reynolds<sup>4</sup> detected hereditary taint, not necessarily of epilepsy (for only 12 per cent. of such cases stated it to have occurred in the family), but of some nervous disorder. Dr. A. H. Bennett<sup>5</sup> also found in 41 per cent. of his cases of epilepsy a family history of the same disease and of some other allied neurosis. Such facts as these, which could only have been arrived at by careful observation, whilst they indicate the necessity for the most detailed enquiry in all cases, equally show how easily an erroneous estimate of the extent to which inheritance may prevail, unless the questioning be directed towards other than the actual disease the given patient may be suffering from. It is more than likely that extended observation may show a similar alliance among groups of diseases of other organs.

(To be continued.)

<sup>3</sup> Reynolds' "System of Medicine, 1868."

<sup>4</sup> *Ibid.*

<sup>5</sup> *British Medical Journal*, 1879.

**CHARITABLE BEQUESTS.**—Mr. William Goldsmith, late of Parliament Street, has bequeathed 400*l.* each to the Westminster Dispensary, Rochester Row; Charing Cross Hospital, and the Hospital for Incurables, Clapham Road; 300*l.* each, to the Westminster Hospital, and the Deaf and Dumb Asylum, and 200*l.* to the London Fever Hospital. Mr. Robert Bownas Mackie, late M.P. for Wakefield, and of St. John's, Wakefield, has bequeathed 1,000*l.* each to the Wakefield Dispensary and Clayton Hospital, in aid of the endowment fund.

## APPOINTMENTS FOR THE WEEK.

*Friday, October 23 (this day).*

**CLINICAL SOCIETY, 8.30 p.m.**—Mr. Mayo Robson, "Two cases of Cholecystotomy," with remarks; Dr. Edward Seaton, "The Characteristic Symptoms of a Febrile epidemic illness at a School"; Dr. Samuel West, "A case of Idiopathic Purulent Peritonitis in a child of ten," with Autopsy; Mr. Walter Rivington, "Two cases of Ligature of the external Iliac Artery for Femoral Aneurysm."

*Monday, October 26.*

**MEDICAL SOCIETY OF LONDON.**—Dr. J. Milner Fothergill, "On a Presumptive Diagnosis of Gout"; Dr. Isambard Owen, "A case of Asymmetry."

*Tuesday, October 27.*

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY.**—Mr. Morrant Baker, and Mr. A. A. Bowlby, "Diffuse Lipoma"; Mr. Walter Rivington, "A Case of Ligature of the Left Common Carotid Artery Wounded by a Fish-bone which had penetrated the Pharynx."

*Wednesday, October 28.*

**BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 p.m.**—Specimens will be shown. Dr. Heywood Smith, "Hernia of Ovary"; Mr. Lawson Tait, "Hernia of Ovary"; Dr. Imlach, "Treatment of Prolapsed Ovaries by Oöphorraphy."

**HUNTERIAN SOCIETY, 8.30 p.m.**—Mr. Clement Lucas, "On Inversion with Inflation in the cure of Intussusception," with a successful case; Dr. Stowers will exhibit a case of "Rare Disease of Nails," and one of "Erythematous Lupus"; Mr. Cotman will exhibit cases of "Dead Fingers."

*Thursday, October 29.*

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 3 p.m.**—Annual Meeting of Fellows and Members to receive Report of Council.

## Medical Times and Gazette.

SATURDAY, OCTOBER 24, 1885.

WE would remind our readers that the annual meeting of Fellows and Members of the Royal College of Surgeons will be held on Thursday next, the 29th inst., when a report from the Council will be submitted. This report, which has been printed, comprises a record of the transactions of the Council during the collegiate year from July, 1884, to July, 1885, the returns of the results of the several college examinations, and a statement of the college receipts and expenditure during the same period. The substance of this document has already appeared in our columns in the periodical reports of the meetings of the Council. The returns of the results of the examinations show that of 113 candidates for the first Fellowship Examination 49 passed, and of 56 candidates for the second Fellowship 37 passed. At the Primary Membership Exami-



nation 1,191 candidates presented themselves in both Anatomy and Physiology, of whom 653 passed, and 254 were referred for three months in both subjects, while 144 were referred for the same period in physiology only, and 72 for the same period in anatomy only; the candidates referred for six months in both subjects numbered 56. At the Pass Examination there were 960 candidates, and 536 diplomas were granted. The total receipts of the College during the year were 23,801*l.*, and the expenditure 22,402*l.*, leaving a balance at the bankers of 3,464*l.* on Midsummer Day, 1885.

At the first meeting of the Pathological Society this session, held on Tuesday last, the crowded state of the room bore witness to the fact that this Society has lost none of its popularity. The President, on taking his seat, reminded the members that at some future meeting, the exact date of which will be settled by the Council, there will be an exhibition of specimens of intra-cranial tumour, especial regard being paid to their seat and nature. The new volume of the "Transactions" was laid upon the table, and will, it is hoped, be in the hands of members in the course of the next few weeks; judging from the cursory glimpse we were able to obtain of it, it appeared to be one of the biggest volumes that the Society has yet issued. There were a large number of exhibits, but nothing of any special interest, and there was so little discussion that a long programme was easily accomplished in the allotted time.

THE one-hundred-and-thirteenth session of the Medical Society of London was opened on Monday evening last by an address from the President, Dr. Ord, a part of which will be found elsewhere in this issue. As will be seen, Dr. Ord has been seeking in vegetable pathology for a solution of the mysteries of hyperpyrexia; how far he has succeeded can only be proved by lapse of time, and by further experimental observations in the same field. This much, however, can be said now, that we are more likely to find an answer to the problems of disordered function in the higher organisations if we first make ourselves thoroughly acquainted with the normal conditions in the lower forms in vegetable life. The new volume of the Society's "Transactions" will be distributed within a week or two, and will be found to maintain the high standard of its predecessors. The discussions on the various papers read, which have usually been published, will not be found in the present volume, and considering how imperfect they generally were, the omission cannot but be commended. We are pleased, nevertheless, to know that arrangements have been made for reporting the discussions more fully and more correctly, so that next year, in all probability, the volume will revert back to an improved re-issue of its original type.

THE first meeting of the Ophthalmological Society was held on Thursday se'nnight, and was well attended. The number of patients exhibited was large, and some of them were cases of unusual interest. The chief

paper was by Mr. Anderson Critchett, referring to a case of orbital cellulitis in which the very close connection which may subsist between orbital affections and dental irritation was once more made evident. Dr. McKeown, at somewhat undue length, detailed his operation for the treatment of cataract by the intra-capsular injection of water. As none of those present appeared to have tried it, though brought to the notice of the profession some eighteen months ago, there was nothing but the author's experience as to it available; but as one of the speakers said, from a surgical point of view it seems a sound proceeding, and we shall expect before long to hear the results which it has met with in the hands of others.

THE Bowman Lecture of the Ophthalmological Society of the United Kingdom will be delivered at 9 p.m. on Friday, November 13th, by Dr. Hughlings Jackson, F.R.S., who has chosen for his subject "Ophthalmology and Diseases of the Nervous System."

THE decline in the progress of the cholera in Spain, which, at the date of our last issue, appeared to have been somewhat checked, has happily continued uninterruptedly since then, the daily tale of deaths having diminished from about one hundred to less than fifty. In the province of Palermo, too, there is a steady diminution in the mortality, the deaths now numbering some twenty a day. Professors Pettenkofer and Emmerich are reported to be at Palermo, having been sent there by the German Government to enquire into the causes of the cholera. The fact that the disinfection of letters coming from Sicily is no longer insisted upon by the authorities testifies that in their opinion, at any rate, the epidemic is nearly at an end. It appears that there is considerable doubt as to whether the International Sanitary Conference will re-assemble next month, as was agreed at the close of its session last May.

THE very influential meeting which was held at the Mansion House last Tuesday, for the purpose of promoting the objects of the National Association for supplying female medical aid to the women of India, augurs well for the ultimate success of that organisation. A fortnight ago we set forth the exact objects which the Association has in view, and we need add but little to what we then said. The main fact is that at the present time the women of India are almost, if not entirely, deprived of anything like skilled medical advice in the time of sickness, because prejudices which are the growth of centuries preclude them from seeing anyone of the male sex, and up to the present time the female doctors have been so few and far between as practically to afford no relief to this state of matters. Another chief fact is that it is essential that any lady doctor commencing practice in India amongst the women should have such an amount of money guaranteed to her as would, with her professional earnings, enable her to live in moderate comfort. The speakers at the meeting in question addressed themselves to both of these points, and we would only urge one point in addition to the remarks



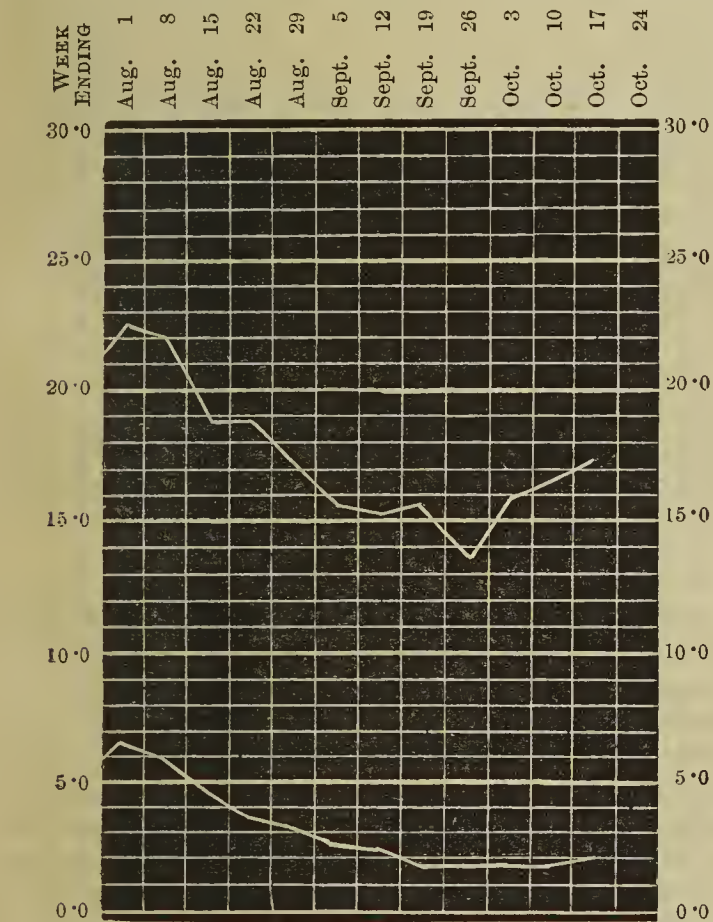
then made, in favour of a good sum being guaranteed to those ladies who risk their lives in undertaking the arduous and responsible duties which they will take upon themselves. It is simply this: it is of the first importance that ladies engaged in the work should keep their health, and those who know the climate will agree that this often means that what we should regard as luxuries here, are in that climate necessities, which may not be dispensed with with impunity.

THE cold weather which we have lately experienced in London was fully maintained last week, when the mean temperature for the whole week was no less than 6° below the average of the past twenty years. The total number of deaths, 1,346, though exceeding the returns of the preceding six weeks, was 180 below the average; of the total deaths 550 occurred in children under five years of age. Of the zymotic diseases, measles had 28 victims, and whooping-cough 29, whilst scarlet-fever and diphtheria had 22 and 23 respectively. From small-pox there were no deaths, and we must go back nearly two years, viz., to November, 1883, to find a similar record. The deaths from diseases of the respiratory system amounted to 301, having just

that the work is making good progress, and that Messrs. Churchill have every expectation of issuing it to the subscribers early next year. The photographic reproduction has been very successful, so that many of the MS. passages come out more legibly than in the faded and time-worn original, a result which has not a little facilitated the labours of the transcriber.

IF M. Pasteur should succeed, as everyone but the antivivisectionists must hope that he will, in developing his scheme for the prevention of rabies by inoculation into a real working system, he will find plenty of scope for its utilisation in this country. Five and twenty years ago there would have been next to no demand for it, for from 1857 to 1863 the deaths from hydrophobia in England and Wales did not exceed an average of 3 *per annum*, and so low a mortality from hydrophobia implies a corresponding absence of rabies. But ever since 1864 the yearly deaths from hydrophobia have steadily advanced, and in 1877 they reached the alarming number of 79. The yearly numbers since then have been, in 1878, 50; in 1879, 35; in 1880, 29; in 1881, 34; in 1882, 28; and in 1883, the last year for which we have returns, 35. In the ten years, 1874-1883, 440 persons died in England and Wales of hydrophobia, viz., 365 males and 75 females. In London, during the same period, the deaths from this cause numbered 64—viz., 48 in males, and 16 in females. Of these 64 deaths, as many as 16 occurred in 1877, so that the year of greatest mortality in London corresponded with the year of greatest mortality in the country at large. We have at present, no means of knowing how fatal hydrophobia has been in the provinces, but if we may judge from the metropolitan mortality, 1885 is likely to enjoy the unenviable notoriety of beating the worst year yet on record, viz., 1877. In London, the record of 1877 has already been eclipsed, though the present year has still ten weeks to run. Seventeen deaths from hydrophobia have already been certified, and though the record of last week is happily a blank, we dare not hope that there will be no more deaths from hydrophobia this year.

It is high time that some systematic measures were taken against the continuance of rabies. We cannot wait for M. Pasteur, whose device may take months and even years to put into working order. Science being unable to help us, we must fall back upon the Home Secretary and the police. The case is one which calls for strong measures, both for the sake of dog and human kind. There is such a strong prejudice in England against the compulsory muzzling of dogs when in the street that milder measures might perhaps be tried first. A notice should be issued at once that the police will capture and take to the dog's home all dogs found in the streets without a distinctive badge of ownership or a muzzle, and that such dogs will be at once destroyed. A few cases of hardship might occur under such an order which would not happen with universal muzzling, but dog-fanciers should remember that they have a responsibility to the community, who have a right to protect themselves against the risks of



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past twelve weeks.

doubled their number in a month. The healthiness of the metropolis is echoed in the provinces, where we find that the highest death-rates are those of Preston 27.0, and Manchester 24.0. Even Glasgow shares in this general state of well-being, and has a death-rate of only 20.5.

As our readers have been informed, Harvey's MS. Lectures will soon be published in facsimile of the author's handwriting, accompanied by an interleaved transcript in ordinary printer's type. We learn



a further increase in the prevalence of rabies. If the milder order failed, we should then be obliged to have recourse to muzzling, which Continental statistics show to be a sure and certain means of stopping rabies when thoroughly carried out.

THE return from University College Hospital, which had not reached us on the occasion of our last issue, shows an entry of 67 new medical students, and 69 for the Preliminary Scientific Examination of the University of London, a total of 136 in all. At King's College, as will be seen from Dr. Curnow's letter published in another column, the entries are not so unsatisfactory as appeared from our statement last week, the number which we then gave as representing the total entries really representing entries for the full curriculum, and not including 30 students who have entered for partial study. A corrected return from St. Mary's Hospital shows an entry of 17 for special courses, and 12 for preliminary scientific classes, in addition to the 52 full entries. We have as yet received intelligence of the new entries from only three of the provincial medical schools. At Cambridge, as many as 104 fresh men have already announced their intention of studying medicine, and more will probably do so after the publication of the October Previous Examination Pass-list. At Manchester, the total new entries number 94, or 13 more than last year. Of these, 54 have entered] for the full curriculum, 22 for preliminary scientific classes, and 13 for special subjects. At Leeds, the new entries for the full curriculum number 37, or 13 more than last year; there are also 4 students for special classes.

" ACCORDING to no less competent an authority than the Rev. E. S. Roberts, late Senior Proctor of the University of Cambridge, the morals of the undergraduates have undergone a marked improvement within recent years. On lately resigning his office, which he had previously held eight years ago, Mr. Roberts said, "I desire to put it on record as matter of common observation, and I do so without fear of contradiction, that during the interval covered by the past eight years the gain to order, decency, and morality in every sense of the word has been immense." These eight years have seen the number of medical students increase from some fifty at most to over three hundred; and it is significant that the gloomy prophecies of some of the older members of the University—as to the ill-effect on the average of manners which would follow an influx of "medicals"—have been so agreeably falsified. The Cambridge "medical" has this advantage over many of his fellow-students, that he knows his aim and purpose in life, and that his numerous and stiff examinations enforce constant and persevering work. He is accordingly proving himself an elevating and an energising factor in college and university life.

DR. RUSSELL, the Medical Officer of Glasgow, is discovering how little honour a prophet has in his own country. The recent death of Mr. Kenneth Macleod

has left vacant the post of chief sanitary inspector. Under the old arrangement the medical officer and the chief inspector were each head in their respective departments, and one was not subordinate to the other. There was thus a risk of divided counsels. Naturally the opportunity of re-arranging the management, before a new inspector was appointed, was duly taken advantage of by the Committee on Health of the Town Council, and it was agreed "that in order to avoid divided responsibility in future the medical officer should be the head of the Sanitary Department, and should direct and superintend the work of the sanitary inspector, in the way and to the extent that he may think necessary in the interest of the health of the city." That seems a proper and a wise thing to do, but it did not commend itself to the Town Council, when the Committee's proposal came up for ratification, for they decided by 25 votes to 17 to continue the old method of management with its divided responsibility. But there was found a Councillor, a medical practitioner of the East End, to declare that he could bring forward proof that Dr. Russell had not performed his duties as he should have done, and that he was not able to accomplish the work which ought to be done by the Medical Officer of Health at Glasgow. This member of the profession may gain applause from the free and enlightened electors of the East End by petty attacks such as this, on highly placed and responsible officials, but he is singularly unfortunate in selecting one of the ablest and most widely known health officers of the country. If he chooses to enquire, he will find that those who are qualified to offer an opinion deem Glasgow fortunate in possessing Dr. Russell's services.

PROFESSOR CHARTERIS, of Glasgow University, has returned to his duties in connection with the Chair of Materia Medica and Therapeutics, after two years' absence owing to illness, and is apparently once more in vigorous health.

OUR Glasgow Correspondent writes:—The meeting held in Glasgow a short time back, to consider the financial position of the Western Infirmary, seems to have regarded the position from a very one-sided point of view. It was shown by the Treasurer that since 1881 the ordinary income has annually been insufficient to meet the expenditure. Last year the deficiency was over 5,200*l.*, and this year it promises to be 5,700*l.*, the deficit increasing though there has been no falling off in subscriptions and donations. The deficiency has hitherto been met from extraordinary income, but these sources are at present exhausted. After the Treasurer's statement had been read, the meeting proceeded to consider how the revenue could be increased to meet the expenditure. Now, when an ordinary individual finds year after year that his income persistently refuses to meet his expenditure, he usually concludes, if he is a wise man, that while it is desirable, if it be possible, to increase his income, it is absolutely necessary for him to curtail his expenditure. The diminution of expenditure was not once considered at the Infirmary meeting; it was



not even suggested that this was a possible method. It was stated that the demands on the Infirmary for accommodation were frequently greater than the managers were able to meet, and the meeting seems to have taken it for granted that, under these circumstances, diminution of expenditure was impossible. If, however, any one examines the report of the Infirmary for the past year (1884), he will see that of the total number of patients treated, numbering 25,316, only 3,777 were in-door patients, while 22,039 were out-door patients. Indeed, during 1884 there were 150 fewer in-door patients than during 1883, and yet the deficit in 1884 was much larger than that of 1883. Is it wrong to ascribe the increase in the deficit as due, at least to some extent, to the greater number of out-door patients, who in 1884 were over 3,000 in excess of their number in 1883? It is impossible from the report of the Infirmary to discover what is the expense of the out-door department. We venture, however, to think that a very considerable saving could be effected in it, and that here at least expenditure could be diminished with disadvantage to no one. Everyone who knows anything at all of dispensaries for out-door patients, is well aware that a very large number of persons are daily found in attendance who have no right to be there, who go to save the fee they are quite able, but unwilling to pay. If any one of the managers of the Glasgow Western Infirmary would take the trouble to attend the out-door dispensaries, one day's experience would probably be sufficient to convince him that money subscribed to help the sick poor is daily being expended on those who can pay for themselves, but who are quite willing to appropriate help meant for their penniless brethren. In the case of the out-door dispensaries it is absurd to say that the multitudes who throng them prove the need of their existence. In every large town there are thousands willing to take whatever they can get for nothing. The question is, Are they to continue to get for nothing what they can purchase for themselves? What we should like to point out to the Western Infirmary Managers is that they seem to have failed to consider the possibility of reducing their expenditure without interfering with the accommodation their house can afford to proper patients. We would suggest that they should consider the expense of their out-door department, which they seem entirely to have overlooked, and should determine whether they cannot arrest indiscriminate out-door relief. We venture to believe that if they did this, they would largely diminish their deficit without refusing help to a single needy person.

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HER MAJESTY THE QUEEN has been graciously pleased to appoint Dr. William Moore, of 67, Fitzwilliam Square North, and Moore Lodge, Co. Antrim, to be one of Her Physicians in Ordinary in Ireland, in succession to the late Dr. Benjamin George MacDowel, Dr. Moore holds a foremost position in medical circles in Ireland, and his appointment has given satisfaction to his many friends. He was formerly King's Professor of Medicine in the School of Physic in Ireland,

and from St. Luke's Day, 1882, to the same date in 1884, he filled the Chair as President of the King and Queen's College of Physicians. He has made numerous valuable contributions to the literature of medicine and of medical science.

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WE are glad to learn from a recent number of a Canadian journal, that the opposition to vaccination amongst the Roman Catholic population of Montreal and its environs has been strongly denounced by the priests, who have publicly assured their congregations that vaccination is the only known safeguard against small-pox, and strongly urged them to respect the laws of the health authorities.

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It has been the fashion of late, to attribute the remarkable immunity from cholera enjoyed by the population of Rome, not only last year, but on each previous occasion, to the purity, *i.e.*, the freedom from faecal contamination of the water supplied by the four remaining aqueducts. To a certain extent this may be the explanation, but it should be remembered that there are a large number of wells public and private within the city. A few of these, Sallustian waters as they are called, rival those of the aqueducts in purity, and some, as those in the Via Garibaldi and the Piazza Rusticucci, are probably fed by some unseen communication with the Aqua Paola, and that in the palace of Prince Aldobrandini with the Acqua Felice, but the ordinary wells sunk into the ground water are very impure, so much so that Professor Cannizaro, the well-known chemist, in a report to the Sanitary Committee of the municipality, strongly urges their disuse. They are highly charged with nitrites and nitrates, chlorine and phosphoric acid, and yield a residue out of all proportion to their hardness. A comparison of the waters of two traste-verine wells with those of two within the city shows how the ground water of an area which has been inhabited by a dense population for 2,000 years is befouled. The residue of the former in the Porta pia and Villa Ludovisi was in parts per 100,000, 39 and 33, the hardness 25.1 and 21.5, the nitric acid 1.832 and 1.912, and the chlorine 1.207 and 1.388, while in the city wells in the Vigne Cancalani and Renazzi, the solids were 82 and 111, the hardness 66.5 and 81.3, the nitric acid 26.799 and 30.797 and the chlorine 14.058 and 14.004. The way in which the ground water gathers pollution in its course through the sub-soil towards the river is well seen in a comparison of the residues of four wells taken successively in the direction of the underground current, *viz.*, 48, 57, 73, and 120, the hardness varying inappreciably. These facts are the more important and interesting since the waters are almost without exception limpid and pleasant and free from colour, odour or taste. Indeed, the only water that affords to the unaided senses evidence of pollution is that of the Argentina alla Marrana di S. Giorgio, which is redolent from the waste of the gas works. It too, alone, contains any appreciable amount (in this case a large one) of ammonia.



WE understand that after two protracted discussions at the Royal College of Physicians, at which it was generally recognised as a grievance that a degree of medicine should be almost inaccessible to the bulk of English practitioners, the following resolution was adopted:—"That it is desirable that persons examined by the Royal College of Physicians of London and the Royal College of Surgeons conjointly, and found duly qualified, either by the ordinary or by an additional examination, should have a degree in Medicine and Surgery conferred upon them." Of course we are aware that this is only a resolution, but it involves a principle, and we are glad that that principle has been formally accepted by the College of Physicians.

### THE HARVEIAN ORATION.

PLEASANT as are the feelings of the First-of-October orators when they have finally touched up and laid aside their Introductory Addresses, pleasanter far, it seems to us, if we may compare these small things with the greater affairs of Pall Mall, must be those of the Harveian Orator, however distinguished he may be, when he has sent his copy to the printer, and has only to look forward to the calm satisfaction of reciting it to his grave and sympathetic audience. Sympathetic, indeed, the audience of the Fellows will always be on these occasions when so good an opportunity is given and improved, for indulgence in an unselfish hour of self-gratulation; but such sympathy is no superfluous reward for the labour and anxiety which are the necessary lot of the speaker of the day. Dr. Quain is to be congratulated on having ably performed his arduous task in the production of the readable and fluent address which appears elsewhere in our columns, and if he has not quite solved the Horatian difficulty "*proprie communia dicere*," he has at least, while speaking of things familiar, spoken very well.

In the choice of his subject, Dr. Quain certainly availed himself boldly of the liberty of unlicensed interpretation, when even with his passing apology to the shade of the Pious Founder he proceeded to "search out the secrets of nature," by endeavouring to answer the questions why medicine has not enjoyed that high estimate of its value as an art and as a science to which it is justly entitled, and whether there be any grounds for anticipating a more satisfactory future. The licence which he thus took, was indeed "poetic," for these questions, besides being somewhat startlingly raised in this context, can scarcely be said to deal with "secrets" at all. To the first, none can be at much loss for an answer, though perhaps as to this, *quot homines, tot sententiæ*; and as to the latter, there is nothing hidden. But granting that on such an occasion it is but graceful for Dialectic to give way for once to her sister Rhetoric, we would merely enquire here whether Dr. Quain has given the best and fullest answer to the first question he propounds. He gives two answers to the question why scepticism as to the power of the healing art should be rife both within and without the profession. One source of

want of faith, he says, is intrinsic, and due to the inherent complexity and difficulties of the subject; the other is accidental, external, to be found amongst the people at large, not excluding men of science. In his treatment of these questions, Dr. Quain has not gone quite to the root of the matter; but has dealt rather with proximate than ultimate causes. It is quite true that the difficulty and complexity of medical science and art may cause the fainter-hearted among us to fall by the way and despair unduly of progress, regardless of the steps which are slowly but surely gained by scientific labour and research. There are many who, rightly realizing that the ideal of the most sanguine of our number is at least far off and probably impossible of attainment, are tempted in their weakness to cease toiling along their up-hill way when they see that there can be no advance by leaps and bounds. But the true scepticism which must be the companion of all enquiry is before all things a necessary factor of the scientific medical mind, and is due, as Dr. Quain says, to the inherent complexity of the subject. This is a fact which cannot be got over. It is the public attitude of the profession, which at least implicitly acknowledges this inherent and scientific scepticism, that really touches the question of the justice of the opinion formed by outsiders. The two elements in the undoubtedly false public estimate of the value of the medical art are very closely connected; they cannot be considered apart. We may at once admit with Dr. Quain, that one great cause of the classical doubt and discredit thrown upon professional proceedings is to be found in the annals of medicine of the pre-scientific period, when facts were always at hand to prove that the pretensions of physicians were in inverse proportion to their performances. The professed confidence of doctors in "the healing art," will never be greater in any scientific millennium than it has been in the darkest ages of superstition and quackery. Here, certainly, was a firm foundation laid for the incredulity of the incredulous during many years.

But when we come to consider the other "external" causes mentioned by the orator, namely, the amazing credulity of the mass of mankind, and the obstinate and unreasoning incredulity of no inconsiderable minority, it is by no means clear that these can be taken as ultimate facts in the present day, or as a satisfactory explanation of the results we deplore. The credulity of the public now is not to be wondered at in matters of medicine any more than in the past; it springs from the inalienable but often unexpressed conviction in the mind of even the educated that man, the lord of the universe, has a right to be well, and the love of life and health are so instinctive, the arrogance of the human being is still so great, that he will naturally cling to any hope offered him of prolonging the one and maintaining the other. What can many of the ignorant do but believe those who say most loudly that they can help him; and if the quack promises more than the scientific physician, small wonder that he gets a considerable following even now. But the number of these ignorant faithful is daily decreasing, and will diminish still further with a wider scientific and especially physiological education



The "incredulity, again, of no inconsiderable minority of the public," including some men of science, is but a complement of the credulity of the masses, and due indirectly to similar causes. While the latter believe that the medical art can do everything, and consequently put their faith in the omnipotent quack, the former, well aware that its scope is limited, and at the same time being ill-informed or misinformed of its real powers and progress, have a tendency to regard only its weakness and its failures, and to preach and profess a creed of medical nihilism. May it not be said that even in this later day, the attitude of the profession towards the public may have something to do with the sins of both faith and unfaith that are attacked in this oration. We still want more simplicity and down-rightness in dealing with our patients, and a little less mystery in medical matters would much diminish any force there may be in the accusation that our practice is not equal to our professions. We may hail with delight every improvement in our knowledge which leads to better treatment, but we need not be always singing pæans on our progress in this direction which, plainly stated to an outsider, must certainly appear but proportionately small. In telling the public that the sole *raison d'être* of the profession is to prevent and cure disease, we run a risk occasionally of being told we are unprofitable servants; but we strangely forget to congratulate even ourselves, and still more to inform the world, on the immensely greater strides that have been made in the knowledge which subserves prognosis. Hippocrates said that the best physician was he who could make the best prognosis, and the intelligent part of the public, whose sin is incredulity, is not so slow to appreciate this fact, and to give it its due value. There is, indeed, a very large proportion of intelligent people who well know how much more is possible now to the physician in this direction than in the not very distant past; and who keenly appreciate a careful opinion and forecast of an illness, though they are as well aware as the physician himself that perhaps but little can be done towards expediting the cure or delaying the fatal result. The feverish anxiety shown by some doctors and teachers of medicine to impress on the public and their pupils the omnipotence of what is called the Healing Art, and to warn them in vague and general terms against scepticism in medicine, is as dangerous in its way as the thoughtless remarks of others, that because we can do but little in proportion to what we desire we had better do nothing at all. Until teachers and practitioners of medicine are absolutely true to themselves, their pupils and their patients, there will always be a certain public which, on the one hand, reflects evil on the profession by overcredulity and patronage of the charlatan, and on the other hand, in a spirit of uncritical disbelief, refuses to trust to it at all. Let the scope and powers of the medical art be fairly and fully stated, and the curtain of mystery be finally lifted from before it, and we shall hear less and less with increasing education of the complaint of doctors that they are undervalued. Undervalued as a class they perhaps are, and many must deeply feel the inadequate estimate of their merits; but it is well to remember, with a view

to reform, that to some small extent at least the profession is itself to blame for the evils that all deplore.

### THE GENERAL MEDICAL COUNCIL.

THE General Medical Council has been summoned for Tuesday, the 17th of November. We are well aware that the great majority of medical readers do not take much interest in the sayings and doings of this august body, an indifference which is much to be regretted, for were it otherwise the great waste of public money which is about to be perpetrated by what we regard as an utterly unnecessary meeting would no doubt be checked. The meeting has been forced on the President by the action of the Irish Branch Council, and we do not deny that it would have been difficult for him to refuse the repeated demand for an extra session; but having yielded, we trust that he will be more than ordinarily firm in keeping the members strictly to the business in hand, so that the session may be as speedily ended as possible. The pretexts on which the Irishmen have demanded this special session are three in number: (1) In reference to the matriculation examinations of the Queen's Colleges at Belfast, Cork, and Galway; (2) To remove the names from the Register of certain registered practitioners who have been convicted of various offences; and (3) To reconsider the regulations in regard to the place of elementary mechanics amongst the subjects of preliminary education. We trust that the last two will not be allowed to be discussed at the forthcoming session at all. The Council deliberately settled the place of mechanics last session, though warned of the result by Professor Haughton, and the proper course is for him to carry out his threat that the Dublin University students would not appear on the Students' Register, instead of wasting the time of the Council with any further discussion on a subject already worn threadbare. The second point presses even less for immediate decision; the case mainly referred to by the Irish Branch Council is that of a practitioner lately convicted and sentenced to ten years' penal servitude, and as he is at present safe enough in prison, there is no need to hasten the removal of his name from the Register, the object of which would be to prevent him from practising, an object much more effectually attained by the process of law now being carried out. As regards the other offenders also alluded to, we believe it is one of the unwritten laws of the Council that mere conviction in a court of law, even if followed by the cancelling of the offender's diploma, is not necessarily to be followed by the removal of his name from the Register. It must be remembered that this deprives a man of his calling in life, and is therefore virtually awarding an additional punishment to that inflicted by the law. There is, therefore, and we entirely approve the principle, no necessary sequence between conviction and removal from the Register, though no doubt in most cases the one very properly follows the other. When we come to deal with the first of the reasons for the forthcoming



session it is difficult to speak without indignation. At the tail end of a long session—on the eleventh day, in fact, of the sitting last May—on the motion of Professor Haughton, the report of the Preliminary Examinations Committee was adopted without discussion and almost without remark, and thus, merely on the strength of his statement that the examinations of the Queen's Colleges of Belfast, Cork, and Galway were superseded by those of the Royal University of Ireland, these three bodies were removed from the list of those whose preliminary examinations are recognised by the Council. The immediate effect of this was the delivery of strong protests from each of the bodies concerned, and the Executive Committee, finding that a blunder had been made, simply suspended the resolution until it could be further discussed by the Council. The Irish Branch Council are of opinion that it is necessary that the Council should be summoned to discuss this conduct of the Executive Committee. We feel confident that none but the Irishmen who will be paid to come over and argue the point will see the special urgency of the matter. The action of the Executive Committee simply left matters where they have been for many years past, and no injustice could possibly have accrued to anyone had they been allowed so to remain until next spring.

At the meeting of the Executive Committee which has been summoned for to-day (Friday), we believe the chief business will be the reconsideration of the standing orders regarding the removal of names from the Medical Register. The legal advisers of the Council are of opinion that the existing practice is right in principle and works satisfactorily, and they will therefore only advise slight modifications in detail. The statement that nearly twelve thousand copies of the British Pharmacopœia have been sold will, no doubt, be received with satisfaction, and it will not tend to make the Committee inclined to accede to the petition which hails from Liverpool to the effect that a copy of the new Pharmacopœia should be gratuitously presented to every registered practitioner.

#### DR. FERRÁN ON HIS TRIAL.

THE cholera which through the past summer has ravaged the southern and eastern provinces of Spain, though not yet extinct, has so far declined in extent and severity that there seems every reason to believe that, for this year at least, we shall not witness any recrudescence of the epidemic. The panic fear and the intense excitement natural to a southern people have at the same time subsided, and though Ferránists and anti-Ferránists still regard one another with feelings of suspicion, if not of antipathy, it is more possible now than it was some months ago to calmly review the evidence for and against the alleged efficacy of anti-cholera inoculation. In one of his admirable letters, the special correspondent of the *Times* gives an interesting account of his interviews with Dr. Ferrán himself, with Dr. Moliner, of the Madrid Commission, and with our countryman, Dr. Jelly, who has passed the whole of his professional career in Spain, as well as a very fair summary of the strongest, or apparently

the strongest, evidence on either side. Naturally the first question he put to Dr. Ferrán was whether he believed that one attack of cholera conferred any immunity against subsequent exposure to infection, as on that his whole theory and practice must stand or fall. Dr. Ferrán was positive on this point, but in this opinion he stands, we believe, alone. It is true that Lebert once advanced this view, but certainly the experience of Indian medical officers and of those who have had the widest acquaintance with cholera in Europe and America tends to the opposite conclusion.

The veteran Surgeon-General John Murray, in a letter to the *St. James's Gazette* of June 8th, stated that in Agra gaol between 1860 and 1865, out of an *average* strength of 2,364 prisoners, there were 1,196 cases of cholera, of which 63 were second and 5 were third attacks. Dr. Cameron, indeed, in his article in the *Nineteenth Century* of August last, endeavoured to prove from Dr. Murray's figures that the liability of the "cholerised" was twelve times less than that of the others. But Dr. Cameron's fallacious reasoning was fully exposed by Dr. Willoughby in the September number of that review; it arose from his treating the "average strength" of 2,364 prisoners as if it represented a permanent population instead of an ever-shifting one. It was, he said, as if Dr. Cameron "from an annual death-rate of 100 per cent. on the number of beds in a hospital, where the average time during which the patients remained under treatment was six weeks, had inferred that every case ended fatally instead of 1 in 9. What Dr. Murray's figures did prove was that of those who *remained in gaol long enough* to permit of a second attack, no fewer than 63 did so suffer," and "so far from a previous attack diminishing the danger of a subsequent one, while only 241 of the 1,060 primary cases (22·7 per cent.) died, 30 of the 83 secondary cases (47·5 per cent.) were fatal, a result which did not say much for the 'protection,' and contrasted strongly with the influence of vaccination on the mortality of small-pox." The United States Commissioners, in their report on the epidemic of 1873, say (p. 61): "Numerous instances are recorded of individuals who recovered from an attack of cholera to succumb to the disease at a later period of the same epidemic." Dr. Ferrán told the *Times* correspondent that when cholera broke out a second time in any place it was generally the new arrivals who suffered, and, in one instance, among a number of labourers, it only attacked those who had come from villages where there had been no cholera. Very well; no fact is better known than that different individuals are susceptible to a given infectious disease in different degrees—that when an epidemic dies out it is generally because the number of specially susceptible has been exhausted, the survivors escaping because they are less susceptible; but this is quite a different thing from immunity acquired by an attack, for newcomers from a locality hitherto free are sure to include a large proportion of more susceptible individuals.

Dr. Ferrán, who formerly asserted that he had traced the life cycle of Koch's bacillus, appears to have considerably changed his views as to the nature of his cultivations. He now, we are informed, repudiates the suggestion of "attenuating" the virus



in the sense of modifying the development of the bacillus; he maintains that by boiling, or a process of self-exhaustion in closed tubes, the bacilli are exterminated, and that his "vaccine," free from all organisms, owes its virtue to a purely chemical product which he hopes may some day be isolated. He thinks that if injected into the intestine the results might be serious, and that the mildness of the symptoms following his inoculations is due to the choice of the subcutaneous connective tissue as the place of operation. But this is opposed to all analogous experience. This tissue presents, it is true, an unfavourable soil for the inoculation of tubercle bacilli, though Tscherning has recently reported a case in which accidental inoculation of the finger was followed by tubercular deposits extending as far as the axilla, though amputation of the finger and extirpation of the infected glands averted further trouble; but the subcutaneous tissue is well-known to be a most eligible site for the injection of chemical agents.

With Dr. Ferrán personally, the correspondent was very favourably impressed. "The worst," he writes, "that can be said against him by those who have not faith in his theories, is that he is the dupe of illusions conceived in ignorance, but acted on in good faith," and Dr. Ferrán expressed his readiness to put his practice to the test in India or elsewhere, believing that from Englishmen he would meet with fair and honourable treatment. But, when we come to the statistical evidence on either side, we encounter a mass of hard swearing which simply staggers us, and which we should not have expected except among Hindoos or Chinamen. On the one side we have reports by the score, stamped and sealed by alcaldes, judges, priests, and notaries, whose signatures are followed by those of the medical men and inhabitants of the various towns, declaring that so many of those who refused to be inoculated died of cholera, while all who underwent the operation escaped, or if they died did so within the five days which Dr. Ferrán asserts to be the incubation period, and that in no instance did serious consequences follow the inoculation. We may remark in passing that in the minds of most authorities there is great uncertainty as to this period. Niemeyer and Grüttner estimate it as from 36 hours to three days at the longest, and we are inclined to agree with them.

Such evidence as is adduced by Dr. Ferrán would, from any other civilised country, be irresistible; but Dr. Jelly, from long acquaintance with Spain and the Spaniards, attaches no importance whatever to this formidable array of figures. He considers that the ignorance of the rural population is such that the elaboration of any statistics is quite possible. He and Dr. Moliner, perhaps the ablest physician in Valencia, state that they have seen numerous instances of grave and even fatal septicæmia following Dr. Ferrán's own inoculations, and very many deaths from cholera at various periods subsequent to the operation. Indeed, Dr. Moliner, who believes in the specific nature of the bacillus, is inclined to the opinion that cholera may be thus induced and propagated. Several eminent Spanish medical men, who submitted themselves to inoculation, suffered from septic fever of a severe type, with a temperature of 105° F., and abscesses requiring

surgical treatment. Dr. Jelly, too, found at Alcira that the local doctors were incapable of correct diagnosis, while there is abundant proof that many deaths from cholera occurring among the inoculated have been certified as due to other causes.

But the most damaging revelations were those which followed the demand for the names and addresses of the persons whom Dr. Ferrán had inoculated in certain towns and villages. On comparing the lists produced with the registers of the deaths, it was found that numbers—in one village no fewer than twenty—were already dead and buried several days before the date on which they were stated to have been inoculated! No wonder, observes the correspondent, their deaths did not appear subsequently, and "it is an ominous fact that as yet no statistics are forthcoming from the villages where Dr. Ferrán inoculated the inhabitants under the control and in the presence of the Madrid Commission." It is idle to alledge that the Royal Commissioners were prejudiced, and came to their work with a foregone conclusion. When a cause had to be bolstered up by such barefaced forgery, it behoved men of high professional standing and official position to approach it with the most unsparing and sternest criticism. Their report, the only judicial investigation of the matter, is a crushing and unqualified condemnation of the entire theory and practice of Dr. Ferrán and his adherents.

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## ABSTRACTS AND EXTRACTS.

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**COCAINE IN DISORDERS OF THE NERVOUS SYSTEM.**—Dr. Jerome K. Bauduy, in a paper read before the American Neurological Association, said: "It has been well known for some time that the fluid extract of coca was a valuable remedy in the treatment of alcoholism and the opium habit, but it is not to be compared with the alkaloid cocaine in this regard. For a remedy of uncertain strength and action we have in cocaine one whose effects can be predicted with mathematical certainty. It not only replaces alcohol and morphine, but it generates a positive disgust for these agents. They can be withdrawn completely and at once without the slightest suffering or injury, and the cocaine itself may be gradually dispensed with, thus eventuating a perfect recovery. The only caution to be observed in these cases is to administer the drug hypodermically, and this by the hand of the physician himself. This I particularly insist upon. The drug should not be known to the patient, nor the amount of the alkaloid which is being given. If these precautions are not adopted there is great danger—nay, a certainty—that a cocaine habit will be formed, more disastrous in its results than alcoholism or morphinism. I have already referred to its uses in the obstinate vomiting of pregnancy and of hysteria, and would only add in this relation that there is nothing which relieves any of the ordinary manifestations of hysteria so rapidly and completely as a hypodermic injection of cocaine. The same effects may be expected from its use in cerebral and spinal anæmia, "spinal irritation," neurasthenia, and, in general, in all those cases where the brain and spinal cord do not properly perform their functions from want of proper blood-supply; in all these I believe cocaine will prove the remedy *par excellence*. I have tested its powers in the cold stage of intermittent fever, and have secured the happiest results. There is a return at once of a feeling of warmth, and the skin begins to act, thus bridging over both the cold and the hot stage of the fever. In pernicious cases I have no doubt it would prove of the greatest value. In-



deed, as the temperature is increased, both subjectively and objectively, at least  $1^{\circ}$  F., I have great expectations of its value in the algid stage of even such a disease as cholera. In chorea gravior, in convalescence from protracted illness of any kind, in blood-poisoning—in fine, in all cases where there is excessive tissue metamorphosis without corresponding constructive changes—I believe cocaine to be a most valuable remedy. Insanity, however, I believe furnishes the great therapeutic field for the useful administration of cocaine. Especially is this true of melancholia and hysterical and hypochondriacal insanity; in these especially there is a great future before it. The records of all asylums will show that melancholia is usually a long-continued and tedious disease to treat—one which most alienists naturally dread to encounter. The rapid relief and satisfactory therapeutical results which are observed in mania so frequently, the shortening of its duration, and the control of its more prominent manifestations, are not observed in the treatment of melancholia. Protracted mental depression with accompanying physical prostration are the constant conditions present. Anything which will alleviate this condition and shorten its duration is a boon to suffering humanity. I therefore urge upon the profession to fairly, extensively, and perseveringly test this drug and verify or disprove the wonderful results I profess to have secured in this direction. These effects are so wonderful that they must be witnessed in order to be believed.”—*New York Medical Record*.

**ENTERIC FEVER IN CHILDREN.**—During the latter half of 1884 and the first two months of 1885, a very considerable epidemic of typhoid fever appears to have passed over the town of Kiel, and from the fact that a large proportion of the patients attacked were young children, the record of the occurrence, supplied to the *Berliner Klinische Wochenschrift* by Dr. von Starck, presents several points worthy of note. One hundred and fifty-two cases in all are recorded, of which 100 are those of children under 15 years of age: 52 males and 48 females. The preponderance of children is accounted for by the frequency with which many members of one household were attacked in succession. In several families one child after another and finally the mother were infected in such a manner as to suggest that some special predisposition must have been present, although no possible cause could be traced other than the fact that many of the patients had been attacked with measles during a wide-spread epidemic in the previous year. Of the 100 children only 2 died. In one instance, perforation took place, the bowel being very extensively diseased; and in the other a neglected hæmorrhage, following close upon violent epistaxis, was the cause of death. The average duration of the disease was three weeks, although there were some cases which continued much longer. The course of the temperature presented many varieties. In some instances a high range was maintained throughout the whole illness, whilst in others the initial rise was followed by a steady and continuous diminution. The children appeared to bear even the higher degrees of fever very well, the mind in many cases remaining clear throughout, and only becoming affected in the worst cases during the third week. Enlargement and tenderness of the spleen was a prominent feature in many cases, but this did not appear to bear any definite relation to the severity of the disease. Pain in the right iliac region was but rarely noted. In almost every case a greater or less degree of bronchitis or broncho-pneumonia was present during some part of the attack. Only seven cases suffered any relapse, and of these only one proved serious. Castor oil was administered at the outset in all the cases, calomel also being employed in a few. Obstinate constipation was freely treated with oil, even into the third week of the disease. Antipyretic measures were employed as soon as the temperature rose to  $39.5^{\circ}$  C. ( $103^{\circ}$  F.), generally in the form of cold packing or cold bathing at  $66$  to  $76$  degrees Fahrenheit, and by repeated doses of antipyrin. Several of the more severe cases resisted all these antipyretic measures for weeks. The children appeared to bear the treatment very well, and no deleterious effects followed either upon the cold bathing or upon the antipyrin. A certain proportion of the cases

were treated with naphthalin, in the form recommended by Professor Rossbach, but it could not be shown that the drug exercised any abortive effect upon the fever even when continued for a long period.

**OZONE AS A CAUSE OF PNEUMONIA.**—Dr. Daniel Draper, Director of the Central Park Meteorological Observatory, has issued a circular in which he presents a number of statistics, showing apparently some relation between the prevalence of ozone and that of pneumonia. He takes the figures from January to May inclusive, for 8 years. In 1878, there were 1,304 deaths from pneumonia, and the ozone percentage was 9.50 in 73 days. In 1882, the death-rate had increased to 2,056, and the ozone to 16.19 in 86 days. In 1884, the death-rate decreased to 1,603, and the ozone to 6.45 in 48 days. This year the death-rate increased to 2,308, as did the ozone to 13.26 in 87 days. The figures for 1882 and 1883 are not quite so convincing. In the former, the death-rate was 2,056, and in the latter 2,061. Yet in 1882 the ozone record was 16.19 for 86 days, and in 1883 it was 12.73 for 85 days. The death-rates were about equal, though there was a difference of nearly 25 per cent. in the ozone. Dr. Draper says, however, that he compared thousands of observations from the barometer, wet and dry thermometers, hygrometers, anemometers, and pluviometers with the mortuary statistics, and could find no continuous connection between these observations and the prevalence of pneumonia. It was only when “ozone was taken into consideration that there was found to be a very close connection between its observations and the death-rate of pneumonia.” It has been very positively established by numerous observants that pneumonia prevails most at seasons when there are sharp variations of temperature, as, for example, in the spring. We doubt very much whether a case can be made out for ozone.—*New York Medical Record*, September 10.

**ANÆSTHETICS IN CHILDREN.**—In a lecture delivered before the Philadelphia Obstetrical Society (*Philadelphia Medical Times*, July 25), Dr. De Forest Willard, surgeon to the Pennsylvania Hospital, observes: “In regard to anæsthesia, my experience is that great benefit is obtained by the use of ether when pain can thereby be prevented. In the first weeks of existence, I admit that a feeble vitality would contraindicate its use, although I have successfully administered it to a three days’ old infant. After the first or second month I see no reason why we should inflict pain on an infant, simply because we can control it by brute force. In the examination of fractures, great suffering is often inflicted by careless and frequent manipulation, &c.; unless the diagnosis is easy and positive, unconsciousness should be produced. No case of bone-injury should ever be passed by undetected, when ether will aid us to solve the question. . . . Should any symptom of ether-narcosis occur, it is so easy to depress the head of a child or to perform artificial respiration by acting on the ribs that serious accidents are infrequent. Subsequent vomiting is very common, but is not persistent, and is easily quieted by a small hypodermic of morphia, which ordinarily brings quiet sleep to the patient. If the child is feeble, I always allow milk up to within two or three hours of the operation, and administer wine or whiskey in water immediately before giving the anæsthetic. Milk with lime water and whiskey is usually retained within ten minutes after the first vomiting on rousing. In tedious excisions, not only should preliminary precautions be taken to secure against prostration by shock, but hot water bags should be ready for use, which, with hypodermics of brandy, may succeed in tiding over a temporary depression which would otherwise end in death. When the loss of blood has been great, especially in acute surgery, important assistance may be gained by transfusion, either of blood or of a warm saline injection.”

**ATROPINE IN ACUTE CORYZA.**—Dr. Solomon Cohen (*Philadelphia Medical Times*, August 8th) states that he can quite confirm the statement made by Dr. Gentilhomme (*Union Médicale*, September 4th, 1883), concerning the great efficacy of sulphate of atropine, even in bad cases of acute coryza, attended with fever, embarrassed respiration, &c. As the mode of administration he prefers a



solution of one grain to one ounce of water, the dose of which is usually four minims ( $\frac{1}{120}$  grain)—that is, when the discretion of the patient can be wholly relied upon in the use of a poisonous drug. In other cases he prefers granules or triturates of  $\frac{1}{120}$  grain, the directions for use being carefully written upon each. One of these is given on the first or second day of the attack, and is repeated in four hours if there be no dryness of the throat. The rule for the third dose is the same, the medicine being stopped if dryness of the throat or dilatation of the pupil occur. When the case is seen within the first twenty-four hours, two doses will often suffice for the complete control of the affection, although thick yellow mucus may be still secreted for about a week. Sometimes the same dose is required on the next day, of the necessity of which, watering of the eyes and stuffiness of the nose are signs; and in severe cases the remedy has to be pushed until dryness of the throat and dilatation of the pupil are produced. In some cases, seen too late for the atropine to be used, the salicylate of ammonium in doses of ten or fifteen grains, repeated every two hours, until tinnitus aurium is produced, has proved useful.

**PILOCARPIN IN ACUTE ALCOHOLISM.**—In an article in the *Philadelphia Medical News* (Sept. 19th), Dr. Josham relates some cases in which he had found pilocarpin in doses of a third of a grain exerted very decided effects in persons suffering from the effects of drink. "Its sobering properties," he says, "are remarkable." "After the sleep, the patient arouses perfectly rational and subdued, a consumption of no little importance, as all know who have to treat the victims of alcohol, since it renders them amenable to moral influences. The transformation wrought on the physical appearance is almost marvellous. The tense, red, bloated countenance, the bleared congested eyes, and general repulsive facial aspects pass away. The skin looks pale, clean, and soft, the features calm and easy, the eyes clear, or only with a slight yellowish fringe. Clothed in such an innocent guise, the subject of a recent debauch might easily deceive even an expert. There are three ways in which pilocarpin doubtless exercises a therapeutic influence in alcoholism: (1) By lowering cerebral blood pressure; (2) by eliminating alcohol; (3) by increasing the absorption of oxygen."

**SALICYLATE OF SODA OINTMENT.**—M. Pierre Vigier (*Gazette Hebdomadaire*, Sept. 11) observes that this pomade would be employed much more frequently than it is at present if the proper mode of preparing it were better known. When 10 grammes of this salt are simply incorporated with from 30 to 40 grammes of lard or vaseline, by rubbing up in a mortar it will be found to contain numerous little agglomerations of the salt which are very detrimental to its efficient application. In order to render it homogeneous and active it should be combined with about half its weight of distilled water, and M. Vigier recommends the following formula:—Lard 40 grammes, crystallized salicylate 16, and distilled water 5 grammes. The lard is to be well spread over the mortar by means of the pestle, and the salt, previously dissolved in the water, is then to be added little by little and rubbed up until complete incorporation is secured. This precaution of smearing the mortar with the lard before adding solutions of the salts to be incorporated is an excellent one; for, besides the facility and rapidity of execution which it secures, it obviates the necessity of adding almond oil, which would otherwise be often necessary, causing the double inconvenience of weakening the medicinal agent and rendering it more fluid.

**ADONIS VERNALIS.**—The action of the adonis vernalis was first studied by Bubnoff, who published some observations on its clinical uses in 1881. More recently, however, some further observations have been made, an account of which is given in the *Naples International Journal of Medical Sciences* by Dr. Gastano Traversa. The following are some of the more important conclusions at which he has arrived:—The drug increases and strengthens the contractions of the heart. It causes the cardiac sounds and especially systolic and presystolic murmurs to become more distinct. It diminishes the size of the heart. It usually slows the pulse. It increases the quantity of urine passed

from three or four hundred to two or three thousand cubic centimetres per diem, the specific gravity being diminished, also the total diurnal quantity of chlorides and urea. Albumen where it exists is diminished, likewise casts, except where actual disease of the kidneys exists. As the quantity of urine increases the weight of the body diminishes. Edema also is diminished. The drug has also a considerable effect on various morbid conditions connected with the cardiac disease, as cyanosis, dyspnoea, palpitation and cough.

**TREATMENT OF HÆMORRHOIDS BY CHLORATE OF POTASH.**—In cases of severe hæmorrhoids no medicinal treatment is of avail, but in mild cases relief is often obtainable. In a very large proportion of such cases, chlorate of potash is much more efficient as a local application than are the more usually employed astringents. There is little doubt that in many cases the hæmorrhoids are really the expression of an inflamed mucous membrane, and the chlorate is then as efficient as it is in diseases of the inlet of the alimentary canal. Indeed, it is even more efficient because more prolonged contact is possible. Half-an-ounce to an ounce of the saturated solution of the chlorate, to which has been added from five to ten drops of laudanum, is to be thrown into the rectum morning and evening, and retained. Of course, the usual precautions in regard to keeping the bowels open are to be observed.—*Therapeutic Gazette*, July 15.

**QUININE IN THE TREATMENT OF PNEUMONIA.**—Dr. F. P. Atkinson holds that sooner or later quinine will supersede all other methods in the treatment of acute pneumonia, as it prevents the disease advancing beyond the end of the first stage, and rapidly causes resolution to take place, and it does away with the necessity for poulticing the chest, all that is necessary being to wrap the side affected in cotton wool. It may be given in two-grain doses every two, three or four hours to an adult, according to the case. Dr. Atkinson asks whether its curative action is due to the profuse perspiration it causes, or to its antiseptic properties or both, and whether it has any influence on the muscular coat of the arteries.—*The Practitioner*, October.

**ADENO-CARCINOMA TESTIS.**—A case in a boy aged 20 months is recorded in the *Centralblatt für Chirurgie*, No. 34 of the current year. It was noticed about three months before the child was brought under Dr. Schlegel's care in Hanover. The tumour was as large as a lemon; it was not transparent, nor did it fluctuate; and though of a firm consistence it slightly yielded to the pressure of the finger. The surface was smooth, and it was nowhere adherent to the superficial structures of the scrotum. The spermatic cord was normal, there was no testicular sensation. Castration was performed, and an iodoform dressing applied. Recovery took place rapidly. When discharged from the hospital the scrotum was quite free from tumour, the cord was normal, and there was no enlargement of the inguinal glands. On section the tumour was found to consist of a soft medullary substance, breaking down in the centre; at the upper portion the remains of the altered testis could be seen. Microscopic examination (made at the Pathological Institute at Göttingen) showed the growth to be an adeno-carcinoma. For about three months the child, who was kept under constant observation, remained well; then the spermatic cord began to indurate, and to become painful; infiltration of the penis came on, and later retention of urine. The secondary growths enlarged rapidly within the following two months, and the child died of general exhaustion about nine months after the disease had first manifested itself.

**THE SMALLNESS OF PARTS IN CHILDREN.**—First of all must the children's surgeon acquaint himself with the anatomy of the child. This is rarely done, as the ordinary dissections of adults during a college course give little idea of the size and position of the individual elements as seen in the infant. In consequence of ignorance upon this practical point, many grievous failures have occurred. After unusual opportunities for the study of both normal and abnormal tissues in the diminutive frame, I am still



frequently surprised to note the exceeding smallness of different organs and canals.—Dr. Millard, *Philadelphia Medical Times*, July 25.

**DISLOCATION OF THE CRYSTALLINE LENS.**—Dr. Dehenne, after narrating a case (*Union Médicale*, No. 92) of spontaneous luxation of the crystalline lens in a glaucomatous eye, for which he performed enucleation, lays down the following rules concerning surgical intervention:—(1) Extraction of a dislocated lens should be attempted only when it is luxated in front of the iris. (2) In no luxation posterior to the iris should it be undertaken. (3) If the patient do not suffer, all intervention should be abstained from. (4) If glaucomatous accidents appear, two circumstances have to be considered: (a) when all luminous perception is abolished, enucleation should be performed; (b) when the media and membranes remain intact, sclerotomy should be practised; and if the accidents reappear, the lens should be removed from the dangerous zone of the eye, and, as a last resource, enucleation performed.

**UNILATERAL PRURITUS IN HEMIPLEGIA.**—Professor Köbner, in a recent clinical lecture in Berlin, mentioned the case of a man of 36 with left hemiplegia, due to an embolism, following rheumatic cardiac disease, who complained of violent itching, both by day and by night, of the whole of the left or paralysed half of the body. No objective signs were to be seen, but the skin of the affected side did not perspire, and the temperature was lower than that of the sound side. This was the only case the Professor had seen of pruritus due to a pure neurosis uncomplicated by skin disease, diabetes, Bright's disease, &c. The treatment consisted in applying an ointment of equal parts of chloral hydrate and camphor rubbed up together and mixed with vaseline in the proportion of 1 of the mixture to 5 of vaseline. This answered well.—*Rundschau*.

## REPORTS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCTOBER 21ST, 1885.

J. S. BRISTOWE, M.D., F.R.S., President, in the Chair.

#### *Sarcoma of Skull.*

DR. DICKINSON read notes of a case of this disease occurring in a boy aged 12. It began with tenderness of the scalp at the vertex and a lump appeared there, later on a swelling appeared on the right side of the head. Nine weeks before he came under observation, he lost sight of both eyes intermittently. When first seen there was exophthalmos with enlarged frontal veins and several lumps of soft consistence scattered over the scalp; there was another lump over the middle of the sternum. Mr. Frost had recognised a soft non-pulsating intraorbital growth on the left side. Vomiting, headache, absolute blindness, insomnia, irregular pulse, drowsiness, and delirium were the remaining symptoms. The head was greatly distorted from the tumours, and a fluctuating swelling was noted over the right tibia near the knee which was found to be suppurative. The growths were soft, livid, and beneath the pericranium, and filled the superior longitudinal sinus. There were no secondary deposits in the brain, but some were found in one lung.

Dr. NORMAN MOORE said that, in the last case shown to the Society, protusion of the eye had been very marked, and actual sloughing had taken place. That case and one shown by Mr. Jessett were much younger, and in this respect the case shown by Dr. Dickinson was a little exceptional.

Mr. JESSETT referred to the absence of brain symptoms. In his own case of a large tumour pressing on brain, there had been no symptoms. He had seen the same thing in adults.

Mr. R. WILLIAMS asked whether the growth began in one place or in several.

Dr. DICKINSON said, in reply, that there were several separate points of growth.

#### *Bacilli from a Case of Rhino-Scleroma.*

Dr. J. F. PAYNE, referring to the case shewn by himself and Dr. Felix Semon, said that since then he had found bacilli which he had previously believed to be absent. M. Cornil had failed in the same patient, though afterwards he had succeeded. The bacilli were smaller than tubercle bacilli, and required soaking for a long time in a strong solution of methyl violet.

Dr. THIN asked whether the bacilli were in the cells or between them, or in the blood-vessels.

Dr. PAYNE had no doubt that in many places they were enclosed in cells.

#### *A Case of Pyloric Obstruction.*

Dr. HALE WHITE shewed this specimen taken from the body of a woman who died from pyloric obstruction. The gall bladder was full of gall-stones, and adherent to the pylorus, which was much thickened; the cystic and common ducts were normal. An opening was found at inner side of stomach at junction with duodenum, leading by a sinus into a sac the size of a large pea; this sac contained several minute gall-stones; the anterior end of gall bladder was adherent to the pylorus opposite the sac. Some gall-stones had ulcerated from the gall-bladder and formed a sac for themselves in the thick wall of the pylorus; subsequently the communication between the gall-bladder and sac became obliterated. The thickening of the pylorus was due to the irritation thus set up and was mostly fibrous. The gall-stones in the sac were very minute. The body was otherwise healthy. This cause of pyloric obstruction was probably unique.

Dr. NORMAN MOORE confirmed the rarity of this case. He mentioned two cases. One, a woman had vomiting soon followed by death. The common duct adhered to the duodenum, where a gall-stone had ulcerated through, and lay in the intestine; there had been no jaundice. In the second case, that of a man, aged 60, gall-stones had ulcerated into the liver, forming an abscess there; he had slight jaundice only late in the case.

The PRESIDENT mentioned the case of a woman who had had jaundice on and off for 20 years, and gall-stones. There was a nodular lump in caecal region; on being opened no pus was found, but for three months biliary gravel came away. The thickening caused much resemblance to malignant disease. The patient recovered.

#### *Cysticerci of the Brain.*

Dr. GULLIVER described this specimen. The patient, a woman, came under treatment for ascites due to cirrhosis of the liver. Epileptiform fits carried her off in twelve hours; she had just before complained of headache and stiffness of the neck. At the *post-mortem* the meninges were injected, a small cyst was found in the pons, and several in the grey matter of the convolutions, some also in the pia mater; their locality could not be determined. Cases of this sort were not uncommon, and this was more or less typical. The cysts might exist in the brain even for six years without any symptoms, or they might cause epilepsy or hæmorrhage.

Dr. HALE WHITE said that multiple hydatids of the brain were almost unknown.

Dr. WILKS thought this must be rare; he had seen one case, but never one of hydatids of the brain.

#### *Lympho-Sarcoma of Tonsil.*

Mr. BARKER showed drawings of this disease from sections of the right tonsil of a lady, aged 74. There was a history of rapid growth, but the patient appeared in excellent health. The growth shelled out easily and was encapsuled; some enlarged glands were previously removed from the neck. On section, the tumour was found to be a typical lympho-sarcoma. On the opposite side of base of tongue was a nodule which was also removed. In six weeks on opposite side of throat recurrence had taken place, the tonsil being enlarged and glands swollen. The operation was palliative only. This he supposed to be a rare



disease. Two cases had since occurred at University College Hospital. One was in an old man of 70. The glands were also enlarged. The patient had recovered after operation.

Mr. POLLARD showed a specimen of Sarcoma of Tonsil with microscopical sections. The patient, aged 72, was under Mr. Beck's care at University College Hospital, and had been ailing only three months with some difficulty in breathing. The patient had himself discovered the existence of a swelling of his right tonsil. When seen first the growth was the size of a large walnut, and caused some external swelling; breathing was markedly disturbed. The growth was moveable, and easily shelled out after the incision over it had been made; it was encapsulated. Microscopically, it was composed of small round cells closely packed in a homogenous matrix. In its fibrous capsule were bundles of transversely striated muscular fibres; similar bundles were found imbedded in the growth at some distance from the surface. It was worthy of note that, notwithstanding the infiltration of surrounding tissues, the mass was yet encapsulated.

Mr. BUTLIN said that operation in these cases was almost, if not quite hopeless. He had collected about twelve cases of this disease; it was not so very uncommon when cases came to be examined microscopically. These lympho-sarcomas of the tonsil were only portions of a disseminated disease, and not primary.

Dr. SEMON, in regard to the excessive rarity of these cases, believed both epithelioma and sarcoma of the tonsils were more common than was thought. He agreed as to the apparent hopelessness of operation.

Mr. GOLDING BIRD thought they were not so rare; he agreed as to the futility of operation.

Mr. R. WILLIAMS spoke to the same effect.

#### *Bladder and Rectum after Littré's Operation.*

Mr. MANSELL MOULLIN showed this specimen. He had been unable to find the rectum, and had opened the bowel in the groin. The child had recovered from the operation. A few days later feces came through the urethra; this was found to be due to an opening of the rectum into the prostatic urethra. There was no contraction of the bowel below the operation. The child died, worn out, from prolapse of the lower portion, as much as anything else.

Mr. PITTS asked as to the condition of the bladder and kidneys. In a case of his own, surgical kidneys had been found, and he had also seen this in another case.

Mr. MOULLIN said the kidneys were perfectly sound, and the fact that the child lived for six months was a proof of this.

#### *Broad Ligament Cysts above the Fallopian Tube.*

Mr. ALBAN DORAN exhibited a Fallopian tube and broad ligament which had been attached to a large multilocular ovarian cyst. Between the two layers of the broad ligament was an oval thin walled cyst half an inch in diameter. Under the broad ligament along its line of reflection over the Fallopian tube was a similar but smaller cyst. These two cysts were evidently identical in their origin, which was from the connective tissue in the broad ligament. Large thin-walled cysts were common below the tube, whilst above it they were practically unknown. There were very plain reasons why cysts above the tube did not grow large; the connective tissue beneath the broad ligament along the upper border of the tube was relatively dense and scanty, and the blood supply was limited; the reverse was the case below the tube. For similar reasons cysts under the serous coat of the small intestine remained small, whilst omental and mesenteric cysts often attained enormous proportions. There was little evidence that broad ligament cysts above the tube ever grew large, yet such might have been the case in some recorded cases of pelvic cysts with abnormal peritoneal relations. The unusual relation of the tube to the cyst would then be a source of confusion, and therefore of possible misinterpretation. The identity of broad ligament cysts above and below the tube was evident, and from this it followed that those below could not be invariably, if even as a rule, parovarian. He concluded by referring briefly to his remarks on a previous occasion on the non-parovarian origin of the thin-walled simple broad ligament cyst.

#### *Card Specimens.*

Dr. H. A. LEDIARD—(1) Primary Sarcoma of Femoral Gland in a young woman aged 26; (2) Intercondyloid Fracture of Femur.

Mr. C. B. LOCKWOOD—Heart with Band uniting Vena Cava Superior to Left Auricle. (Referred to Morbid Growths Committee.)

Dr. BRUCE—Pathological Specimens of Fine Sections of Entire Viscera.

Mr. J. H. MORGAN—Granuloma of Upper Lip following a Dog-bite, and growing to a Large Size in the course of a fortnight.

Mr. SHATTOCK—Congenital Absence of Fibula.

Mr. GOLDING BIRD—Aneurysm of Profunda Artery (recent specimen).

Dr. SAVAGE—Bladder from a Case of General Paralysis of Insane, Showing Thickening and containing Villous-like Fringes (the kidneys were "surgical").

### OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

THURSDAY, OCTOBER 15TH, 1885.

T. SYMPSON, F.R.C.S., Vice-President, in the Chair.

A COPY of the forthcoming volume of the Society's "Transactions" was laid upon the table.

Mr. LANG showed a case of Double Coloboma of the Right Upper Lid in a boy aged 12. One fissure was in the centre of the lid, and the other was one centimetre to its inner side. The piece of lid which intervened between the fissure contained normal lashes and Meibomian glands. The cornea had suffered somewhat before the patient was operated on. The closure of the fissures restored the lid almost to the normal condition.

Mr. R. BRUDENELL CARTER showed a case of Damage to the Optic Nerves after a railway collision. The accident happened ten years previously, and the condition then was the same as at present. There was amblyopia, with loss of accommodation, and decided diminution of vessels of the disc, especially of the arteries. Pallor of the surface of the disc was a noteworthy sign. The patient had lost colour sense. He possessed about one-fifth of normal vision when hypermetropia 7.2 D was corrected. He was a decorator, and could hardly distinguish different shades of colours. He also showed an instance of persistent remains of the hyaloid vessels, which have been described by another ophthalmologist as a morbid flocculus in the vitreous humour.

Mr. J. G. MACKINLAY showed a patient with Intense Pigmentation of the Cornea and Conjunctiva from a brown aniline dye. He was a man aged 44, who had been employed in aniline dye works for seven years, working ten hours and a half daily. The iris could only be seen with difficulty. The head and beard were dyed a red-brown, and the skin of face, neck, and hands of the same colour. There was no albuminuria. He could not name green, blue or black colours, but matched wools fairly well.

Mr. J. B. LAWFORD read notes of some cases of Tuberculosis of the Choroid, and exhibited specimens of the bacillus tuberculosis in the nodules of the choroid. Four eyes had been examined, obtained from cases of general tuberculosis, and in all tubercular meningitis had been present. In three of the cases the bacilli were found in the choroidal tubercles, but in the fourth case careful and repeated examination failed to detect them, though in this case the rods were easily and abundantly discovered in the meninges about the chiasma. The specimens were prepared after the Weigert-Ehrlich and Gram methods, the latter being considered, on the whole, preferable.

Mr. SPENCER WATSON showed a case of Granular Lids and Rough Vascular Corneæ treated by peritomy, with only partially successful results. The patient was a female aged 22. The right eye was operated on in May, and the left in



July last. The improvement was but partial in both eyes, the corneæ having become some clearer and less vascular, but the palpebral mucous membrane remained as rough and granular as before the operations.

Mr. A. CRITCHETT thought that Mr. Watson had exaggerated the late Mr. G. Critchett's opinion, which was that in many cases peritomy sufficed without other treatment; in others it was necessary to treat the granulations after peritomy. If a considerable power of constitutional repair were present, then the tight cicatrix necessary for the complete cure would be formed, but this frequently failed to occur in strumous subjects. No doubt in some cases the treatment by jequirity was sufficient.

Mr. NETTLESHIP said that in his experience peritomy had in a certain proportion of cases given most brilliant results. In one case in which he had freely used jequirity, this treatment was followed by peritomy with a splendid result, the cornea being almost perfectly clear.

#### *Orbital Cellulitis.*

Mr. G. A. CRITCHETT read a paper referring to a case of this affection. The attack occurred in the spring of 1884, and the patient, a young lady aged 15, was transferred to him by Sir William Bowman. There was marked proptosis of the right eye, with considerable chemosis, accompanied by severe orbital and frontal pain; the pupil acted sluggishly, and the media were so hazy that no view of the fundus could be obtained. The temperature was 100°, and there had been a slight rigor. The patient was placed under an anæsthetic, and a free incision was made through the right upper lid into the orbit. There was a free escape of sero-sanguineous fluid, but no pus, nor could any tumour be felt. The deep-seated pain ceased, but the proptosis continued. Ten days later the sight of the left eye, which had hitherto been excellent, became affected, so that in the course of a few hours the patient could barely count fingers, while simultaneously there was a marked improvement in the vision of the right eye. In 36 hours the sight of the left eye was again normal, and the right eye had relapsed. These alternations continued at intervals of about four days during the next fortnight, when the proptosis of the right eye increased to an alarming extent, and after a consultation, at which Sir William Jenner, Sir William Bowman, and Mr. Hutchinson were present, it was decided that he should make fresh incisions into the orbital cavity without delay. At the operation it was found that a portion of the lacrimal gland had been forced downwards to the external canthus, and the incisions were followed by a considerable escape of serum, but no pus. From the date of the second operation the patient made a slow but steady recovery; but for some weeks the curious alternations in sight continued. At the present time she had entirely recovered the sight of both eyes. The cause of the attack was very obscure, and there was no specific history; but one very curious fact deserved notice: the teeth were almost devoid of enamel, and an experienced dentist stated that eleven of the second teeth were uncut. A few months back the right eye again became dim, but the sight rapidly cleared when a painful tooth was extracted.

Mr. NETTLESHIP asked if there had been any swelling of the left lids or any evidence of œdema of the orbit, to both of which questions Mr. Critchett replied in the negative.

Dr. McKEOWN mentioned a case of disturbance of vision that had come under his observation, in which one tooth was not cut. He also alluded to a case of impaired vision in which he had used pilocarpine, as he believed with the best results, but he afterwards learnt that the patient had cut a wisdom tooth just as she got better. He could see no reason why the irritation of a tooth should not produce inflammation.

#### *On the Intracapsular Injection of Water in the Extraction of Cataract.*

Dr. W. A. McKEOWN read this paper. His method consisted essentially in the substitution in the operation of extraction of a washing out of the cortex for the pressing, rubbing, and scooping out. His favourite method of

operating now was as follows. He made the small flap section of the cornea above with puncture and counter-puncture in the selero-corneal margin, and cutting out about half a line from the corneal margin. He always performed iridectomy. After lacerating the capsule freely and expelling the lens, if any cortex were left behind, he introduced the perfectly clean scoop syringe well within the capsule and injected gently distilled water of the temperature of about 100° F., making gentle motion at the same time with the scoop to facilitate removal. He had now used the scoop syringe in all thirty-nine times. In one case only was there irido-choroiditis, with complete closure of the pupil, but good perception of light. In another case there was most insidious iritis, beginning after the patient's discharge from the hospital and going on to closure of the pupil, but in this there was a good prospect from iridectomy. In the case of a syphilitic subject there was a severe iritis arrested by artificial leeching and mercurial inunction. In no case was there suppuration of the eye or of the cornea, and in no instance was there escape of vitreous from the use of the syringe. Even in two cases of traumatic cataract the syringe was used with advantage, notwithstanding the previous escape of vitreous. In a few cases some iritic adhesions formed, as was common in ordinary cataract operations, but caused no pain or diminution of vision. In twelve cases the cataracts were unripe, and in several the cortex was very sticky. In the last thirty cases he had had only one inflammation, and that was in the case of the syphilitic subject above referred to. There were two cautions to be observed. Firstly, after iridectomy, to get the blood out of the anterior chamber as quickly as possible; secondly, to be careful to introduce the scoop within the capsule. He did not believe in operating as against time, but there could be no doubt that the quicker the work could be done and the eye bandaged the better. He timed the duration of the last eleven operations from the introduction of the speculum to the application of the bandage. It varied from six to fifteen minutes, the average being about nine minutes. The operations were all done without chloroform, and some of the patients were restless. The conclusions which he thought he might draw from his own experience were (1) that the judicious injection of water within the capsule of the lens was innocuous; (2) that it was not liable to cause loss of vitreous; (3) that it was advantageous both in ripe and unripe cataracts; (4) that it shortened the average duration of cataract operations; and (5) that it was a most efficient means of clearing the wound.

Mr. McHARDY said that this operation appeared to present two sides first to ripen immature cataracts previous to removal, and second to facilitate the removal of cortex. His experience of Förster's operation of trituration of the cortex had been satisfactory, often in three or four days the cataract ripened and the patient was spared the long period of blindness, waiting after one eye had become blind until the second had become sufficiently blind to justify the operation. In extracting lenses after this method he had not experienced any unusual loss of vitreous; no doubt there was a little more risk of this in these cases, but it was compensated for by the being able to operate a great deal earlier and break down synechiæ. He was in favour of a preliminary iridectomy. Then he thought there would be some difficulty in introducing the instrument. In cases of sticky cortex he had always found it sufficient to let in a little aqueous humour and then churn it up by gently rubbing the lids, when the cortex was speedily rendered removable. He did not find that this occupied more than two minutes as a rule.

Mr. MACKINLAY wished to know if Dr. McKeown had used cocaine in any of his cases. He thought the risk of hæmorrhage was overcome by a preliminary iridectomy. The nozzle of the syringe appeared to him to be very rough, and therefore dangerous to use.

Mr. ANDERSON CRITCHETT observed that M. Panas irrigated the anterior chamber, but then the stream was produced for him by an assistant and all undue pressure was avoided.

Mr. FROST asked whether the operation had been tried in cases of lamellar cataract. He thought that where the cortex was clear, the operation would be valuable. It



seemed to him to be a sound surgical proceeding, and preferable to the use of the scoop, but he did not see that any time would be saved by it.

Dr. McKEOWN, in reply, said that cortex that came away in two minutes ought not in his opinion to be classified as troublesome. He had experienced no trouble on account of the roughness of the point of his syringe; care must be taken to get it behind some cortex—it must not be pressed against the cornea. He had no experience of the operation in lamellar cataract, but he thought it would be suitable for such cases. He now used cocaine in all his operations.

## OBSTETRICAL SOCIETY OF LONDON.

THURSDAY, OCTOBER 8TH, 1885.

J. B. POTTER, M.D., F.R.C.P., President, in the Chair.

THE following specimens were shown:—

### *Specimens.*

Mr. DORAN—Diseased Ovary.

Mr. GRÜN—Fœtus and Placenta from a case of Extra-Uterine Gestation.

### *On the Hypertrophy of Lupus of the Female Generative Organs.*

Dr. MATTHEWS DUNCAN read a paper on this subject. Hypertrophy, he said, was not an essential part of lupus. Extensive ulceration might occur without any hypertrophy. Hypertrophy rarely occurred without some ulceration. Ulceration and hypertrophy were to be regarded rather as alternative conditions than as concomitants. The hypertrophies might be minute or might approach those of elephantiasis. The destruction by ulceration in severe cases was greater than the growth by hypertrophy in severe cases. The hypertrophy affected the skin, the mucous membrane, the connective tissue, or the clitoris. The hypertrophy tended to be an outgrowth, not to grow deeply like a cancer. Hypertrophies were generally morbid in form and appearance, but might resemble healthy natural parts. The hypertrophy might affect the thigh and hip. A hypertrophied part might be ulcerated, and the ulceration might heal without the hypertrophy being destroyed. Hypertrophies were generally not sensitive unless inflamed; but some small hypertrophies, especially urethral caruncles, were often excessively sensitive and painful to touch. Hypertrophies might vary in degree of induration; they were liable to inflammation. Hypertrophied parts might have polypous hypertrophies growing from them. The colour might be red, brown, purple or white.

Mr. HUTCHINSON said that he rose in response to the President's invitation, although he had come rather to listen than to speak. He considered Dr. Matthews Duncan's paper a very valuable contribution to our clinical knowledge of a disease in which he had himself taken much interest. The narratives were clear and full, and the coloured drawings which illustrated the cases made them so complete as to give the members of the Society almost the advantage of having seen the patients. He might as well at once avow that a careful perusal of Dr. Duncan's paper (before the meeting), and an examination of the portraits, had led him to form an opinion somewhat different from that which the author had expressed. He felt it to be almost an impertinence to differ from one of Dr. Matthews Duncan's well-known clinical acumen, especially since he alone had actually examined the patients. He felt bound, however, in the interests of clinical accuracy, to question the diagnosis, and he did so with the more freedom because he well knew that there was no one more willing than Dr. Matthews Duncan to court the investigation of his facts. In the first place, he felt tolerably confident that all dermatologists would repudiate the name lupus, as inapplicable to the disease described; and in the next, he could not help a very strong suspicion that, in all the six patients whose cases had been just narrated, the

disease was remotely connected with syphilis. He expressed some surprise that Dr. Duncan had not attempted in any of the cases to show that syphilis was probably absent, and that he had indeed left it for the most part unmentioned. Having stated of the whole set of drawings that, so far as they went, he (Mr. Hutchinson) should have assumed that they were all representations of tertiary syphilis, unless that belief were entirely confuted by the case-narratives, he next proceeded to examine the latter, and he took each case *seriatim*, and showed that Dr. Duncan had recorded facts concerning all the women which were very suspicious. Thus, in one, it was acknowledged that there was a suspicion of syphilis; another had sores, discharge and a bubo a few years before, and so on; all were married women, and all were hospital patients of a class in which syphilis was very common. It must be remembered that the female genitals, when affected in tertiary syphilis, were liable to display some peculiar forms of morbid action. Chronic gonorrhœa very often complicated syphilis in women; and, as a consequence of the long continued irritation of discharges, the clitoris, nymphæ, and labia often became first œdematous and then hypertrophied. These were the conditions which Dr. Duncan's portraits showed. Although they were not all alike, most of them exhibited a combination of elephantoid hypertrophy, with ulceration and the formation of scars. There was, perhaps, nothing that deserved the name of elephantiasis, but there was an approach to it; and, for his part, he believed that the difference was only a matter of degree. In reference to lupus, Mr. Hutchinson stated that he did not believe he had seen true lupus, that is, such lupus as we are all familiar with on the face and other parts, on the vulva; and he thought it would be a great pity if these cases were placed on permanent record under that name. Not only did their local features differ widely from common lupus, but in not one of them was it recorded that lupus was coincidentally present on other parts of the body. In Dr. Duncan's former paper, he believed that one case had been recorded in which common lupus occurred on the patient's nose, and this was held to be important proof as to the nature of the disease of the vulva. In this instance, however, the narrative mentioned that there was perforation of the palate, a condition known to be infinitely rare in lupus, but very common in syphilis. He should be very much interested in what Dr. Duncan could say as to the exclusion of syphilis in his patients; whether, for instance, he had met with the disease under circumstances in which it was highly improbable that syphilis existed. Such improbability had not been made out, and he thought it had not even been attempted in the paper to which they had listened. As regards measures of treatment, he was entirely at one with Dr. Duncan, and warmly congratulated him on the success which had attended excision and free cauterisation of parts. He could not help thinking that a source of fallacy had existed here as regards syphilis, and that it had been assumed that diseases which were more successfully treated by local measures than internal specifics were probably not syphilitic. He had, however, if he might be permitted to express a personal opinion, long held that not a few of the tertiary manifestations of syphilis yielded much more readily to local cauterisation than they did to mercury or iodide of potassium. He felt compelled, therefore, to believe, at any rate until further negative evidence was produced, that Dr. Duncan's patients were the subjects of remote syphilitic taint, and that their local disease was partly due to it, and in part to local irritation. If the term "lupus" was to be used in connection with them at all, it ought certainly, he thought, to be used with the prefix "syphilitic."

Dr. PLAYFAIR said that he had been in the habit of describing cases like those figured by Dr. Duncan as elephantiasis. He had seen many cases in India, and some of these were very like Dr. Duncan's cases. For his own cases he had used free incision. In his opinion, Dr. Duncan had only given a new, and questionable, name to an old disease.

Dr. GALABIN asked as to the histology of the disease, especially in its relation to new growths. In a case of perforation of the body of the uterus by an ulceration, shown by Dr. Duncan some time back, he had found some



tendency to the characters of a new growth in the fact that in some parts the cells were joined by tailed processes. He had also regarded lupus of the vulva as a very rare disease. In cases similar to those shown by Dr. Duncan he had generally found some evidence of syphilis; they did not yield to anti-syphilitic remedies alone, but yielded to excision followed by such remedies.

Dr. THIN had found the microscopical appearances the same in all Dr. Duncan's cases. There was in all the cases more or less small-celled infiltration beneath the epithelium, and a number of blood-vessels ran straight to this part. There were no marked inflammatory changes in the fibrous tissue, which was found in all stages of development. The changes found in lupus vulgaris were absent, but so were also those of syphilitic gumma, as well as of cancer and elephantiasis. The appearances suggested a persistent form of irritation acting peripherally. M. Vidal, of Paris, informed him that in about one hundred and fifty cases of women affected with lupus vulgaris the region of the vulva had not been affected once. Professor Kaposi, of Vienna, bore the same witness. He believed that Dr. Duncan's cases formed a separate disease, separate, that was, from syphilis, lupus vulgaris, cancer and elephantiasis. He did not agree with Mr. Hutchinson, because, apart from the absence of syphilitic history, the appearances themselves differed from syphilis, compared with which the hypertrophy was out of all proportion to the ulceration, and the ulceration was not typically syphilitic in appearance. Still less could he agree with Dr. Playfair as to the cases being elephantiasis, which was well known to be due to obstruction of lymphatic vessels by *filaria sanguinis hominis*.

Dr. WEST believed that he was the first in this country to describe the disease 25 years ago in his lectures on the Diseases of Women. In none of his cases could either he or Sir James Paget discover any evidence of syphilis. Iodide of potassium in large doses produced no effect. For these reasons he differed from Mr. Hutchinson.

Dr. W. DUNCAN mentioned the case of a large growth in the vulva which he removed two years ago, and exhibited at this Society, when Dr. Matthews Duncan said he considered it a case of lupus. The patient had well-marked tertiary syphilis, and eighteen months after the operation a recurrence of the growth took place which disappeared under large doses of iodide of potassium and perchloride of mercury.

Dr. HORROCKS asked whether the author, in using the word lupus, meant lupus vulgaris or syphilitic lupus, or a different disease. He mentioned a case in which he had removed a large growth from the vulva which had resisted anti-syphilitic treatment. The wound had rapidly healed, and this seemed to him to be against its lupoid nature.

Dr. GANDY asked Dr. Matthews Duncan as to the presence or absence of secondary, syphilitic symptoms in any of his cases.

Dr. GERVIS asked Mr. Hutchinson whether he thought that hereditary syphilis could account for any of the lesions.

Dr. MATTHEWS DUNCAN, in reply, had observed this disease for more than 20 years, and had always done his best to exclude syphilis. Mr. Hutchinson relied on the general appearances, the frequency of child-bearing and vaginal discharges as evidences of syphilis. Now everyone at first held the same view, but many syphilologists and dermatologists and others, here and elsewhere, among whom Paget, West, Thin, Kaposi and Vidal were mentioned this evening, had satisfied themselves that the disease was not of syphilitic origin. The disease was not new, though little understood. There was a great literature of the subject. He could not himself entertain the notion of a syphilitic origin of a disease occurring in children, in virgins, in all classes of society, confined to the genital organs, and destitute of any evidence of primary, secondary or tertiary syphilis. The disease had an appearance and history quite distinct from that of tertiary syphilis. He could not allow that outward appearance, child-bearing and vaginal discharges were evidence of syphilis. Dr. Playfair had said that it was elephantiasis, but it bore no resemblance to that disease in outward characters, in its history, or histology. Mr. Hutchinson

had said that it was not lupus, and yet he held that it was a kind of syphilitic lupus. Dr. Duncan had taken care in a former paper and elsewhere to point out that the disease, however much it resembled lupus in some points, was not lupus vulgaris, a disease which neither he nor others more experienced in dermatology had ever seen on the vulva. He called the disease lupus because it had been called so before, and it was a much easier name than "esthiomène." He would soon lay a paper before the Society on the inflammations of this disease, and on its histology. He would only say now that the histology of Huguier, Paget and Thin lent no support to the theory of syphilis.

## SOCIETY OF MEDICAL OFFICERS OF HEALTH.

OCTOBER 16TH, 1885.

W. H. CORFIELD, M.D., President, in the Chair.

### *The History of House Sanitation.*

THE new President, Dr. CORFIELD, delivered his inaugural address on "The History of House Sanitation." The subject was, he said, one of the most important with which the Medical Officers of Health had to deal, and the more so from the growing interest that the public were beginning to take in it, and its bearing on the health of our rapidly increasing urban populations. House sanitation, in the wide sense of the word, would include many things for the discussion of which the brief time at the disposal of the lecturer would be obviously insufficient; he would therefore confine his remarks to a few of the most obvious, and foremost among these the removal of waste water and excreta. The cloacæ of ancient Rome, constructed 2,500 years ago by Tarquinius Priscus, were intended to carry away not the sewage properly so-called, but the surface waters, a purpose which the cloaca still fulfils. It was built of blocks of travertine, a volcanic rock, without cement, and was in fact intentionally pervious. Excreta were not formerly passed into sewers, but buried in pits dug in the ground, often down to the level of the ground water, which, in such cases, by constantly carrying away their contents, rendered the work of emptying them superfluous, but inevitably polluted the wells whence the population drew their water supply. Great as had been the ravages of war and of famine, those of pestilence were in the middle ages incomparably greater, and these were almost wholly due to the accumulation of filth in towns and the pollution of earth, air, and water. When this began to be realised cesspools were made water-tight and smaller, in order to facilitate the removal of their contents until reduced to a mere pail under the seat, as now used in several of our large manufacturing towns. The deodorising of the contents by means of earth washes had reached its perfection in the earth closet, but apart from the unsuitability of this system for large towns and the low manurial value of the deodorised, because as it were burned, product, Dr. Corfield could not approve any plan which retained the excreta on the premises an hour longer than was necessary. Whether intended so or not, the ancient cloacæ and modern brick drains soon became converted into sewers, partly because street washings were often as foul as sewage proper, and partly from the impossibility of preventing persons from passing into them the overflow of their cesspools, sink wastes, &c. Indeed, even in ancient Rome and Pompeii they knew that a primitive form of water-closet and urinal discharged themselves into the cloacæ, and the laws prohibiting the practice in Old London were habitually evaded. Such pervious sewers could not fail to pollute the soil as much as the pervious cess-pool had before. Alexander Cumming, in 1775, and Joseph Bramah, in 1778, took out patents for water-closets with valves and traps and automatic flushings. Though rude, they were far better than the pan-closet which superseded them or the wretched conical hopper, both of which might now, after the lapse of a century, be found in perhaps the majority of houses. The syphon traps in Cumming's being found to



empty itself after a strong flush, was replaced by the odious D trap, the foul water in which could never be completely changed. In 1844 water-closets were becoming general, and the inconvenience of frequent emptying of cess-pools was felt to be so great that the connection of the soil pipe with the public sewer, hitherto prohibited, was first granted as a favour, and before long insisted on by the law. The President described and discussed the several modes of connecting the soil pipe with the drain, condemning the practice of closing the lower end of the former by a trap, and not approving that recommended by many authorities of direct continuation of the pipe as a ventilator for the public sewer, being himself in favour of complete disconnection and foot ventilation of the soil pipe, which would of course be carried up to and open on the roof. After a description of the methods of drain testing, and automatic flushing tanks, he concluded his address with a discussion of the arguments for and against the expediency of requiring from the lessor or vendor of a house an assurance or a certificate of its being in thorough sanitary condition. He considered that such certificates would too often be unsatisfactory and productive of litigation, and approved the decision of Parliament in restricting such provision to the case of dwellings for the labouring classes who had not the means of obtaining a sanitary inspection themselves.

## GENERAL CORRESPONDENCE.

### REFORM AT THE ROYAL COLLEGE OF SURGEONS.

[To the Editor of the Medical Times.]

SIR,—Permit us, as representing the Association of Members of the Royal College of Surgeons, to call the earnest attention of Members to the fact that the annual meeting of the Council, Members and Fellows will be held at the College, in Lincoln's Inn Fields, on Thursday next, the 29th instant, at 3 p.m., when the Council will present its Report. We desire especially to ask all Members of the College to be present at the meeting, and to support the resolutions which will be drawn up by the Committee of this Association, and which will be submitted on that occasion. This is a most serious time for the Members, and we would beg that they will muster in force at the College, and show that they take a deep interest in matters so vitally affecting their welfare. Our motto is "enfranchisement."

We are, Sir, yours, &c.,  
**ROBERT COLLUM**  
 (Chairman of the Association),  
**WARWICK C. STEELE,**  
**WM. ASHTON ELLIS,**  
 Hon. Secs.

[To the Editor of the Medical Times.]

SIR,—The annual meeting of the College of Surgeons, extorted from the Council, is drawing near, and momentous are the issues at stake; it is therefore full time that all members should review their position past and present, and buckle on their armour for the fight. It is no imaginary evil of which they complain, but they have too long been left out in the cold, their only privilege, the right to use, at hours inconvenient to busy men, their own library and museum—when not usurped for other purposes. It is almost inconceivable that so large a body of men should so long have patiently put up with this treatment; but there are signs now of an awakening, and as a member of the Association of M.R.C.S., I am informed that letters from all parts of the kingdom are pouring in, expressing the determination of the members to assert their equitable rights, aye, and to get them. The demand for equality of franchise has been stigmatised by those interested in its refusal as *democratic*; but the allegation will not for one moment hold water, for the appeal is that of

men who have a distinct stake in the government of the Corporation. To be truly classed as democratic, it would have to be extended to the general body of medical students, or at any rate to those who have just so far identified themselves with the College in question as is implied in passing its primary examination. This no rational being would dream of asking, and this has not been asked. What we demand is the recognition of the right of the Members to share with the Fellows in the election of Members of Council. This is pressed in no spirit of opposition to, or jealousy of the Fellows, large numbers of whom have admitted the justice of our claims. But there are questions, prominent among which is the professional education of the medical practitioner, which bear far more intimately upon the interests of the Members than they do upon those of that "corps d'élite," the Fellows; and upon these questions it is but just that the Members should, by the mouth of their representatives, have an opportunity of expressing their views. To pre-suppose that the Members would be hasty and unintelligent in the choice of their mouth-piece is an unwarrantable hypothesis. Look at them in their ordinary business life; they have their own way to make in the world, and at every step in their daily path they are beset with problems quite as difficult to solve as those presented to their distinguished Fellow, whose hospital appointments will always cast sufficient lustre upon his name for his less prominent brethren, the Members, to send him a never-ceasing stream of clients, each armed with the golden tokens of esteem, so sparingly and uncertainly doled out to the family doctor. A few mistakes in diagnosis are easily overlooked by the charity and generosity of the general practitioner, who judges the consultant by the rule and not the exception. Not so with the Member; he has no brilliant reputation behind which to shelter himself, and often one blunder on his part will, in the eyes of his unreasoning and unstable body of patients, undermine the structure of confidence and of a practice it has taken him years to rear. For this reason we hold that the Member of the College is a man whose very profession requires the employment of a vast amount of judgment and discretion; and what he is in the habit of exercising all day long, there is little danger of his discarding when the business on hand is that of electing a Member to represent him on the Council of a College, whose name he holds it an honour to bear, but which conducts herself as though ashamed of her off-spring. We Members feel strongly that only by the voice of the Members and Licentiates of the English Colleges being heard in their Councils, can measures of true medical reform be inaugurated, the social relations of the profession with the laity advanced, and the abuses of these close corporations swept away. It is therefore a duty incumbent upon all who with their diplomas have earned the right to bear the significant name of MEMBERS to assemble in strength upon the 29th instant, and show the Council that they are in earnest. One word more, and that for the ear of the Council itself: it is not even yet too late for it uncompelled to grant the inevitable. Let it graciously acquit itself of the task, and the names of those who now form its august body will stand forth as a beacon of enlightenment to future generations of the followers of Æsculapius.

I am, Sir, yours, &c.,  
 A MEMBER.

### NOTIFICATION OF INFECTIOUS DISEASE.

[To the Editor of the Medical Times.]

SIR,—You state in your last issue that "the results of notification . . . in those towns . . . where it . . . has been adopted, places beyond the possibility of a doubt the great benefits which this system is capable of conferring upon the public health." Furthermore, "it is satisfactory to know that the system has been loyally carried out by the profession." As probably neither you nor I would desire to rediscuss a controversy which would overwhelm your



space and my leisure, I confine myself to entering my most earnest protest against the foregoing statements. Being fully conversant with the figures to which you refer, and with the system as a whole, I deny emphatically that compulsory notification by the physician has produced any public benefits. I deny that it is "loyally carried out by the profession." I assert that the system, as worked out in most towns, is *not* compulsory; that it is utilised only for cases which there is no motive to conceal; that, under it, multitudes of cases are notified as infective which are not so, and multitudes of infective cases are not notified at all; and that the statistics referred to prove rather that zymotic disease is more prevalent and more fatal in notification towns than in towns similarly situated in which compulsory notification does not exist, and more prevalent in notification towns to-day than before the notification system was thought of. I denounce the notification system as professing to be what it is not, as having been created to save sanitary officials trouble and expense, as having been thrust upon the public and the profession by sanitary enthusiasts without enquiry as to its efficiency and without asking their leave; and I hope that the influence of your journal will be given, not to bolster up the system, but to cause an exhaustive enquiry into its nature and results to be instituted.

I am, Sir, yours, &c.,

ARCHIBALD H. JACOB, F.R.C.S.I.

Dublin.

## THE MEDICAL ENTRIES AT KING'S COLLEGE.

[To the Editor of the Medical Times.]

SIR,—The number of *full* entries at King's College is 47, a larger number than last year, and the number of occasional students for science courses and special classes is 30. Our total entries are therefore also in excess of those (62) of last year. Will you kindly insert this, so that the erroneous impression in your last issue may be removed?

I am, Sir, yours, &c.,

JOHN CURNOW.

King's College, October 19th, 1885.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy only at a meeting of the Board of Examiners on the 14th inst., and when eligible will be admitted to the pass-examination, viz.:—

Henry E. Belcher, Herbert H. Browne, and George Ley, University College; Wilfred Sturges-Jones Guy's Hospital; Percival S. Harris, Alfred R. Nicholls, and Francis J. Brown, Middlesex Hospital; John Bate and Alfred L. Martyn, London Hospital; Charles W. Hopewell, King's College; H. Henry Folker, Charing Cross Hospital.

THE SOCIETY OF APOTHECARIES, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, October 15th, 1885:—

John Alexander Gillett, Brooke, Norwich; Arthur Meyrick Jones, M.R.C.S., Wellow Vicarage, Romsey, Hants; William Arthur John Nottingham, 2, Stavordale Road, Drayton Park, Southsea; John Acton Southern, M.R.C.S., 57, Darnley Road, E.; Albert William Webb, M.R.C.S., 11, Pyrland Road, Canonbury, N.

On the same day the following gentlemen passed their examination in the science and practice of Medicine, Surgery and Midwifery, and received certificates to practice, viz.:—

Morgan Ignatius Finnecane, Wilton House, Shaftesbury Road; John Girling, Wyvenhoe Lodge, Colchester.

ROYAL UNIVERSITY OF IRELAND—AUTUMN EXAMINATIONS, 1885.—The examiners have recommended that the following candidates be adjudged to have passed the under-mentioned examinations respectively:—

*The degree of M.B.—Upper Pass Division:—*

Robert Abraham, Queen's College, Belfast; \*Jerome Barry, Queen's College, Cork; \*William G. Bigger, Queen's College, Belfast, and St. Thomas's Hospital, London; \*Andrew Buchanan, Queen's College, Belfast; \*Hugh A. Clarke, Liverpool School of Medicine; \*Henry A. Cummins, \*Wm. A. Fogerty, \*John F. Haines, Queen's College, Cork; James Shaw Lyttle, Queen's College, Belfast; \*Daniel M'Donnell, Catholic University School of Medicine; \*Ralph B. Mahon, Queen's College, Galway; Wm. R. Orr, \*John J. Redfern, Queen's College, Belfast; \*Benjamin Sumner, Royal Infirmary, Liverpool. Those marked thus (\*) will be admitted to take further examination for Honors.

Passed:—

Arther Stock, Queen's College, Galway, and Carmichael College; Wm. S. H. Briand, Queen's College, Cork; James Browne, Queen's College, Belfast; Alexander T. Drake, Carmichael College; Michael P. Dunlea, Queen's College, Cork; John F. Eagleton, Queen's College, Galway; John Flynn, Catholic University School of Medicine; Bernard Ford, Catholic University School of Medicine; Charles J. Humphries, Queen's College, Belfast; Francis J. Keys, Catholic University School of Medicine; Daniel T. Lane, Queen's College, Cork; Hugh A. Logan, Queen's College, Belfast; Charles J. Macdonald, Queen's College, Cork; David J. M'Kinney, John Menary, Queen's College, Belfast; Michael J. Moran, Catholic University School of Medicine; Samuel Moore, Queen's College, Belfast; Wm. H. Munro, Queen's Colleges, Galway and Belfast; John W. Oliver, Wm. R. Scott, Francis H. Sinclair, Queen's College, Belfast; Thomas D. Smyth, Queen's College, Belfast, and University of Edinburgh; Edward A. Spiller, Andrew S. Thompson, Queen's College, Belfast; Henry Walter, School of Physic, Trinity College, Dublin; Wm. A. Whitelegge, Queen's College, Cork.

*The Degree of M.A.O. (Magister Artis Obstetricæ)—* Examination.

W. S. H. Briand, Queen's College, Cork; Andrew Buchanan, Queen's College, Belfast; Henry A. Cummins, M. H. Curtin, M.D., Wm. A. Fogerty, Jno. F. Hames, Queen's College, Cork; Jas. S. Lyttle, Queen's College, Belfast; Dan. M'Donnell, Catholic University School of Medicine; John Menary, John J. Redfern, Wm. R. Scott, Andrew S. Thompson, Queen's College, Belfast; Wm. A. Whitelegge, Queen's College, Cork.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—Richard Dancer Purefoy, M.B. Univ. Dub., has been duly enrolled a Licentiate in Medicine and Midwifery of the College.

THE Museum of the Royal College of Surgeons will be closed on the 27th and 28th inst., for the purposes of the first examination of the Examining Board in England, and the Library will be closed on Monday, Tuesday, and Wednesday, the 26th, 27th, and 28th inst., at 4 o'clock, for the purposes of the pass examination (membership), for which examination 181 candidates have entered their names.

POPULAR MEDICAL LECTURES FOR YOUNG MEN.—We are requested to call attention to the series of five medical lectures which will be given on Tuesday evenings at 8 p.m., at Exeter Hall, in connection with the Young Men's Christian Association. The course will be opened on Tuesday next, by Mr. Cantlie, with a lecture on "Life in London," hygienically considered. On November 3rd, Sir Risdon Bennett will lecture on Food and Appetite, and the week following Sir Henry Pitman will speak on Rest and Food. Mr. Le Gros Clark and Dr. Alfred Carpenter will lecture on succeeding Tuesdays.

MEDICAL SCHOLARSHIPS.—*Middlesex Hospital Medical School*—The Entrance Science Scholarship of the value of £50 has been awarded to Mr. G. Watson; the Entrance Scholarship of £25 per annum, tenable for two years, to Mr. R. A. Earle; and the Entrance Scholarship of £20 per annum, tenable for two years, to Mr. F. A. Wagstaff. *St. George's Hospital Medical School*—The Entrance Scholarship of £125, open to the sons of medical men, has been awarded to Mr. James M'Enery, son of Dr. M'Enery, of Sherborne; there were no candidates for the two open scholarships of £50 each. *King's College*—The Sambrooke Exhibition of £60 has been awarded to Mr. Sandifer, and that of £40 to Mr. Cargill; the Warneford Scholarship of £25 per annum, tenable for three years, has been awarded to Mr. Soutter; and the Science Exhibitions given by the Clothworkers' Company have been awarded to Messrs. Hendrich and Paxon. *London Hospital Medical*



**College**—The Buxton Scholarship of the value of £30 has been awarded to Dr. Thomas Jones, and that of the value of £20 to Mr. Yarnold H. Mills.

**SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.**—On Wednesday, October 14th, a Quarterly Court of the Directors of the above society was held, the President, Sir James Paget, F.R.S., in the chair. Two new members were elected; sixty-four widows, nine orphans and three orphans on the Copeland Fund sent in applications for relief, and it was resolved that a sum of 1,371*l.* be recommended for distribution at the next Court. The death of one widow was reported, who had been receiving grants since March, 1864, and the marriage of another was announced. For the last ten years or more the directors have been able to make a Christmas present to the widows and orphans on the funds—last year the gift was 5*l.* to each widow and 2*l.* to each orphan this year the funds in hand will not allow so large a sum to be expended, and it was resolved that the gift this year should be 2*l.* 10*s.* to each widow and 1*l.* to each orphan. A framed notice of the objects of the Society was shewn at the meeting, and it was determined that a copy should be sent to all the large Hospitals and Medical Societies within the limits of the society, with a request that the notice should be hung in some conspicuous place.

**KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.**—At the annual stated meeting of the College, held on October 19th, 1885 (St. Luke's Day being on Sunday) the following officers were elected for the ensuing year:—President: Francis Richard Cruise, M.D. Univ. Dub. Vice-President: J. Magee Finny, Univ. Dub. Censors: J. Magee Finny, M.D.; Hawtrey Benson, M.D.; Francis J. B. Quinlan, M.D.; J. Rutherford Kirkpatrick, M.D. Additional Examiners: George F. Duffey, M.D.; Stephen M. MacSwiney, M.D.; Joseph M. Redmond; Arthur Wynne Foot, M.D.; John M. Purser, M.D.; Walter G. Smith, M.D. Registrar: John William Moore, M.D. Univ. Dub. Treasurer: Aquilla Smith, M.D. Univ. Dub. Examiners in Midwifery: Andrew John Horne; W. J. Smyly, M.D. Professor of Medical Jurisprudence: Robert Travers, M.D. Univ. Dub. Representative on the General Medical Council: Aquilla Smith, M.D. Univ. Dub. Agent to the Trust Estate: Charles Uniacke Townshend. Law Agents: Messrs. S. Gordon and Son. Librarian, on Sir Patrick Dun's foundation: Samuel W. Wilson. Extern Examiners for the Certificate in Sanitary Science: in *Law*, George Roberts Price, Barrister-at-Law; in *Engineering*, William Kaye Parry, M.A. Univ. Dub., Civil Engineer.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (ALBANY MEMORIAL), QUEEN SQUARE, BLOOMSBURY.**—A considerable portion of the new building recently opened by the Prince of Wales is now in occupation. In addition to more wards for free patients, others for persons able to contribute a guinea weekly will be made available at the end of the present month.

**MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.**—The secretary reports the receipt of 54*l.* 6*s.*, as the result of the bazaar held lately in the Bray Town Hall, in aid of the Convalescent Home. Also of 52*l.* 10*s.*, the proceeds of amateur theatricals held in the Queen's Theatre, on behalf of the funds of the hospital.

**THE NEW HOSPITAL AT STOCKHOLM.**—The town authorities have decided to erect a hospital for 250 patients on the site in Stadshagen, proposed by the Health Inspection Committee, and that a sum of 830,400 crowns should be obtained by means of a loan for this purpose.

**UNIVERSITY OF LEYDEN.**—At the University of Leyden, 157 students were enrolled by the Rector Magnificus on the 20th of September; of whom 13 entered for literature and philosophy, 45 for medicine, 5 for natural science, 5 for theology, and 89 for the law. An answer to the prize question asking for an experimental examination into the difference and agreement in the physiological effects of strychnine and curarine had been received. The prize was not awarded, but the answer was declared worthy of honourable mention, for some meritorious experiments contained in it.

**JUVENILE LABOUR IN PARIS.**—The official report of the inspectors, on the compliance with the law affecting the labour of children and girls under age, states that there were in Paris and the suburbs last year 127 breaches, against 152 in 1883. The indictments resulted in 72 convictions, mainly for employing children under 12 years of age, defective ventilation or warmth of the work-rooms, and for obstructing the inspectors on visiting the workshops. The decrease in the number of prosecutions favourably contrasts with that of the previous year, and we hope indicates a stricter regard to the requirements of the law.

**PRESENTATION AT FORT BLAIR.**—The residents at this station are about to present Mr. J. J. Peters, of the Bengal Medical Establishment, with a gold keyless half-chronometer watch, by J. W. Benson, as a token of their good wishes on his leaving the settlement.

**IN MEMORIAM.**—On Saturday, the Lord Mayor will unveil the painted window in the North-West London Hospital, in memory of Eliza and Eleanor Learmouth. These ladies, it may be remembered, both died during the epidemic of typhoid fever in the autumn of 1883, and in recognition of their self-sacrificing devotion, this window has been erected by subscription.

**SELLING METHYLATED SPIRITS AS A BEVERAGE—HEAVY FINES.**—A retailer of methylated spirits, in Glasgow, has been amerced in 20*l.* for each offence, for having sold half-a-gill of methylated spirits as a beverage, to two persons on the 9th August last.

**THE GRAEFE MEDAL AND PRIZE.**—It was determined by the Heidelberg Ophthalmological Society, soon after the death of Albrecht Von Graefe, to found, in honour of his memory, a gold medal to be awarded every ten years, for the most distinguished work done in ophthalmology. The first medal has just been unanimously decreed by the society to Professor Helmholtz, of the Berlin University. After Graefe's death, a prize was also founded by the late Professor Welz, of Würzburg, to be awarded every third year for articles appearing in the *Archiv für Ophthalmologie*, founded by Graefe, which the Ophthalmological Society deemed most deserving of it. As we stated last week, the fifth award has been made to Dr. Samuelson, of Cologne, the former prizes having been presented to Professor Leber, of Göttingen, to Dr. R. Weber, of Darmstadt, to Dr. Knies, of Zurich, and to Dr. von Güdden, of Munich.

**THE PARIS NIGHT SERVICE.**—Dr. Passant reports (*Gazette des Hôpitaux*, October 15th) that the number of night visits paid, during the quarter ending September 30th, amounted to 1,907, viz., 627 (33 per cent.) to males, 992 (52 per cent.) to females, and 288 (15 per cent.) to children under 3 years of age. The number of visits was less by 539 than those paid (2,446) during the same quarter of 1884.

**THE SUMMER OF 1885.**—In our own regions the summer of this year proved dry, but not hot, and the same has been observed in more northerly countries. In Ireland great cold prevailed, so that in July there was frost not only in the more elevated parts, but also along the coast, the pastures suffering greatly. On the western coast of Norway snow fell several times, and the harvest suffered much from night frosts, the cold being attributed to the enormous masses of ice floating from the Pole to the Gulf Stream. In Sweden, the unprecedented sight was witnessed of large numbers of migratory birds departing between the 16th and 18th of August.—*Revue Scientifique*, October 3.

**VILLAGE WATER SUPPLY.**—A question of importance in reference to the supply of water to several villages in the Sevenoaks Union, was considered at a meeting of the Sevenoaks Rural Sanitary Authority on the 15th instant. The Kent Water Company lately applied to the House of Lords for power to carry water into several parishes in the Sevenoaks Union. This was opposed by the Sevenoaks Rural Sanitary Authority, the Chairman promising at the time that that Authority would take action in the matter. The Committee of the House of Lords rejected the Bill, but came to no resolution. The Chairman now proposed that some scheme should be decided on to supply the



villages in question, which by a majority of two, ten for, and eight against, was carried. A committee was formed in accordance with that resolution. The chief cause against active measures being adopted to provide a supply of pure water to villages has been the expenditure it would involve. The usual supply from wells, more or less polluted by sewage drainage, is unfit for drinking purposes. The question so intimately affects the well-being of our rural population that the practical action just taken by the Sevenoaks Rural Sanitary Authority to carry out a pressing duty may be usefully noticed.

**THE INJURIOUS ACTION OF MAGNETS ON WATCHES.**—Dr. Luys, of the Charité Hospital, in a note addressed to the *Revue Scientifique* of October 10th, calls attention to the irremediable mischief which may be produced on watches which are worn on the person during the employment of powerful magnets. The possessor of a valuable chronometer which had gone with remarkably punctuality for nearly a year, while wearing it he had occasion to manipulate powerful magnets in relation to the sensibility of some hypnotised subjects. Shortly afterwards he found that his chronometer went badly, and not suspecting the cause he took it to the maker for the purpose of ascertaining this, and it was found that the various structures of the watch had become magnetised, and the maker enquired of the wearer whether he had not been in contact with some source of electrification or magnetism. He also exhibited its effect on the compass. The worst of it is that all attempts at remedying the defects have proved unavailing, the works of the watch having become to all appearance irretrievably deranged. This account evidently conveys an important caution to those engaged in the employment of powerful magnets.

**FRACTURE OF RIBS DURING COUGHING.**—M. Desnos related, at the Société Médicale des Hôpitaux (*Gazette des Hôpitaux*, October 13th), two examples of this occurrence. The first was that of a man, 30 years of age, who had been in the hospital from December 4th to January 22nd, for acute bronchitis, the subject of frequent and obstinate colds, with signs of pulmonary emphysema. Some days prior to his admission, he was seized with severe pain in the side, consequent upon fracture of the ninth rib while coughing. The other case was that of a man, 66 years of age, who had for years been subject to violent paroxysms of coughing. On one of these occasions, he fractured the eighth rib during the cough. Both cases did well under the use of a diachylon bandage. Comparing these cases with others which he has been able to collect, M. Desnos observed that the accident may also be produced, independent of external injury, by various other violent muscular exertions, as in sneezing, mounting a horse, the pains of labour, &c. Such fractures are of greater frequency during the second half of life than during the first, in women than in men in consequence of pregnancy, in the left than in the right side, and in the lower than the higher ribs.

**LIGHTING THE COUNTRY DOCTOR AT NIGHT.**—Dr. Ely, writing to the *Philadelphia Medical Reporter* for September 26th, observes that one of the difficulties attendant upon country practice is the arrangement of the light when driving on dark nights. As this is ordinarily managed, the light is just where it is not wanted, illuminating the horse's tail, and bringing out the brilliancy of the buggy, but casting a dark shadow just where light is wanted. He thus describes a remedy for this inconvenience, which, he says, is completely successful. "My light is a common tubular lantern, with a reflector and a spring for attachment to the dash. But in place of putting it on the dash, I slipped the spring over the middle of the breast collar, directly in front of the horse. Every part of the road in front of me was plainly seen, so that I could drive with as much confidence as in broad daylight. The conditions necessary for success are a level-headed horse with fair breadth of chest, and a shoulder strap attached to the check-hook to prevent the lantern sagging down between the horse's legs, when for any reason the traces slacken. It would be well to have a short strap sewed to the inside of the breast collar to slip the spring through, so as to prevent any lateral motion."

**LEGAL ESTIMATE OF MORAL INSANITY.**—Quoting from the *American Law Reporter*, the *Journal of Nervous and Mental Diseases* states: "We learn that the Supreme Court of Pennsylvania not only affirms the existence of moral insanity, but admits that it may, under certain circumstances, constitute a defence of crime. It says, 'Moral insanity is not sufficient to constitute a defence, unless it be shown that the propensities in question exist to such an extent as to subjugate the intellect, control the will, and render it impossible to do otherwise than yield thereto. No mere moral obliquity of perception will protect a person from punishment for his deliberate act. The jury should be satisfied with reference to the act in question that his own reason, conscience, and judgment were so entirely perverted as to render the commission thereof a seeming duty of overwhelming importance. While a slight departure from a well-balanced mind may be pronounced insanity in medical science, yet such a rule cannot be recognised in the administration of law, when a person is on trial for the commission of a high crime. The just and necessary protection of society requires the recognition of a rule which demands a greater degree of insanity to exempt from punishment.' This decision rests the issue of responsibility not upon knowledge, but upon power."

**CALCULI AFTER STRAWBERRIES.**—Dr. Pfizner, of Stroppen, has remarked in two cases after the ingestion of large quantities of strawberries daily for ten years or more, the occurrence of a considerable amount of gravel in the urine, and in addition to that, minute round stones of a dirty yellow colour. In one case there was also hæmaturia and polyuria.

**AN AUSTRIAN STATISTICAL REPORT.**—A report has just been issued by the Central Commission of Statistics in Austria, dealing with the year 1882. The total number of practitioners consisted of 4,857 doctors of medicine, and 2,498 surgeons. (In the year 1873, there were only 3,849 doctors of medicine, and 3,323 surgeons.) The mean number of inhabitants to each practitioner was 3,011; this proportion varying in the different divisions of the Empire, being least in Trieste and greatest in Galicia, where there was only one practitioner for 7,000 people. In the towns the supply of practitioners was of course better, there being one to every 619 in Vienna, and to every 419 in Innsbruck. With regard to the distribution of medical men in relation to area, it varied from one practitioner to 0.8 of a square kilometre in Trieste, to one to 120.1 square kilometres in Bukowina. There were 1,274 pharmacists in the Empire, who were most plentiful in Trieste, and least so in Galicia and Bukowina. The death-rate for the whole Empire was 3.213 per cent., that for the different provinces being 4.102 in Bukowina, 3.769 in Galicia, 3.385 in Istria, 3.297 in Trieste, 3.225 in Lower Austria, 3.101 in Krain, 3.063 in Mähren, 3.002 in Görz and Gradiska, 2.944 in Bohemia, 2.810 in Upper Austria, 2.783 in the Tyrol, 2.769 in Carinthia, 2.744 in Styria, 2.718 in Vorarlberg, 2.688 in Salzburg, and 2.120 in Dalmatia.

**THE ADMINISTRATION OF MEDICINE.**—A mode of administering medicines which seems to be growing in use, and for which great accuracy is claimed, is that of compressing solid substances into capsules or into tablets by degrees of pressure varying from that of a hand machine to that of an hydraulic press. This method is based upon the fastidiousness of patients, which is indulged by the physician. Patients do not know that the conditions under which medicines do them most good are very limited, and physicians are either thoughtless, or they consider such matters of so little importance as to neglect them. When he does not order the compressed pills or tablets of the proprietary manufacturer, he will yet order the pharmacist to put such quantities of powders into capsules as require much compression to get them in, and will not stop to think that just in proportion to this compression will be the slowness of the solubility and disintegration of the mass. Suppose the capsule to dissolve promptly in the stomach before the mouthful of water with which it is swallowed be absorbed, the external surface of a hard mass is exposed for slow solubility, and the patient, instead of getting the



prompt effect of the calculated dose, is getting the continuous administration of doses so small as to be without effect, and in the meantime the mass is moving down the canal to points far below those to which the medicine is addressed.—*Squibb's Ephemeris*, No. 11.

**THE PROFESSION IN CANADA.**—"From the admirable address of Dr. Osler, delivered at the meeting of the Canadian Medical Association, we gather," the *Philadelphia Medical News*, September 26th, observes, "some interesting details with reference to the state of the profession in the Dominion. In certain directions it appears to have made satisfactory progress, and to have reached a very high degree of development. The question as to who should rule, the profession or the medical schools seems to have been settled at an early period, though not without a struggle. The boards elected from the practitioners in each province have now full control over all matters relating to medical education and licensing, and the teaching bodies must conform to their requirements. The system is thoroughly democratic, and seems to meet the serious problem of the profession, viz., the unrestricted competition between the schools. It matters little if the requirements for the degrees are easy, so long as those for the license to practise are rigid. It is well-known that in Germany the *Staats-examen* for admission to practise is more dreaded by the students than the examination for the doctor's degree. For the Commonwealth to permit a profession to regulate its own affairs, and to say what the conditions of it shall be, does not seem strange; the lawyers enjoy just such privileges. But in this country we have to deal with a profession jostled by a crowd of irregulars who claim equal rights, and who have often a controlling voice in the Legislatures, so that the difficulties in the way of uniform legislation are almost insuperable. Dr. Osler does not mention that in the province of Ontario the homœopaths have a certain number of representatives on the board, and that homœopathic candidates, though conforming in all respects to the full requirements, are examined in therapeutics and medicine by special examiners. We understand, however, that the effect of the strict regulations has been that on an average not more than one homœopath has presented himself annually at the Board. In the Province of Quebec there is, we believe, a special Homœopathic Board, which, as candidates are so few, is rarely, if ever, called together. That eleven schools of medicine are more than enough for a country like Canada, with a limited and scattered population, seems very evident, though the ratio to population is not so high as in the United States. The folly of so many schools becomes apparent when the financial basis is exposed. The true note is struck in urging the friends of higher medical education to assist in placing the schools in a position in which they will not be dependent entirely upon the fees of the students. Benefactions are coming at last in the direction of medical colleges; and the example set by the citizens of Montreal in subscribing for an endowment of the McGill Medical Faculty, and the munificent gift of Mr. Vanderbilt to the College of Physicians and Surgeons of New York, will not be without influence in other cities."

**DR. HUCHARD'S HÆMOSTATIC PILLS.**—R. Ergotine and Sulphate of Quinia aa 2 grammes; of Powder of Digitalis and Extract of Henbane aa 20 centigrammes. Divide into 20 pills. From 5 to 10 to be taken daily in different forms of hæmorrhage, as metrorrhagia, epistaxis, and hæmoptysis.—*Union Médicale*, October 13.

**DISGUIISING THE TASTE OF BITTER AND NAUSEOUS SALINES.**—This is best done by iced water, a mouthful or two being swallowed before and after the dose, which is taken in a wine-glass full of iced water between these.—*Squibb's Ephemeris*.

**THYMOL IN THE BLOOD.**—Mairet, Pilatte and Combe-male find that, when thymol is injected into the veins of dogs, the animal dies, if the dose exceeds 0.03 gramme per kilog. of body weight, or even with smaller doses if the dog is not in good health, many of the functions and organs being affected.

## APPOINTMENTS.

- ANNACKER, ERNEST, M.R.C.S., L.R.C.P. Lond.—Resident Medical Officer to St. Mary's Hospital, Manchester, *vice* F. Beunet, M.B. Lond., B.Sc., M.R.C.S., resigned.  
 ANNESS, F. R., M.R.C.S., L.R.C.P.—Resident Surgeon to the Seaman's Infirmary, Ramsgate, and Visiting Surgeon to the Ramsgate and St. Lawrence Royal Dispensary, *vice* G. H. Doudney, M.B., &c., resigned.  
 BROWNE, EDGAR A.—Lecturer on Ophthalmology in University College, Liverpool, *vice* T. Shadford Walker, deceased.  
 DUNN, LOUIS ALBERT, M.B., B.S. Lond., F.R.C.S. Eng., L.S.A. Lond.—Demonstrator of Anatomy at Guy's Hospital.  
 GOODALL, JOHN HENRY, L.R.C.P. and S. Edin., L.S.A. Lond.—Medical Officer to the Bolsover District, Chesterfield Union, *vice* Mr. W. Wallace, resigned.  
 HEHNER, OTTO, F.C.S.—Analyst for the County of Nottingham, *vice* Dr. E. B. Truman, resigned.  
 ROBINSON, WILLIAM, M.D., M.B., and M.S. Durh., M.R.C.S. Eng.—Medical Officer to the Stanhope District, and to the Workhouse, Weardale Union, *vice* Dr. C. Arnison, resigned.  
 SHARPIN, EDWARD COLBY, M.R.C.S. Eng., L.R.C.P. Edin.—Surgeon to the Bedford General Infirmary and Fever Hospital.  
 SPACKMAN, HENRY ROBERT, L.R.C.P. and L.S.A. Lond., M.R.C.S. Eng.—Medical Officer to the Wombourn District, Seisdon Union, *vice* Dr. William Spackman, resigned.  
 TARGETT, JAMES HENRY, M.B. Lond., M.R.C.S.—Surgical Registrar at Guy's Hospital, *vice* Dunn, resigned.

## VACANCIES.

- CENTRAL LONDON OPHTHALMIC HOSPITAL, GRAYS INN ROAD, W.C.—Assistant Surgeon. (*For particulars, see Advertisement.*)  
 HASLINGDEN UNION.—Medical Officer to the Bacup District, in succession to Mr. John Snell, resigned. Salary, £90 per annum.  
 HOSPITAL FOR DISEASES OF THE THROAT, GOLDEN SQUARE, W.—Resident Medical Officer. (*For particulars, see Advertisement.*)  
 MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT.—Honorary Physician. Candidates must be Graduates in Medicine of a British University, or Members of the Royal College of Physicians and appear on the Medical Register. Applications, with copies of testimonials, to be sent to the "Chairman of the Board" not later than October 31st.  
 NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, QUEEN SQUARE, BLOOMSBURY.—House Physician. (*For particulars, see Advertisement.*)  
 NORTH LONDON HOSPITAL FOR CONSUMPTION, HAMPSTEAD, N.W.—Resident Medical Officer. Salary, together with board and rooms in the Hospital, £400 per annum. Candidates must possess a Medical and Surgical diploma. Applications, with testimonials to be sent to the Secretary, at the office, 216, Tottenham Court Road, W., not later than October 29th.  
 OWENS COLLEGE, MANCHESTER.—Professorship of Physiology. Candidates to forward applications and testimonials to the Council of the College, under cover, to the Registrar, not later than Nov. 9th. Further particulars can be obtained on application to the Principal of the College.  
 PADDINGTON GREEN CHILDREN'S HOSPITAL.—House Surgeon. Salary, £80 per annum, with rooms. Applications to be sent to the Secretary by October 28th.  
 PARISHES OF TONGUE AND FARR, SUTHERLAND.—Medical Officers. (*For particulars, see Advertisement.*)  
 ST. MARY ABBOTTS, KENSINGTON, PARISH OF.—Medical Officer to the Third District and to the Workhouse, at Mary Place, in succession to Mr. Hubert W. Lilly, deceased. Salary, £150 per annum. Salary for Workhouse, £30 per annum.  
 ST. OLAVE'S UNION.—Assistant Medical Officer and Dispenser at the Infirmary at Rotherhithe, in succession to Mr. W. Steer, resigned. Salary, £100 per annum.  
 WOLFORD HOUSE HOSPITAL FOR THE INSANE, EXETER.—Assistant Medical Officer. Salary, £150, with board, lodging, and attendance. Candidates must be duly registered, and possess both a medical and surgical qualification, and not under 24 years of age. Applications, with not more than three recent testimonials, to be sent to Dr. Deas on or before October 26th.

## DEATHS.

- BONE, WILLIAM, M.D., J.P., at Castlemaine, Victoria, on September 1st, in his 49th year.  
 CUMMING, FREDERICK, Surgeon, Scots Guards, at Richmond Barracks, Dublin, on October 16th, aged 30.  
 LILLY, HUBERT WALTER, M.R.C.S., at 18, Norland Square, Notting Hill, W., on October 13th, aged 45.

## NOTES, QUERIES, AND REPLIES.

### THE BRADLEY FUND.

Additional subscriptions:—Mr. E. H. Addenbrooke, £1 1s.; Mr. Jno. C. Creswell, 10s. 6d.  
 The subscription list closes on Monday next, the 26th day of October.



## MILITARY AND NAVAL HOSPITALS.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—Will you allow me to call the attention of the medical authorities to the desirability of separating the consumptive patients, by keeping them in the most cheerful wards of the hospital by themselves, as it is often thought to be more or less an infectious complaint, especially to those who may be at all liable to consumption. I have even known enteric fever cases frequently in the same ward as the other patients; which certainly would not improve the state of the atmosphere; and also venereal diseases with surgical cases generally, which, to say the least of it, is disgusting. Would it not be better to *classify* the patients? It seems time that more attention should be given to this important point, which is a mere matter of the simplest possible arrangement.

I am, Sir, yours, &amp;c.,

M. C.

October 19th, 1885.

## COMMUNICATIONS RECEIVED—

Sir H. W. ACLAND, Oxford; Dr. DONALD MACALISTER, Cambridge; Dr. W. H. CORFIELD, London; Mr. H. N. DRAPER, Dublin; Mr. D. BRADY, Kendal; Dr. W. H. ALLCHIN, London; Dr. A. H. JACOB, Dublin; Dr. EWART, London; Dr. T. O. DUDFIELD, London; Dr. JOHN CURNOW, London; THE SECRETARY OF THE WEST LONDON MEDICO-CHIRURGICAL SOCIETY, London; THE HON. SECRETARY OF THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, London; Mr. J. W. BENSON, London; THE SECRETARY OF THE SOCIETY OF APOTHECARIES, London; THE SECRETARY OF THE OBSTETRICAL SOCIETY, London; Mr. F. E. LONGLEY, London; THE EDITOR OF THE "NATIONAL GUARDIAN," Glasgow; Mr. M. CHURCHILL, Bishops Waltham; Mr. J. W. HOOKER, Wimbledon; Dr. W. T. PARKER, Newport, R.I.; THE SECRETARY OF THE SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS, London; THE HON. SECRETARY OF THE HUNTERIAN SOCIETY, London; THE DEAN OF THE MEDICAL SCHOOL, OWENS COLLEGE, Manchester; THE DEAN OF THE MEDICAL SCHOOL, Leeds; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; THE REGISTRAR-GENERAL FOR ENGLAND, London; THE SECRETARY OF THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, London; Mr. CHAS. E. CASSAL, London; THE HON. SECRETARY OF THE MEDICAL SOCIETY, London; THE EDITOR OF THE "VOLUNTEER SERVICE REVIEW AND MILITARY RECORD," London; OUR GLASGOW CORRESPONDENT; THE HON. SECRETARY OF THE ASSOCIATION OF MEMBERS OF THE ROYAL COLLEGE OF SURGEONS, London; Mr. G. P. FIELD, London; THE SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY, London; Mr. E. A. BROWNE, Liverpool; Mr. CHAS. UMNEY, London; THE HON. SECRETARY OF THE BRITISH GYNÆCOLOGICAL SOCIETY, London; Mr. RICHARD JEFFREYS, Chesterfield.

## BOOKS RECEIVED—

On the Interpretation of Pathogenetic States and Therapeutic Facts, by A. De Noé Walker, M.D.—Handbook of Diseases of the Skin, by H. V. Ziemssen, M.D.—Milk Analysis and Infant Feeding, by Arthur V. Meigs, M.D.—The Therapeutics of High Temperatures in Young Children, by W. P. Watson, A.M., M.D.—Supplement to History of Stamford Infirmary, by Dr. Newman-Acne, by L. Duncan Bulkley, A.M., M.D.—Report on the Health, Sanitary Condition, &c., of Kensington, for the four weeks Sept. 13 to Oct. 10—The Will Power, by J. Milner Fothergill, M.D.—Transactions of the Willan Society of London, Vol. 1.

## PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—The Hospital Gazette—Revue Médicale—Journal of the American Medical Association—The American Eagle—Revue des Sciences Médicales—Journal of Cutaneous and Venereal Diseases—Annales Medico-Chirurgicales—El Monitor Médico—The New Orleans Medical and Surgical Journal—The Detroit Lancet—Revue Médicale—The Liverpool Mercury, Oct. 17—The Journal of the British Dental Association—The Journal of Anatomy and Physiology—The Asclepiad—The Westminster Review.

## HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 2 p.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guys, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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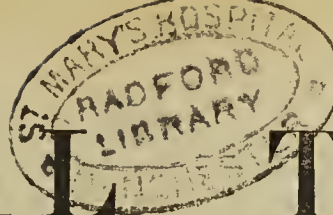
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## OBITUARY:

James Russell, M.D.; Frederick William Warren, M.B.







# MEDICAL TIMES

AND GAZETTE.

No. 1844. LONDON, SATURDAY, OCTOBER 31, 1885.

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## THE HARVEIAN ORATION.

Delivered at the Royal College of Physicians of London, on October 19th, 1885.

By RICHARD QUAIN, M.D., F.R.C.P., F.R.S.

(Continued from page 563.)

To speak of the advance of physiology is to imply a progress in pathology, since the latter is but the application of the former under the conditions of disease. Mutually aiding each other as they have done, it was not until physiology was on a secure foundation that pathology could claim the title of rational. Although healthy structure came to be known, and the dependence upon it of function to be recognised, it was long before the same idea prevailed in respect to disease. It is the especial glory of Virchow's work on cellular pathology that he applied consistently to morbid structure and action the same principles which had already made considerable advance in regard to health. Proceeding on such lines, lines that we feel assured are tending towards great truths, we find that in every branch into which pathology is artificially separated improvement is taking place. The causation of disease—ætiology—it is now known, must be sought in

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disturbances of our environment, or in defective inherited tendencies. How immeasurable is the distance which separates the mental attitude of the enquirer of to-day, engaged in tracing the causation of an epidemic disease, from the mystics who bewildered themselves with the notions of malignant spirits and evil humours, or of those who still lose themselves in attempting to trace epidemic waves.

To illustrate especially the advance we have made in our knowledge of ætiology, I would select but one point, which is the practice of arresting the diffusion of disease by limiting the spread of contagion.

This practice was illustrated on a gigantic scale by the Rinderpest or Cattle Plague, which appeared in this country in 1865. Towards the end of June in that year a few bullocks, imported from Revel, bringing with them the infection of Cattle Plague, were sold in the Metropolitan Cattle Market. From this single centre the disease spread step by step throughout the country until it had established 25,000 foci of infection within the year. Then a remedy was applied: All traffic of cattle was stopped; all infected beasts were killed, and all healthy bovine animals with which they had come in contact. The pestilence was stayed, but not until 300,000 animals had died or been killed with a loss to the country, at a low estimate, of three millions sterling, and an indirect loss to the same amount. All this might have been spared if it had been possible for the authorities, by a better knowledge of the nature of the disease and of its remedy, to ex-



tinguish it at its single primary focus by the sacrifice of a small number of animals at the cost of a few pounds.

The system of preventive treatment which proved so successful in the case of these lower animals has, as far as may be, been employed in certain infectious diseases, such as cholera, scarlet fever, typhoid fever, and diphtheria. To isolate the sick and such persons as have been in relation with them, until the very end of the period of infection; to thoroughly disinfect the secretions and other products from the patient at the earliest possible moment; to properly dispose of the dead; to cut off from the public all sources of contaminated supply, whether of water, milk, or other kind of food—these are a few of the principal measures which the experience of a comparatively recent period has taught us to practice in contagious diseases with results so satisfactory as to encourage us in their further extension. We have rational grounds for the belief that if the spread of infection were restricted by law, this class of diseases would soon be effectually extinguished. The result of such measures in reference to cholera poison are particularly striking. Many of us remember the invasions of this country by cholera, and its fatal progress, in the years 1831, 1847, and 1854. When sanitary measures were yet in their infancy, the epidemic of 1866, though grave in certain districts, Swansea, for example, was rendered harmless in other places. From that period to the present there has been no serious outbreak of cholera in this country, although there have been infectious arrivals on our shores on several occasions, as in 1873 and 1884 at Southampton, Swansea, Liverpool, and in the Thames. This satisfactory result is entirely due to the efficient arrangements made by the proper authorities to limit the spread of the disease. In this matter they acted under, and carried out, the judicious counsel given by that wise administrator, Mr. Simon, when acting as medical adviser to the Privy Council and the Local Government Board. I need scarcely add that this teaching has not been lost upon Mr. Simon's former colleagues and able successors.

Nor would it be satisfactory for me to pass over the subject of vaccination, the procedure by which that dire disease small-pox can be prevented or greatly modified. "One fact is worth a shipload of arguments," and therefore it will be sufficient to say that Ireland, stated to be the best-vaccinated country in the world, is practically at this moment free from small-pox; that since 1874 not a single case of death from variola has occurred in the German army, which dwells in the midst of a population protected by compulsory re-vaccination; whilst, on the other hand, we see at this moment in the City of Montreal, unprotected by vaccination, a frightful mortality. It is painful to contemplate such a consequence of ignorance or neglect; but, as Mr. Simon said in his letter on vaccination to the President of the General Board of Health,—“it goes with the credulity which characterises the present age to be incredulous of proved truth. Alike in rejecting what is known and in believing what is preposterous, the rights of private foolishness assert themselves. It is but the same impotence of judgment which shrinks from embracing what is real and lavishes itself upon clouds of fiction.”

I feel, sir, that it would be almost impertinent in me to address such an audience as I see before me on the details of the improvements in our knowledge of pathology and the allied subjects, the diagnosis and treatment of disease. But when I recall the views quoted by me in an earlier portion of this address, as to the absence of progress in our science and the hopelessness of its future—when I recall that these opinions have been held not only by men of science, but by many others, I feel it to be one of the duties

of the present occasion to indicate our real position in definite language, the echo of which may possibly be heard beyond these walls. It will, at least, reach the ears of some who will hear with satisfaction that the reproaches raised against us have no longer any foundation, and that the progress of our art and of our science has been greater during the last half century than during all the preceding centuries. Nay, more: that recent progress gives promise of still more rapid progress in the future. It is not necessary to recount an elaborate list of discoveries in support of this assertion. One may truly say that there is no organ, no structure, no function of the body in health or disease which has not received the stamp of improved knowledge during the period referred to.

In our knowledge of the structural changes which occur in disease, accuracy is now replacing with great strides the previous uncertainty and vagueness; and I feel it is due in this connection to refer to the good work of the Pathological Society of London, whose forty volumes of Transactions are a brilliant monument of labour and research, and a bright exemplar to future years. It is but justice to say, in memory of one long since dead, that the society was established in 1843 by the intelligent zeal of a member of our College, the late Dr. Edward Bentley, a name which will be remembered and honoured by those of his friends and colleagues who yet survive, although unheard of or forgotten by many who yet fully appreciate the value of the society which he was the chief means of establishing.

I need but remind you how extensive has become our knowledge within the past few years, of the facts of structure revealed by the microscope in connection with new growths, with regard not only to their distinctive characteristics, but also those which connect apparently diverse forms and indicate their relation to the tissues in which they occur. The structural lesions comprised in the term “degeneration” are now clearly recognised and defined, and, without pretending to a complete knowledge of these morbid conditions, that which we do know about them possesses a character of certainty and truth, dependent on the essentially correct method by which the facts have been determined.

Concurrently with the growth and diffusion of a scientific knowledge of the causation of disease, and of its structural manifestations, there has arisen a better understanding of morbid processes. The condition of inflammation, which has been recognised from the earliest times, and has probably given rise to more discussion than any other subject in pathology, is now regarded in a manner which, whilst it admittedly leaves much to be discovered, is at least in harmony with our knowledge of the functions of normal nutrition. The pathology of fever also, though not yet complete, may be said to have been scientifically studied during the last fifty years. The systematic use of the clinical thermometer, the application of chemical testing to the secretions, and the improvements in the methods of bedside investigation generally, have revealed to us a vast number of facts which were unknown to observers at the beginning of the century.

Another factor of the greatest importance, both in relation to normal function and to disease, is the direct influence exercised by the nervous system on the tissue metabolism. We have no clear knowledge how this influence is exercised, but the existence of some control is certain; and it is curious to notice how older notions of neural pathology recur in the more accurately defined conceptions of to-day. The comprehension of the part played by the blood in disease is also an advance which has been eminently fruitful in results, and which differs widely from the doctrine



that at one time attributed every malady to some vitiated condition of the circulating fluid.

But nothing will bring the conviction of recent progress more completely home to our minds than a brief retrospect of parasitic pathology during the last forty or fifty years. How great a step, though it looked but small at the time, was the discovery of the first vegetable parasite in the skin and hairs, by Gruby and others, about the year 1840! The notion of parasiticism as a cause of disease has clung to pathology in all ages; and the analogy between fermentation and the acute specific processes had long possessed the mind of every thoughtful physician. But we ought clearly to bear in mind, in justice to modern medicine, that the *Torula Cerevisiæ* itself was not discovered until 1835, by Schwann and others, and that it is only within the last few years that the presence and activity of an organism have been definitely connected with a specific febrile disease—I refer to the discovery of the spirillum of relapsing fever by Obermeier in 1873. A new era in pathology, whatever may be its result, has arisen within the last few years with the rise of bacteriology. Following their master, Koch, a host of highly trained and eager observers in Germany, France, England, and other countries, are now engaged in the study of the acute infective diseases; and by ever-improving methods striving to contribute something fresh to the great but still obscure and unsettled subject of the relation of these organisms to pathology. Fallacious no doubt as were some of the earlier conclusions on this subject, there seems to be no question that the study of bacteria and bacilli has greatly widened our views of the nature of disease, and that it promises to lead to practical results of the first importance in its prevention or modification as in the hands of Pasteur and others.

The value of all this progress has been greatly extended by the aid of that new line of scientific inquiry which has already done so much, and which promises still more—I mean *experimental pathology*. Of this subject Hunter laid the foundations a hundred years ago; but it was reserved for our own time to see the extension of his method on a large scale in this country to the subjects of fever and infection—to the study of artificially produced disease, which in the hands of Sanderson, Klein, Greenfield, and others, has been so materially promoted by the establishment of the Brown Institution.

Whilst pathology has been thus steadily progressing side by side with Physiology, Diagnosis, or Symptomatology, the science and art of Clinical Observation has proportionately profited by our improved knowledge of these subjects. The leading feature of modern diagnosis is the full adoption of methods and instruments of scientific exactness, which, through the aid they give to the senses, permit the diseased organs, as it were, to reveal their own condition. The stethoscope, introduced by Lænnec in 1819, was used by but a few at the commencement of the second quarter of this century; and I well remember how an eminent hospital physician whom I met in consultation little more than thirty years ago, characterised it as a dangerous instrument. The ophthalmoscope, invaluable in the detection of diseases of the eye, reveals to us also many morbid conditions of the brain and spinal cord, and even more general disease, such as is represented by albuminuria. The laryngoscope is of equal value in reference to the diagnosis of diseases of the throat and chest. Instruments are now in constant use which accurately measure and graphically record the condition and movements of the several organs—the sphygmograph and cardiograph; whilst even the number and value of the blood-globules are revealed to us by the

hæmacytometer and hæmoglobinometer. The general adoption of the clinical thermometer and of the electric battery has marked an era in medical diagnosis. The microscope has become indispensable to the medical practitioner; and even the spectroscope has some clinical uses. The chemistry of the secretions is now universally investigated, the routine examination of the urine having revealed to us a large number of interesting facts. On some of these I might dwell, did time allow me; but I can only refer in a word to the evidence which the examination of the urine furnishes of the remarkable relation which exists in a great number of instances, not only between the liver and glycosuria, but between the liver and azoturia and albuminuria. The subject is one of deep and general interest fully demanding investigation.

No advance has been more important than that of the differentiation of the several forms of fever—an advance to which you, Sir, have yourself so largely contributed. The increase of our knowledge of the symptomatology of diseases of the nervous system has been equally marked. In all directions we may note greater definiteness of knowledge and of diagnostic power. Many forms of disease, previously unknown, are now recognisable by the exercise of ordinary carefulness. In a word, it may be said that those only who lived in what may be called the pre-accurate period of medicine, and who are still engaged in practice, can appreciate the vast improvements which have been introduced in the course of a professional lifetime, in the art of the observation of disease, or can perceive how some of these are suggestive of still greater results in the future. In speaking of the progress of medicine I would of course be understood to include those departments which have been somewhat arbitrarily separated from it—surgery and gynaecology. But as special branches of the healing art their advancement has been so considerable as to demand for their full exposition some one more competent for the duty than I have any claim to be.

I now come to a most important part of my present enquiry: the practical application to *treatment* of the great advances which I have just recorded in the medical sciences. We must not forget, in our enthusiasm as scientific observers, that our very *raison d'être* as physicians is the prevention and cure of disease. With these two branches of practical medicine we are equally concerned: our College has ever been as distinguished for its influence in the one as in the other. As early as 1650, the Annals tell us that the College presented to the Lords of the Council a statement of "Annoyances" by way of preservation from the plague, very similar, indeed, to what the College might suggest at the present day.

With reference to the question how far our methods of treatment of disease have been improved, I fear I must expect to meet with a certain amount of scepticism. But this scepticism is not reasonable. During the last fifty years medicinal treatment has advanced in two directions—by the introduction of many new drugs of great importance, and by the conversion into rational remedies of a large number of substances which were previously employed in a purely empirical manner. These results have been greatly facilitated by the discovery of the alkaloids, the first of which was morphine in 1817. With these and other active principles the practical physician is able to determine with accuracy the value of drugs which possess definite physiological actions, and to apply them in a simple, uncomplicated form, especially by subcutaneous injections. Nay, more: the pharmacologist is no longer satisfied with the direct supply from nature; he is now busily engaged preparing synthetically a series of entirely new agents.



There are those who, seeing no progress in therapeutics, must have forgotten that some of the most efficient means for diminishing human pain and suffering, the whole class of anæsthetics, commencing with the application of ether in America in 1847, have been discovered within the last forty years. In this connection also I would mention the revival on scientific principles of the administration of nitrous oxide gas as an anæsthetic. Of still more recent introduction are chloral hydrate and cocaine; whilst nitrite of amyl and of sodium and nitro-glycerine are recognised as invaluable agents in the reduction of arterial tension. The proper use of the bromides is comparatively new; indeed, bromide of potassium was omitted from the London Pharmacopœia of 1851 as being a useless drug! At the present time we find the dominant idea in pathology, the doctrine of germs, pervading and influencing therapeutics also. Antiseptics, with which the name of Lister is inseparably associated, and antipyretics are being employed in treatment to an extent of which the last generation could not have dreamed, and with results of the greatest practical advantage. The introduction of the salicyl compounds in the treatment of rheumatism is still a comparatively recent event. Some of the new antipyretic drugs almost rival in power quinine and salicine themselves. Surely all this is improvement of the best kind. Let us pause for a moment and contemplate the condition and prospect of a surgical patient only fifty years ago. No anæsthetic to induce insensibility to pain; no antiseptics to promote healing of the wound; no chloral to procure sleep; no antipyretic in general use to control fever. With such instances before us, how unjust to say, with some, that medicinal therapeutics remain stationary!

Turning now to the prospect for the future, I may be allowed to add a few words on the means by which further therapeutical advance can best be secured. There are two lines of investigation which must be followed, namely, clinical observation and pharmacological research. We must not approach these enquiries with the question, now too often heard—Have you any faith in physic? but with minds free from prejudice and incredulity, and hopeful of results not inferior to those which have characterised recent investigations. It would be unbecoming in me to attempt to indicate in this assembly the manner in which clinical observation of the action of remedies should be conducted. Still, it seems to me that there are one or two points which greatly threaten in practice to interfere with the rational administration of remedies, and which I would desire to condemn, inasmuch as they tend seriously to retard our future. There has grown up a habit of prescribing ready-made physic, of using compounds which contain a variety of drugs, each having different properties—a practice in which there is a mental proclivity to regard the disease as suitable to the physic in hand rather than to take the trouble to find a remedy that is suitable to the disease. This system is unpractical, unscientific, and least calculated to promote a knowledge of the legitimate use of medicinal agents. In fact, the art of writing a rational prescription is in danger of becoming lost.

Closely connected with the practice here condemned is that which hastily repudiates remedies on the ground of their failing to fulfil the intentions with which they have been prescribed. A chapter might be written on this subject, which, however, I shall summarise by saying that when these incidents cross my path—as they do that of all of us—I am disposed to fear that my diagnosis and not the drug has been at fault.

Secondly, we must regard with jealousy what is

called the statistical method of enquiry—that method in which an aggregate of units is made to represent a single substantial fact. If these units differ among themselves, and if the recorders of these single facts are not quite certain of the uniformity of the facts with which they are dealing, the inference must be misleading. It was Morgagni who said that “facts must be weighed, not counted;” and there is nothing more certain than that, if this sage advice be not followed, the conclusions will be unsound. This is the danger to which what has been called “collective investigation” is liable. So long as the enquiry is confined to simple facts which the observers are not likely to mistake, it is probable that valuable results may be obtained. But so soon as the problems to be enquired into are such as demand a clear judgment and close reasoning for their solution, the capacity of the observers comes into play as an important qualifying consideration in estimating the value of the results that are formulated. And when the method is applied to obscure points difficult of verification, such, for example, as the hereditariness or the infectiousness of phthisis, the conclusions may easily be rendered mischievous and unworthy of confidence.

Having thus spoken briefly of clinical observation, the next method by which therapeutical science can be advanced is that of experimental pharmacology—the scientific investigation of the action of medicinal agents on healthy animals. These two modes of enquiry should be carried on simultaneously, each suggesting, and at the same time testing, the methods of research pursued by the other.

By the aid of pharmacology the circumstances of an experiment are greatly simplified; we can vary the conditions under which it is conducted, and thus trace the numerous influences which either assist or counteract the action of drugs, and which lead to variable and apparently conflicting results in man. By this means also we can determine which part of a complex mechanism, such as the nervous system, is affected by particular agents—whether, for example, the nervous centres, the nervous tracts, or the peripheral endings. And, again, it is only by experiments on animals that we can safely test the action and strength of new drugs, and the phenomena and morbid results produced by poisonous doses; whilst from such experiments we receive many fresh suggestions for the introduction or manufacture of allied products. In England, for the moment, we are compelled almost entirely to accept such results at second-hand, legislation interfering with this method of enquiry. We must revert to the liberty of action possessed by France, Germany, and other countries, or must send our enquirers to pursue science in places where they are free to do so without incurring legal penalties.

The results of investigations such as these, too often buried in elaborate monographs, may never reach the physician in a form to bring home their application to his mind and in his practice. How they might be made more popular and more available in our daily procedure is a question which should receive attention within these walls. Our College might do much for the encouragement of research in therapeutics, and we might require from the candidates for our licence a better knowledge of the subject. Fortunately we have means which might be made available for promoting the first of these objects in the funds derived from the Croonian Trust, recently increased in value. It is a grateful duty to remember the name of the founder, Lady Sadlier—a duty strictly in accord with the desire of Harvey that on these occasions our benefactors should be duly commemorated. Lady Sadlier in 1700 founded the Croonian Trust, a trust which established a lectureship remunerated by a yearly payment of 10%.



The property bequeathed to us has increased in value, and now affords the College an available income from this source of over 200*l.* a year. Harvey also desired that the Harveian Orator should exhort the Fellows and Members of the College to search and study out the secrets of nature by way of experiment. How could the Croonian fund, thus so much increased in value, be appropriated with more justice or with greater advantage than in promoting the scientific study of the treatment of disease—the very object for which our College exists?

Secondly, seeing the large number of individuals who, through receiving the Licence of this College, annually join the profession, it is quite within our power so to regulate the course of education and the examinations, as to bring the subject of therapeutics into that position in the curriculum in which it would receive the most practical and profitable consideration. And in mentioning the control thus obtained by the College over the medical profession, it is my pleasing duty to refer to those real benefactors who, in the year 1859, re-established the class of Licentiates, with a result which has enabled us, by the increase of our numbers, to assume that independent position to which the College is justly entitled, but which nevertheless it had not previously enjoyed.

But, Sir, whilst I have indicated to you, in this faint outline which alone time permits, the progress which our science and our art have made in every direction, my argument would be incomplete unless I produced some evidence that the improvement I have insisted on has been productive of substantial results. It is not only that we may claim to have substituted for blind groping along the pathways of knowledge a method based on reason and observation, in which we recognise the nature of our ignorance as well as the extent of our information; as exponents of a practical science, we are bound to show that our improvement is a real one. This, I think, may be done, even though it be briefly. The first object of medicine, as has been well said, is to prevent disease, and, failing that, to cure or relieve it; and the nearer we approach to these ends the more successful may our art claim to be. The evidence of disease displays itself in a statistical form in the rates of mortality and of sickness; and a reference to the pages of that masterpiece of vital statistics, the Registrar-General's annual reports, furnishes us with ample grounds on which to estimate the progressive value of preventive and remedial medicine in improving health and lengthening life, with the incidental national gain in labour and wealth therefrom.

During the forty-three years intervening between 1838, when registration began, and 1881, when the last census was taken, the population of England and Wales increased from upwards of fifteen millions to nearly twenty-six millions, and all evidences of improved health should be considered in reference to this total increase of population, as well as to such other influencing factors as the distribution in town and country, in respect to sex-and-age periods. Summarising the results of these statistics, we note that there has been a steady decline in the mean death-rate per 1,000 living, from 23·3 in 1838 to 19·6 in 1884. The decrease is still more strikingly shown if we compare the mean rate for the 37 years preceding 1875, when the Public Health Act became law, which was 22·3, with that for the succeeding eight years, when it fell to 20·3. Taking the mean death-rate for the 45 years from 1838 to 1883, as 22·0 per 1,000 living, the improvement within each of the past four years has been considerable: in 1881 it was 18·9; in 1882, 19·6; in 1883, 19·5; and in 1884, 19·6. This means that if the death-rate of the previous decade, which was 21·4, had been maintained, nearly 213,000 more persons

would have died during those four years in England and Wales than actually did die.

The decline in the rate of mortality has occurred at all ages except from 45 to 75 in males, and from 55 to 65 in females; the greatest improvement occurring in both sexes at ages below five years. Mr. Noel Humphreys, in an able paper on this subject, concludes that the effect of this decline in the death-rate is to raise the mean duration of life among males to the extent of two years, and among females to nearly 3½ years; and further that by far the larger proportion of the increased duration of life in England and Wales is lived at useful ages, and not in the dependent conditions of childhood and old age. More recently, Mr. Makuna points out that the diminution of mortality also means prolongation of life to maturity in most of the saved infants and children, and useful lives to some of them. And Dr. Longstaff considers that the tendency appears to be for useful working life to be increased, but for old age to be slowly shortened.

It is impossible for me here to consider in detail how the diminished mortality is distributed among the different diseases, and to assign to the two factors of that improvement, viz., better sanitation and better methods of treatment, their proper share in producing the result. But it is distinctly in those diseases which are caused by insanitary conditions, and which so far are preventable, that the greatest improvement has taken place. Following the main grouping of sickness adopted by the Registrar-General, there has been a decline from the mean rate for the decade 1871–80, during the years since 1880, in zymotic, parasitic, constitutional, developmental, and local disease. In dietetic diseases only has there been a slight increase. As regards special diseases, the diminished mortality has been most marked in the group of fevers (typhus, typhoid, and simple continued), and in phthisis. I cannot refrain from dwelling for a few moments on the truth of these results which concern the population generally in their special application to individual classes, and for that purpose I would select the army, though the same could be shown, I believe, in all other classes.

The general death-rate of the army at home for the decade 1870–79 was 56 per cent. below that before 1854, and the rate for 1880 was 62 per cent. below it. And, again, whilst in 1880 the death-rate per 1,000 living was 17·6, in 1881 it was 14; in 1882, 11·8; and in 1883 it fell to 9·8.

Professor McLean, speaking lately at Netley, said, in respect to the European part of the Indian Army, that the mortality in 1859–60 was about 79 per 1,000, whilst in 1882, the death-rate in all India, from all causes, was only 13·07 per 1,000. He further stated that he had known, in the “pre-sanitary age,” dysentery kill 1 in 5 of those attacked; and in a regiment with an average strength of 1,098 there had been as many as 2,497 admissions into hospitals in a year, with 104 deaths, chiefly from dysentery and hepatic abscess, whilst in 1883, in the same part of India, out of 13,000 men only 3 out of 500 cases of dysentery proved fatal.

To speak of such a change and not to mention the name of Edmund Parkes, would be unjust alike to his memory, and to the fair claims of the profession which is itself honoured in calling him a member. We may say of him as Idomeneus, speaking of the wounded Machaon, said to Nestor,

Ἴητρος γὰρ ἀνὴρ πολλῶν ἀντάξιος ἄλλων—

or as Pope has rendered it,

A wise physician, skilled our wounds to heal,  
Is more than armies to the public weal.

The statistics from which conclusions may be drawn as to the amount of sickness that prevails are neces-



sarily imperfect, and any statement as to the decline of the sick-rate is difficult to prove. But the late Dr. William Farr considered that for every death there are two cases of severe sickness, and that the rates of mortality and sickness "within certain limits rise and fall together." And since it is considered that for every death there are twenty-five cases of illness mild and severe, a diminished death-rate means a lessened amount of illness. The full significance of these facts in their bearing on our national wealth and productive power, as well as on the individual well-being and capability for work, can scarcely be over-estimated; but these subjects lately received so complete an exposition at the hands of Sir James Paget, that I need not further allude to them here.

When we thus regard the rapid and marked progress which our art and our science have made during little more than half a century, I feel that we are most fully justified in believing that the progress in the future will be even more marked, and that with materials for investigation in abundance, with willing and able workers, and with our College aiding and guiding the work, there can be neither fear nor doubt for the continued advance of the Healing Art.

In an earlier portion of this address I mentioned those who have spoken in disparaging terms of our future. Let me now, on the other hand, refer to an opinion of greater interest and greater force, expressed recently by one of our most eminent statesmen, who said to me, and he repeated the observation on more than one occasion, "Your profession has a great future before it, and I believe that in one generation, or at most two, it will be far in advance of the other learned professions." This opinion is fully in accord with our recent progress. There is before us a great future, and it is the assurance of this which has led me to speak to you in so sanguine a spirit. I have done so in full reliance on the value of the results which will be accomplished by those who are engaged in this great work, on the spirit which moves them, and on the means which they must have at their disposal for investigation. I have spoken to you as a prophet; but let me add in conclusion one word of hope and of prayer: that at no distant period the Fellow of this College, having the privilege of occupying the position which I fill to-day, may be able to speak to you then no longer as a prophet but as an historian, recording the great work which had been accomplished, and the large share which our College had taken in its achievement.

## SELECTIONS FROM TEN YEARS SURGICAL WORK.

By NELSON C. DOBSON, F.R.C.S.,

Surgeon to the Bristol General Hospital, Lecturer on Surgery at the Bristol Medical School.

(Continued from page 569.)

*Excisions of larger joints.*—In this department of surgery, my cases have not been numerous. I have generally preferred in young subjects (and the demand for this kind of surgery has, in my experience, generally been in such subjects) a tolerable amount of patience and waiting, rather than a precipitate and early resort to operation. The total number of excisions of joints of which I have record is 14, viz., 3 of the hip, 6 of the knee, and 5 of the elbow. In elbow excisions one was only partial: it was for a

compound comminuted fracture in the elbow-joint, extending up the humerus two inches, so that it necessitated the removal of the lower third or very nearly of the humerus, the bones of the forearm were not fractured, and they were left as I was compelled to remove so much of the humerus, that I feared as it was that a useless arm would result, but as amputation was the only other resource, I gave the patient the chance, especially as he belonged to the class not obliged to obtain his living by manual labour. He recovered perfectly, but with a not very useful arm. This was the only case in which excision was practised for injury. All the excisions recovered from the operation, and with one exception, a knee in a very strumous man, aged 45, whose leg I was obliged to amputate, they were all successful in giving the patients very good limbs. One of the hip cases had had his opposite thigh amputated for disease of knee-joint; he had also a large liver which I took to be amyloid, but to my surprise, when I saw him a few years after the excision, he looked healthy and well, and his liver was nearly of the normal size. In my excisions of the knee, I have on three or four occasions used Esmarch tourniquet to restrain the bleeding, but though it is useful in giving one a good view of the parts, I do not consider it necessary, and as the after oozing is more than if it had not been used, and the cavity of the excision is apt to become filled with blood clot, notwithstanding the drainage tubes, I now prefer not using Esmarch at all in these cases. I always remove the patella, and latterly I have wired together the femur and tibia in two places, by drilling and using silver wire. It will be noticed that I have had no excision of wrist or ankle, though, in one case I removed the astragalus for compound fracture with dislocation of that bone, the result being quite satisfactory. I have also had one case of excision of the os calcis for disease in the calcaneo-astragaloid joint.

In the knee and elbow, I have several times incised the joint and scraped out the pulpy synovial membrane when this was the tissue only or chiefly involved.

In treating excisions of knee, I have used different forms of apparatus: Butcher's box, and various modifications of McIntyre's splints with plaster or wax bandages, but I am not quite satisfied with any of them; I aim at getting the wound well as quickly as possible under antiseptics, and then putting the limb up permanently in a Croft's plaster splint, which I use for various fractures and joint diseases, and which, I think, one of the most manageable and useful of all the permanent splints we possess.

*Tumours of the Female Breast.*—I find I have notes of 36 cases of tumour of the breast which I have removed by operation. Of these 36 cases, 27 were cancer of the breast, and 9 for various non-cancerous growths, viz., 1 sarcoma, 5 adenoma, 3 cystic disease.

These various tumours have necessitated excision of the entire breast in 29 cases. One of the cases which I have classified as a cystic tumour was really a cystic adenoma, and weighed more than one pound, the interior of the cysts being filled with firm grape-like clusters. The whole of the operations were successful in so far that every patient recovered completely from the operation, there being no death in any case. The patient with the sarcoma was a woman of 32 years of age, 4 months pregnant, and the tumour was fungating. I removed the breast, and about 18 months afterwards she came to me with a swelling in her abdomen, which I diagnosed to be a sarcoma of the ovary, and I made arrangements for her coming into the hospital to have this removed, but a few days before the time appointed for her admission, she was pushing along her child's cradle, when her thigh suddenly snapped; she was brought to the hospital,



when I found she had sarcoma of the femur, and she eventually died of this, combined with her abdominal disease.

Of the 27 cases in which I have removed the breast for cancer, I have not as a matter of routine cleared the axilla. I have, however, done so in five of the cases where I thought it necessary. I am not at present persuaded that the very extensive operation and *routine* clearing out of the axilla, as recommended by Dr. S. Gross and practised by Mr. Mitchell Banks and others, is wise or necessary. I do, however, now more freely excise than I formerly did, and frequently leave a gap so wide, that my incisions will not come together, but I generally endeavour by means of the button suture and careful planning of the incisions to make them do so. Mr. Banks' paper on the operative treatment of cancer of the breast has done good service to the cause of surgery by calling attention to the fact that surgeons have been more careful to secure primary union than to get well beyond the disease; but I am disposed to think, when I look at Mr. Bank's mortality table, that he may possibly be going too far in the other direction, and advocating an operation so severe, that even in his hands there has been a mortality from the operation of 6 out of 46 cases. If we turn to his table of "cases remaining free from two to ten years," I do not find anything that convinces me so strongly as to make me advise, as a matter of routine, the patient risking a 13 per cent. chance of death from the operation. I notice one case free for ten years, one for seven years, and eight for variable periods between two years and three years and eight months, the fifth best case being one in which the breast only was removed.

Now, my list is a small one, not much more than half as large as Mr. Bank's, I therefore have not the right to speak as positively as he does, but still it is large enough (certainly larger than falls to the lot of a good many surgeons), to have led me to some conclusions on the subject: the conclusion which I have arrived at being that not every case requires routine clearing of axilla, and that we must judge of the necessity for this in individual cases. I have been at considerable trouble to ascertain the condition of axilla in cases going on to a fatal termination, both where the breast has been removed, and where it has not; and I do not find it by any means universal that death is brought about by the axillary deposits, or that in more than a moderate percentage of cases have we the axilla so affected, that the patient suffers much pain or discomfort from this cause; it is true that oedema of arm and much pain are not uncommon, but I have noticed once or twice the same thing even when the axilla has been cleared. Formerly, I was not in favour of operating at all when I could feel the axillary glands enlarged, but even under these circumstances I now operate, when it seems to me there is a reasonable hope that the vessels or nerves are not involved in the mass.

Turning to my own cases, I am sorry that I have not been able to trace them all. I know as a matter of fact that many of them are dead, and if I do not know to the contrary, I have assumed that they are. Of the 27 cases, not one proved fatal from operation; 13 have died eventually, presumably from recurrence; 14, so far as I know, are alive, though one of them has a recurrence. One of the cases has been free for more than ten years. The original operation was done in September, 1874, the breast only being removed; there was recurrence in the cicatrix in February, 1875, which I also removed, and the patient was alive and well twelve months ago, and I should have heard had she been ill since.

One case is well (September, 1879), nearly six years, breast only removed; one case nearly five years—from

this patient I removed in 1882 (two years after I excised the breast) a tumour from the soft palate which proved to be a round-celled sarcoma. She has remained free from any obvious malignant disease since. The majority of the other cases have been done during the last two years.

All my cases have been seen by other surgeons, and of nearly all I have microscopic sections. I have not been able to establish the relative frequency with which the glands in the axilla, sub-clavicular region or mediastinum are affected. I have no doubt that the axillary glands are affected in much larger proportion than the others; still I do not believe they are universally affected, or that we have at present sufficient evidence to justify clearing the axilla in all cases. In three of my own cases remaining well after ten, six and five years respectively, the axilla was not cleared.

*Lithotomies.*—I have operated on twelve cases of stone in the bladder, all in males, and in all the cases I have performed the operation of lithotomy; nine of the cases have occurred in boys, that is, before the age of puberty, and three have occurred in men. In ten of the cases I did the lateral operation, and in two the median, viz., one boy and one man. There was one fatal case in the series, the boy on whom I did median lithotomy. This boy was about five years old, one of my earliest cases, and I did the median for him rather than the lateral, because it had been the custom for some of my older colleagues to prefer this operation to the lateral; this patient was removed from the hospital by his friends, and died about ten days after the operation; as I did not see him at the last, I do not know the actual cause of death, but there was no extravasation whilst he was under my notice. I have no doubt that in this case the urethra was completely torn across at the time of the operation. I made the usual incision, and whilst I was gradually dilating the urethra with my finger, something suddenly gave way, I have no doubt, as I just mentioned, that the urethra was torn quite across; however, having rather a small finger, I did not lose my hold of the urethra, and was able with a little care, to enter the bladder and remove the stone without difficulty, and in a very short time, so that none of the numerous by-standers were aware that anything unusual had occurred, or that the operation was not perfectly satisfactory to the operator. I had hoped that as I succeeded so readily in getting out the stone, that all would go well. The patient suffered more from shock at the time of the operation than I have been accustomed to see, but otherwise there appeared no reason why he should not recover. He died apparently, so far as I could see him, of exhaustion; there might have been some pelvic infiltration, but I did not especially notice this. Several years have passed since this operation, and I mention it now for the first time; had I not been quiet, and particularly careful in keeping in my finger, I doubt if I should ever have removed this stone. I am still at a loss to account for the fatal result in this case. I see no reason why he should have died from the tearing across of his urethra, seeing that there was a ready outflow for his urine through the perineal wound; at any rate, cases in many respects analogous, such as rupture of the urethra from blows on the perineum, recover frequently after opening the perineum, and giving a ready exit for urine. I have long since ceased to practise median lithotomy in boys. All the other cases were successful, and with the exception of a man who had symptoms of stone complicated with perineal abscess, and whose abscess I opened and removed the stone by median lithotomy, the lateral has been the operation both in boys and the remaining two men.

One of the boys was a puny, delicate child of 2½



when I first did lateral lithotomy for him, and when he was 5 years old I again did the lateral operation for him through the old cicatrix and removed a uric acid calculus, weighing 328 grains. This stone is the largest I could find recorded as having been removed at a second operation at so early an age. I carefully explored the bladder at the time of the first operation, and I am sure he had no second stone at that time, so that the case is interesting as giving us something like definite data as to the rate of growth of stones. I may say that in the interval of the two operations, I removed the boy's thumb and the index finger of the other hand for strumous disease; he was a perfect mine of surgery, but he has now grown into quite a respectable sized lad; he came to me only a few months ago with symptoms of bladder irritation, but I could find no stone. It will be seen that in the three men I did not perform in either of them Bigelow's operation, and for these reasons. The first case had perineal abscess, forming and I did the median; the second had had a stone removed from his bladder in India, and there was a large perineal sinus remaining, through which all his urine flowed—I did the lateral operation in this case and for a moment there was a very ugly rush of blood, probably from the prostatic veins in consequence of long irritation in this region; by keeping my finger for a moment in the incision the bleeding ceased and I rapidly extracted the stone; his perineal fistulæ was much improved, but not cured. In the third case I was doubtful whether I should not do rapid lithotomy, but on carefully examining the patient with the sound I came to the conclusion that the stone was a very large one. I did lateral lithotomy, finding two flat faceted stones lying side by side and in close contact, weighing nearly 3 ozs., and as the patient made a speedy and perfect recovery I felt justified in my choice of operation.

*Strictures of the Urethra* have, of course, been constantly under treatment, and in such numbers that I have no notes of them. Not unfrequently the stricture has been associated with retention of urine, but I have always, with three exceptions, been able to relieve the patient sooner or later by the catheter. Of the three exceptions just spoken of in one instance I tapped the patient through the rectum; he wore the trocar for three days, when I was able to pass a catheter and he made a perfect recovery. In the other two cases I did perineal section without a guide; in one of these cases the patient's urethra was destroyed for a couple of inches, and it was necessary to establish a permanent opening in the perinæum over which the patient has perfect control. I am anxious that he should allow me to try to make him a new urethra now that the parts are so sound; he is an intelligent and educated man, but he expresses himself as being so much more comfortable than he has been for years that he prefers his present feminine method of micturition. When the stricture has been complicated with one or more perineal sinus which did not readily yield to a full-sized catheter I have always preferred Syme's external urethrotomy. I have only notes of five such cases, all of which did well, but I am certain that I have done this operation on several occasions of which I have no note. I have never had any serious trouble with these cases, or anything like urethral fever. When the stricture has not been complicated by either retention or perineal fistulæ I have always succeeded in practically curing the patient by means either of gradual dilatation or by keeping in a catheter for a time. I have never had occasion to practise internal urethrotomy in any form except for strictures near the meatus; I have had several cases in which I should have judged this operation admissible, but hitherto I have been able to overcome my patient's difficulties without it by means of Lister's sounds. I

have a dislike, perhaps a prejudice, to the operation, as I think it not so free from danger as it is sometimes thought to be, and therefore I have avoided it. On one occasion, however, I felt I should be compelled to do internal urethrotomy, and made arrangements to do so, but on my telling the patient there was some slight risk he told me an eminent London surgeon, whom he had consulted, told him there was no risk. In consequence of this my patient went to London and was operated on by an equally eminent surgeon, and died in about forty-eight hours, and as the operation was done by one of the most skilful surgeons of the day there could be no doubt that, so far as the operation was concerned, there was no fault in its performance. Though I had no practical acquaintance with this operation I have always felt that there must be some considerable risk associated with it, when I have known patients actually die in a few hours from the mere passing of a catheter where there was no bleeding or evidence of laceration, and many times have I seen (and all surgeons must have had similar experience) severe rigors and serious symptoms follow catheterism, not in old prostatic cases only, but in young and middle aged men with stricture.

*Nephrotomy.*—I have had three examples in all of this operation; two of them occurred in my first ten years of hospital work and the other quite recently. I include this last case, which was fatal, on account of its importance. I intend giving, on another occasion, a more detailed account of these cases. I may say for the present that the first case occurred some years ago in a delicate man of about 40 years of age, and who had suffered from stricture of the urethra with perineal fistulæ and who had undergone external urethrotomy a few years previously. The patient was passing pus in his urine, had high temperature, and a fluctuating tumour in his left loin; as the surgery of the kidney was not so well understood then as at the present day, the swelling was allowed to become superficial before it was opened. I opened it and drained it. I have no doubt that the pelvis and kidney itself was converted into one large abscess, and there was very little trace of true kidney structure; this man, who is since dead, lived for some years after the loin was opened.

In both the other cases I deliberately cut down upon and exposed the kidney; the abscess was situated in the pelvis of the kidney. In neither case was the kidney itself enlarged, though in the last case the kidney looked grey and unhealthy. In both these cases the incision was made directly through the kidney substance, and in both cases after the kidney had been exposed I inserted an aspirator needle through its substance to make sure that I could reach the pus before I incised the kidney.

The first of these cases was a man aged 33 sent to me from Devonshire; he had great pain in passing water and a constant desire to micturate, so that his bladder was examined for calculus, but none was found; there was a considerable quantity of pus in his urine. After a short time the right loin became fuller and more tender than natural; but the swelling, which indistinctly fluctuated, was more palpable on the front of abdomen just below the liver; the man was rapidly emaciating and losing strength. I cut down on the kidney through the loin and incised the substance of the kidney, and inserted my finger so as to explore the calyces and pelvis, but did not find at the moment as much pus as I expected. I inserted into the pelvis of the kidney, through the wound in kidney structure, an india-rubber drainage tube. Next day there was a considerable discharge of pus, and the dressings were soaked with urine; the urine passed by the urethra was violet coloured and contained some blood, the colour being mostly due to the local



effect of the carbolic dressing. The swelling in front disappeared, and after a very severe illness and tedious convalescence the patient recovered; but when he returned to Devonshire, some three months after the operation, there was still a small fistulous opening in his loin. This I believe has since healed.

The third case was that of a married woman, aged 35, who had been treated for some time in the country for painful bladder troubles; she was admitted into the hospital under one of my colleagues, when a swelling was discovered in the left loin. This swelling varied in sized from time to time. The patient was very weak and delicate; greatly reduced in flesh and strength by high temperatures ( $102^{\circ}$  to  $103^{\circ}$ ) and by passing water every half hour, with much pain. There was no doubt that the swelling was connected with the kidney and probably due to pus. I incised the kidney substance under chloroform with antiseptic precautions, let out the pus which was in the pelvis of the kidney, and after examining the interior of the pelvis with my finger inserted a drainage tube. The operation took place at 1.30 p.m., and occupied only a few minutes; at 4.30 she was taken with violent rigor, and at 5 o'clock her temperature was  $106.4$ . A dose of 15 grains of quinine was administered and her temperature fell to  $105^{\circ}$  at 6.30;  $104^{\circ}$  at 7.30;  $103^{\circ}$  at 8.30; rose to  $104^{\circ}$  at 10.30, and fell again to  $103.2$  at 12 p.m. When seen last thing by the house surgeon he thought her fairly comfortable, but she died at 5 a.m., about 16 hours after the operation. There was no loss of blood and no shock. The external wound was small. It was dressed antiseptically. The case, I think, is important because in these early days of kidney surgery it is not clearly established whether it is better to incise the kidney structure or open the pelvis directly. It is important because I could refer death only to that condition which occasionally manifests itself with rapidly fatal results after operations on the male urethra, and which we term urethral fever, in which a patient may die within twelve hours of an operation on the urethra, or it may be the mere passing of a catheter, and in which nothing is to be discovered *post-mortem*. But, so far as I know, nothing has yet been said, nor has any case been reported, in which similar symptoms have followed operations on the kidney itself. I do not consider death was due to shock in the ordinary sense of the word, for there was no decided shock at the operation. To me the death was as unexpected as it was disappointing, but I feel it to be of the highest importance that in comparatively novel operative procedures our fatal cases should be recorded in order that the dangers may be fairly appreciated, as I have a pretty strong feeling that the prevailing tendency is rather to under- than over-estimate the risks of some of our newer operations. In this case I could obtain no *post-mortem* examination.

In closing my list of operations on the urinary and generative organs I may say that I have several times amputated the penis and removed testicles, but of these operations I have nothing to remark. I have also, of course, had under my care a large number of cases of hydrocele of the tunica vaginalis. Many of these have simply been tapped as often as necessary; where I have attempted the radical cure I have injected iodine; occasionally this has failed. In one case of double hydrocele I failed in the first injection, but on a subsequent injection, a few weeks after the first attempt, a cure was effected which has been permanent. Twice I have slit up the scrotum after such failure and drained the hydrocele with antiseptic precautions, stitching the tunica vaginalis to the skin of the scrotum by a continuous suture with perfect success. Twice a hæmatocele has followed simple tapping among my cases; in one of these cases I tapped the hydrocele myself, in the other

I did not. In my own case (a somewhat feeble elderly man) the fluid was only blood-stained, but the sac supplicated; I laid it open to the bottom, but the patient died of septicæmia—an instance of the disastrous result that may sometimes follow so simple a proceeding as tapping a hydrocele. I have no doubt that there are many surgeons who must have had an experience similar to mine, but I do not call to mind a published fatal case.

Of the surgery of the *abdominal organs* I hope some day to have something to say; for the present I will only mention that with reference to strangulated hernia I have nothing special to say. I operate now with less employment of taxis than I used formerly to practise, and I am quite sure the change has been of benefit to the patients. I do not, as a rule, remove the sac, nor do I attempt the radical cure; what I may do in the future with respect to this point I am still uncertain.

Of *abdominal sections* I have had 17 instances, and with 3 exceptions these have all been for ovarian tumours. Of the three exceptions one was for malignant disease of the omentum; a second for acute intestinal obstruction, and a third for ruptured uterus during parturition with severe hæmorrhage into the abdominal cavity. All three of these cases proved fatal.

Of my ovarian cases, fourteen in number, three have proved fatal; these were some years ago. All my recent cases have recovered. For *diseases affecting the mouth and jaws* I have several times been called upon to operate. Among the most interesting of the operations I have ever performed in this region was a case in which I removed a large tumour from the soft palate of a healthy woman, aged 22. The tumour projected externally under the angle of the jaw; in the mouth there was a large uneven mass almost completely filling the pharynx, and extending from left to right: there was barely room for the finger to pass into the pharynx beyond. I removed this tumour, which was as large as a small orange, by an external incision over the portion which projected below the jaw, and inserting my finger through this incision I separated the tumour freely from its connections. I then made an incision through the soft palate over the tumour in the mouth, and repeating the same process with my finger separated the growth entirely from its connections, and delivered it through the mouth. From the large size of the tumour there was a difficulty in getting it through the mouth. There was very little bleeding and the patient made a perfect recovery. The tumour proved to be a fibro-adenoma. I have also removed a smaller tumour (about the size of a hazel-nut) from the soft palate of a patient whose breast I had previously excised for scirrhus. This growth proved to be a small-celled sarcoma, but the patient still remains well, though four or five years have elapsed since the operation.

Of operations on the jaws I may mention three cases, in one of which I removed simultaneously the greater part of both superior maxillæ. This was for malignant disease which had so far advanced when I saw the patient that the palate processes were considerably softened by the disease. The orbital plates were not removed. The disease returned in the base of the skull, and the patient died some months after the operation. This case was reported upon by Mr. Wagstaffe, and I believed published in the *Pathological Society's "Transactions."* I must mention another case (though it does not come within my first ten years' work), in which I have quite recently removed the left superior maxilla for malignant disease. The case was instructive, as it had been under my observation for a long time (more than twelve months), during which period I was under the impression that the



patient was suffering from a chronic abscess in the antrum. She complained of severe neuralgic pain in the face, and an occasional discharge from the left nostril. There was, until quite late in the case, no swelling of face or in the nasal cavity. Thinking it was an abscess in the antrum I drained it and kept it open, there being a pretty free discharge of pus; and at one time I removed a piece of necrosed bone from her alveolus. I noticed some swelling of the front of the face, and thought the palate process rather softer than natural; just at this time I lost sight of her for six weeks. When I next saw her I found the growth originally in the antrum had burst its bonds both anteriorly and posteriorly as well as in the nasal fossa, and, of course, there was now no doubt as to its nature, and as it appeared fairly localised with no glandular swelling and no prominence of eyeball, I removed the superior maxilla. I then found that it extended right across the nasal fossa, had nearly destroyed the palate processes, extended far back into the base of the skull, and was altogether more extensive than I had anticipated. I scraped suspicious portions which remained with the spoon, and applied chloride of zinc freely. I expected a good deal of hæmorrhage and therefore, as a preliminary, I introduced a tube through the cricothyroid membrane—this simple proceeding immensely facilitated the subsequent steps of the operation; as I was able to securely plug the pharynx by sponges, no blood got into the trachea, and there was no interruption to the chloroform, the patient being perfectly still and unconscious throughout, absolutely free from the unpleasantnesses which usually belong to operations on a large scale about the mouth.

I have once removed half of the lower jaw from the symphysis to condyle for dentigerous cyst. The case was published in the St. Thomas's Hospital Reports. My dental colleague, Mr. Parsons, fitted her with an admirable substitute. It is now ten years since the operation, and when I saw this patient a few weeks ago I found she needed no artificial jaw, that the parts had so consolidated that she masticates perfectly, and so complete was repair that some of my pupils who looked into her mouth could not at first ascertain what operation she had undergone.

I have had but few operations on the tongue. From my own small experience of these operations, and from what I have seen in the practice of others, I prefer to use the ecraseur when large portions are to be removed. I have used either knife or scissors when only the anterior part of the tongue was affected. In one case where I removed the whole of the tongue as far back as possible, the patient remained free for six months, and then had a most painful recurrence of which he died. In this case I made a vertical incision in the median line beneath the jaw, and through this I carried the ecraseur into the mouth by means of a large curved needle, keeping close to the upper border of the hyoid bone. I then divided the femur and adjoining parts freely with scissors, drew the tongue well forward, and passing a stout curved needle through the extreme base of the skull, slipped the ecraseur chain over this, and thus readily removed, without hæmorrhage, the whole of the tongue. In this particular case the man had had syphilis, and the epithelial tumour situated in the middle of his tongue looked like a gumma, and several surgeons who saw him thought so; but a small piece clipped off prior to operation showed it to be a typical epithelioma, which the sequel of the case only too fully proved. I mention this fact because I have an idea that in the tongue particularly syphilitic affections are not unfrequently followed by malignant disease.

There are two classes of operations which have not come under my observation, viz., the ligation of large arteries in their continuity, and the operation for un-

united fractures. As I have before stated, only two cases of secondary hæmorrhage occurred after amputation, and in both these instances I secured the bleeding vessel (the femoral artery) in the stump. I have had no case of primary hæmorrhage which I could not secure in the orthodox way; and of the surgical aneurysms I have had three cases, viz., two of the popliteal, and one of the femoral, all of which I cured by digital compression. I have a strong feeling that with proper precautions and careful attention to detail, that in large hospitals the occasion ought seldom to arise where it is necessary to ligature an artery in its continuity for aneurysms affecting the limbs.

It is perhaps not quite correct to say that I have not operated for ununited fracture, as I have done so on two occasions, one in which both bones of the forearm were operated on by simple resection, and one case of ununited fracture of the humerus which I resected and wired. I should rather have said I have never had a case of ununited fracture that had been under my care from beginning to end; this is perhaps a piece of good fortune, as a very large number of fractures have come under my notice. I am, of course, speaking of the long bones, and exclude fractures of the neck of the thigh bone. In one recent fracture of the patella I cut down and wired the fragments with perfect success.

I have had a large number of operations which it would be difficult to classify; tumours of various kinds I have constantly removed, but especially does it seem to me that I have been called upon to remove sarcomas in greater numbers than any other class of tumours. The point that has most frequently struck me about these sarcomatous tumours is their difference of behaviour after operation. I have removed sarcomas which have recurred locally so often that on two or three occasions the patient has given it up in despair, and died simply of the local disease, whilst other tumours apparently similar in microscopical character have not recurred locally, but have diffused themselves in every region and tissue of the body; especially was this the case in one instance in which I removed a large sarcoma from the groin which had apparently commenced in a lymphatic gland. This patient was literally from the crown of his head to the sole of his foot covered with sarcomatous tumours; and every internal organ except his brain was studded with similar growths.

I do not in the foregoing account pretend to have given a summary of all the operations I have performed, but only of the classes which I have mentioned so far as my notes would enable me. I do not know that my list of operations is larger than that of my colleagues in the same period. I think it will fairly show the large amount of material that a provincial hospital of 150 beds may provide. In bringing to a close this record of my surgical experiences I am conscious that it is open to the criticism of being crude and unconventional, but I believe that in this form it is more likely to be read than a mere statistical account, and certainly I have found it easier to put together my facts in this way, and also to insert my somewhat casual observations on the various points that have occurred to me.

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UNIVERSITY COLLEGE, LONDON.—The following awards have been made:—Medical Entrance Exhibitions: 100*l.*, Mr. T. L. Pennell; 60*l.*, S. B. Mitra; 40*l.*, Mr. J. J. Macnamara. Andrews Entrance Prizes of 20*l.* each: for Science, Mr. C. F. T. Blyth; for English and other languages, Mr. Arthur Vaughan. Gilchrist Entrance Engineering Scholarship (35*l.* for two years), Mr. R. J. Durley.



## CLINICAL LECTURES

ADDRESSED TO STUDENTS ON THE METHOD  
AND DATA OF MEDICAL DIAGNOSIS.

By W. H. ALLCHIN, M.B., F.R.C.P.,

Physician to the Westminster Hospital, and Joint Lecturer on the  
Principles and Practice of Medicine and on Clinical Medicine.

## LECTURE III.—CASE TAKING.

*The Family History*—(concluded).

ANOTHER source of difficulty, both in estimating the exact share ancestral influence has in determining the occurrence of a malady in a given patient, and in judging of the inherent liability to disease in an apparently sound person, is to be found in the undoubted effect that one morbid constitutional state may have either in favouring or in preventing the occurrences of another in the same individual. This idea of harmony or antagonism between diseases has come down to us from very early times, and, indeed, is almost to be looked upon as being quite in accordance with the older notions of the entity of disease. When maladies were so regarded, it was not far-fetched to assume that the "morbid spirits" dwelt some in harmony and some at war in the bodies of their hosts. But, be that as it may, the idea has prevailed, and claims attention now; and, without attempting an explanation of so obscure a subject, there would seem to be good reason to believe—at least so far as figures at present show—that apparently very different diseases mutually predispose to each other, or, at all events, their coincidence is so frequent as to suggest some relationship. Thus a form of scrofula has been described as of frequent occurrence in the children of paralytic, epileptic, and insane parents. And "it is certain," says Dr. Maudsley, "that there are very intimate relations between phthisis and insanity; one-fourth of the deaths in asylums are caused by phthisis, and Dr. Clouston, who found that there is hereditary predisposition in 7 per cent. more of the cases of insanity with tubercle than of the insane generally, has described a certain form of insanity as phthisical insanity."<sup>1</sup> Dr. Bennett, among his cases of epilepsy, found 12 per cent. of those who gave a history of hereditary disorder mentioned phthisis. Rokitsky, in his celebrated "Pathological Anatomy," the chief authority thirty years ago, and a storehouse of facts and information, refers, under the head of Tubercle, to various diatheses which are favourable or antagonistic to the occurrence of that new growth. Some of the statements have since been confirmed by the extended observations of recent workers, others have not stood the same test. Thus it was shown by him that tubercle and carcinoma rarely, if ever, occurred together; cancer was very occasionally observed to follow tubercle, and with even much less frequency did tubercle succeed cancer. I am not aware of any *a priori* reasoning that would have led to formulating such conclusions; they were the result of careful observation, and by pursuing the same course they have been verified. To this question of the antagonism of diseases I shall refer again when speaking to you of the previous illnesses of the individual; here I am only concerned to show the relationship of the diseases which run in families.

And yet another circumstance which complicates the

influence of heredity is the liability that some diseases seem to have to skip a generation, or to appear in the progeny whose immediate ancestors have been free from any appreciable manifestation of the same. The subject of atavism (*atavus*, a grandfather) is one of the most perplexing problems that is offered to the biologist: his researches into it extend among plants as well as animals; in health and in disease; and, as may readily be supposed, it affords the ground for the enunciation of most diverse opinions. That many structural peculiarities, and even many traits of character and likeness, appear in the members of one generation, whose immediate progenitors have not possessed them, but which have a striking resemblance, often the very closest, to what may have occurred in some preceding generation, is a matter of common knowledge. The records of the breeders of domestic animals furnish ample proof of "reversion," or of "throwing back" as it is termed. The facts are undisputed: it is the interpretation that is to be put upon them that is in doubt; whether or not there is any law of relationship, or that each reappearance of a characteristic is to be regarded as determined by the immediate environment, with little or no influence of inheritance, is the question for solution. Those who adopt the latter view regard it as inconsistent with the essential notion of heredity that the offspring should differ from the parent, as is the case when a disease skips a generation; and that the difficulties of admitting that inheritance is in any way responsible become insuperable when it is attempted to assert its causal influence at a distance of several generations, as I shall presently give you illustrations of. Further it is urged, if a morbid taint is capable of remaining in abeyance through one or more successive generations, to appear no one knows why or when; that, in place of pointing to exceptionally degenerate races, we should fail to find a single family that might claim to be healthy. In short, the doctrine of atavism and latency takes too little heed of the effects of such outside circumstances bearing directly upon the individual, such as training, example, and imitation.<sup>2</sup> I could select for illustration no more notorious instance of reversion in disease than is offered by gout, yet note what Dr. Garrod<sup>3</sup> says on this very subject, admitting that "more than half the gouty subjects can distinctly trace their ailment to hereditary taint," and acknowledging "that there are often apparent grounds" for the notion that the disease tends to skip a generation; he regards such as an "erroneous idea," and would prefer to explain its non-appearance in the child of a gouty parent, whose offspring in turn may suffer by the precautions taken "to keep the disease at bay."

Turning to those who concede to atavism the fullest share in the predisposition to disease, I would refer to the writings of Mr. Sedgwick,<sup>4</sup> who has paid special attention to this subject, and has collected the records of many cases, particularly of colour-blindness, hæmophilia, pseudo-hypertrophia, muscular paralysis, &c., from which I would select the following as a well-marked illustration of the phenomena we are considering; incidentally also showing how the defect appeared only in the males, being transmitted only by the females of the family.

The record extends over four generations:—

- (1) Great-grandfather, colour-blind; great-grandmother, normal.
- (2) They had five daughters, all normal.
- (3) These five daughters had among them twenty-

<sup>2</sup> Heredity. *British and Foreign Medico-Chirurgical Review*, July, 1875.

<sup>3</sup> "Reynolds' System," Vol. i, 1866.

<sup>4</sup> *British and Foreign Medico-Chirurgical Review*, 1863, Vols. i. and ii. *British Medical Journal*, 1882, Vol. ii.

<sup>1</sup> "The Physiology and Pathology of Mind," 1868.



six children, of whom six were males, all colour-blind, the remaining twenty females being normal.

(4) One of the twenty females had two colour-blind sons.

Another had three colour-blind sons, and one son and one daughter both normal.

A third had two colour-blind sons, and one son and one daughter both normal.

This is but one example of very many that I could give you, drawn from the most varied diseases. It is surely more reasonable to see in such a case the working of some law than to regard the remarkable regularity of alternation as the accidental result of surrounding circumstances. "And if the influence of atavism in the hereditary transmission of disease can be maintained for four, five, or seven generations, it would be illogical to assign it any limits; and, moreover, when there is also limitation by sex the evidence is then very strongly in favour of the extended, but undiluted, influence of atavism." (Sedgwick.)

So far I have referred to transmission in the direct line, but there is reason to believe that a child may present in his appearance or constitution traits derived, not from his own father, but from a former husband of his mother. This form of indirect atavism is well known to appear in animals in the form of characteristics which are not to be mistaken.

It is extremely difficult for me to indicate to you what is to be learned from these facts without referring very briefly to the theoretic side of the subject. What is it we understand that is transmitted? To this question I cannot pretend to give you a complete answer, but, as showing you the way in which we are inclined to reply, would prefer to quote from Sir James Paget, whose remarks on this subject in his lecture on "Surgical Pathology" (1870), and, still more, in a paper on "Constitutional Diseases," published in his collected clinical lectures and essays (1879), should be read by you all. Speaking of cancer, he says, "what is transmitted is not cancer or cancerous material, but a tendency to the production of those conditions which will finally manifest themselves in a cancerous growth. . . . Though we cannot assume the passage of a cancerous material, we cannot, on the other hand, understand the transmission of a tendency or disposition to any event independently of all material conditions, therefore the germ or semen of a cancerous parent is in some conditions different from that from a parent who is not cancerous, if, in the course of years, cancers are to be formed out of the substance which the germ in its development or subsequent changes will appropriate." What is here spoken of in respect to cancer is applicable to other diseases which may be shown to be transmissible, as well as to the structural and functional characteristics of health. No attempt, you will see, is made to define what the tendency is, it is merely the expression used to describe the *direction* taken by the series of changes which constitute life; the expression, in short, to denote the guiding principle which has determined two *apparently* identical ova developing, the one into a dog, the other into a cat. The importance to us here in trying to understand the intimate nature of heredity is to recognise the undoubted fact that the tendency transmitted is not of necessity so potent as to withstand the influence of conditions subsequently brought to bear on it. I do not, of course, mean that we can so arrange as to make the ovum of a cat develop into a dog; the characteristics of a species are not to be upset in one generation. But there are tendencies of a less specific character which are certainly capable of modification, and which should be taken advantage of in dealing with disease. Every stock or horse breeder knows that by inbreeding he can improve and develop the points of the animal that he desires,

and morbid strains may be equally diluted or reinforced by suitable marriage, at least within very considerable limits. The records of consanguineous marriages clearly show the intensification of diseases when the taint exists in the family, and that in proportion to the nearness of the blood-relationship of the parents. Hence the importance of enquiry on this point, as showing the character and strength of your patient's predisposition. It has been urged with good ground that diseases which are detrimental factors of evolution, so far as the species is concerned, tend to die out after a few generations: that the fittest, *i.e.*, healthiest, alone tend to survive. Syphilis, for instance, is rarely, if ever, transmitted beyond the third generation, and then perhaps in the third or fourth appearing as scrofula, or, as some have thought, as rickets. But it is easy to see that this natural tendency to disappearance might be averted by the intermarriage of the representatives of two syphilitic families.

Notwithstanding all these difficulties connected with obtaining a perfectly correct estimate of the nature and value of the ancestral influences which tend to make our knowledge of the subject uncertain, sufficient evidence, of a more or less perfect character, does exist to render it in the highest degree probable, if not quite certain in some cases, that the diseases I have enumerated in the scheme recur with sufficient frequency in successive generations as to justify the assumption of some hereditary cause. It may be that as our knowledge progresses the list will have to be extended; or it may be that careful records will show that some at present considered hereditary diseases are entirely due to the operation of causes acting subsequent to birth and quite independent of ancestry; though I am bound to tell you that accumulating knowledge does not point in that direction. The question is one that entirely depends for its settlement on accurate statistics, which have been happily defined as "facts admitting of numerical notation." There would be no advantage in my repeating to you a table of the proportions in which a family history of transmission has been ascertained in the various diseases above mentioned; the figures are admittedly inexact, and are only sufficient to show the probability of hereditary influence, which further information must refute or confirm. Sufficient, as example, I have already referred to in the course of my remarks. But there is one reference that I have not included in the scheme, to which I should wish to direct your attention. It is, in brief, to enquire for and record any minor ailments, those not finding a place in our standard nosologies, which may have prevailed in the family. It is impossible to enumerate them: the list would mainly consist in the mention of the most varied and often disconnected symptoms, but which, taken together, might materially assist in your arriving at a truer conception of the constitution of your patient; and, conversely, might contribute to formulate the characteristics of such constitution.

But, besides the investigation into what diseases may have prevailed in the family of your patient, you will observe there is the question as to whether the family have been especially long-lived or short-lived. The value of the information obtained on this head in estimating the health power of the subject of your study is considerable. "It is now generally," says Ribot,<sup>5</sup> "admitted that longevity depends far less on race, climate, profession, mode of life, or food, than on hereditary transmission." Centenarians are found in all countries, and among all classes of people. Dr. Lucas, in his work on heredity,<sup>6</sup> in reference to the

<sup>5</sup> Heredity: a psychological study of its phenomena, laws, causes, and consequences, from the French of Th. Ribot, 1875.

<sup>6</sup> "Traité physiologique et philosophique de l'Hérédité naturelle": P. Lucas, 1847.



same, pointed out that "the average of life plainly depends on locality, hygiene, and civilisation; but individual longevity is entirely exempt from these conditions. Everything tends to show that long life is the result of an internal principle of vitality which privileged individuals receive at their birth. It is so deeply impressed in their nature as to make itself apparent in every part of their organisation." That certain families are long-lived, as are others, perhaps fewer in number, short-lived, is notorious. Professor Humphry,<sup>7</sup> in the course of his investigations into the records of 500 persons above 80 years of age, says "the greater proportion were reported to be of long-lived families"; and further points out the curious fact that there was a considerable frequency of occurrence of phthisis in such families. It is also, I think, very common to find that aged persons have suffered very little from illness during their lives, have been, in short, healthy beyond the average. Advanced age, therefore, as Professor Humphry says, expresses the transmission of "an inborn, inherent, quality of endurance, of steady, persistent, nutritive force, which includes reparative force and resistance to disturbing agencies, and a good proportion or balance between the several organs." I know of no collected records of "short-lived families, but, as one of many scattered examples, I might mention Turgot, who died at the age of 53, fully expecting he should not exceed 59 years, the limit which but few of his family had passed.

Corresponding to this liability to death at about the same age prevailing in a family is the liability to attacks of illness at about the same age, which would indicate to you the need for stating the ages of the patient's relatives when attacked or at death, as set forth in your scheme. Many curious illustrations could be given of this, and you will be frequently hearing your patients express their convictions that they will not live beyond such and such age, because others of their family did not, and you may not altogether disregard their warnings. Sir Henry Holland<sup>8</sup> mentions the case of three brothers who were attacked with hemiplegia at about the same age; and of three sisters in another family, who all died at about 24 years of age from cerebral disease. Esquirol records the case of a father, son, and grandson, all becoming insane at the age of 50. The age, therefore, at which disease has occurred in relations signifies much in forming your opinion of the individual. The age also of the parents at the birth of the individual often influences the health of the offspring. Occasionally one sees the youngest child of a family, between whom and the next older is an interval of many years, and whose parents at his birth are one or both well advanced in life, of a sickly, puny constitution, reared with difficulty, and showing throughout his life an enfeebled health; and this although his brothers and sisters and parents themselves may be remarkably sound. The occurrence of this condition in the offspring of the aged is too frequent to prevent one recognising a causal relationship between the degenerated tissues of the parent and the deteriorated vitality of the child.

Thus, then, you will see that the enquiry into the family history of the patient is one of considerable extent and also of much difficulty. Nevertheless, you should aim at obtaining as complete and accurate an account as possible, since every item of it may bear upon the case before you. The total result of your investigations should give you some idea of the inherent predispositions towards health or disease of your patient, which will materially assist you in ascertaining the exact nature of his malady and contribute not a little towards forming that opinion on the probable

course and termination of the illness which you will be called upon to make. The importance of this line of enquiry has lately received emphatic exposition at the hands of Mr. Francis Galton, who, as a step towards improved knowledge on the subject, has drawn up and published a "Life History Album," wherein are to be recorded with much else the details of family medical history.

One word as to the method of keeping your record. On this matter each one may with advantage adopt his own plan, but I would advise that any scheme you may pursue should be as graphic as you can make it. You should appeal in your written account to the eye as well as to the ear, that the full bearing and relationship of the facts you have collected may be appreciated. How much more completely and easily does a temperature chart represent the progress of a fever than the same data arranged in columns of figures. To this end I would recommend your arranging the details as far as possible in the form of genealogical tables, a very convenient form for which was published by Dr. G. Leslie in the "Transactions" of the Medico-Chirurgical Society of Edinburgh for 1882. The desirability of keeping the various statements on separate lines and under distinct headings, as well as the judicious use of abbreviations, are trifling, but none the less useful, points which will suggest themselves to you as considerably facilitating future reference.

## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

### ROYAL FREE HOSPITAL.

#### A CASE OF IDIOPATHIC TETANUS.

By SAMUEL WEST, M.D., F.R.C.P.,

Physician to the Hospital, &c.

MICHAEL M., aged 46, a carpenter, was admitted into the Royal Free Hospital on July 2nd, 1884, with symptoms of tetanus. He gave the following history: He is a married man with five children, all healthy, but not living with his wife. He had enjoyed good health, except from an ulcer on his leg, the result of a blow, and which had remained unhealed for many months. For this he was admitted into the Kensington Infirmary, and after several weeks was discharged cured about three weeks ago. Since then he has had no work to do, and has been drinking much and eating little, and has been exposed a good deal to the recent heat. The bowels have not been relieved for a week. For the last three or four days he has been unwell, having lost his appetite, feeling languid and tired, and sleeping little. Two days ago, he first noticed a sense of stiffness about his neck and lower jaw. This gradually increased up to to-day, when it became so marked that he was unable to open his mouth, or bend his neck. At the same time he found that he could not walk properly, and that he had some difficulty in swallowing, and he suffered much from severe general headache.

In the out-patient room he looked ill, and had an expression of pain and anxiety. His jaws were clenched so that the teeth could only just be separated. The head was slightly drawn back, and the muscles at the back of the head and neck were rigid, as were also

<sup>7</sup> "On old age and the changes incidental to it." Annual oration at the Medical Society of London, by Prof. G. M. Humphry, 1885.

<sup>8</sup> "Medical Notes and Reflections," 1840.



his sterno-mastoids on both sides. He could hardly stand, and could only walk with difficulty and assistance. Any movement increased the spasms in the already rigid muscles, and produced similar spasm in the muscles of the trunk and thighs, so that the patient was bent backwards, and seemed as if he would fall unless supported. The spasms were not violent, and only of short duration, but they appeared to recur at intervals of a few minutes. The patient complained, besides the headache, of pain in all the joints, and the face and neck, and to a less degree the trunk, especially its upper part, were bathed in perspiration. The mind was perfectly clear, and the patient gave this history and described his sensations and condition very intelligently.

On examination in the wards an hour later, the following note was taken:—The patient is lying upon the back with the head thrown back. The face is congested and slightly blue. He is perspiring freely from all parts of the body, but most over the most affected parts, viz., the head and neck. The lower jaw is locked, but except during one of the paroxysms, can be moved a little so as to separate the teeth far enough for the tip of the tongue to be protruded. The tongue appears furred, the head is drawn forcibly backwards by the contraction of the muscles of the neck, and it is almost impossible for the patient to sit up, for any movement produces spasmodic contraction of the muscles of the back and thigh. During a paroxysm the arms as far as the elbow, and the legs as far as the knees become rigid, but the rest of his limbs remain flaccid. Patella tendon reflex is normal. Liquids are swallowed without apparent difficulty, but chewing is of course impossible. The pupils react normally. The respirations are 24, the pulse 96, regular, and of full volume. The temperature is not raised above normal. The heart is acting strongly and regularly; there is no murmur, and the sounds are good. Some rhonchus is present at the bases of the lungs. The abdomen is not rigid, and the respirations are easy. Upon the left leg was the large scar of an old ulcer, which was perfectly healed. The patient had suffered in no way from it since its healing, and had felt no peculiar sensation in it lately.

At 7 p.m. an enema of soap and water and castor oil was administered; the bowels were freely opened afterwards with the passing of many scybala.

*Midnight.*—The patient is much worse in every way. He has suffered great pain in paroxysms during the evening. The pain commences in the epigastrium, and spreads thence to all parts of the body. The paroxysms of rigidity are more severe, but of the same character and distribution, and attended by such severe pain that the patient cannot help screaming out. There was no delirium, and the temperature was still normal.

July 3rd. — At 2 a.m. the enema was repeated, but without effect. He then had 30 grains of hydrate of chloral, and half a drop of croton oil. He had passed no water since admission, but the bladder was not distended. The diet consisted of beef tea and milk, and was taken without difficulty. Swallowing produced no spasm or discomfort.

11.30 a.m. — The patient remained in the same condition during the night, and hardly slept at all; the attacks are now more frequent and more violent, and recur every few minutes; they are the same in character, but the abdominal muscles are now hard and rigid, and partake in the spasms. The temperature has risen to 102.2°, and the pulse to 130. It is regular, but rather hard. He has had only snatches of sleep, for a few minutes at a time, during the morning.

At 12 noon the water was drawn off by a soft catheter; this produced no spasm and gave great relief.

Seventeen ounces were withdrawn, specific gravity 1.020; acid, no albumen and no sugar.

2 p.m.—Enema repeated and a drop of croton oil again administered, but without effect. The perspirations are profuse. The patient is taking 10 grains of chloral hydrate, and 10 grains of bromide of potassium every two hours.

6 p.m.—The medicine has relieved the patient much. The spasms occur now at interval of eight to ten minutes instead of three or four, with short snatches of sleep for five or six minutes between the paroxysms. Temperature 101.6°. Pulse 130 regular.

At 8 p.m. a third dose of the medicine was given, and half a minute afterwards he was seized with what appeared to be a sudden spasm of the respiratory muscles. The breathing stopped suddenly, the patient became almost black in the face and quite unconscious; the pupils dilated widely, and did not react to light, and the pulse became slow. All other spasm ceased, the lower jaw relaxed and dropped, so that the mouth fell wide open and the muscles of the arms, legs, and abdomen became lax. There was no struggling, or sound of air entering the chest. He lay in this condition for two or three minutes as it seemed, and then suddenly took a deep inspiration, and continued to breathe. The blueness disappeared, the pupils contracted and reacted to light, and the pulse became more rapid, and in five minutes he became suddenly once more conscious. A few seconds later he was attacked by a most violent spasm of the muscles previously affected, so that he screamed with agony and became bathed again in perspiration.

At 11 p.m. he had another respiratory spasm of the same kind, having, in the interval, been in much the same condition as before, sleeping restlessly until roused by the spasm. The temperature was now 105.5°, and the patient was sponged, but half an hour later it had risen again to 104.8. The medicine was not repeated after 8 p.m.

July 4th.—At 2 a.m. the third attack of respiratory spasm seized him, and he never breathed again; though the heart continued to beat some minutes after the respiration had stopped.

The *post-mortem* examination was made twelve hours after death. The body was muscular and well-nourished. Rigor mortis absent. The lungs were extremely congested, the heart hypertrophied, chiefly its left ventricle. The kidneys granular, and the cortex slightly narrowed. The granules were fine, and the lesion not very far advanced. The brain and spinal cord were removed and put aside to harden, the former in spirit, and the latter in 2 per cent. of bichromate of potash solution. On macroscopic examination of the brain, the veins were congested, and the substance felt soft. On the under surface of the left hemisphere were several spots of meat-jelly-looking substance in the meshes of the pia mater, but apparently continuous with the brain substance beneath. The largest of the spots was situated over the inner two-thirds of the orbital surface of the frontal lobe; the others were much smaller in size, half an inch in diameter, and scattered chiefly over the inferior temporal convolutions. On the right side, the only spot of this kind was upon the orbital lobe; the same position, but not so extensive, reaching only from the horizontal fissure over the olfactory region. The spinal cord was soft on section, the grey substance appeared pinker than natural, and the white matter, especially in the immediate neighbourhood of the grey substance, had a semi-transparent greyish appearance. Microscopical examination of the cord was incomplete, but so far as it went, revealed no change.

The case calls for no special comment. It was a well-marked instance of idiopathic tetanus. The most



interesting clinical feature it presented was the remarkable way in which the spasm suddenly disappeared during the respiratory attacks from all the muscles of the jaws and limbs, which until the attack came on were fixed and rigid, and again became so as the respiratory attack passed off.

## APPOINTMENTS FOR THE WEEK.

### *Monday, November 2.*

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, 8 p.m.—Papers by Mr. J. H. Balkwill, of Plymouth, on "A Method of Mounting Porcelain Crowns on Pulpless Molar Stumps; and Mr. W. Hern, on "A Method of Treatment of Pulpless Teeth." Casual Communications by Messrs. S. J. Hutcheson; C. W. Dunn; Storer-Bennett; A. S. Underwood; and Exhibition of Ward's Non-Thermal Lamp.

MEDICAL SOCIETY OF LONDON.—Dr. Gowers will introduce a discussion on "The Clinical Value of the Deep Reflexes."

ROYAL INSTITUTION, 5 p.m.—General Monthly Meeting.

### *Tuesday, November 3.*

UNIVERSITY OF LONDON, Burlington Gardens, 5 p.m.—Adjourned Extraordinary Meeting of Convocation to consider the Proposed Scheme for the Re-organisation of the University.

PATHOLOGICAL SOCIETY, 8.30 p.m.—Dr. Sainsbury, "Tumour from the Base of the Brain containing Skin"; Mr. Sheild, "Cancer of the Bladder"; Mr. Barker, "Epidermal Cyst of Finger"; Mr. MacCarthy, (1) "Carcinoma of the Kidney"; (2) "Necrosis of the Patella" (Card); Dr. Norman Moore, "Chronic Endocarditis"; Mr. E. H. Fenwick, "Extra-Peritoneal Rupture of Bladder"; Dr. Percy Kidd, "Obstruction of the Coronary Arteries"; Dr. Lediard, "Black Tongue" (Card); Dr. Savill, "Heart from a case of Chorea (Card); Dr. Port, "A case of Leprosy (Living Specimen); Sir W. MacCormac, "Epithelioma of the Clitoris" (Card); Mr. Larder, "Cancer of Oesophagus (Card); Mr. Davies-Colley, (1) "Tendinous Slough from the Abdominal Muscles" (Card); (2) "Annular Slough of Mucous Membrane of Rectum" (Card); Dr. Goodhart, for Mr. Anderson, "Large Aneurysm of Internal Carotid within the Skull"; Dr. Hale White, "Tubercle of Dura Mater and Vertebrae."

### *Wednesday, November 4.*

OBSTETRICAL SOCIETY OF LONDON, 8 p.m.—Specimens will be shown. Papers: Dr. Herman, "On the Suppuration of Pelvic Dermoid Cysts"; Mr. S. D. Hine, "Case of Obstructed Labour in which Spontaneous Version followed an unsuccessful Attempt to deliver with the Crotchet after Craniotomy."

### *Thursday, November 5.*

WILLAN SOCIETY OF LONDON, 8 p.m., at St. John's Hospital for Diseases of Skin, Leicester Square, W.—President's Address. Dr. Harries, "Cases of Lupus treated by Paracitides"; Mr. Startin will show a Case of Diffuse Scleroderma.

### *Friday, November 6.*

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, 8 p.m.—Mr. H. Percy Dunn, "A Collection of Specimens of Sarcoma and Carcinoma from Patients who have died in the West London Hospital during the last Fifteen Months"; Dr. C. Wells, "Specimen of Cancer of Colon"; Dr. Savill, "Microscopic Specimens of Cancer"; Mr. C. B. Keetley, "Case of Gritti's Amputation"; Dr. Alderson, Paper "On the Aetiology of Cancer chiefly as to Local and Mental Causes"; Mr. H. Percy Dunn, "On the Theory of Cancerous Inheritance."

# Medical Times and Gazette.

SATURDAY, OCTOBER 31, 1885.

OUR Paris correspondent writes:—M. Pasteur has communicated to the Academy of Medicine and the Academy of Sciences the results of his latest experiments upon the prophylaxis and cure of rabies, together with the account of a case observed in the human subject. M. Pasteur now adopts the following method. A rabbit is inoculated with a fragment of the spinal cord of a mad dog. The animal is affected with hydrophobia in the space of about one fortnight. A portion of its spinal cord is employed to inoculate a second rabbit, which also contracts the disease, but more rapidly; the spinal cord of this second rabbit serves to inoculate a third, and so on. It is observed that at each step of this process the intensity of the disease becomes greater, and the period of incubation shorter. When the spinal cord of these animals, which have died of hydrophobia, is suspended in a perfectly dry tube, its virulence diminishes by degrees, and at last disappears. A collection of these spinal cords, some of them entirely stale and powerless, others more fresh and active, others again quite fresh and extremely active, are always kept in readiness. To render a dog insusceptible of rabies, he is first inoculated with the stale and powerless specimens, then with fresher and more active ones, and lastly with the most powerful of all, when he becomes quite proof against the inoculation of rabies. Lately, a young boy, nine years of age, Joseph Meister, was brought by his friends to M. Pasteur's laboratory. He had been most severely lacerated by a mad dog, having fourteen bites in different parts of his body. M. Pasteur, in presence of the almost absolute certainty of death, inoculated the child according to his system; the first inoculation was made with a spinal cord 15 days old on the 6th of July, 60 hours after the child had been bitten. Similar inoculations with virus of constantly increasing intensity were made up to the 16th of July, when the spinal cord employed was quite fresh. The child, having up to the present time, four months after the accident, exhibited no symptoms of hydrophobia, is considered as radically cured by M. Pasteur, and he has already recommenced the same method of treatment upon a young shepherd, who in defending other boys was cruelly bitten by a mad dog, which he killed upon the spot. The results of this new experiment will be communicated by M. Pasteur in due time to the Academy. With respect to the first patient, it must be remembered—(1) That sixty per cent. of people bitten by mad dogs do not contract hydrophobia. (2) That the incubation of the disease is sometimes extremely long (cases have been known to occur two years after the bite). The experiment is not therefore absolutely conclusive, although it marks a great progress in the history of the disease and justifies in some measure the enthusiastic applause with which the communication was received.



Two interesting papers were read and discussed at the opening meeting of the Royal Medical and Chirurgical Society on Tuesday last. That by Messrs. Baker and Bowlby on "Diffuse Diploma" was illustrated by a series of admirable drawings as well as by some remarkable living specimens of the disease, which excited much attention. Mr. Rivington's paper dealt with a very serious and fatal injury due to so trivial an accident as swallowing a fish-bone. It had penetrated the pharynx, and subsequently the carotid artery. The difficulties of the diagnosis, the modes of treatment, as well as the lessons which may be learnt from an analysis of all the hitherto published cases, made a very interesting and instructive paper; one of these lessons may be thus formulated:—The rapid course, after hæmorrhage has once come on, and the usually fatal nature of the lesion, suggest early and radical interference with a view to rescue the patient from impending death. A second lesson was the danger which attends the common mode of treating such cases by the indiscriminate passing of the probang. Owing to slight indisposition, Dr. Johnson, the President, was unable to be present; Mr. Berkeley Hill, one of the Vice-Presidents, ably presided in his place, and welcomed the Fellows back at the termination of the long vacation. The new volume of "Transactions" was presented, and will shortly be distributed.

A YEAR ago the Clinical Society, under the tutelage of Sir Andrew Clarke, renounced refreshments after their meetings as unphysiological, or perhaps we ought to say that their Council did all this for them; at the meeting on Friday last, by a very large majority, it was decided to revert to the ancient and unphysiological custom, and accordingly, in future, tea and coffee will be served after the meetings. Mr. Mayo Robson, this weighty matter having been settled, read an excellent paper on two cases of cholecystotomy which have been attended with the best results; indeed, the gall-bladder would seem to be quite as tolerant of surgical interference, as the other viscera have one by one proved themselves to be when the question has been put to a practical issue. Dr. Seaton's paper on the symptoms of a febrile epidemic at a school was the model of a clinical study, and it is no fault of his that he was not able to give more particulars in regard to the *post-mortem* appearances; but that he was describing a distinct and specific disease no one who was present could have the smallest doubt. Dr. J. H. Bridges, of the Local Government Board, added greatly to the interest of the narrative by his account of the insanitary state of the school in regard to the disposal of fæcal excrement, and we can assure those members of the Society who were dissuaded by the rain from attending the meeting that they missed hearing a paper of unusual interest.

THE officers of the Glasgow Pathological and Clinical Society are arranging for another discussion during the new session, similar to that held more than a year ago on Albuminuria. The subject is to be *Tumours*. Whether this subject will call forth the

same interest as its predecessor remains to be seen, but it ought to draw out the surgeons as Albuminuria did the physicians.

THE Session of the Medical Schools of Glasgow was opened on Tuesday last by the usual introductory addresses. Professor Bower opened the session at the University, and Dr. Wallace Anderson and Dr. James Morton at the Royal Infirmary and Anderson's College respectively. Professor Bower's address was an able and practical defence of the position of Botany in the medical curriculum. He referred at length to the difficulty that has arisen in Glasgow regarding the Royal Botanic Institution. The Institution is in debt to the Corporation to the extent of nearly 50,000*l.*, and under an agreement the Corporation is entitled to call up the bonds as soon as principal and interest reach 50,000*l.* That sum being almost reached, the Corporation has given notice of its intention to exercise its rights. As pointed out by Professor Bower, the town has thus an opportunity of acquiring a garden fully equipped with plant, houses, &c., and with a rare collection of plants, which it could not only maintain as a pleasure-ground, but, by little additional expense, make of the utmost usefulness to science and of great benefit to the University. The trouble is that the gardens are situated in Hillhead, which is beyond the municipal boundary of Glasgow, although in unbroken continuity with it. There are, of course, multitudes who will cry out against the ratepayers maintaining pleasure grounds for those who refuse to come into the town and help to bear its burdens. Apparently, the Town Council is desirous of using the leverage which its power over the gardens gives it for compelling the Hillhead people to consent to annexation. For if the ground of the Botanic Gardens were to be let off for building purposes the amenity of the district would be largely destroyed. Professor Bower's address comes as a timely and vigorous reminder of other than merely commercial interests. The University is deeply interested in the question, for, in return for a subscription of 2,000*l.* given in 1817 by the University, the Professor of Botany was to have a lecture-room in the garden, and every facility for himself and his pupils for the study of Botany. Since the removal of the gardens to Hillhead these conditions have not been fulfilled, and if the gardens were to be broken up the Professor would be deprived of almost his only source of material for teaching and practical purposes.

ON Monday, October 26th, the session of 1885-86 was inaugurated in the School of Surgery of the Royal College of Surgeons in Ireland by an address from Mr. Edward Hamilton, one of the Professors of Surgery in the School. Sir Charles A. Cameron, President of the College, occupied the Chair, and there was a very large attendance of members of the profession and of students. Professor Hamilton chose as his theme the subject of the medical profession in Ireland. Speaking of the attractions of the medical profession, he said that the public services opened a wide field for employment, and he was glad their college had done much to bring about needful reforms in the military



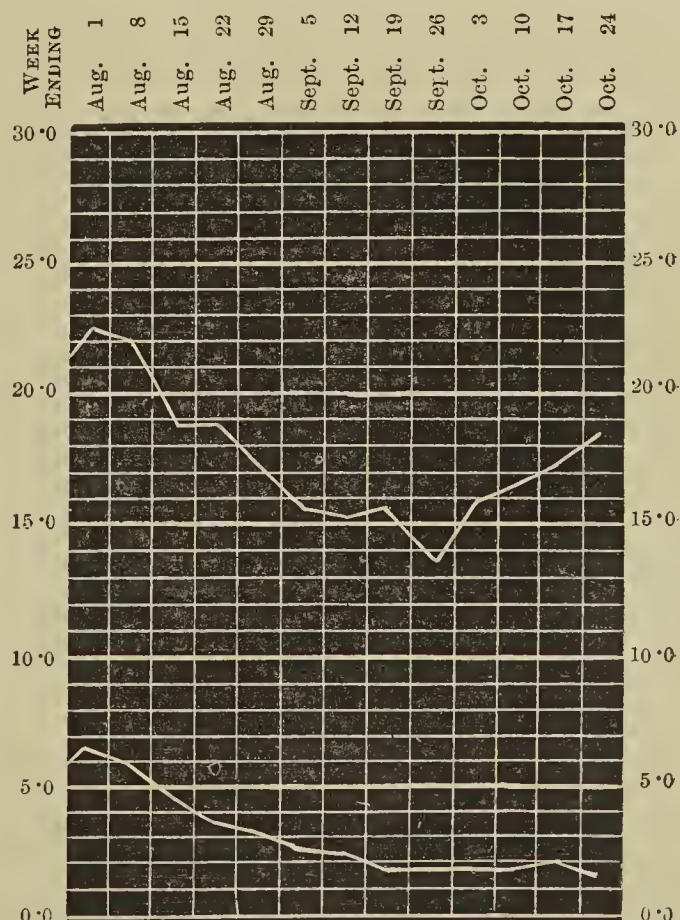
department of the public service. But the profession could not now offer the princely incomes realised by their forefathers. Neither could it attract followers to its standard by the hopes of State honours, dignity, or titles. The State encouragement and rewards doled out to Medicine bore no adequate proportion to the benefits which she conferred on humanity. The successful general, the poet, the painter, and the actor had honours and titles showered upon them, and deservedly so; but what could the arts which they represented offer to mankind when compared with the healing of the sick, or the still nobler and disinterested services of the prevention of disease, the staying the plague, the maintenance of public health, and the prolongation of human life? Such benefits were apt to be unrecognised and unrequited because the work was unseen. The profession in Ireland had suffered this injustice in a special degree, and it was no exorbitant demand to ask that the honours which were conferred on distinguished members of the profession in Dublin should not be permitted to lapse because those who held them had ceased from their labours in the sleep of death. The session was opened at St. Vincent's Hospital, Dublin, on Tuesday, October 27th, when Mr. Cox, one of the physicians to the hospital, delivered an introductory address.

THE first sitting of the Commission appointed to enquire into the working of the Dublin hospitals was held on Saturday, October 24th, in the Privy Council Chamber, Dublin Castle. The Commissioners present were—Sir Rowland Blennerhassett, Bart. (presiding); Sir Richard Martin, Bart.; Mr. Richard Owen Armstrong, J.P.; Mr. Arbutnot H. Holmes; Mr. Charles A. Kennedy, J.P.; and Mr. Thomas Maxwell Hutton, J.P. Dr. Thomas Myles, Secretary to the Commission, was in attendance. The witnesses examined were Mr. Thomas Hughes, Registrar of the House of Industry Government Hospitals, Mr. William Stokes, Vice-President, and Professor of Surgery of the Royal College of Surgeons in Ireland, and Senior Surgeon of the House of Industry Hospitals, and Dr. William Thomson, another of the surgeons to the same institution. Both these surgeons admitted that the nursing in the Government hospitals was at present unsatisfactory, that there was no trained superintendent of nurses, owing to the vested interest enjoyed by the present matron, who had not received any special training in the modern sense of the term; and that there was deficient provision for night nursing. They were not opposed to amalgamation, say with Steevens' Hospital. Mr. Stokes considered that the Hardwicke Fever Hospital—one of the House of Industry group—was certainly required as a fever hospital for the north side of Dublin, while Dr. Thomson spoke of the fever accommodation likely to be provided by the Mater Misericordiae Hospital as probably sufficient together with Cork Street Fever Hospital. The feature of the day's proceedings was the very unfriendly cross-examination to which Mr. Charles Kennedy subjected both witnesses in reference to the Government grant of 7,600*l.* per annum enjoyed by the House of Industry hospitals. On Monday, the 26th, Dr. Samuel Gordon, one of the physicians to the House of Industry hos-

pitals, was examined. He expressed his entire satisfaction with the existing nursing arrangements in the Hardwicke Fever Hospital, and so laid the staff of the hospitals open to a suspicion of divergence of opinion on a point of vital importance. The other witnesses examined were Mr. Benjamin Mullen, the Superintendent and Paymaster of the hospitals; Mr. James Wilson Hughes, the Secretary and Accountant; Mr. Charles Cobbe, D.L., and Mr. Charles E. Martin, two of the lay governors of the hospitals. The enquiry was then adjourned to Saturday, the 31st instant.

MR. JOSEPH FRANCIS O'CARROLL, Demonstrator of Anatomy in the Catholic University Medical College, Dublin, has been appointed Assistant Physician to the House of Industry Hospitals in succession to Mr. Guy Percival L'Estrange Nugent, recently elected Physician to the Hospitals. Mr. O'Carroll became a Licentiate of the King and Queen's College of Physicians and of the Royal College of Surgeons in Ireland in 1881, and two years later he took the degrees of M.B. and M.Ch. in the Royal University of Ireland. He is spoken of as a well-read physician and an able teacher.

THE deaths of 1,458 persons were registered in London last week. This shows an increase of more than 100 above the return of the previous week, but the deaths were, nevertheless, considerably below the corrected average for the corresponding week of the preceding ten years. The increased mortality of last



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past thirteen weeks.

week was restricted to those over twenty years of age, and would seem to have been pretty equally divided between diseases of the respiratory and circulatory systems. The so-called zymotic diseases caused rather



fewer deaths than in the preceding week, the most noteworthy facts being that there were only 18 deaths from scarlet fever, the average number being 72, and that for the second week in succession there were no deaths from small-pox. There were 50 deaths from violence, and 108 inquest cases, including 2 deaths from hydrophobia; making a total of 12 deaths from this disease since the middle of July. Only 5.6 hours sunshine out of a possible total of 72 hours were registered during the week, the mean temperature of which was 5.1° below the average. The average mortality of the 28 large towns was 18.5, while the highest death-rate was 23.2 at Bolton. The death-rate in Dublin was 23.8, whilst in Glasgow it was only 20.6.

CONSIDERABLE discontent has been created among the young men who enter the competitive examination for the "Internat," or house-surgeony to the Paris hospitals, by the rumour that an unfair indiscretion has been committed. The subject drawn for the written composition was "Morbid Anatomy and Symptoms of Asiatic Cholera." This question had been proposed by Dr. Gougenheim, one of the examiners. But in the course of the day it was asserted that Dr. Gougenheim had previously informed his pupils of the subject which he intended to propose, thereby giving them an unfair advantage over other competitors. An angry controversy took place, in which Dr. Gougenheim and his *interne*, M. Kolin, alternately shifted the responsibility to each other's shoulders. In fine, the proceedings were annulled, a new jury drawn, and the proceedings recommenced. Any scandal of this kind very rarely occurs now in the French competitive examinations, although in former days some ugly tricks are said to have been played. In the present case it would seem that information very imprudently given by Dr. Gougenheim to some parties not concerned in the *concours* was by them very improperly communicated to others, and thus became the property of some candidates, to the prejudice of their rivals. It must be hoped that similar indiscretions, which would lay the axe to the very root of the present liberal system of promotion, will not be heard of again for a long time. Another novel feature of the present *concours* is the presence of two female candidates, Miss Edwards and Mlle. Klumpke, the first an Englishwoman, the second a Russian. Both these ladies were very unfavourably received by their masculine competitors. It remains to be seen whether their merit will justify the favour extended to them.

THOSE of our English readers who have followed with painful interest the course of the struggle now in process in America with regard to the Washington Medical Congress of 1887 will be amused to hear that the new executive committee of the Congress have resolved that their actions "*are final, not being subject to revision, amendment, or alteration by either the Committee of Arrangements or the American Medical Association.*" The astuteness of that resolution is as remarkable as the irony of it is delicious. If the original committee had only been wise enough, before the event,

to have adopted such a decision, there would have been none of the dissensions which have so terribly distracted the American profession. The resolution is at once a slap in the face to the American Medical Association and a sneer at the original committee of eight, as if to say, "Why, what idiots you were, not to have thought of this!" And yet it is at the same time a score to the original committee and its supporters in that it is a justification of their action in resenting the interference of the Association with their decisions. Meanwhile we hear affairs are *in statu quo*. The resignation of Dr. Dalton, the chairman of the Physiological section, which has happened since we last wrote on the subject, leaves the organisation of the Congress without a single really scientific representative if we except the Flints and Dr. N. S. Davis. If the meeting is held, the sections of Anatomy, Physiology, and Pathology will not be attended by any of the American workers in those fields. There is, we fear, little hope now of an arrangement. All the prominent American men of science have withdrawn, and will not return unless very considerable concessions are made, of which there appears no hope. The *Berliner Klinische Wochenschrift* this week roundly states that hardly a single "medical personage" will be found to undertake the voyage from Germany for the privilege of sitting under the presidency of Dr. Shoemaker. It makes, however, a strong appeal to the American Medical Association to approach the subject in a more wise and generous spirit when its next Spring assembly takes place, and to re-arrange its propositions [in such a manner that the services of the leaders who were nominated in the first instance may still be made available. In the absence of such a re-arrangement, our Berlin contemporary expresses a decided opinion, which we can heartily endorse, that the Congress of 1887 will be foredoomed to dismal failure. The whole thing is a bad business. It is an awkward position, for it must be remembered that the Washington Congress will have to make arrangements for the succeeding meeting. Suppose Dr. Shoemaker and his friends decide that the Congress of 1890 shall be held in Texas!

A CELEBRATION of more than common medical interest is being held during the present week in Berlin, in honour of the 25th anniversary of the foundation of the Berlin Medical Society. It may safely be prophesied that the proceedings will sooner or later relapse into festivity of a less dignified sort, but no exception can be taken to the strictly business-like programme for the day. An address from the President, Professor Virchow, is followed by an historical retrospect by Dr. Fraenkel; a paper on Extirpation of the Kidney, by Dr. von Bergmann; Laryngoscopy and Diagnosis, by the newly appointed Clinical Professor, C. Gerhardt, and a pharmacological paper by Herr Liebreich. After such a day's work the resources of the Kaiserhof are likely to be taxed to their utmost limit when the inevitable adjournment to that celebrated hostelry takes place. Might not the London medical societies occasionally make an opportunity for a little informal junketing of this sort? It is not given to every President to inspire his constituents with the geniality



and brilliancy of a Virchow, but the *esprit de corps* of any of the scientific gatherings would lose nothing if it were to be occasionally stimulated by influences more penetrating than those of the light mental and bodily refreshments which enliven the *conversazioni* of the present day.

THE 58th meeting of the German Society of Naturalists and Physicians, which took place at Strasburg last month, seems to have been only moderately successful. About 1,500 members attended, but the number of prominent men of science was very limited, and the work done in the various sections does not appear to have been very remarkable. We shall notice some of the papers read at a future opportunity. The people of Strasburg took no part in the proceedings of the Congress; and the new and elaborate buildings of the new university, which now surpass anything of the kind even in Germany (although, as yet, they have attracted but a very limited number of pupils), formed the chief object of attraction for the visitors. The next meeting is to be held at Berlin, with Professors Virchow and Hoffmann as the directors.

THE stream of "foreign doctors" in search of clinical experience outside their own schools would seem to have turned with great force in the direction of Berlin. Following the example set by their *confrères* in Vienna, the Privat-Dozenten in the northern capital have organized series of classes which, after a successful run during the holiday season, are now so sought after as to warrant their continuance during the winter session. The new series will be commenced on November 2nd, and names are directed to be sent to Dr. Anders, Dorotheen-Strasse 57. Amongst the courses as at present arranged are demonstrations by Professor Eulenburg on "Electro-Diagnosis and Electro-Therapeutics"; by Dr. Lassar on "Skin Diseases," and by Dr. Lublinsky on "Diseases of the Nose, Pharynx, and Larynx."

A CAUCUS of prominent graduates of the London University, presided over by Mr. Philip Magnus, was held on Wednesday week for the purpose of discussing the course of action which should be taken at the meeting of Convocation on Tuesday next, when the scheme for the reorganisation of the University will be again discussed. As a result of these deliberations a letter has been addressed to the Members of Convocation, signed by Mr. Magnus, who, it may be mentioned, was a member of the Committee which prepared the scheme of reform. The Members are advised to receive Lord Justice Fry's scheme, and then to refer it back for further consideration to the Special Committee, reinforced by the addition of twenty fresh members. The Caucus thinks the scheme itself open to the following objections:—(1) It proposes to transfer to a number of new and untried bodies, not necessarily consisting of Graduates of the University, the functions hitherto exercised by Convocation. (2) The bodies proposed to be constituted include Teachers of Institutions which differ widely in their objects, and

some of which have no reasonable claim to University rank. (3) In the proposed constitution of the Senate the representation of Convocation (instead of being increased in accordance with the repeatedly affirmed wishes of Convocation) would be diminished from *one* in *four*, as now, to *one* in *five*. (4) On the other hand, the proposed representation of the Faculties on the Senate would give an undue and preponderating influence to teachers, which, considering the views held by certain representative teachers, would tend to the lowering of the standard of the examinations. (5) The arbitrary restriction of the area of the University would exclude from participation in its work the London Graduate Teachers of such Provincial Colleges as are now associated with the University by their curriculum of studies. (6) Except as regards the establishment of Boards of Studies, the scheme contains no indication of the means of effecting other University reforms, the importance of which the Graduates in Convocation have already affirmed. We fully sympathize with Mr. Magnus and his friends in their objection to Lord Justice Fry's scheme as it stands; but their practical proposals are absurd. The Special Committee of forty, which was commissioned to draw up the scheme, was far too large for practical usefulness, and to increase it to sixty would be equivalent to laying the scheme on the shelf. Perhaps that is what the graduates led by Mr. Magnus want; but, if so, good-bye for many a long year to all attempt to get the University out of its ruts.

A BRISTOL correspondent informs us that a special department of ophthalmic surgery has recently been instituted in connection with the Royal Infirmary in that city and placed under the charge of Mr. Richardson Cross, who has resigned the general surgery to the Infirmary and will henceforward devote himself exclusively to eye work.

It does not appear whether the ladies who compose the Women's Peace and Arbitration Association are blessed with families of model behaviour, amongst whom, for example, corporal punishment is as utterly unnecessary as we may presume it is unknown. But it would be at least interesting to less gifted mortals to learn upon what course of physical training they rely for keeping young people in order, and whether they find the inculcation of moral precepts sufficient to that end. The deputation from this laudably intentioned Association, which waited upon the London School Board last week to protest against the institution of military drill and the proposed formation and training of cadet rifle corps in connection with the Board Schools, owes the unenlightened world at large something in the way of a substantial explanation of its tenets. The maintenance of discipline in schools is a problem which taxes all who are dealing practically with the great subject of school hygiene; and no one who has had any experience of its working can doubt the efficacy of regular military drill, properly carried out, in inculcating the habit of ready obedience to orders, to say nothing of its great and immediate physical advantages. The regular games



of school children more fortunately situated, with their strict rules and general encouragement of English fair-play, have a similar tendency. But such advantages are not possible to all Board School children, many of whom lack strength, or energy, and even elbow-room, for thoroughly enjoying regular and invigorating open-air pastimes. For such as these drill is a real blessing to both soul and body. Is it a light thing, we might ask, amid a system which tends to force the mental precocity of the juvenile population, to be asked to throw aside a ready and attractive method of bodily training which, at the same time, encourages those moral qualities which are so necessary to law-abiding citizens, and by which alone the peace of human society is secured? And if a proportion of the lads thus trained do eventually join the army, such a process is by no means the *frequens et facilis descensus* which the lady arbitrators seem to imagine; is not this better, both for themselves and for their comrades, than that they should be recruited from the list of broken workmen and pot-house loiterers? There is a voice, yet echoing from Khartoum, which answers such a question in no uncertain terms. We do not, indeed, expect much result from the action of the deputation; and it may be said to have got its answer when the subject was referred to the Works and School Management Committee, for it is only your raw theorist who ignores the immense moral value of proper physical training; but the educational engine against which it was specially directed has such just claims to public recognition and support that those who assail it are bound to justify their attacks.

It is stated that the Commissioners of Sewers are beginning to view with serious anxiety the difficulty which they find in letting the sets of rooms in their new block of artisans' model buildings in Whitechapel. The site and buildings, which contain 239 sets of chambers or flats, have cost 200,000*l*. It has been finished for nearly a year, and only half the building is occupied. A further analysis of the reported facts goes far to explain this result and to lessen the first feeling of surprise. While tenements consisting of only a single room have been eagerly taken in all parts of the building, the unlet portion is nearly all on the third and fourth stories; and the same rent, it is said, is demanded for rooms at these levels as for those of the more eligible floors below. After all, the British workman is not peculiar in wishing to get the most for his money, and in expecting a reduction for rooms which involve more trouble and higher stairs. Physical disadvantages of this sort have not escaped even the seaside lodging-house keeper.

DID Asiatic cholera exist in India before the great epidemic of 1817? This is a question which has been often put, and has not by any means received the same reply. Macpherson and Macnamara have expressed themselves in no vague manner in support of this view, whilst Annerley speaks with equal confidence in an opposite sense. Dr. J. Semmelink, after a prolonged residence in the Dutch settlements in the East as chief medical officer of the army belonging to his

government, has published a critical enquiry on this subject, in which he sides with Annerley. None of the recorded outbreaks from the time of the Hindoo writers before the Christian era, down to the year 1817, in his opinion afford conclusive evidence that the disease was true Asiatic cholera; they are instances, he believes, of cholera nostras, bilious cholera, dysentery or colic. He further arrives at the opinion that cholera nostras may, under unfavourable conditions, become converted into Asiatic cholera, and he thinks that it was owing to its having originated in this way, that the Egyptian outbreak in 1883 did not make its way into Europe, and he surmises that Koch's comma bacillus will be found to be present in cases of cholera nostras. When this has taken place, no doubt his views will receive strong confirmation.

THE epidemic of hydrophobia—for we can call it nothing else—which is now prevailing in our midst demands the immediate attention of the authorities at the Home Office. The two cases which have come under the notice of Dr. Danford Thomas, the Coroner for Central Middlesex, this week, bring up the total number to 21 for the metropolis alone during the present year. German experience shows that rabies can be entirely stamped out by the enforced use of the muzzle, and what has been done in one country successfully can be done in our own with equally good results if the same measures be as rigorously pursued.

AT the Ordinary Meeting of the Fellows of the Royal College of Physicians, held on the 29th instant, eight members of the profession who had passed the examinations by the Censors' Board were admitted Members of the College, and the License of the College was granted to 34 candidates who had satisfied its Examiners of their fitness to practise; while 12 others passed, and will receive the License when they have obtained a surgical qualification. A communication was received from Sir Joseph Fayrer on the Sanitary Conference held at Rome. The thanks of the College were awarded to Sir J. Fayrer, and the document will be laid on the table of the reading-room. The audited accounts of the College for the year ending September 29th were laid before the College and passed. The financial condition of the College is highly satisfactory. A report was received from the Committee of Management of the Examining Board in England, and was adopted. Dr. W. Overend Priestley was appointed an Examiner in Midwifery to the College, and Mr. W. Marrant Baker an Examiner in Surgery. The following resolution, "That it be referred to the Council to consider the possibility and expediency of this College taking a more active share than heretofore in the guidance of medical education, and in furthering every measure calculated to promote the interests of the profession and the public weal," was submitted to the College and passed. It was announced that the President had nominated Dr. Birkett and Dr. J. W. Ogle as Vice-Presidents for the ensuing year, and Dr. W. H. Stone as the Lumleian



Lecturer, Dr. Latham as the Croonian Lecturer, and Dr. Seymour Sharkey as the Gulstonian Lecturer for 1886.

### THE MEETING AT THE COLLEGE OF SURGEONS.

ON Thursday afternoon, at three o'clock, the President and Council of the Royal College of Surgeons had the pleasure of receiving the Fellows and Members in the theatre of the Institution; of hearing in dignified, or what was meant to be dignified, silence a few home truths, not always conceived or expressed in the best taste; and finally of seeing passed literally over their heads by overwhelming majorities resolutions which pledged the meeting to fight for the representation of the Members upon the Council, which demanded a more general participation of Fellows and Members in directing the policy of the College, so that no changes in its constitution or by-laws should be made without their consent, and which finally called for a further meeting of Fellows and Members at no distant date to receive the views and decision of the Council upon the points in debate. The discussion on the main resolution was most ably opened, and closed in a reply of admirable tact and humour, by Mr. Sampson Gamgee. Most of the other speeches were hardly worthy of the occasion, and some of the remarks made were unworthy of any serious occasion, but ample reparation for any faults of taste was made by Mr. Gamgee in his reply, and abundantly endorsed by the meeting. It was perhaps to be regretted that none of the Members of the Council availed themselves of the opportunity ostentatiously given them of defending their policy of excluding Members from a share in the administration of the College. But we may console ourselves with the reflection that the Council itself is so divided on the point that no one could claim to speak authoritatively on its behalf, except its official representative, the President, and he distinctly gave it to be known that he could only speak for himself individually. The feeling was very general, and was expressed by more than one of the speakers, that the Secretary of the College, and the Secretary alone, was the person from whom we might expect the most valid defence of the Council's policy. It is a pity, nevertheless, that the arguments for that policy—and we fully admit that there are strong arguments on that side—were not put forward, so that they might be answered by the advocates of reform. The strongest argument that we know against the extension of suffrage demanded is that with such an unwieldy and widely separated body of men as those whom it is proposed to enfranchise the power of directing their votes and their action is only too likely to fall into the hands of professional medical politicians, of whose good taste and ability in affairs we had not the best possible foretaste at Thursday's meeting. It may be admitted that recently the Association of the Members has conducted its policy with fair judgment and with a sufficient feeling of responsibility, and in securing the services of Mr. Sampson Gamgee it showed its sense of

the necessity of a wise and moderate advocacy of its requirements. But if the Association is to play that important and successful part in the direction of the action of the Members which at present seems marked out for it, it is in the highest degree incumbent on it to secure officers of tried experience in the management of affairs and of men. The services of its present President have been great, and, indeed, but for his zeal and enthusiasm, it is doubtful whether the Association could ever have attained the strength which it showed on Thursday last, but the time has come for a change, and if Mr. Gamgee can be induced to take the official headship of the Association, we are sure that the Members will gladly place themselves under his able guidance.

### THE PHYSICIANS' DECISION.

ON Thursday week the Fellows of the Royal College of Physicians of London agreed, by a large majority, "That it is desirable that persons (a word of common gender, be it noted) examined by the Royal College of Physicians of London and the Royal College of Surgeons of England conjointly, and found duly qualified either by the ordinary or by an additional examination, should have a degree in medicine and surgery conferred upon them." The passing of that resolution means that the London teachers have scored a point of considerable magnitude in their up-hill struggle against the Edinburgh School. The victory, it is true, may turn out a barren one, for the acceptance of a principle is a very different thing from the inauguration of a practice, and the London teachers may yet find themselves robbed of the fruits of victory, especially if the ripening is retarded, as may well happen, until the reign in Pall Mall of a less masterful President. Still, that the Fellows as a body should have shown themselves willing to accept an innovation to which the feeling of very many individual Fellows, some of them hospital teachers, is mostly strongly opposed, furnishes remarkable evidence of the telling force of the open arguments and hidden motives which are pushing on so modest and conservative a body as the College of Physicians to enter into rivalry with the Universities. Those who have followed our occasional outpourings on the subject will know how cordially we sympathise with the London medical teachers in their present difficulties, and how heartily we wish them well in their efforts to obtain an accessible degree for their students. There is nothing ignoble in their desire to place the London hospitals on the same level, as regards attractiveness to the student, with the Edinburgh School, though this, which is the efficient motive of the present agitation, was decorously disguised in the discussion in Pall Mall. The interests of the teachers, pecuniary and otherwise, are no doubt involved in the question, and from that point of view the agitation is, of course, a more or less selfish one. But the interests of English students are involved much more largely, and we can well understand Fellows of the College, independent of any teaching hospital and its emoluments, going heart and soul with the teachers in their



endeavour to procure for the London student the same prospect of obtaining a degree that the Edinburgh and Newcastle student enjoys. It is, moreover, to the manifest interest of the public at large that English medical students should receive their clinical training at those schools where the available material and the teaching experience which depends on abundance of material are at their best. The teachers, then, though fighting justifiably enough for their own hand, are also fighting for the benefit of the English student and the English public, and, as this becomes increasingly evident to the profession at large, we shall find, as we have already prophesied, that the opposition to their demands will steadily abate.

The repugnance of many, whose opinions we sincerely respect, to the new course which the College of Physicians meditates entering upon, is founded on traditional beliefs, natural enough in the graduates of our older Universities. The idea that a degree in Medicine should only be conferred on evidence of learning and culture by a University representing the whole field of learning and culture is, in itself, no doubt an excellent one; but it has this disadvantage, that it is out of date. Circumstances are against it. For, on the one hand, degrees are daily given by nearly all our Universities which represent so small an amount of culture as to be hardly worth taking into consideration; while, on the other hand, so far are the Universities from being, as they once were, the only seats of learning or sources of culture, that many of the greatest thinkers of the present century have never lived at a University at all. An age whose culture men like Mill, Buckle, Grote, Herbert Spencer, Huxley, and in our own profession many of the best minds, have been able to mould without ever having nestled at the breast of any *Alma Mater* cannot be expected to cherish a very superstitious reverence for the name or the methods of a University. Moreover, in one of the most important faculties, that of Law, men receive their training as well as their *imprimatur* from bodies which have no connection with other faculties or with the general pursuit of culture. There is, in fact, no reason that will hold water why a single faculty should not stand alone, and give its degrees altogether independently of the influence or interference of the professors of other branches of learning. And, if so, no one will deny that the Colleges of Physicians and Surgeons are intrinsically worthy of taking such a duty upon them, and making themselves in the general recognition what they already are in fact, the repositories of the highest medical culture. Another point on which we would insist is that the curriculum at present required of medical students is far more worthy of the name of a liberal education, and far more efficient as a means of culture, than the small amount of classical or mathematical learning demanded of the University pass-man. Compare the average country squire, with his Oxford or Cambridge B.A., and the average country doctor, with his M.R.C.S., L.R.C.P., and it would not be difficult to decide which were the more worthy to bear the honoured stamp of a liberal training.

One of the main arguments used at the College of Physicians against this new proposal was that, if

carried out, the Edinburgh and Dublin colleges would claim and probably receive the same right to give degrees, and the main object of the reform would thereby be lost, our students still being tempted to Edinburgh by the greater cheapness of its new degree. We agree with Dr. Moxon that such an argument ought to have no weight with the London College of Physicians. Besides, students do not go to Edinburgh now to get the cheaper diplomas of the Scottish colleges; they go to get a degree from the University, or, if they go to the colleges, it is that the diplomas are easier to get, not that they are cheaper. Under present circumstances no English student will content himself with Edinburgh licences if he can get London ones; and, if ever the Scottish colleges should obtain the degree-giving power, they would still be sought only for their easier examinations, and not for their cheaper degrees. The right of the Edinburgh colleges to grant degrees might no doubt injure the Edinburgh University, but that is no concern of the London colleges. Moreover, it is, after all, extremely doubtful whether any Government would give that right to the Edinburgh colleges. Their claim to it would rest on very much weaker grounds than that of the English colleges. Edinburgh has already a University which gives an accessible medical degree. London, on the other hand, has a University which prides itself on not giving an accessible degree. Edinburgh already gives degrees to a large percentage of her students; London to an extremely small one. The argument is a *bogus* one, got up by those who are afraid of the effect which the institution of an accessible degree in London would have upon the Edinburgh School and University. If that effect were not intended to be considerable, if it was not deliberately meant to bring back to London the students who have been tempted away to Edinburgh by its accidental advantages, the present agitation would not be worth supporting. But if it should prove as successful as we all wish it, the movement would improve rather than damage the Edinburgh Medical School, which, by all accounts, is at present in a state of plethora, and would gain greatly in healthy efficiency by the depletion from its crowded wards and class-rooms of a considerable proportion of its present students.

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#### RABIES.

THE world is startled this week by the announcement that the celebrated Frenchman, M. Pasteur, has fulfilled the promise held out at the Copenhagen Congress, and discovered a cure for hydrophobia; and indeed the world at large has cause for unbounded gratitude to any scientific observer who shall accomplish this end. Infection with rabies is too a surely fatal and terrible disease as yet, and if the statement which Pasteur made amid acclamations to the Paris Academy of Medicine on Tuesday night is fully borne out by subsequent results, this celebrated *savant* will have the proud consciousness of having more than anyone else contributed to the demolition of one of the most obstinate barriers ever placed by Nature against Science. The statement amounts to this, that



Pasteur has succeeded in curing rabies in the human species. Though the microbe of rabies has not yet been identified, the virus is undoubtedly microbic. If by any of the devices known to bacteriologists a modified form of this microbe can be obtained, which upon inoculation into an animal shall produce a mild variety of the disease, and yet be protective against further infection, the object is accomplished, and rabies is a thing of the past. This is what Pasteur claims to have done. By inoculating rabbits from the spinal cord of a rabid dog and cultivating through successive generations from the rabbit, Pasteur has obtained a number of cultivations of successively increasing virulence and shortened incubation period; and by keeping the spinal cords of these rabbits in perfectly dry tubes for varying periods he is able to obtain a virus "attenuated" to any desired degree. On July 6th a boy named Joseph Meister was sent to his laboratory, having been bitten by an undoubtedly rabid dog in no fewer than fourteen places. Sixty hours after the bites, Pasteur first inoculated him. The inoculations were repeated twice a day for a fortnight with virus of successively increasing strength. Now, after a period of between three and four months, the boy, who when first seen by Dr. Vulpian and Professor Granger was doomed to die, is declared by Pasteur to be out of danger. Pasteur has another patient under similar treatment whom he is confident of curing.

However inclined one may be to jubilation, it is not wise to indulge in extravagant laudation yet. The method must be tried and criticised rigorously. The extravagant hopes raised by reports of cholera vaccination were not fulfilled, and, though Pasteur's cautious procedure differs *toto cælo* from the rash behaviour of Ferrán, we must not whistle before we are out of the wood. It must be remembered that the incubation period of true rabies is very variable. Though the average appears to be two to three months, in two cases out of twenty-five collected by us it was respectively thirteen and fourteen months. A very remarkable case was narrated by Colin of two soldiers bitten by a rabid dog. One died of rabies on the forty-third day, and the other exactly five years after. The period of incubation of cat-bite appears to be very short, in one case being only one month and in another six weeks. It will be interesting to watch the boy Joseph Meister. The infecting medium of rabies is probably the saliva. In 1879 Galtier injected the saliva of a mad dog into the veins of eight sheep. A form of rabies resulted which, though not fatal, was protective against further infection. Galtier clearly foreshadowed Pasteur's work. There is undoubtedly some difference in the action of the salivary secretion, for in some experiments conducted by Raynaud in 1880, in which he injected under the skin of two healthy rabbits fragments of an excised submaxillary gland (taken from a rabbit dead of rabies), the one died on the fifth, the other on the sixth day, of true rabies; but, on the other hand, Paul Bert (C.R. 95-1253) concluded that the salivary liquids never communicate rabies, but that the mucus from the respiratory tract of a rabid dog is always infective. Saliva that has been filtered seems to have lost its virulent power, but the

infection remains in the residue on the filter. Rabic virus will, according to Galtier, preserve its virulence after suspension in water for forty-eight hours. Pasteur himself stated in 1882 that the nervous system is the chief seat of development of the virus, and he made a very important communication to the Academy of Sciences upon his experiments, the recent work of his being the natural outcome of his former researches. According to Pasteur, the virus taken from the brain and spinal cord is invariably fatal, and a rabic brain can be kept virulent for three weeks at a temperature of 12° C. When the poison is injected into the arachnoid cavity the incubation period is much shortened. Pasteur thought then that he had discovered a microbe, the true rabic microbe, but he subsequently withdrew this opinion. The differences observed in the length of the period of incubation may probably be due to the manner of entry of the virus into the system. If it enters by the lymphatics, it probably becomes located in the nearest lymphatic glands, there to await some favourable opportunity for developing in all its intensity. There is apparently much modification in the virulence of the poison when it enters the blood directly, and there is some evidence to show that it produces a non-fatal form of rabies with a shortened incubation period. The blood of men suffering with rabies has been injected into rabbits by Raynaud with negative results, the saliva of the same patient being, however, fully virulent. In one of Lussaux's experiments the injection of the blood of a rabid dog into a healthy dog caused no symptoms. It is probable that the transmission of the disease is less virulent from dog to dog, and cat to cat, than from dog or cat to man. From our present knowledge of microbes in disease we may infer that the rabic virus is microbic, and Pasteur's recent researches are a brilliant development of this theory. The acclamations which greeted Pasteur's announcement on Tuesday night will not fail to be re-echoed on this side of the Channel, but we shall temper our admiration of the brilliancy of the researches with the scientific soberness which regards no research or result as perfect which is not confirmed by experience and time. But even the most obstinate scientific sceptic must hope that Pasteur is on the right track for the complete eradication of the disease.

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#### DR. ORD ON THE CAUSATION OF PYREXIA.

THE very suggestive and philosophical address of Dr. Ord at the Medical Society, which appeared in our last issue, is eminently worthy of the closest attention of both physiologists and practical physicians. Dealing as it does with one of the most important and at the same time most difficult questions of pathology, namely, the nature and causation of increased body temperature in fever, it is marked throughout by caution and clearness, and is an admirable example of the true use of the scientific imagination checked by experiment. In common with many attentive and thoughtful observers of the phenomena



of pyrexia, or heightened body-temperature, at the bedside, Dr. Ord confesses himself dissatisfied with the generally accepted hypothesis of increased combustion as competent to cover all the facts, and quotes the comprehensive report of Dr. Burdon Sanderson on this subject as tending to show that the increased excretion of carbonic acid and urea in fever cases does not represent a sufficient source of heat to cause the increased temperature of the body. The hypothesis put forward by Dr. Ord as supplementary to the received theory is that in fever the increased heat may be brought about partly by the cessation of processes in which heat ought to be used up, or, in other words, rendered latent; that, besides increased combustion in fever, there may be a persistence, in the form of heat, of energy which should normally take another form. And the process by which such heat is rendered latent Dr. Ord suggests to be the building up of the tissues in the healthy subject; just as their disintegration, as is well known, is attended by the liberation of heat. That arrest of tissue-building takes place in fever is probable *a priori*, and Dr. Ord illustrates this by quoting the chemical facts observed by analysis of the urine in fever, which shows an increase of potash and phosphates, and a decrease of the soda and chlorides which are the associates of the more highly organized principles.

The experiments devised by Dr. Ord to check or confirm this hypothesis are worthy of the greatest attention, and we hope will be repeated and extended both by himself and others. Seeking for evidence as to whether heat is used up in the process of tissue-building, Dr. Ord turned to the vegetable kingdom, and commenced a series of experiments on growing cucumbers, the details of which our readers may gather from the published lecture. The result of these experiments, as far as they went, was to show that the growing fruit was actually cooler than its surrounding medium, and that the temperature was most reduced where tissue formation was probably proceeding most rapidly. This is clearly the line which experiment should take in the question, and all will look forward with interest and even hope to the further prosecution of this enquiry.

From the clinical side, the important question at once arises in this context: what is the cause of the cessation of the up-building process and the consequent rise of temperature in fever? And the answer given by Dr. Ord is that it is probably to be found in some inhibitory influence of the nervous system by which an arrest may take place of the processes by which heat is transformed. It must be admitted that whenever pathologists seek to explain a chain of events by some primary functional disorder of the nervous system they enter a kind of cloud-land, but nevertheless increasing knowledge seems to show that it is in that cloud-land that many secrets are hidden which further investigation may reveal. And at this point it must be remembered that there are many instances of heightened and lowered temperature known to clinical observation which seem to be undeniably connected with causes acting chiefly on the nervous system, and much concurrent light may be thrown on Dr. Ord's investigations by a careful study

of such cases. It is, perhaps, especially in the child that clinical observations may be of aid in contributing to elucidate this important physiological enquiry: for there we have the two factors in relief of an impressionable nervous system and rapid growth or tissue-building. There are certain facts observable in early life, and in some conditions of disease and recovery therefrom, which seem at first sight to favour the hypothesis so ably and yet so tentatively put forward by Dr. Ord; but, without going further at present into the physical or the clinical aspects of this interesting problem, it must be said that the lecturer is to be warmly congratulated both on the matter and the manner of his address, and that we hope, before long, to hear or read something more by him on the subject.

## REVIEWS AND NOTICES OF BOOKS.

### HEALTH RESORTS.<sup>1</sup>

MUCH has been done of recent years to give a scientific character to climatological and balneological therapeutics, but the subject is one that does not easily lend itself to exact treatment. It is still, like most other departments of the healing art, in the empiric stage, and, even more than in their case, its development is hindered by the untrustworthy assertions of enthusiastic or interested observers. The reading of report after report of the marvellous cures worked by this or that health resort, prepared for foreign consumption by the local physician, is enough to drive the reader into an attitude of more than wholesome scepticism. Yet there can be no doubt that cures *are* worked at health resorts which cannot be worked at home; that Homburg succeeds where Cavendish Square has failed, that Aix cures what has non-plussed Savile Row, and Davos now and then saves one whom all Brompton has doomed. If it were only that in many cases it has ejected the drug cure, and replaced the internal administration of alien vegetables and minerals by a simple change of nature's environment and the use of more or less harmless water, thus working on the lines of the old Hippocratic maxim *νόσων φύσις ἡγροῖ*—if only for this, the fashion of health-resorting would be worthy of cordial support from the philosophical physician. But, besides this, it must be admitted that in a certain proportion of cases the advantages of a course of treatment at a health resort are positive as well as negative. It not merely removes unfavourable conditions, and substitutes a healthy, regulated life for an unhealthy, unregulated one, but it exerts on the patient a positive benefit, as tangible as a cure by specifics. The number of such cases is small, however, compared with that of the patients who seek a health resort every summer because there alone they can find the resolution to live a natural, healthy life. The sending of such cases to a health resort is about as scientific as administering a periodical emetic for gluttony, or giving brandy and opium for the sleeplessness of overwork. A life, healthily regulated as a matter of habit, and not by summer spurts, is what the physician ought to encourage, and his success in this duty is not greatly encouraged by the Spa fashion.

In England the average practitioner knows very little about the treatment of disease by climate and health resorts, and indeed the subject is one of such complexity, owing to the multitude of unclassifiable facts, that it is always likely to be left largely in the hands of experts. In

<sup>1</sup> Climate and Health Resorts, by J. BURNEY YEO, M.D. New Edition. London: Chapman and Hall, 1885.

Health Resorts at Home and Abroad, by M. CHARTERIS, M.D. London: J. and A. Churchill, 1885.

Dryness; Dryness and Elevation the most Important Elements in the Climatic Treatment of Phthisis, by CHARLES DENISON, A.M., M.D. Chicago: Rand, McNally, and Co., 1885.



the first two of the books before us an attempt is made to give the medical reader some reliable information on the various health resorts at home and abroad. Dr. Yeo does more, in attempting to lay down the scientific principles on which the choice of a health resort should rest. This is much more feasible in the case of the climatic health resorts than in that of the spas and baths, for the use of which no general principles can be laid down. The two classes of health resort, indeed, represent two entirely different subjects, which are only treated together for the sake of convenience. Dr. Yeo has made the former of the two especially his own, and he writes about it with the enthusiasm and eloquence that come of full knowledge and trust. His treatment of the spas and baths is less satisfactory, though he gives a very fair account of the qualities of the different medicinal springs and the virtues attributed to them. There is no doubt, however, that climatology is a much more interesting subject than balneology, for it involves and depends on the study of those great laws of wind and weather,—climatic physiology, so to say,—which have exerted an irresistible fascination on some of the greatest of physicians from the earliest times, and our knowledge of which is now being gradually reduced into some order. Dr. Yeo gives an excellent summary of this knowledge, and in his subsequent remarks on individual climates applies it in a very interesting manner. His studies of the Engadine and the Western Riviera occupy a large portion of the volume and render it especially useful to the practitioner.

Dr. Denison's *brochure* deals with the same problems as those with which Dr. Yeo mainly concerns himself, viz., the climatic treatment of disease, especially of phthisis. It gives some very interesting statistics with regard to the climatic characters of different regions of the United States, illustrated by several excellent maps showing their relative cloudiness and humidity at different seasons of the year. The outcome of Dr. Denison's paper is that the high and dry air of Colorado is much more suitable to phthisical patients than warm, moist climates. The book, however, is more valuable as a study of weather than as a therapeutic essay.

The little volume which Dr. Charteris has been able to produce as the result of an enforced absence from work, now happily at an end, forms an excellent guide to the better known health resorts, most of which are described at some length. The author does not attempt, any more than Dr. Yeo does, to lay down general rules as to the use of baths and spas, but his remarks on the subject are sensible and to the point. The book is further rendered valuable to the wandering physician, and to the home-staying physician to whom patients from time to time bring foreign prescriptions, by a comparative summary of the Austro-German and British Pharmacopœias. The reproduction of Dr. Steinsehneider's map of European health resorts adds immensely to the value of the book. We would strongly recommend Dr. Yeo, in future editions of his work, to follow Dr. Charteris' example, and to give, besides, hyetographical and other maps illustrating his earlier chapters.

*Elements of Pharmacy, Materia Medica, and Therapeutics*; by WILLIAM WHITLA, M.D. Third edition. London: Renshaw, 1885. Pp. 618.—This third edition of Dr. Whitla's well-known students' text-book is in many respects an advance on the last issue, which was noticed in these columns nearly two years ago. The order of arrangement of the different parts of the book has been altered, as the author explains in the preface, to facilitate its rapid transit through the press; the chief change in this respect is that the sections on the administration of medicines and on prescription writing are now placed quite early in the book, before the detailed consideration of the pharmacopœial preparations and of their therapeutic actions; there is a certain sense of fitness in this arrangement—it reminds the student, before it is inconveniently late, that knowledge of Latin adjectives, verbs, prepositions, &c., requires to be kept up; it also furnishes an early explanation of the various terms employed so commonly to indicate by a single word the general therapeutic action of a drug. A change which we do not welcome so warmly is the omission of the more important tests for

the various official remedies; the result being that we are presented with over twenty pages of chemical equations of an uninviting aspect. For the rest, the book has been very carefully revised to bring it into complete accordance with the new British Pharmacopœia; the new articles and preparations are marked with asterisks, and very numerous paragraphs respecting them have been introduced into the therapeutic section. As in the last edition, Dr. Whitla devotes some space to "Non-official Remedies," this section forming an interesting commentary on the things that have been left undone by the Pharmacopœia Committee. Special praise is due to the author for the care bestowed upon the parts dealing with extemporaneous pharmacy; these are full of practical hints, calculated to be alike serviceable to the prescriber and the dispenser. Valuable as an alphabetical arrangement may be for a book of reference, we still deplore the entire absence of a botanical classification of drugs obtained from the vegetable kingdom; a few pages of equations might well have been spared to make room for this, and the usefulness of the book for examination purposes would have been thereby largely increased. Viewed as a whole, the essential characteristics of the book are conciseness and lucidity—characteristics which we need scarcely say will render it a most acceptable addition to other works on *materia medica*.

## REPORTS OF SOCIETIES.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 23RD, 1885.

W. MORRANT BAKER, F.R.C.S., Vice-President, in the Chair.

#### *Two cases of Cholecystotomy.*

MR. MAYO ROBSON, who described these cases, said that, after the interesting paper by Mr. Lawson Tait, on the Surgical Treatment of Gall-stones, in the *Lancet* of August 29th and September 5th, 1885, with the reports of his cases previously published, and after the paper by Musser and Keen in the *American Journal of Medical Sciences*, in which thirty-five cases of cholecystotomy are reported (of which ten were fatal), the record of his two successful cases would seem to be almost unnecessary if the subject were not still *sub judice*, and did not present many interesting physiological and pathological questions not yet settled, and which every case fully reported might do something to elucidate. But his apology must be a paragraph taken from Sir Spencer Wells' work, "Uterine and other Abdominal Tumours," 1885, p. 203, where he says: "What we need is further experience and an accurate record of all cases." In the first case Mr. Robson was consulted in June, 1884, by Mrs. B., æt. 33, on account of a tumour the size of a hen's egg, which caused dragging pain and uneasiness, but there had never been any jaundice. It was then diagnosed as a distended gall-bladder, but consent to operate was not obtained until June 21st, 1885, when, the tumour having greatly increased in size, with augmentation of the discomfort, cholecystotomy was performed, and eight faceted gall-stones were removed from the cystic duct. They varied from the size of a pea to that of a large bean, and were of a dark brown colour. The gall-bladder contained nearly half a pint of clear watery fluid, which was removed by an aspirator before the cyst was opened. Peritonæum was then sutured to peritonæum, and mucous membrane to skin, and the rest of the wound was closed by catgut sutures, a drainage-tube being inserted into the gall-bladder. Recovery was uninterrupted, union occurring by first intention, and the patient being able to go for a drive on the seventeenth day. A minute fistula remained in September, just capable of admitting a small probe. It discharged a little thin mucus, but gave no inconvenience. The patient was feeling well in every respect, having gained in strength and weight.



The second case was that of a German governess, æt. 22, who was admitted into the Leeds Infirmary, under the care of Dr. Churton, in February, 1885. There was vomiting after all food, a history of prolonged constipation, and a tumour in the position of the hepatic flexure of the colon, the size of which was unaffected by many large enemata; the vomiting continued. It being then suspected that the tumour was a distended gall-bladder, the patient was transferred to Mr. Robson, who performed cholecystotomy, removing numerous small white calculi and eight ounces of clear fluid. The steps of the operation were exactly the same as in the first case, and in both the finger was passed inside the peritonæum, along the cystic duct, in order to be sure that no calculi were left to cause a block in the passage. After the operation the vomiting absolutely ceased, and recovery was uninterrupted, the pulse and temperature being normal throughout, and the wound healing by first intention. The fistula discharged a clear mucous fluid for a time, but on September 5th had completely closed. It, however, re-opened in October, and discharged the same kind of fluid again, the patient experiencing no discomfort or pain, and feeling absolutely well in every respect. He remarked that the cases resembled one another in being both examples of multiple gall-stones causing, or else simply co-existing with, a persistent block in the cystic duct; and in neither case was there any existing jaundice, or previous history of such; but, whilst the diagnosis in one was perfectly clear, in the other, although the nature of the disease was suspected, a distinct diagnosis was not made until the abdomen was opened. Whilst in Mrs. B——'s case the symptoms were chiefly dragging pains and loss of flesh; in the other, persistent vomiting and constipation were principally complained of. In the operations, which were performed antiseptically, pains were taken to stitch peritonæum to peritonæum, and mucous membrane to skin, great care being exercised in protecting the peritoneal cavity from the intrusion of any of the contents of the tumour. In the after progress the discharge of clear fluid free from bile, and the length of time elapsing in the second case before the fistula closed, soon, however, to reopen (the fistula in the first case never having closed), indicated that the cystic duct remained blocked in both, but, there being no jaundice and no illness, the common ducts were evidently patent; moreover, since the finger introduced into the peritonæum and passed along the cystic duct failed to discover any perceptible enlargement, and a probe passed as far as it would go failed to feel any hard body, the only conclusion he could come to was that in these cases there was organic stricture of the ductus cysticus. He raised the question—Is there organic stricture of the cystic duct in both cases, or is the obstruction due to other concretions which careful probing and intra-peritoneal digital exploration failed to discover? If he thought there were calculi causing obstruction, he would not hesitate to advise laparotomy as a preliminary to choledolithotomy, but if there were stricture, which he believed, then he would hesitate to advise another operation, since, if the stricture were dilated, contraction would be likely to recur, again giving rise to a tumour requiring further treatment. Another question arose—Would cholelythectomy have been in these cases a better operation? Sir Spencer Wells seemed rather to incline to this extreme measure in preference to cholecystotomy, but in the record of published cases the mortality was so great that, unless he saw a better way of doing it, he should certainly hesitate to recommend it. However, if he ever had to perform cholelythectomy, he should, if possible, completely draw out the gall-bladder, bringing the duct into the wound just as Mr. Thornton did the ureter in abdominal nephrectomy, this being more likely to prevent the entrance of foreign matter into the peritonæum. If he had thought that dilatation would have done any good, he would have passed in bougies from the outside through the fistula; but this he felt would have been attended with risk, as it would be very easy to push a bougie through the thin wall of the duct, and such a proceeding would, he feared, lead to fatal results. He had put the case plainly to his patients, who were both well, and felt very little inconvenience from the slight discharge; they preferred it to running any risk. Mr. Robson remarked on the clinical importance of the fluid, which, he thought, might possibly be mistaken for hydatid fluid in an explora-

tory puncture. He thought that the secretion had some antiseptic property, since the apertures of the fistulæ were always so clean, and a dressing of cotton-wool saturated with the fluid and remaining in contact with the body for a week remained sweet and odourless; this had been confirmed by his colleague Prof. de Burgh Birch, who had also found it to contain a milk-curdling ferment and another ferment having a marked diastatic action on starch; further experiments were, however, being made in order to verify these observations. He remarked that in the *Lancet* for September 5th, 1885, page 424, Mr. Tait said: "In cases where patients suffer from numerous gall-stones, the gall-bladder is never distended," and again on the same page, "when we operate, therefore, in cases of small numerous gall-stones, we find them lying in bile, the gall-bladder to a large extent contriving to perform its functions," the cases he had just reported must, therefore, come under an entirely different category, as they apparently differed from any of Mr. Tait's; for the gall-bladders were distended and were evidently not performing their functions, and there were numerous small calculi which were not bathed in bile. He had another case at present under observation, in a middle-aged gentleman of temperate habits, which he thought resembled the cases referred to in the paragraph quoted, in whom, after repeated attacks and "spasms" usually coming on in the night, and unaccompanied by jaundice, he found a tumour in the right lumbar region, about the size of a swan's egg, which persisted for several weeks and then disappeared after an attack of pain lasting about three hours. He reported himself to Mr. Robson about a month ago, when there was no trace of the tumour, and there had been no repetition of the pain. He had no doubt that this patient was the subject of multiple small gall-stones, which, in passing, occasionally obstructed the cystic duct. He had explained the nature of his case to him, and, should the duct again become obstructed, or the pain recur, he would advise cholecystotomy, as he felt sure that it was a perfectly safe operation if carefully performed; which, whilst offering the probability of a radical cure, saved an immense amount of suffering and no little danger. He believed that there were many cases of frequently recurring biliary colic without the presence of a tumour, where cholecystotomy would in future be adopted as a relief to suffering, and as a preventive of the many dangers of exhaustion, biliary toxæmia, rupture, suppuration, and ulceration into neighbouring cavities. In conclusion, he could not help feeling that the surgical treatment of gall-stones opened up a comparatively new field in abdominal surgery, which, unlike many surgical triumphs, was at the same time safe and efficient.

Mr. SYMONDS said that there were two chief points to be considered in reference to such cases. One was whether it was better to completely excise the gall-bladder; it had been said that this added an extra risk to the dangers of the operation because it was never possible to be certain that every stone had been removed, one might remain in the duct at a point below the seat of operation. The other point had reference to suture of the gall-bladder, and he thought that in cases of undilated gall-bladder it would be difficult to suture it to the abdominal wall. In one case of gall-stones in a small gall-bladder, where he had been consulted, he did not operate, owing to this difficulty. In such cases extirpation had been performed, but the operation was attended with a very large mortality. It would be a question whether it was better to aspirate and probe for gall-stones or to open the abdomen at once; the dangers of hæmorrhage and local peritonitis were very great, and in cases of very bad jaundice the latter proceeding would be preferable.

Dr. B. O'CONNOR asked whether in either case there had been any difficulty in digestion or any change in the appearance of the fæces.

Mr. MORRANT BAKER had been much interested in the report of these cases, and, so far as he was aware, the observation as to the antiseptic properties of the secretion from the gall-bladder was entirely new.

Mr. ROBSON, in reply, said that there was no difficulty in finding the gall-bladder in those cases in which, though not dilated, it contained gall-stones. So far the results of suturing the opening in the gall-bladder and returning it into the abdomen had been unfavourable. He held that



there was far more risk in introducing a needle through the abdominal wall and then probing the gall-bladder than in performing laparotomy and inserting the fingers into the peritonæum. He had seen fatal hæmorrhage in a case where jaundice was present, the bile apparently having some toxic effect on the walls of the blood vessels. As to the health of his patients, one had declared that she was better than she had been for years, and the other one had gained a stone in weight since the operation. The absence of the fluid secreted by the gall-bladder did not seem to have any appreciable effect on the general health.

*The Characteristic Symptoms of a Febrile Epidemic of Illness at a School.*

Dr. EDWARD SEATON commenced by explaining that it was through the kindness of his friend Dr. Bridges, of H.M. Local Government Board, that he had lately had the opportunity of clinically studying an epidemic illness which had occurred this summer at a Roman Catholic school, or orphanage, in the country near London. The disease had been strictly confined to the school, there having been no illness in the few cottages and houses in the immediate vicinity. The disease had commenced in an epidemic form in June, and since then there had been 157 cases and 7 deaths. The cases were more severe during the earlier part of the epidemic, and there had been distinct second attacks—not relapses—in at least five cases. In one of these the interval between the attacks had been as long as sixty-six days. The group of symptoms characteristic of illness was as follows:—Suddenness of attack without any premonitory symptoms. Attack commencing with rigors and severe frontal headache, followed in a few hours by pyrexia, vomiting (often very severe) without diarrhœa, the acute stage being further marked by scantiness of urine and almost complete absence of chlorides. Rapid development of the crisis, the fatal cases terminating in twenty-four hours, and (in the uncomplicated cases) defervescence occurring in two or three days in slight cases, and in four or five days in severe cases. A sudden fall of temperature, the fall being generally simultaneous with the appearance of an herpetic eruption on the upper lip, and perspiration, but no marked sweating. Ear-ache frequently occurring towards the end of the fever, and sometimes being followed by otorrhœa. Absence of any other local pains, except those due to the straining of the muscles in vomiting. Duration of illness short, not exceeding four or five days, unless complicated with pneumonia. It was the grouping of these symptoms which chiefly claimed attention, for although out of the whole number of attacks twenty-six per cent. were judged, by the height of the fever, comparatively slight, there was observed in all of them a striking uniformity in the main features of the disease. Dr. Seaton then proceeded to discuss the symptoms in detail, first describing the following typical cases from his own notes and those of Mr. Joseph Williams, F.R.C.S., of Brentford, who had the medical charge of the cases. "M. R., æt. 13, brought to infirmary at 2.45 p.m., September 3rd. Was observed joining in a boisterous game in the playground at 11 o'clock in the morning. On admission, face pallid, aspect distressed, respirations 40 in the minute, shivered violently. Held his hand to his forehead, and moaned with pain. On being put to bed, his temperature was found to be 103.4°, at 5 p.m. it was 104.0°, and at 10 p.m. 105.2°. Rigors continued during the night, but not so severe; vomited frequently, and was delirious. September 4th, 10 a.m.—Face flushed, conjunctivæ suffused, breath heavy and offensive, but not ammoniacal, tongue dry, and coated with yellow fur, temperature 104.2°, pulse 120. Tenderness over the epigastric region from straining of the muscles. Skin moist, headache continuous, though less severe. September 4th, 5 p.m.—Symptoms about same. Temperature 104.0°, urine of previous twenty-four hours measured and examined—quantity, seven ounces, highly coloured, deposit of lithates, chlorides as low as .17 per cent. September 5th and 6th.—Pyrexia and other symptoms continued. On the morning of September 7th crisis found to have taken place. In the morning the boy woke up with a very moist skin, temperature 98°. An herpetic eruption had appeared the day before on the upper lip, and was

spreading round the left corner of the mouth. Complained of ear-ache, but otherwise free from discomfort. Next day was out of bed, and in the course of two or three more days, a week from the commencement of illness, was well enough to go into the convalescent room." The above was an account of a typical non-fatal case. He would supplement it by giving a fatal case, which he took from Mr. Williams's notes. "W. M., æt. 13, brought to infirmary on July 2nd, at 9 a.m., with severe rigors and pain in head, and with temperature 101°. Throughout the day rigors very severe, and vomiting of bilious matters incessant. Towards evening recorded symptoms were temperature 106°, respirations 60. Pulse imperceptible. Feet blue and cold. Skin congested and purple. Much pain in head and stomach. He gradually became comatose, and died at 9 p.m., just twelve hours after the onset of illness." *Sudden onset.*—In many instances boys were seized with the headache, vomiting, &c., whilst at play or out for a walk with the master. In some cases they got up quite well in the morning, and were seized whilst at morning chapel. *Frontal headache.*—In all cases this was a prominent symptom. This symptom as well as delirium was, generally speaking, proportionate to the height of the fever. *Pyrexia.*—Remarkably rapid rise of temperature was a constant feature. He had classified the cases according to temperature into "slight" (highest recorded temperature 101° or under), "severe" (highest recorded temperature up to 103°), "very severe" (highest recorded temperature from 103° to 106°). The slight cases were 27 per cent., the severe 21 per cent., and the very severe 52 per cent. of the whole number. In the vast majority of cases the fall of temperature was as marked and sudden as the rise, but in a few pneumonia supervened, and caused comparatively long illness. *Diminution of chlorides in the urine.*—The amount of chlorides had been estimated in fourteen cases by M. Otto Hehner and himself, and the proportions per cent. were as follows:—(1) .256, (2) .274, (3) .043, (4) .333, (5) .466, (6) .278, (7) .466, (8) .366, (9) .592, (10) .170, (11) .190, (12) .354, (13) .190, (14) .310. In no case was the proportion as much as .6 per cent. In No. 3 it was as low as .043 per cent. This was in the case of a boy, æt. 10, who suffered with a moderately severe typical attack. The amount of urine secreted during the summit of the fever, when the chlorides were estimated, was as much as 25 ounces. Very soon after defervescence they reappeared in normal proportion. *Herpetic eruption.*—This was present in almost all cases classified as "severe" or "very severe." Of 28 cases occurring in September, he had a note of this symptom more or less marked in 20, that is 71 per cent. Of the remaining eight, three were slight ephemeral cases, in which the illness lasted only 24 or 48 hours, and in which the highest recorded temperature was under 101°. The eruption was generally thrown out under the alæ of the nose, in some cases, not always the most severe, subsequently extending round the corners of the mouth, and giving the lower part of the face a swollen and sore appearance. Occasionally it appeared first at the corner of the mouth. It usually appeared on the third or fourth day of illness. *Otorrhœa.*—In a considerable proportion of the cases classed as severe and very severe there was ear-ache, more or less intense, which was sometimes followed by a muco-purulent discharge from the ear, and subsequently by a lichenous eruption about the lobe of the ear, due to irritation. In none of the cases was complaint made of sore throat, but in many cases there was noted an inflammatory condition of the nasal passages, accompanied by an acrid secretion. Dr. Urban Pritchard, who had kindly examined one of the cases in which deafness followed otorrhœa, thought that the ear-ache was due to extension of the inflammatory condition of the naso-pharyngeal passages along the Eustachian tube, affecting the middle ear and leading in some cases to pus formation, the intense pain which occurred being suddenly relieved by rupture of the tympanum and escape of matter. *The duration of illness—Occurrence of Pneumonia.*—The classification of illness by the terms slight, severe, and very severe, taken from the temperature charts, was borne out by the duration of illness, which, speaking generally, was short or long in proportion to the height of the pyrexia. Thus, excluding the severe fatal cases (six of which proved fatal



within 24 hours of the onset), the temperature rarely exceeded  $101^{\circ}$  in cases where the illness lasted only two or three days. In the cases which lasted four or five days the temperature ranged from  $101^{\circ}$  to  $105^{\circ}$ . The short attacks (two or three days) were in the proportion of 40 per cent. of the whole number, the attacks of four or five days in duration were in the proportion of 49 per cent., in the fatal cases in the proportion of 4.5 per cent., and in addition there were 10 cases of long illness which in proportion to the whole were 6.4 per cent. Of the long illnesses one was due to peritonitis, six were due to pneumonia, and in the remaining three no complication was recorded, though in these the lungs might have been affected; indeed, Dr. Bridges was of opinion that many of the short illnesses were accompanied by an abortive attack of pneumonia, and this view was borne out by the condition of the lungs observed in the fatal case in which a *post-mortem* was made. In the cases where the symptoms of pneumonia were observed, the prolonged illness with pyrexia was accompanied by dulness of one or both bases, tubular breathing, quickened respirations, but no rusty expectoration. The average duration of illness in these prolonged cases was fifteen days, the limits being eleven and twenty-six days. *Post-mortem appearances*.—In only one of the six fatal cases was a *post-mortem* examination made. In this case Dr. Bridges noted distinct and marked congestion of the lower third of each lung, and patches of congestion in that part of the small intestine which alone was examined (the four or five feet next to the cæcum), and also small patches of a similar kind in the gastric mucous membrane. Dr. Seaton then proceeded to discuss points in the ætiology of the disease which it was impossible to consider apart from its clinical characters. He formulated then three questions:—Is the disease specific? Is it contagious? What is its incubation period? (1) As to its being specific, he thought there could be no doubt that it was so. Murchison, in his classical work on the continued fevers of Great Britain, quoted Tweedie, who said that “all cases of febricula were mild cases of typhus, or relapsing fever, and did not think that a new nosological term should be introduced merely to accommodate such cases.” But, added Murchison, “I am satisfied that short cases of fever, independent of any specific poison, are occasionally met with in this country.” It was difficult to understand the meaning of this passage, and it would be interesting to know whether Murchison would have classed ague among the diseases independent of any specific poison. (2) As to the question of contagiousness, he desired to speak with caution, but the evidence as far as it went tended to show that it was not contagious. He explained the various reasons which led Dr. Bridges and himself to that conclusion. (3) As to the question of incubation period, he had been singularly unfortunate in his endeavours to obtain evidence on this point, though he had made careful enquiries among new arrivals and departures. There was as yet only one case which threw any light on the question. It was that of a boy who left the school for a week, and who was taken ill about twenty-four hours after his return. The entire absence of premonitory symptoms, and the suddenness of attack, made it probable that the period was short. He concluded the paper with some important facts as to age incidence, which he showed by means of a table of statistics. None of the adults, including masters, nurses, and attendants, about twenty in number, had been attacked, though, if they had suffered equally with the rest of the school population, at least four would have succumbed to the disease. The table showed that the incidence was much heavier on the older than the younger boys, that is, the boys over ten years of age suffered much more than the boys under ten. The incidence was heaviest of all on boys between thirteen and fourteen years old; forty-six boys out of eighty-three at this age, or fifty-five per cent., being attacked.

Dr. J. H. BRIDGES, having been invited by the Chairman to speak, said that it was during the earlier part of the epidemic chiefly that the cases had come under his personal cognisance, and, whilst entirely agreeing with the clinical description given by Dr. Seaton, he should himself be disposed to lay more stress on the pneumonia as a symptom. He believed that a very slight degree of this had been

present in a very much larger proportion of cases than had been supposed. On enquiry, he had learned that in May a considerable number of cases of pneumonia had occurred in the school, which, however, had not been regarded as in any way connected with the epidemic, and in June there had likewise been an unusual number of cases of catarrh. He strongly suspected that a slight lung congestion had been present in a great many of the cases. Turning to the ætiology of the outbreak, he said that the hygienic surroundings of the school had been unsatisfactory for years. The school stood on about six acres of land, and extreme difficulty had been experienced in dealing with the sewage. The earth-closet system had been in use almost exclusively for the past twenty years, and the amount of space available for the disposal of the excrement of this large school was entirely insufficient, only amounting to an acre and a half; the ground was therefore charged, and overcharged, with faecal matter. Four years ago there had been some similar cases, and in consequence of the rapidly fatal termination in one case an inquest had been held, when the insanitary condition of certain closets was set down as the cause of the outbreak. These were removed, and improvement followed, no cases having occurred since that time till the present epidemic. The disease, he considered, was one of soil exhalation. The water supply was no doubt extremely polluted, but the symptoms bore no relation to the diarrhoeic or typhoid group of symptoms usually found in cases of water pollution. He did not regard this as a truly contagious disease. As to the question of age incidence, he suggested that the older boys were more employed in the garden than the younger ones, who played near the buildings and so were less exposed to emanations from the soil. The immunity of the fifty boys in the infirmary was, he thought, very significant; he found that a large number of these were attacked after their return to the school; the soil of the play-ground attached to the Infirmary was not so likely to be polluted as the other ground, which would explain their freedom until their return to the school. As to the meteorological aspect, the epidemic was mainly from June to September, though fresh cases were still occasionally occurring. This had been a period of unusual dryness, the rainfall only being a fourth of the normal; the temperature had exceedingly little to do with it, as July was the hottest month, whilst the greatest number of cases had been in September.

Dr. STEPHEN MACKENZIE read a letter from Dr. Stevenson, relating to the previous epidemic in 1879, to which allusion had been made when, at the request of the Home Secretary, he had made a careful analysis of the contents of the alimentary canal in three cases, and had been unable to detect any poison, either mineral or vegetable; Mr. Thomas Bond, who had made the *post-mortem* examinations, had attributed the deaths to asthenia, due probably to sewer gas.

Dr. B. O'CONNOR referred to some cases he had seen in a girls' school, with similar symptoms.

Mr. R. W. PARKER asked whether there had been any other *post-mortem* examinations, and, if so, whether anything constant had been found; he thought there ought to have been, as the symptoms were so very constant. He asked if any change in the earth-closet system had been lately made, and whether there was any possibility of antecedent contamination with excreta from diphtheria or typhoid fever cases.

Dr. SEATON, in reply, said that in the *post-mortem* which was made there was found hypostatic congestion of the lungs, and congestion of the last five feet of the ileum, and of the gastric mucous membrane. He had enquired very closely but had been unable to ascertain any history of other, defined fever prior to the epidemic.

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VICTORIA UNIVERSITY.—The first intermediate M.B. examination since the affiliation of University College, Liverpool, with the Victoria University has just taken place. The following have passed from University College: 1st Division—Buchanan, R. J. M.; Collins, A. W.; Livsey, W. E. 2nd Division—Corkhill, J. G. G.; Cunningham, John; Shannon, J. W.



# ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, OCTOBER 27TH, 1885.

BERKELEY HILL, F.R.C.S., Vice-President, in the Chair.

## *Diffuse Lipoma.*

MR. MORRANT BAKER and MR. BOWLBY contributed a paper on this subject. The term Diffuse Lipoma was applied by the authors to certain cases in which there is a great increase of the subcutaneous fat, without any distinct boundary or capsule, such as is usual in the more common forms of lipoma. These growths are usually symmetrical, and are most common behind the ears, over the mastoid processes (not extending above the superior curved line of the occipital bone in the nape of the neck), and in the sub-maxillary regions. The same tendency to the development of fat is in many of the cases observed also in the arms and fore-arms, the scrotum, and the abdominal wall. The authors had observed and recorded thirteen cases, and referred to others already published. A point to which attention was directed is the fact that these fatty masses are prone to develop in the regions occupied by lymphatic glands. Whether these latter are ever involved in the growth the writers are not in a position to state. All the cases hitherto observed have been males, the ages varying from twenty-nine to sixty-three years, the majority of the patients being from thirty-five to forty-five years of age at the time the tumour commenced to grow. None of the patients were exceptionally stout men. Some of them had been healthy and strong, others had suffered from phthisis, albuminuria, and other wasting diseases. All the swellings observed appeared to have a similar structure, being composed simply of adipose tissue. With regard to the anatomical position of the swellings, the writers gave reasons for believing that they were situated in the subcutaneous cellular tissue. The manner in which the growths were limited in the various regions in which found was discussed. The development of these tumours was said to be somewhat rapid. The rate of growth, however, varied much in individual cases. Another noticeable fact was that in some instances the swelling varied in size from time to time. Of this fact several of the patients were very certain, and in some cases the authors were able to verify this statement. Whether the tumours ever entirely disappeared in the absence of any wasting disease could not be affirmed with certainty. The only circumstance which seemed to give any clue to a cause (so far as the writers have been able to observe) was the fact that, with one or two possible exceptions, the patients have been hard drinkers. Beyond the discomfort produced by the deformity, no symptoms specially referable to the fatty tumours had been observed. Internal remedies had apparently little or no effect. In one or two cases, however, the administration of arsenic with steel seemed slightly beneficial. In accordance with Brodie's suggestion, the writers had tried the effect of liq. potassæ, but had not hitherto found it beneficial in reducing the size of the growths. They had administered the above-mentioned drugs, as well as iodide of potassium and mercury, in several cases for some months.

Dr. CREIGHTON, after hearing these cases, was reminded of a case of infiltrating swelling extending from ear to ear beneath the skin, but of scirrhus hardness. It occurred to him whether this might have been fat which had undergone a sclerotic or semi-cartilaginous change.

Mr. MORRIS thought the case referred to by Dr. Creighton was not quite of the same nature as the cases described in the paper, for the skin as well as the subcutaneous tissue was involved. In another case, one of cancer of the tongue, there was a quantity of fat among which the infiltrated lymphatic glands were found. This began to inflame, and subsequently suppurated, a quantity of very foetid discharge coming away. Mention was also made of a subaponeurotic lipoma on the scalp.

Mr. BUTLIN had treated two such cases, and one of these was a young woman who had the swelling over the parotid,

extending down the neck. After several months' treatment by liq. potassæ she appeared to improve.

Mr. DAVIES-COLLEY also referred to a female, one of two cases on which he had operated.

Mr. JESSETT was well acquainted with a gentleman suffering from this condition; he was, and always had been, an abstainer.

Mr. BAKER briefly replied; he was chiefly interested to learn that the condition occurred in females.

## *A Case of Ligature of the Left Common Carotid Artery, wounded by a Fish-Bone which had penetrated the Pharynx.*

Mr. RIVINGTON related the case of R. B., æt. 9, who was admitted into the London Hospital, under the care of Dr. Sutton, on November 14th, 1882. Six days previously he had swallowed a plaice-bone. At the hospital a probang was passed, and he was sent home; not being relieved, he came back to the hospital and was taken in. His symptoms were pyrexia, stiffness of the neck, œdema of the upper eyelids, profuse salivation, and a small tender lump on the left side, opposite the cricoid cartilage. Pulse 120, temperature 101.3°, respiration 22. He could not swallow solid food, and was very drowsy. He had two attacks of hæmorrhage from the mouth on the 17th, and profuse hæmorrhage on the 19th. Being sent for, and diagnosing wound of left carotid from penetration of the fish-bone, he cut down and tied the artery above and below the seat of injury. The operation was difficult, owing especially to inflammatory adhesions and uniform staining of all structures, including nerves and blood-vessels, with effused blood. The pneumogastric was adherent to the artery for about two inches, and, being in front of the artery and undistinguishable, was necessarily included in the ligature. The fish-bone was found in the centre of a clot. The patient lived ten days after the operation, dying from abscess of the brain on the left side, which had probably commenced to form before the operation. Remarks were made on the salient features of the case, and on the mischief which was often wrought by the incautious passage of bougies and probangs in these cases. In an appendix the author gave an abstract of forty-four cases of wounds of blood-vessels by foreign bodies introduced through the mouth. These included wounds of the following vessels—thoracic aorta 22, carotids 12, abnormal right subclavian 1, pulmonary artery 1, azygos vein 1, heart and right coronary vein 1, vena cava 3, inferior thyroid 3. Comparison of these cases with one another, and his own case, suggested a variety of considerations, the most important being some which bore upon diagnosis and treatment. For diagnosis there were the history of a foreign body having been swallowed; persistence of pain referred to one spot; dysphagia, especially inability to swallow solids; ptialism; failure of the foreign body to pass *per anum* or from the mouth; recurring expectorations or vomitings of blood; passage of blood by stool, and fainting fits. In the neck there would be local evidences of inflammation, swelling, and tenderness. For treatment, improved illumination of the pharynx and œsophagus and extraction of the foreign body with forceps, regulation of diet, exhibition of demulcents, and the cautious use of the expanding probang. In some cases the question of œsophagotomy might have to be considered; in all cases, as life was soon endangered by the occurrence of hæmorrhage, prompt surgical assistance became imperative.

Mr. MORRANT BAKER referred to the injuries sometimes inflicted by tobacco-pipes. Mr. Hilton's dictum was that they were caused by the sudden contact of two persons, one coming out of, and the other going into, a public-house. He related the case of a man who applied at the hospital on account of tonsillitis, no mention being made that a pipe-stem had been rammed into it until several days later. The pipe was found; suppuration and hæmorrhage occurred, which proved fatal; the carotid artery was found to have been injured.

A visitor (whose name we did not catch) related the case of a soldier. After repeated trials with the probang, a ragged piece of bone was brought up, and a good recovery ensued; this would seem to show that the use of probangs



was not always so dangerous as the author of the paper had endeavoured to show.

Mr. BOWLBY referred to a specimen in the museum of St. Bartholomew's Hospital, showing a fish-bone which had been forced into the aorta by a probang.

Mr. RIVINGTON, in reply, said that both Mr. Baker's and Mr. Bowlby's cases would be found referred to in his paper.

The Society then adjourned.

## HARVEIAN SOCIETY OF LONDON.

THURSDAY, OCTOBER 15TH, 1885.

T. MORTON, M.D., President, in the Chair.

### *Case of Iodic Purpura.*

Mr. A. Q. SILCOCK related the case of a woman who was admitted into St. Mary's Hospital on account of proptosis. Although no history of syphilis could be obtained, iodide of potassium was prescribed in 10-grain doses three times a day. After a lapse of 13 days, the dose was increased to 15 grains; 7 days later, a purpuric eruption appeared, most marked on the legs. Arsenic was then prescribed in combination with the iodide: the rash disappeared after 3 days. The arsenic having been discontinued, the spots recurred in an aggravated form. Five minims of liq. arsenicalis were again added, and this was followed in 6 or 7 days by a disappearance of the eruption and by general improvement. Arsenic was omitted two days after the disappearance of the rash, the latter again returning after ten days, accompanied with malaise and some catarrh. After this, the patient lost courage and ceased to take her medicine regularly. A few months later, the iodide was again prescribed, and once more slight purpuric spots appeared after a few days, when the drug was finally omitted, the case being regarded as one of exostosis or of ossifying chondroma. In his remarks Mr. Silcock rejected the view that the effect was due to increased diapedesis, such as is said to follow the intravenous injection of salines. Arsenic was prescribed in the hope that it might possess the same specific influence which attaches to its administration in bromide eruptions. He believed that it was frequently prescribed conjointly with iodide of potassium, especially at the Lock Hospital.

Dr. CHARLES RENNER expressed doubt as to any antagonism between the drugs, and suggested that the case was one of idiosyncrasy.

Mr. MALCOLM MORRIS alluded to the rarity of recorded cases of iodic purpura. The exceptional case published by Dr. Mackenzie deserved mention, the child having died from purpura after a single dose of  $2\frac{1}{2}$  grains. Even in the rash of bromide arsenic after a time lost its beneficial effect. The paper was of great value as demonstrating that purpura was not a disease, but a symptom.

Dr. LEES considered the case one of idiosyncrasy—in cases of meningitis he had administered to children large doses of iodide (3 grains every 3 hours) for weeks and months without any toxic effects. Children were more exposed to the rash of bromide, adults to that of iodide of potassium.

### *Pyosalpinx.*

A specimen of pyosalpinx was exhibited by Mr. A. Q. SILCOCK. The patient was supposed to have caught cold during menstruation. The symptoms were indeterminate, consisting of pain in the abdomen and discharge of pus from the rectum.

The PRESIDENT, Dr. J. PHILLIPS, and Dr. LEES referred to cases from their experience.

Dr. M. HANDFIELD JONES remarked on the occasional absence of all symptoms. Vaginal examination could seldom avail, for the physical signs would naturally vary with the amount of distension and matting. Prolapse of the ovaries, complicated by retro-uterine peritonitis, might simulate disease of the tubes. He had treated a case of 15 months' standing, in which, beyond some abdominal distensions, pyosalpinx had occasioned no discomfort.

### *The Treatment of Chorea.*

Dr. W. B. CHEADLE, after referring to the failure of innumerable specifics, and to the scepticism too widely engendered therefrom, declared his own belief in the value of medicinal treatment. Speaking from the careful notes of 160 cases observed during a period of 8 years, he stated that the average duration of the disease under treatment had been 5 weeks (extremes being 10 weeks and 4 days), whereas cases without treatment might extend from 11 to 52 weeks, or indefinitely. The author had tried various methods, including rest and expectancy, with results sometimes beneficial, but never completely successful. In arsenic he had at last found an agent which did succeed. Todd, as long as 40 years ago, had recognized its power, so had Babington and Begbie; but dread of the poison had checked their use of the remedy. He gave some striking cases of rapid improvement under the influence of ordinary doses of liq. arsenicalis with small doses of Tr. Ferri perchlor. A comparison of long series of cases treated without arsenic and with arsenic respectively gave for the former an average duration of 40 days, for the latter, of 29 days; and this difference was increased when the last 58 cases were compared with 58 consecutive cases in the former series, the average duration under arsenic being only 24 days. Arsenic was in every case well borne, exerting a remarkable result repeatedly observed by the author, but not hitherto described by others, viz., a bronzing of the skin analogous to that observed in Addison's disease. The staining was most marked in the flexures, did not affect the face, and ultimately disappeared. In one case, however, it had become permanent, but would probably vanish in time. The pigment deposited was not metallic as in discolouration by silver, but resembled the pigmentation due to chronic congestion. In conclusion, whilst advocating arsenic in chorea, the author did not wish to depreciate the value of other therapeutic agents which should be employed concurrently.

Dr. CLEVELAND called attention to the fact that iron in small doses had had a share in the results obtained by Dr. Cheadle.

Mr. MALCOLM MORRIS enquired whether the pigmentation described might not have been the result of the disease rather than of the remedy. Dermatologists were, however, beginning to think that the discolouration observed after the cure of patches of psoriasis might have been caused by the prolonged use of arsenic.

Dr. CULVER JAMES had found arsenic of little value in mild cases, although decidedly beneficial in severe attacks.

Dr. EWART and Dr. DE WATTEVILLE had administered large doses of arsenic in the chorea of children, without any toxic effects; the latter had combined with the drug large doses of bismuth.

Dr. LEES was in favour of arsenic, and had checked the value of the remedy by watching the effect of its interruption.

## LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, OCTOBER 22ND, 1885.

Dr. GEE, President in the Chair.

### *Pathological Specimens.*

Dr. ALEXANDER exhibited a kidney that had become converted into a thin-walled irregular cyst owing to obstruction of the ureter two inches below the hilus by a primary carcinomatous tumour of the retro-peritoneal glands. The opposite kidney was cirrhotic, and the patient, who was seen just four days before death, died from symptoms of delirium passing into those of coma.

Dr. GREVES showed several interesting specimens of typhoid, tubercular, and syphilitic ulcerations of the intestines.

Dr. IMLACH showed a renal cyst containing calculi removed from a woman, from whom he had thought of removing the kidney. As digitalis and acetate of potash



did not increase the flow of urine, and as the flow was intermittent and had once stopped for some time, he believed the opposite kidney to be useless. Suppression of urine, however, set in, and death rapidly occurred before anything was done, except the drawing off by aspiration of  $2\frac{1}{2}$  quarts of ammoniacal urine; one kidney was cystic, and the opposite completely atrophied and useless.

Dr. IMLACH showed an extra-uterine foetation where the foetus was found in the peritonæal cavity, and where the death of the mother was produced by the rupture of the extra-uterine cyst. He also showed the uterus of a woman who had died in child-birth, after cephalotripsy, where the obstacle to parturition was a hard dermoid cyst that lay immovable behind the uterus.

Mr. BICKERTON related the case of a cataract he had successfully removed from a lunatic. The use of cocaine in ophthalmic surgery was well illustrated in this case.

Dr. BURTON reported a case of removal of the uterine appendages for myoma, where the tumour had now become reduced to five-sixths the size it was at the time of the operation. The myoma was a soft one. In commenting upon this case, Dr. Imlach said the result was more favourable than he could report in any of his cases. In his, no result was apparent for some months, and the menses appeared as usual. Many seemed failures, but twelve months after they turned out successes. The soft fleshy fibroids were least successful.

#### *Operations for Hernia.*

Mr. RUSHTON PARKER read a paper, entitled "Remarks on Hernia, based on seventy-four Operations," and showed some cases of the radical cure of umbilical hernia, by ligature of the neck of the sac, that were very satisfactory. Out of thirty-three operations on unstrangulated hernia, four deaths had occurred, viz., one out of seven umbilical hernias, one out of four femoral hernias, and two out of twenty-two inguinal hernias. In strangulated cases he performed the same operation, that is, he ligatured the neck of the sac, but never attempted to bring the sides of the ring or opening together. In this respect he differed from all the subsequent speakers, who without exception insisted on the advisability or the necessity in all cases of bringing the pillars of the ring or the sides of the opening together. Mr. Parker reported only about six recurrences in thirty-nine inguinal cases, a very favourable issue of his method. Many of his cases healed by granulation and cicatrization, and it was held by some of the speakers that the adhesion of the pillars of the opening actually took place by this means in his cases, and that, had they healed by the first intention, the result would not have been so good.

In the discussion, which was a very lively one, Drs. Alexander, Barr, Campbell, Hamilton, Pughe, and Steele took part.

## SPECIAL CORRESPONDENCE.

### INDIA.

(From Our Bombay Correspondent.)

*Demand of Army Medical Officers for Military Rank—  
Medical Officers and Appointments in Presidency Towns—  
A Hospital for Women and Children in Bombay—  
Steamers Carrying Explosive Oils—Pension Rules for  
the Indian Medical Service.*

October 9th.

AN agitation has been started in the columns of a medical contemporary by gentlemen belonging to the Medical Staff of Her Majesty's Army, evincing, it would seem, a sort of hankering after military rank, or, in other words, after the titles Captains, Majors, Lieutenant-Colonels, &c., thereby becoming more militarized. This morbid craving for the acquisition of military rank appears, I regret to notice, to be fast spreading among members of the service in this country who, in general, would appear to forget or ignore the fact that they belong to the noble profession of

medicine, and that it is their calling to heal or cure wounds, and by no means to inflict them. It is a truth beyond cavil that those who are sincerely devoted to their profession would never dream of professing or affixing to their names a bogus rank, and it is to be hoped that the medical press generally will discountenance any such proposal as that mentioned above, which cannot but have the effect of lowering the profession in the eyes of the outside public.

A short time back the subject of hospital appointments in presidency towns in India was attracting public attention. Then the question turned on the pivot whether these should be, as had hitherto been the case, filled by members of the Indian Medical Service or held by those not in the service. That these appointments are, as a right, reserved to the service is quite correct, and it would certainly be a breach of faith if they were to be bestowed on outsiders. But the question still remains to be settled how the claims of members of the service should severally receive attention. We know that in London, and in provincial towns especially with a medical school, all candidates for surgical appointments have to be Fellows of the Royal College of Surgeons of England, and those for medical (including obstetric) appointments have to be Members of the Royal College of Physicians of London. These diplomas of F.R.C.S. and M.R.C.P. are considered, respectively, as an ample guarantee of a man's fitness for the office of surgeon and teacher on surgical subjects, and of physician and teacher on medical subjects. In India, there is often great heart-burning produced by the manner in which such posts are awarded. Likes and dislikes, interest and influence, all come into play, and so justice is often not fairly meted to those who are struggling for an academical career, or for that of a consulting surgeon or consulting physician. Could it not be arranged that all the more important hospital and professorial appointments should be reserved for members of the Indian Medical Service who possess the higher diplomas? Some such rule for Indian medical appointments could not fail to act as an encouragement to men to take the highest diplomas in surgery and medicine. Seniority and interest ought to have nothing to do with the matter. The gentlemen who possess these respective qualifications should be posted, and if too many should possess the requisite qualification, then seniority and other circumstances bearing upon their claims might be taken into account. Some such innovation would tend to raise these appointments, which offer wide fields for original research, in the estimation alike of the profession and of the public.

At the recent Bombay University Examination for the first professional examination for the licence (L. M.), out of 50 candidates who presented themselves, 18 were declared to have passed, 4 in the first class and the rest in the second.

The Bombay Town Council had before them the other day a resolution of Government thanking a native donor for his public-spirited offer of one lakh of rupees towards the cost of building an infirmary for the treatment of diseases of women and children, at which at the same time clinical instruction might be given to the students of the Grant Medical College. The cost of the building is estimated at 2,45,000 rupees. The Government, it appears, were to furnish the balance of one lakh and a half; but they regret that it is, at present, impossible for them to provide this sum. The Government, however, are prepared to meet a portion of the total expenditure by making a grant hereafter if the contributions from other sources can be increased, and the Government are also willing to bear the cost of the establishment. The donor was asked whether his family had any objection to the Municipality contributing towards the cost of the proposed new hospital, if invited and willing to do so. He replied that his family had no objection to the Municipality contributing, on condition that it would not in the future claim any share in the management of the hospital, which, it is wished, should be exclusively under the Government. And, if so, what sum the Municipality were prepared to contribute? It was proposed that the Municipality should contribute a lakh of rupees towards the building-fund of the hospital, the amount so required to be raised by a



temporary enhancement in the consolidated rates. The motion, however, was lost on a division, the proposer and seconder being alone in favour of it.

I have to call attention to the great danger of passenger-steamers carrying such combustible or rather explosive substances as kerosine oil when over-proof. This has recently been detected to be the case in the case of the steamer *Kaiser-i-Hind*, in which 150 drums of kerosine oil, which had been brought by that vessel, were condemned by the analyst. The Government, I learn, have directed that the commander of the vessel be prosecuted under the Petroleum Act.

New pension rules for the Indian Medical Service are, I understand, anxiously looked forward to, and it is earnestly hoped that they will be more favourable, both as regards retiring allowances, and for furlough and leave to reckon for service towards pension, than those now in vogue. It is believed that the subject is now under the consideration of Her Majesty's Secretary of State for India and the Government of India, and that references are being exchanged between the India Office in London and Simla. Indian medical officers are eagerly awaiting the promulgation of the new rules, which at the same time, they hope, will improve their furlough pay. If the Government intend that the service should be raised in the estimation of the profession, and be sought after, this important matter of pension and furlough pay should receive the prompt attention and liberal consideration it deserves. The Indian Medical Service, in days gone by, was the first service in the world. There were men in it who proved themselves to be luminaries of the highest order. The time-honoured Indian Medical Service deserves well of the Government, and I trust these sentiments will be echoed by some of your powerful daily contemporaries, so that the young and able statesman who is at the head of the India Office will take the matter up and do justice to Her Majesty's Indian medical officers.

## GENERAL CORRESPONDENCE.

### THE PREVENTION OF RABIES AND HYDROPHOBIA.

[To the Editor of the Medical Times.]

SIR,—The alarming prevalence of hydrophobia, and the unusually large number of deaths from that disease which have occurred in the course of the last few months in the metropolis alone, has begun to direct general attention to the subject, and people are asking that preventive measures should be more rigorously enforced, or that other and more efficient ones should be sought out.

This is undoubtedly a country much be-dogged; and no small proportion of the dogs which swarm in and about our large centres of population are homeless and ownerless. Another large class are practically friendless, their nominal owners—after the novelty of possession has worn off—leaving them to all intents uncared for and unwatched. It is mainly from these, the lower strata of his kind, that the mad dog is recruited; they are the classes most exposed to infection, and in them the earlier symptoms of the disease are, from the very circumstances of their case, almost certain to be overlooked.

To put the matter in another way, it may safely be asserted that the number of dogs now at large is greatly in excess of the number of current dog-licenses. And it would seem that a more stringent application of the law should act as an important prophylactic against rabies. If every apparently ownerless dog were straightway seized and, after some interval allowed for the appearance of a possible claimant, destroyed; and if every person owning a dog for pleasure were compelled to take out a license forthwith, on penalty of his pet's becoming liable to seizure and destruction, we should quickly see a marked diminution of the vagrant curs which are threatening to become in many

quarters something more terrible than a mere nuisance. For the effective carrying out of such provisions two things are requisite: an incentive to greater zeal amongst the police, and the adoption of some method by which they could ascertain at once and with certainty whether the owner of any dog coming under their notice had taken out the necessary certificate or not. The first of these could be met by a system of "head-money"—a small payment being made for each dog justifiably seized. Should the dog be claimed, this would be added to the amount of the ransom required from the owner; but, in any case, it would be far more than made good by the increase in revenue derived from a strictly collected dog-tax. The second requirement would be met by issuing with each annual dog-license a simple metal badge, legibly stamped with the date of the year of issue, to be visibly attached by a collar to the neck of each animal above six months old. Any dog found outside a private dwelling-house without such a badge should be liable to immediate seizure by the police. On the back of each license might be printed a brief synopsis of the earlier symptoms of rabies, and simple rules for the immediate treatment of dog-bites. With each yearly renewal of the license a fresh badge would be issued: and no badge would be obtainable on the plea of loss or breakage without the simultaneous purchase of another license. To those—as, *e.g.*, shepherds—who are allowed to keep a certain number of dogs without payment—a corresponding number of badges would be granted every year on application. But the principle would be—no dog in public without his badge bearing the date of the current year; and the dog of any owner violating such a provision would be liable to seizure "on sight." A similar combination of badge and license has been found to work well at the Cape, where hydrophobia is unknown. I do not believe that such an extension of the present Dog Licensing Act would be found to work otherwise than well. It would go far, amongst other advantages, to lessen the necessity for the use of muzzles, which are in too many cases cruel, and perhaps otherwise injurious in their effects; while we are convinced that it would do much to both lessen the frequency of rabies and to render extinct the class of useless dogs which are peculiarly liable to suffer from and apt to propagate this most dangerous evil. The provisions of such a measure would not entail upon each dog-owner anything like the amount of trouble now involved in stamping one letter a month. By adopting such reasonable precautions, the public might not only feel justified in anticipating something of that aid which is proverbially accorded to those who help themselves, but they would await with greater equanimity the evolution of that fuller measure of defence which a perfected "protective inoculation" may haply afford us in the not distant future.

I am, Sir, yours, &c.,  
CANTAB.

## AURAL SYRINGES.

[To the Editor of the Medical Times.]

SIR,—The "New Aural Syringe," described by Dr. Ward Cousins in your number of October 17th, resembles in principle the "Simplex Ear Irrigator" which I designed with the object of avoiding the difficulties, inconvenience, and discomforts that attend the use of the ordinary syringe. It was made for me a few years ago by Messrs. Arnold, who exhibited it at the following annual meeting of the British Medical Association. It consists essentially of a cup embracing the lower part of the ear and held in place by the usual head spring. The hollow stem of the cup is continued into a length of rubber tubing by which the effluent fluid is conducted to any convenient receptacle. From this stem springs a flexible metal arm which carries the adjustable injecting nozzle of celluloid. Fluid is propelled through rubber tubing to the nozzle by an ordinary enema syringe, a "hand ball," a Simplex syringe (the least fatiguing of all), or by simple siphonage from a vessel of water placed on a shelf or bracket above the level of the



patient's head. The patient may hold his head in any position most comfortable to him, or change its position from time to time, since there is no necessity for keeping the head inclined. The instrument is adapted for self-application; and, if siphonage is used, not even one hand is required for its manipulation.

I am, Sir, yours, &c.,  
C. E. SHELLY.

Hertford, October 22<sup>nd</sup>.

## MEDICAL NEWS.

### ROYAL COLLEGE OF SURGEONS.

A MEETING of the Fellows and Members was held at the College on Thursday last, the 29th inst., at which a report from the Council, or, more correctly speaking, a record of their transactions during the preceding collegiate year, was presented and discussed. After a few words of welcome from the President, Mr. SAMSON GAMGEE proposed the first resolution: "That, the Council of the Royal College of Surgeons not having accepted the principle that Members as well as Fellows should take part in the election of the Council, steps be at once taken to memorialise Parliament and the Crown, so as to secure, in the interest of the public and the profession, the right to representation in the administration of the affairs of the College for its 16,500 legally qualified Members." He said that, though the College was composed of two classes, Fellows and Members, they formed but a single corporate body with common interests. The line of action which this Association was adopting was not in any way opposed to the interests of the College, for it was essentially constructive and not destructive. He asked if it was right that the management of the College should be solely in the hands of the minority. Contrasting Fellows and Members together, the numerical difference was enormous, 1,100 as against 16,500. It was a fundamental principle that taxation and representation should go hand in hand. If the balance-sheet of the College were examined, it would be seen what an enormous proportion of the total funds came from members, and how small a sum the Fellows contributed. The work of the Council was very largely administrative; could it be argued that a young man, who obtained his Fellowship at the minimum age, was *ipso facto* better qualified to take part in College affairs than members of 10, 20, or 30 years' standing, who had honourably practised their profession, had held offices of trust, and received marks of public approval. About 90 per cent. of all surgeons in the Army and mercantile service were Members of the College. Were not these men in responsible positions; was the College, by excluding them, to publish abroad that they were unfit to take even so small a part in College management as voting for Members of the Council? A new Medical Bill, he thought, would doubtless soon be introduced; what its provisions would be, he could not say, though he ventured to predict that the Bill itself would be framed on the principle of general representation. Dr. COLLUM seconded the resolution. Mr. JOSEPH ROGERS spoke in favour of it. His remarks were chiefly retrospective; the Council, he said, had not studied the interest of its Members in the past, and he had no confidence that they would do so in the future. Dr. GOODING supported the motion. Many Members of the College, he said, held in addition degrees at one or other of the Universities. They obtained honours in social as well as in professional circles; he failed to see on what grounds the Council could withhold the privilege claimed by the Members. After speeches from Mr. George Brown and others, and a few words of reply from Mr. Gamgee, who deprecated raking up the past, the motion was put, and carried by an overwhelming majority. Mr. NELSON HARDY tried to bring forward the multiplicity of medical schools, but the meeting declined to hear him. Mr. PAUL SWAIN then moved "That in the opinion of this meeting no alteration in the constitution or in the relations of the College, or in any of its by-laws or ordinances, shall

be effected without the consent of the Fellows and Members convened to discuss such alterations." He adverted to the somewhat irregular proceeding of the Council in not having formally proposed that the Report be accepted previous to its being discussed, thus depriving the Members of making any suggestions or alterations. It was in itself another instance of how the Body Corporate of the College were disregarded by the Council. The great alteration which the Council had recently made with regard to the license without the consent, almost without the knowledge, of either Fellows or Members. The whole scheme was conceived and carried out in a panic. This being carried, it became necessary to provide a site on which to erect suitable buildings for examination purposes, which would involve the Council in an expenditure of between 2,000*l.* and 3,000*l.* per annum, besides the cost of the buildings. However wise such a course might be, it would have been well to take counsel of the Fellows and Members before agreeing to the scheme. Dr. DANFORD THOMAS seconded the resolution, which was unanimously carried without further discussion. Mr. PARKER YOUNG then proposed (and Mr. GEORGE BROWN seconded) that the meeting be adjourned until the 19th of November, in order to give the Council time to consider and report to them on the resolutions which had just been passed. After consultation with the secretary and (it was supposed) the legal advisers of the Council, the President declared that he could not put the resolution. The by-laws not permitting it, Mr. Tweedy said that, if that were so, it was in accordance with a by-law which had been specially framed to exclude both Fellows and Members, and prevent them from holding meetings on their own account. After considerable discussion and the exhibition of some feeling, the President accepted a show of hands as a requisition to the Council that another meeting should be held. He promised that this should take place without any unnecessary delay. Mr. Hawkins proposed a vote of thanks to the President for his conduct in the Chair, which was seconded by Dr. Collum, and carried by acclamation.

THE third Hospital Sunday was observed at Brighton on Sunday last.

On Friday, the 23rd inst., the Lord Mayor, M.P., entertained the Senate of the University of London, of which he is a member, and several other distinguished guests, at dinner at the Mansion House.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At the annual meeting of this College, held on Wednesday week, Dr. Douglas Argyll Robertson was unanimously elected President for the ensuing year.

LUMBAR NEPHRECTOMY.—Mr. Clement Lucas operated on October 20th, in Guy's Hospital, upon a woman, *æt.* 35, who had been tapped for hydronephrosis in May of this year. The organ was exposed by the "oblique-crucial" incision employed by Mr. Lucas, and removed without injury to the peritonæum. The patient's temperature during the week following the operation did not reach 100° at any hour, and she is in a fair way to recovery.

ABERDEEN UNIVERSITY.—The winter session of the Faculty of Medicine commenced at Marischal College on the 21st inst. There was a large muster of students, and in most of the classes the Professors delivered introductory addresses. A course of lectures has been arranged under the Combe Trust by Professor Stirling, on the subject of the physiology of food, digestion, respiration, and ventilation.

MANCHESTER PATHOLOGICAL SOCIETY.—The following office-bearers were elected at the annual meeting on the 14th inst.:—President, H. Ashby, M.D.; Vice-Presidents, J. Dreschfield, M.D., A. W. Stocks, Esq.; Treasurer, Judson S. Bury, M.D.; Secretary, A. H. Young, M.B.; Committee, J. Dixon Mann, M.D., J. Broadbent, Esq., A. H. Griffith, M.B., H. R. Hutton, M.D., H. G. Brooke, M.B., T. C. Railton, M.D.

SMALL-POX AND FEVER IN THE METROPOLIS.—The returns read at the meeting of the Metropolitan Asylums



Board on Saturday showed that the small-pox epidemic was evidently dying out with rapidity, inasmuch as only 25 fresh cases had been received in the fortnight, 44 had been discharged, and there remained only 106 patients under the care of the officers, one being in the south-east (D ptford) asylum, and the others in the hospital ships. The numbers showed a decrease of 24 upon those of a fortnight ago. With regard to fever, the like favourable account could not be given, for there were 298 scarlet fever cases in the urban asylums, 35 cases of enteric fever, and 11 other cases of fever—in all, 344, as against 275 a fortnight ago.

**MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.**—The winter session of 1885-86 will be inaugurated on Monday next, November 2nd, when an introductory address will be delivered in the theatre of the institution at 10 a.m. by Dr. Arthur Wynne Foot, the senior physician of the hospital. In the evening a dinner for the re-union of old students and the governors of the hospital will take place at seven o'clock in the Shelbourne Hotel, St. Stephen's Green, Dublin. Arthur Wynne Foot, Esq., M.D., F.R.C.P., Senior Physician to the Hospital, will preside. The Honorary Secretaries are Professor Rawdon Macnamara, Dr. John William Moore, Mr. William J. Hepburn, and Mr. Charles M. Scott, and the Honorary Treasurer is Mr. Lambert Hepenstal Ormsby. One or two guests may be invited by each governor or old student who wishes to dine on the occasion of what is now an established annual reunion.

**THE PAUPER LUNATIC ASYLUM FOR MIDDLESEX.**—The report of the Justices' Committee appointed to provide an additional asylum for pauper lunatics of the county state that they have selected the Birch Hall Estate, Theydon Bois, Essex, for which they had entered into a provisional contract for 12,750*l.*, and the requisite steps for obtaining the sanction of the Home Secretary have been ordered to be taken.

## DEATHS.

GARLAND, HENRY, L.R.C.P., L.S.A., formerly of Walworth, at Herne Bay, on October 14th, aged 63.  
MASON, DR. GEORGE, Inspector-General R.N., at Burgoyne Villa, Nelson Road, Southsea, on October 20th, aged 58.  
RICHARDSON, HENRY, Fleet Surgeon R.N., at Castle Terrace, Berwick-on-Tweed, on October 25th, aged 68.  
SMYTH, ARTHUR VEREKER, Staff Surgeon R.N., at Bexley Heath, Kent, on October 13th, aged 37.

## NOTES, QUERIES, AND REPLIES.

### THE BRADLEY FUND.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—I feel I should be very remiss in forwarding what I believe will be the last list of subscriptions, without, at the same time, thanking you for your kindness in having assisted in so good and popular a movement, not only by throwing open your columns, but also by your able advocacy. Several friends, who have taken a keen interest in the matter, think there should be a public presentation, and, as Sheffield is the nearest large town to the village of Brimington, where Dr. Bradley practised his profession, that it should take place there; consequently it has been decided that the money subscribed, together with an address, shall be given publicly. Every subscriber will receive intimation of the date and place of presentation. Also, if you would kindly allow me to publish it in the pages of the *Medical Times*, you would add very materially to the aid you have already given.

I remain, yours faithfully,

RICHARD JEFFREYS.

Eastwood House, Chesterfield, October 28th, 1885.

Dr. Ewing Whittle, £3 3*s.*; Medicus, £1; Dr. C. R. Illingworth, Dr. John Ringwood, each 10*s.* 6*d.*

### MEDICAL EDUCATION IN SPAIN.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—Will any of your numerous subscribers be good enough to give me some information regarding the present state of Medical Education in Spain? Or, failing that, would anyone kindly tell me where to apply for such information? Trusting I am not occupying too much of your valuable space,—

I am, Sir, yours, &c.,

CHAS. HARVEY.

Edinburgh University, October 27th, 1885.

## COMMUNICATIONS RECEIVED—

Dr. MARKHAM SKERRITT, Bristol; THE WARDEN OF QUEEN'S COLLEGE, Birmingham; Dr. SAM'L WEST, London; Dr. J. SPOTTISWOODE CAMERON, Huddersfield; Dr. F. KNIGHT, Liverpool; Dr. HANDFORD, Nottingham; THE SECRETARY OF UNIVERSITY COLLEGE, London; Dr. HUGHLINGS JACKSON, F.R.S., London; Dr. W. H. ALLCHIN, London; THE SURGEON-GENERAL OF THE UNITED STATES ARMY, Washington, U.S.A.; Dr. M. GOLDINGTON, London; Dr. W. H. SPENCER, Clifton; THE SECRETARY OF THE ROYAL INSTITUTION, London; Mr. W. GRIFFITHS, London; OUR BOMBAY CORRESPONDENT; THE HON. SECS. OF THE WILLAN SOCIETY, London; THE HON. SECS. OF THE ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, London; THE SEC. OF THE MEDICAL SOCIETY, London; THE MANAGER OF MONT DORE, Bournemouth; Mr. H. V. WALKER, Gt. Yarmouth; THE SEC. OF THE SOCIETY OF APOTHECARIES, London; THE REGISTRAR-GENERAL FOR ENGLAND, London; THE REGISTRAR-GENERAL, Brisbane; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; THE HON. SECRETARY OF THE MANCHESTER PATHOLOGICAL SOCIETY, Manchester; THE SECRETARY OF THE LONDON SOCIETY FOR THE ABOLITION OF COMPULSORY VACCINATION, London; THE REGISTRAR-GENERAL FOR SCOTLAND, Edinburgh; Mr. CHAS. HARVEY, The University, Edinburgh; OUR LIVERPOOL CORRESPONDENT; Mr. R. CLEMENT LUCAS, London; THE HON. SECRETARY OF THE MEDICAL DEFENCE ASSOCIATION, London; Mr. M. C. SOUTTER, London; THE HON. SECRETARY OF THE WEST LONDON MEDICO-CHIRURGICAL SOCIETY, London; THE SECRETARY OF THE CHELSEA HOSPITAL FOR WOMEN, Fulham, S.W.; THE SECRETARY OF THE OBSTETRICAL SOCIETY, London; THE SECRETARY OF THE LOCAL GOVERNMENT BOARD, Whitehall; THE VICE-CHANCELLOR OF THE UNIVERSITY OF CAMBRIDGE; Mr. T. PRIDGIN TEALE, Leeds; Mr. R. JEFFREYS, Chesterfield; THE SECRETARY OF THE PATHOLOGICAL SOCIETY, London; Mr. C. E. SCRAGG, London.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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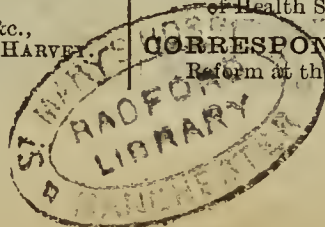
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### REPORTS OF SOCIETIES:

Pathological, Ophthalmological, Obstetrical, and Medical Officers of Health Societies.

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# MEDICAL TIMES

AND GAZETTE.

No. 1845.

LONDON, SATURDAY, NOVEMBER 7, 1885.

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By W. H. SPENCER, M.A., M.D. Cantab., F.L.S.,  
Senior Physician to the Bristol Royal Infirmary, Lecturer on  
Medicine and on Pathology at the Bristol Medical School.

### LECTURE I.

*The Scope of Medicine as a department of Knowledge.—  
Health and Disease.*

IN the study of any department of knowledge we must begin by specifying the subject we propose to investigate. We must mark off the field of our investigations, and separate it clearly from other departments of knowledge. The subject of chemistry may be specified as being the combinations of matter to form new substances and the decompositions of matter into constituent substances. The manner both of union and separation is not known to any other department of nature, and is therefore special to chemistry. The subject of biology may be specified as being the phenomena relating to living things (animals and plants). In the study of biology it is necessary to subdivide the department; each subdivision, however, has its special subject. Thus, we have the branch of knowledge called anatomy, and another branch called physiology. The subject of the former is specified as being the

form or structure of living things: of the latter the activities of living structure.

The subjects of these and of such-like departments of knowledge are cultivated and studied for the sake of gaining knowledge of Nature, and without intention to put the knowledge to any special use. Albeit the knowledge gained within any of these departments is *available* for use in the investigation of the subject of any other department of knowledge, or for other purposes. Thus, biology avails itself largely in its own investigations of the knowledge gained by chemistry. So, also, chemistry avails itself of the knowledge gained by physics. On the other hand, the knowledge gained by physics and by chemistry may be used in a different way; it may be used to explain and improve processes in various arts and manufactures: and when knowledge is used in this way, it is said to be *applied*. Here we have a *practical application* of the knowledge proper to any department of nature.

The subjects of some departments of knowledge are cultivated and studied *from the first* with a view to practical uses—for use in a *corresponding* art, and in *that art only*.

In such departments study and investigation are undertaken with a view to the attaining certain ends and the effecting certain purposes. Knowledge is not only sought within the department, it is borrowed from other departments—indeed, from *any* available source, even the whole field of Nature. This collected knowledge is arranged and brought to bear upon the end



and purposes proper to the department and to its corresponding art. Such collections of knowledge are called *practical sciences*. Each practical science is marked off, and its subject is specified by the statement of the end and purposes proper to that practical science.

Medicine, in the widest acceptation of the term, is a practical science with a corresponding art. It cultivates, selects, and adjusts knowledge with a view solely to the practical use of it in the corresponding art; and the subject of medicine is specified by the statement of the end and purposes for which the knowledge is collected and acquired. The *science* of medicine includes the knowledge that is to be used in attaining the end in view. The *art* of medicine selects and takes so much of this knowledge as it can make use of in effecting its purposes, with the same end in view, and converts the selected knowledge into practical rules and precepts or maxims of practice.

What, then, is the end, and what are the purposes of medicine? The end or ultimate aim of all the knowledge that medicine does or can include is—health.

But, *what* is health? Almost everybody can say that he knows what health is. In common speech health is talked about as if it were a very well-defined thing, and a thing well understood. And no doubt it has a meaning, and can be understood, and is even intelligible as being the end of medicine, in the common and popular sense. But in the popular view, and with the popular experience, the meaning of health, both in itself for what it is and as being the end to which practical medicine works, is understood only in a loose and limited way. And the popular and limited view cannot give us clear and correct ideas about the end and purposes of medicine; it cannot make plain to us the scope of medicine as a department of knowledge; it cannot define *what has to be studied and investigated* as being the subject of the practical science medicine. Health, moreover, is indefinable.

Nevertheless, the popular view is founded upon a principle—the law of relativity of knowledge; and the common forms of speech declare the principle and conform to it. To express the fact of health, the possession of health and its abiding presence—in other words, the phenomenon health itself—one man will say that he has never known what it is to have a day's *illness*; another, meaning the same thing, will say that he has never had *even* a headache. The presence of health is affirmed by stating the absence of something else—in the one case, illness; in the other case, something which is represented by headache. Directly we begin to speak about health we find that, in order to be understood, we must speak about, or at least imply, a state of things that is *not* health; this other state of things comes into our minds as part and parcel of our notion of health. Indeed, we can form no conception of the state called health apart from another state which is opposed to it, as being a variation from it, a differing and contrasted state of things. This other state of things is the state called disease.

Our conception of *heat* depends upon experience of change from one temperature to another, provided the temperatures are wide enough apart, and the transition is abrupt enough, to create a distinct contrast; similarly for our notions of the property called *hard*. Once gained, this experience of change and contrast makes us to *know* the meaning of heat, or of hard, and enables us to understand what may be said about them. It is the same with regard to health. Experience of disease is needed to give us a notion of the meaning of health. This experience makes us to *know* the meaning of health, and enables us to understand what may be said about it.

The names used to express these opposed yet co-

related states—health and disease—have nothing in common; they are arbitrary names, used merely to distinguish the members of a couple—a couple whose members are mutually co-operative to the understanding of either of them. One name has no meaning, nor can it be explained without reference to the other; one member cannot be understood without experience of the other.

But although the meaning of one name and the understanding of the state expressed by it depend on the association of that name and state with the other name and state, we can fix our attention more upon one name and state than upon the other. We can speak of one state, and investigate it as a distinct phenomenon or set of facts, without *direct* reference to the other state.

The phenomena of the state health on the one hand, and of the state disease on the other hand, are ultimate facts of experience. Health is a positive state, a real experience. And to know and understand health, the state which is negative to it, viz., disease, must be experienced in some form or other. The state health is known only through and by means of positive experience of this other state. Each state is as real and as much a matter of positive experience as the other, although the terms positive and negative may be applied to them when we wish to designate them in particular relations. Let us illustrate this.

Suppose a person to have been always in a state of health, never to have experienced or seen in others any, even the slightest, form of disease. The experience of health would be positive to that person. Yet, to that person, health would have no meaning; it would be unintelligible to him, and he could neither describe nor explain it. Now, let such a healthy one catch small-pox, and go through the regular stages of that disease. The experience of the negative of his former state would teach the meaning of health, and the new experience—an experience of disease positive enough in itself—would be intelligible only by contrast with the former state, and this former state now becomes the negative of disease. Again, suppose a child who has been weakly and ill and suffering almost from its birth. That child's experience will be positive and an experience of disease, yet unintelligible as a state of disease until the child compares himself with strong and healthy children. By contrast of himself with these other children he learns to know their state, health, as the negative of his own experience, and he forms a true conception of his own positive state, disease, by contrast with its negative, health. Or, let the weakly child be made well; he would then experience in himself positively the state which before was negative, and whose meaning he had already learned in part.

In the couple, health—disease, disease seems in a special way to be the positive term and health naturally the negative term. Disease would seem to be, to our small-pox patient, naturally the positive and health the proper negative in his two experiences; and generally, this will seem to be the natural relationship of the terms of the couple, health—disease. This apparent natural relationship of the terms depends on the fact that whilst the one—health—brings pleasure, content, and sense of the happiness of living, the other—disease—brings pain, disquiet, and distress. Naturally, disease is the more prominent member of the couple; we prefer health, and seek it; disease is the destroyer of health. Although, to speak strictly, each member of the couple is as real in the positive place as it is in the negative place, yet the peculiar nature of the experiences denoted by the couple gives to disease a better title to the positive place than it gives to health.



A limited experience of a few examples of disease will give a meaning to health. Most people have had some experience of disease, in themselves or from observation of others. But the extent to which we can *know* the meaning of health, and can understand it as specifying the *whole* subject of medicine, depends upon the extent of our knowledge of disease. The more diseases we know, the wider becomes our conception of the state called health. Professor Bain's happy illustration of this point must be quoted in his own words:—

"Health to a rustic means the absence of a certain number of familiar diseases, catarrh, rheumatism, dyspepsia, measles, &c.; to a hospital nurse, it has a still wider meaning; to an institutional writer on medicine it means the exclusion of upwards of a thousand diseases."<sup>1</sup> Our knowledge of health as the end of medicine widens with and is at any given time co-extensive with our knowledge of disease. The complete conception of health would be gained if we could say in any particular case that all *possible* forms of disease were absent; at the present time our conception of health is comprised in the statement that all *known* forms of disease are absent.

Wherefore, the meaning of health as being the end of medicine is defined by our knowledge of disease. And our notions and knowledge of health, both in itself for what it is, and as being the end of medicine, are at the present time co-extensive with and limited to our present knowledge of disease.

A small experience of disease acquaints us with the fact that its presence is at all times, and in any form, undesirable; that it is often dangerous and sometimes fatal. Such an experience, coupled with the agreeable character of health, leads to the desire to preserve and maintain health—and this means, to get rid of disease. Hence the *purposes* to which the knowledge included in medicine is destined; and hence the *means* by which it is sought, by exercise of the art, to effect the purposes.

The *end* of medicine is health. What of the *purposes* of medicine?

Medicine proposes ends subordinate to the chief end which defines it as a practical science—purposes, let us call these subordinate ends. The science has an end, the art has purposes.

It is one of the purposes of medicine to hinder the operation of any causes that are known to endanger or destroy health; it is another purpose to effect complete restoration to health when the state of health may have been interfered with or destroyed; or again, in cases where complete restoration is impossible, it may be the purpose to effect the nearest possible approach to the state of health. And this is to say as much as that medicine purposes to prevent disease, or to cure disease, or to alleviate disease.

The end of medicine, then, is health; the purposes of medicine are the various subordinate ends proposed in dealing with disease, actively and by practice. By this statement, now intelligible to us, we have specified the subject of medicine as a practical science with a corresponding art.

It follows that our ability to attain the end and effect the purposes of medicine must depend upon our knowledge of disease. Our study and investigation in the department of knowledge, medicine, becomes therefore a study and investigation of disease, with a view to the practical end, health.

Let us now attend to that member of the couple, health—disease, called disease. Let us try to give clear ideas of what has to be studied and investigated; and thereby a clearer view of the other member of the couple, viz., health.

## CLINICAL LECTURES

### ADDRESSED TO STUDENTS ON THE METHOD AND DATA OF MEDICAL DIAGNOSIS.

By W. H. ALLCHIN, M.B., F.R.C.P.,

Physician to the Westminster Hospital, and Joint Lecturer on the Principles and Practice of Medicine and on Clinical Medicine.

#### LECTURE IV.—CASE TAKING.

##### *The Personal History.*

HAVING obtained all the information that you can in respect to the family history of your patient and thereby furnished yourself with some knowledge of the predispositions which he may have, whether to health and long life or to certain special maladies, the next step is to ascertain how far these inherited tendencies may have been strengthened or weakened in his person; or what fresh liabilities the subject of your examination may have contracted himself. How far, in short, the circumstances of his individual existence have contributed to favour a continuance of health, or, if he be ill, to induce his present malady. A reference to the subjoined list of headings for enquiry, which make up the personal history of the individual, will show that for some of the circumstances he may be regarded as distinctly responsible, such, for instance, as to quantity and quality of his food, alcoholic excess, insufficient clothing, &c. Other circumstances, on the contrary, are essentials of his being, such as age and sex. Since the state of health, whether good or bad, of an individual at any given time is the resultant of the hereditary tendencies which he intrinsically possesses, and of the external influences which may be brought to bear on him, it follows that enquiry into what the extent and character of these influences may be should succeed to the knowledge obtained of ancestrally derived traits.

#### II. Personal History [distinct from present illness].

- |  |     |
|--|-----|
| Age  | Sex |
| Single, married (age at marriage), widow; number and ages of children; miscarriages.   |     |
| Place of birth; subsequent places of abode (town, country, abroad).  |     |
| Occupation; how long followed.   |     |
| Food (sufficient in quantity and quality); drink (beer, wine, spirits, tea; quantity); habitual use of other stimulants or sedatives (opium, chloral); smoking (extent of).  |     |
| Clothing (sufficiency; as to wearing flannel).   |     |
| Exercise (amount and character of; athletics); amusements.   |     |
| Overwork (mental and bodily); anxiety. Over-lactation.   |     |
| Temperament (nervous or excitable, sanguine, bilious, phlegmatic, lymphatic, melancholic).   |     |
| Idiosyncrasies (as to food, drugs, etc.).  |     |
| General state of health.   |     |
| Appetite (good, indifferent, bad, capricious).   |     |
| Bowels (regularity of).  |     |
| Sleep (amount, soundness).   |     |
| Age at commencement of menstruation; regularity of.  |     |
| Previous diseases or accidents, their dates of occurrence and duration. Especially note occurrence of minor ailments to which patient may be subject, <i>e.g.</i> , repeated colds or sore throats, frequent headaches, cutaneous eruptions. |     |

<sup>1</sup> Bain's Logic. Vol. i., p. 61.



tions, epistaxis, or discharges of any kind. And specifically state whether patient has or has not suffered from Gout, Rheumatism or Rheumatic Fever, Scarlet Fever, Typhoid Fever, Measles, Whooping Cough, Hæmoptysis, Syphilis.

Previous attacks of present illness, if any, with dates of, and duration of, occurrence.

*Age.*—In what way does a knowledge of the age of the individual assist in forming a judgment as to his probability of healthy life, or, if ailing, how does it contribute to the formation of a diagnosis? This is the question before us, and, to answer it, we must have some preliminary knowledge as to what is the duration of human life. One of the gifts of every living thing's inheritance is the tendency to death. And as living may be said to be the resistance to this tendency, which slowly and surely gains ascendancy and triumphs, so disease may be considered as intervals in which this tendency has the opportunity of asserting itself before that time which general experience has led us to expect that life should end. Just in proportion to the severity of an illness is the sufferer's nearness to death, and equally, the older he grows, the closer he approaches the same fate. The common lot which will one day befall each one has occasional opportunities of happening, so to say, before its time. What then is the time at which it may be expected? The average expectation of life of every male child born in England is reckoned at 39·91 years, and of every female at 41·85 years. This, which may be called the average longevity of the race, is obtained by dividing the total duration of life (from an hour to a century) of all born within a given period by the number of those born. The calculation is based on the census returns for 1841 and 1851 for England and Wales, together with the register of deaths for the 17 years from 1838 to 1854, and was made by the late Dr. William Farr, and published in 1864 in the "English Life Table." This expected duration of life obviously falls short of what is very frequently reached, but the low figure is due to the great mortality in infant life, which keeps down the average. Any improvement in the death rate will tend necessarily to raise this average, and the more recent censuses and registers of deaths distinctly show an improvement and have justified Mr. Noel Humphrys in concluding that "the decline in the death rate, measured by the life table method, is to raise the mean duration of life among males from 39·9 years to 41·9 years, that is, about two years, and among females from 41·9 to 45·3, an increase of nearly three-and-a-half years."<sup>1</sup> In the same way the expectation of life at every year of age is computed, forming a table upon which are based many of the calculations connected with life insurance. Thus a male who has attained the age of twenty years may, according to this table, expect to live another 39·48 years, that is until about 59½. As I have said, a table, constructed on the same principle, but upon the more recent data, would give a higher rate of expectation at almost all ages.<sup>2</sup>

Turning to those lives which exceed the average duration, we are led to ask what may be the extreme limit of existence, the potential or possible longevity, the "lease of life" of the individual. That people may

live beyond a hundred years is now recognised as a fact, although some caution is required in accepting the statement in every case; the sources of error in record and in recollection being so frequent. In the Registrar General's report for 1883, out of 522,997 deaths in England and Wales, 63 were reputed to be centenarians (13 males and 50 females), and of these one, a male, reached 107 years, 2 males and 1 female attained 106 years, and 2 males and 2 females died aged 105 years.

Age.	Male.	Female.	Age.	Male.	Female.	Age.	Male.	Female.
0	39·91	41·85	35	29·40	30·59	70	8·45	9·02
1	46·65	47·31	36	28·73	29·94	71	8·03	8·57
2	48·83	49·40	37	28·06	29·29	72	7·62	8·13
3	49·61	50·20	38	27·39	28·64	73	7·22	7·71
4	49·81	50·43	39	26·72	27·99	74	6·85	7·31
5	49·71	50·33	40	26·06	27·34	75	6·49	6·93
6	49·39	50·00	41	25·39	26·69	76	6·15	6·56
7	48·92	49·53	42	24·73	26·03	77	5·82	6·21
8	48·37	48·98	43	24·07	25·38	78	5·51	5·88
9	47·74	48·35	44	23·41	24·72	79	5·21	5·56
10	47·05	47·67	45	22·76	24·06	80	4·93	5·26
11	46·31	46·95	46	22·11	23·40	81	4·66	4·98
12	45·54	46·20	47	21·46	22·74	82	4·41	4·71
13	44·76	45·44	48	20·82	22·08	83	4·17	4·45
14	43·97	44·66	49	20·17	21·42	84	3·95	4·21
15	43·18	43·90	50	19·54	20·75	85	3·73	3·98
16	42·40	43·14	51	18·90	20·09	86	3·53	3·76
17	41·64	42·40	52	18·28	19·42	87	3·34	3·56
18	40·90	41·67	53	17·67	18·75	88	3·16	3·36
19	40·17	40·97	54	17·06	18·08	89	3·00	3·18
20	39·48	40·29	55	16·45	17·43	90	2·84	3·01
21	38·80	39·63	56	15·86	16·79	91	2·69	2·85
22	38·13	38·98	57	15·29	16·17	92	2·55	2·70
23	37·46	38·33	58	14·68	15·55	93	2·41	2·55
24	36·79	37·68	59	14·10	14·94	94	2·29	2·42
25	36·12	37·04	60	13·53	14·34	95	2·17	2·29
26	35·44	36·39	61	12·96	13·75	96	2·06	2·17
27	34·77	35·75	62	12·41	13·17	97	1·95	2·06
28	34·10	35·10	63	11·87	12·60	98	1·85	1·96
29	33·43	34·46	64	11·34	12·05	99	1·76	1·86
30	32·76	33·81	65	10·82	11·51	100	1·68	1·76
31	32·09	33·17	66	10·32	10·98			
32	31·42	32·53	67	9·83	10·47			
33	30·74	31·88	68	9·36	9·97			
34	30·07	31·23	69	8·90	9·48			

The lifetime of an individual is divided into certain periods which successively merge, one into another, and which in the main are characterised by distinct and recognisable structural conditions and functional manifestations both of health and disease. These periods are three in number—the stage of development or evolution, the stage of maturity, and the period of decline or dissolution, or, as it has been conveniently termed, involution. Each of these periods may for convenience be further subdivided, but the distinctive characters of these lesser stages are subordinate to those essential differences which markedly distinguish from one another the three main periods, the leading features of which you will do well to keep before you.

The period of development extends from the impregnation of the ovum to the complete growth of the body and differentiation of its component tissues, and comprises the stages of (1) *fœtal life*; (2) *infancy*, from birth to the time of the first dentition; (3) *childhood*, from the appearance of the milk teeth to the cutting of the first of the permanent set, that is from the end of the first year to the seventh year; (4) *boyhood* or *girlhood*, which extends from this time up to puberty at about 14 or 15 years of age; (5) *adolescence*, which denotes the interval from puberty to complete development at about 24 or 25 years.

The duration of mature life is not so easy to define, owing to the variability in time of its further limit, or, in other words, the different ages at which different

<sup>1</sup> *Journal of the Statistical Society*, June, 1883.

<sup>2</sup> I should say that this table is not the one actually used by the greater number of Life Insurance Companies, who more commonly employ one of those computed on the results of their own experience, such as that of the 17 offices published in 1843, or the table of the Institute of Actuaries published in 1869. Based as these are upon a select class of the population, reputed to be healthy, and rarely including lives before the age of 20, the "expectation of life" at each age is somewhat higher than that in Dr. Farr's table, which includes all the populations at all ages, and which better serves to illustrate my present purpose.



people commence to decline. By some maturity is regarded as corresponding to the period during which the reproductive power persists, but this offers a great contrast in the sexes; for, whereas the capability of child-bearing usually ceases in women at about the age of 45, the procreative power usually remains in men for many years later. For our purposes, considering, as we are, the influence of age on the incidence of disease, I think we may speak of maturity as lasting from 25 to about 55 years of age, a date which corresponds to the climacteric in men, as that of women occurs about ten years earlier.

The period of decline is rarely marked off by any sharply distinguishing feature from that which has preceded it. Slowly and gradually the individual fails in his powers; the physical properties of his tissues, their flexibility, rigidity, and especially the important qualities of permeability and elasticity, become progressively impaired; the vital activity of the protoplasmic elements of his organs, their contractility, nutritive and metabolic power, and capability of multiplication, slowly deteriorate, and, with the obvious structural changes comprised in the term degeneration, the individual becomes functionally less capable. Differing from the days of maturity, in which the formative and reparative powers of the body successfully held their own against the inherent death tendency, and for a period of 25 or 30 years the individual remaining in about the same condition, the same powers, when decline commences, gradually fail; and, though occasionally we meet with cases of exceptionally good health, in which for a few years the individual remains tolerably stationary in his vitality, the majority slowly deteriorate from year to year; and, though it may be difficult exactly to define when old age commences, it may be convenient to consider that senility is fully established at the age of 80.

The most superficial comparison of these three main age periods cannot fail to suggest the important distinctions they present as regards the health powers of the individual and the varying liability they offer for the production of disease, and for the course of a disease when once established. Thus it is that, due to the very altered conditions of environment of the infant, the adult, and the old man, no less than to difference in power of the inherent tendencies at these ages, very different diseases are induced; a wholly distinct rate of mortality prevails; and even the same diseases at these different periods run most distinctive courses and call for most diverse prognoses. Especially is this seen in those minor ailments and sicknesses to which no special name can be easily applied, and which are seen so much more frequently outside the walls of a hospital than in the wards, where for the most part well marked cases of disease are met with.

The influence of age *per se*, on the occurrence and progress of disease, may be said to be exerted in virtue of the variable environment which it determines for the individual and the degree of power of the inherent death tendency associated with it. In a healthy person, who lives to the age of 80, this tendency is obviously stronger at 60 than when he was 20, and it is this fact, expressed in figures, which constitutes the table of expectation of life. Either of these factors may predominate favourably or unfavourably; thus the natural tendency towards a long life that an individual may inherit is counteracted, and illness or death follows the living in unsuitable or unhealthy surroundings; or, on the contrary, exceptional care in the selection of the environment may avert for a time the inherent liability to death which, unless so guarded against, would have asserted itself before. That age itself, with all that it may be thus said to imply, does exert a most distinct influence both in causing disease and determining mortality will be evident from the

following table, extracted from the 46th Report of the Registrar General for 1883 :—

DEATH RATES of MALES and FEMALES per 1,000 living at 12 age periods from 1881-1883, compared to Average of 1838-1883.

YEARS.	MALES.		FEMALES.	
	1881-83	1838-83	1881-83	1838-83
All Ages ...	20·5	23·0	18·3	21·0
0 ...	59·4	70·8	50·4	60·9
5 ...	6·1	8·1	5·8	7·3
10 ...	3·2	4·5	3·3	4·7
15 ...	4·6	6·3	4·3	6·8
20 ...	6·1	8·5	6·0	8·0
25 ..	8·3	9·6	8·0	9·6
35 ...	12·9	13·1	11·0	12·2
45 ...	19·4	18·9	15·2	15·6
55 ...	34·0	32·8	28·0	28·0
65 ...	68·0	67·5	58·7	59·8
75 ...	143·9	147·8	128·4	134·5
85 and above	292·3	313·9	266·4	288·8

This table shows the death-rate from all causes at twelve successive age periods, and, besides demonstrating how considerably the rate varies with the age, it indicates the period of life at which fewest deaths occur, viz., 10 to 15 years, to which minimum the rate slowly falls from birth and subsequently rises, at first gradually, but afterwards more rapidly, to the end of life. The difference in rate in the two sexes is also apparent, and by comparing the average rate for the three years 1881-2-3 with the average for the 45 years 1838-83 the improvement in the death-rate, *i.e.*, the diminished mortality which has taken place in males at all ages, except from 45 to 75, and in females at all ages, is evident.

(To be continued.)

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### ANÆSTHETICS AT SOUAKIN.

By J. EDWARD SQUIRE, M.D. Lond., M.R.C.P.,  
Lately Senior Medical Officer at Souakin to the National Aid Society.

AMONG my medical observations made at Souakin, some notes on the employment of anæsthetics come first in point of time, and may be of sufficient interest to merit publication.

I arrived at Souakin as one of the medical officers of the National Aid Society whilst the first skirmish with the Arabs at Hasheen was in progress, and Surgeon-General Barnett, the Principal Medical Officer to the Force, was good enough to attach me at once to the Base Hospital at H Redoubt. Here I was at first posted as assistant in one of the divisions, and subsequently had charge of the second division, consisting of 80 beds, which I retained till the hospital was closed at the end of the campaign. For a time, whilst numerous encounters with the enemy gave a prominence to surgical work in the hospital, some previous experience in the subject led to my appointment as chloroformist, and I was relieved from ward duty in order that my services might be available for every operation. One tent in the hospital camp was specially reserved as an operating tent, and this, under the direction of the Field-Surgeon (Surgeon-Major Tobin, late Assistant Professor of Military Surgery at Netley), was most conveniently arranged. There was a good operating table of suitable height, and, as far as convenience was concerned, we were not far behind a London hospital.

Both chloroform and ether were available, but the condition of the patients made me decide to use ether

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aloue, as less likely to depress the heart than chloroform. The ether used was Savory and Moore's Anæsthetic Ether of specific gravity 0.720, which kept well as long as the cork was not drawn. When once opened the stopper was continually lifted by the vaporization of the ether, and much was lost if the bottle was not quickly used. The inhaler I used was Ormsby's, which is most simple and convenient.

The patients to whom anæsthetics had to be administered were, of course, those wounded in our engagements with the enemy, and from the nature of the climate and the exertion which they had had to undergo, they were always much pulled down before receiving the wound. A long march, or perhaps a few days in the open in a zariba with no shelter, scanty food and very little sleep, followed by the fatigue and excitement of fighting, do not constitute a good preparation for a surgical operation; and in many cases the men had to be operated on after a long and trying ride of five or six miles in a dhooli with short allowance of food and water. As a result many of our patients came on to the table with weak and sometimes almost imperceptible pulse; and in the few cases in which operations were performed directly after the receipt of the injury, shock—sometimes very severe—was added to the debility of the patient, and still further diminished the strength of the pulse. In addition to these causes of debility in the patients, the temperature of our operating tent was always comparatively high. Taking all these points into consideration, it seemed unwise to use chloroform, which might depress the heart, while ether, from its stimulant action, appeared to be exactly what was required. I was, however, surprised at the extremely satisfactory effect of the administration of ether. The pulse quickly gained in strength, and the improvement was maintained in all cases as long as the anæsthetic was administered. In the case of a marine whose leg was smashed by being run over by the train just outside the hospital camp, and who was brought straight to the hospital, the shock was most marked, and the pulse at the wrist almost imperceptible. It was, in fact, doubted whether he could survive long enough to have the limb amputated. In order to spare him the pain of moving him on to the operating table, I gave him ether while he was lying on the stretcher on which he had been brought in. His pulse improved almost immediately, and it remained fairly good throughout the operation, which lasted about an hour.

Most of the men took the ether well; some few struggled against it at first, but soon became quiet on the anæsthetic being pushed. Three or four patients had hiccough towards the close of a somewhat lengthy operation, but this quickly passed off on allowing the patient a few inspirations of air and lowering the head or drawing up the chin. By taking care that the patients had no food for some time before taking the ether, we had very little vomiting either during or after the operation.

In some cases I found, what I have noticed at home, and what must have occurred to most administrators of anæsthetics, that patients who took the anæsthetic badly and required a long time to get under, remained in an unsatisfactory state of incomplete relaxation of the muscles during the chief part of the operation, but when the inhaler was removed to allow of return to consciousness, the anæsthesia became more intense, the pupils getting small, almost to the vanishing point, and the patient was put to bed in a condition which would have pleased everyone concerned if it had occurred early in the operation. These patients always slept soundly for a time, and came round quietly and with no disagreeable consequences.

Only in one case was I obliged to use chloroform, the

spasm caused by the ether being so marked that the patient could not take it. In this case, after producing partial anæsthesia with chloroform, I substituted ether for the rest of the time. In giving ether in this hot climate, I observed that a longer time was required before the patient became fully under the influence of the anæsthetic. Probably from the rarefaction of the ether vapour by the high temperature, the equivalent of ether taken by the patient at each inspiration is less than would be the case in a moderate temperature, and the number of inspirations required before an effect is produced would thus be greater than in a cooler climate. For a similar reason, the inhaler must be carefully fitted to the face to prevent escape of the vapour. At first I began the administration by using the inhaler so that a certain proportion of air was allowed to enter along with the ether at each inspiration, but I soon found that it was better to allow the ether to be inhaled without any extraneous air.

The phenomena noticed during the progress of the inhalation and their order were the same as usual. The perspiration which occurs under the influence of the ether was very marked, all the conditions being such as would favour dilatation of the superficial capillaries. In each case I noticed nystagmus and marked contraction of the pupil when the patient was fully under the influence of the ether, and during the administration the pulse first quickened and then became slower, and increased in fulness, while the respiration at first quickened and then became slow, and blowing or stertorous. I noticed also that the conjunctival reflex was abolished before complete relaxation of the muscles had occurred; and in some cases the sense of pain was completely annulled while talking and struggling still persisted. In such cases too, the conjunctival reflex had disappeared at this stage, showing that what were apparently voluntary movements were purely unconscious.

## CASE OF MELÆNA IN A NEWLY-BORN FEMALE CHILD—RECOVERY.

By HARRY V. WALKER.

MRS. L. was confined with her fifth child early on the morning of Friday, October 9th, 1885. The labour was a very easy one, occupying little more than an hour. The child was large, to all appearances healthy and strong, and passed meconium soon after birth. Forty-eight hours after this the bowels again acted, and on removing the napkins the nurse found a quantity of blood mixed with the motion. When seen soon after this (10 a.m., Sunday, October 11th), the hæmorrhage had ceased. It recurred, however, at 11.30 a.m., and at 3 p.m. on the same day; also at 4 p.m., when the child seemed to be in pain and suffering from tenesmus. Black stringy clots were coming away *per anum* freely, together with an oozing of a "tarry" consistence. The child was white and feeble, the gums and lips very pale, nose and forehead quite cold, and it was evident that unless the hæmorrhage soon ceased death must result. A warm dilute solution of perchloride of iron was injected into the rectum, and two or three minims of the perchloride in a teaspoonful of water given by the mouth. In addition, a mixture of ext. ergot. lig. ℥ v, in glycerine and water, was ordered every hour if necessary, and small quantities of Mellin's food to be given frequently. Directly after the injection the child appeared to revive and the bleeding gradually stopped; the



infant was ordered to be kept moderately warm, in the horizontal position, and moved as little as possible. On Monday morning, October 12th, it was found that the child had passed no blood during the night, and had slept well; the ergot, therefore, had only been given three times. There was slight jaundice; nothing noticed about the abdomen; no spots of any kind. A mixture of ext. ergot. lig. ℞ v, tr. camph. co. ℞ ij, and potass. iod. gr.  $\frac{1}{2}$ , in glycerine and water, was ordered every three hours.

On Tuesday morning, October 13th, it was stated that the hæmorrhage had appeared once or twice the day before in small quantities, and a good deal of pale urine had been passed. According to the nurse the child looked "as yellow as a guinea" this morning, early. Wednesday, October 14th.—No bleeding since Monday, October 12th; child has passed no motion since October 11th. Half a drachm of ol. ricini to be given, and repeated in two hours if necessary. Infant takes the breast and Mellin's food alternately. Saturday, October 17th.—The bowels acted three times after the second dose of the oil on October 14th, and a little hæmorrhage followed. The child is much stronger and takes its food well. Saturday, October 24th.—No appearance of hæmorrhage since October 14th. When seen on this date, the child was doing well.

There is a history of phthisis on the mother's side. The fourth child died of marasmus when a few months old; the other children are markedly strumous in appearance. It is uncertain whether the father, who is a deaf-mute, has had syphilis or not. It seems probable that there was some hæmorrhage into the stomach, as the child was seized with vomiting a few hours after its birth, but only a little glairy mucus was expelled. This was repeated from time to time until Sunday, October 11th, when melæna appeared. No blood was vomited at any time. None of the other children have suffered from melæna or hæmatemesis. Under the circumstances it is impossible, with any degree of certainty, to assign a cause for the hæmorrhage in this case.

## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

### EVELINA HOSPITAL FOR SICK CHILDREN.

#### CASE OF VESICAL CALCULUS IN A FEMALE CHILD—OPERATION—CURE.

(Under the care of Mr. CLEMENT LUCAS.)

We are indebted to Mr. CARPENTER, the Registrar, for the following Report.

H. L., a female, aged ten, was admitted into the Evelina Hospital on September 23rd, 1883, suffering from very severe pain on micturition, so great that she would scream for five minutes at a time when passing water. There was also hesitation at the commencement of micturition, and sometimes interruption during the act.

The history of the case was as follows:—Two years ago, in 1883, she told her parents that she had swallowed a pin, but she was not seen to swallow it, they only had the child's word for it. Fifteen months later the pin was passed in the water. It

was a long pin with a black-beaded head, and when seen was encrusted with phosphates. She has always suffered from pain on micturition since. The case was sent to the hospital from the country by Dr. Farr, of Andover, on the suspicion of stone, but she had not been sounded.

On admission she was placed under chloroform and sounded, when a stone was felt.

On September 30th, the patient, having been given chloroform, was placed in the lithotomy position. A three-bladed female urethral dilator was passed into the urethra, and, the stone being felt, the passage was rapidly dilated to the extent of admitting the finger. A large stone was easily detected. Lithotomy forceps were then inserted and the stone seized, but it crumbled during seizure, and was extracted piecemeal. During the operation the bladder was syringed out with a 1 in 40 solution of carbolic acid, and also again at the conclusion of the operation. On examining the stone it was found to be composed of phosphates, there was no nucleus, and the pieces weighed 140 grains.

Three hours after the operation the patient called for the chamber utensil, having held her water from the time of the operation. There was great pain on micturition, and a considerable quantity of blood was passed mixed with the urine. No inconvenience followed. An enema was given in the morning before the operation, and a normal motion followed.

October 1st.—She slept well, took plenty of milk, complained during the night of great pain on micturition, and passed much blood in the urine. This morning, has taken a little solid food, and plenty of milk. She passed water freely during the day, slightly discoloured with blood, and complained of slight pain on micturition. Her bowels were open once slightly during the night, and twice during the day, the motions being normal. Temperature 98·2°.

2nd.—She slept well and passed water freely during the night, only slightly discoloured, but complained still of great pain on micturition. During the day she passed water, discolouration slight, pain slight. Bowels open once slightly during the night, and twice slightly in the day-time, motions normal. Temperature 98·2°.

3rd.—She slept well, and passed water once during the night, slightly discoloured, pain slight. Takes food well. Passed plenty of water with but little pain. Bowels open once slightly during the night, motion normal. No motion during the day. Temperature 98·3°.

4th.—The patient slept well and passed water once during the night, discolouration slight, and slight pain. She takes food well. She micturates freely and without pain. Bowels open once, motion slight, but normal. Enema given, but was unsuccessful, and the rectum had to be cleared out. Temperature 99·1°.

8th.—Continuing to go on satisfactorily; the patient to-day got up.

14th.—Since the last note patient has gone on remarkably well, the further progress of the case calling for no detailed account. She leaves the hospital to-day cured.

*Remarks by Mr. LUCAS.*—The lodgment of a calculus in the female bladder is an infrequent event, and the retention of a stone in the bladder of a female child extremely rare. So far as I can ascertain, this is the only case that has occurred at the Evelina Hospital since its foundation in 1869. We must attribute the formation of the calculus to the introduction of a foreign body into the bladder, and to the subsequent cystitis in this way produced. The child's explanation of having swallowed the pin is, of course, to be regarded with the scepticism one always extends to the remarks of those who speak in fear of the truth. No doubt



the pin was introduced into the urethra, and its discharge, when coated with phosphates, is a proof of the irritation it excited. Probably some part of the coating became separated from the pin during the efforts which led to its expulsion, and became the centre of the calculus extracted. The absence of any nucleus of oxalate of lime or uric acid points very strongly to the probability of the calculus having taken origin in mechanical cystitis, produced by the foreign body. It is not a little remarkable that after the enormous size to which this child's urethra was dilated no incontinence whatever followed. The child held her water for three hours after the operation and then called for a utensil, and subsequently passed her water normally.

## APPOINTMENTS FOR THE WEEK.

*Friday, November 6 (this day).*

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, 8 p.m.—Mr. H. Percy Dunn, "A Collection of Specimens of Sarcoma and Carcinoma from Patients who have died in the West London Hospital during the last Fifteen Months"; Dr. C. Wells, "Specimen of Cancer of Colon"; Dr. Savill, "Microscopic Specimens of Cancer"; Mr. C. B. Keetley, "Case of Gritti's Amputation"; Dr. Alderson, "On the Ætiology of Cancer chiefly as to Local and Mental Causes"; Mr. H. Percy Dunn, "On the Theory of Cancerous Inheritance."

INSTITUTE OF CHEMISTRY, at Burlington House, 4 p.m.—To celebrate the Incorporation of the Institute by Royal Charter. Address by the President, Professor Odling, F.R.S.

*Monday, November 9.*

MEDICAL SOCIETY.—Clinical evening. Living specimens at 8 p.m. Dr. T. D. Savill, "Case of Myxœdema in the Male"; Mr. E. H. Fenwick, "Case of Extensive Varicosity of Abdominal Veins"; Dr. C. E. Beevor, "Cases of Athetosis"; Mr. John H. Morgan, "Case of Abdominal Tumour in a Boy"; Dr. J. K. Fowler, "Case of Bullet Wound of Thorax."

*Tuesday, November 10.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 p.m.—Dr. Stevenson Thomson, "Scarlatinal Albuminuria and the Pre-albuminuric Stage studied by frequent Testing"; Mr. Arthur Barker, "On some Points regarding the Distribution of the Bacillus Anthracis in the Human Skin in Malignant Pustule."

ANTHROPOLOGICAL INSTITUTE, at 3, Hanover Square, W., 8 p.m.—Mrs. Bryant, D.Sc., "Experiments on Testing the Characters of School Children"; Mr. Joseph Jacobs, "A Comparative Estimate of Jewish Ability."

*Wednesday, November 11.*

EPIDEMIOLOGICAL SOCIETY, 8 p.m.—The President, Dr. Walter Dickson, will deliver an Inaugural Address on "Recent Epidemics at Home and Abroad."

PHARMACEUTICAL SOCIETY, 8 p.m.—Mr. Charles Umney, "On the New British Pharmacopœia."

ROYAL MICROSCOPICAL SOCIETY, 8 p.m.—Mr. W. B. Turner, "On some new or rare Desmids"; Dr. E. Giltay, "On the Amplifying Power of a Lens or Objective"; Mr. F. Crisp, "Limits of Resolution in the Microscope"; Dr. E. Crookshank, "Microbiological Technique."

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 p.m.—Specimens by Mr. Lawson Tait and others. Dr. Imlach, "Treatment of Prolapsed Ovaries by Oöphorraphy"; Dr. R. T. Smith, "Fissure of the Cervix."

*Thursday, November 12.*

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 p.m. Living specimens at 8 p.m.—Dr. Sharkey, "A Case of Locomotor Ataxia with Ophthalmoplegia Externa and Interna"; Mr. Lang, "Pemphigus of Conjunctiva"; Mr. Snell, "Foreign Bodies in the Back Parts of the Eye, with Preservation of Sight"; Mr. Jessop, "On a Case exhibiting Definite Movements of the Pupils in association with the Extrinsic Movements of the Eye"; Mr. Nettleship, "Note on Gelatine Discs of Cocaine"; Dr. Samuel West, "Case of Double Optic Neuritis after a Fall; Perfect Vision throughout; Recovery"; Mr. Higgins, "Neuro-paralytic Ophthalmia."

*Friday, November 13.*

CLINICAL SOCIETY, 8.30 p.m.—Dr. S. West, "A Case of Idiopathic Purulent Peritonitis in a Child of Ten, with Autopsy"; Mr. Rivington, "Two Cases of Ligature of the external Iliac Artery for Femoral Aneurysm"; Dr. Dyce Duckworth, "A Case of Nitric Acid Poisoning"; Mr. Barwell, "A Case of Gastrostomy." Living specimens: Dr. Kingston Fowler, "A Case of Pseudo-hypertrophic Paralysis in an Adult"; Mr. Bernard Roth, "A Case of Severe Lateral Curvature of the Spine"; Dr. Crocker, "A Case of General Discolouration"; Dr. Colcott Fox, "A Case of Pigmentary Disorder"; Mr. John Morgan, (1) "A Case of Gastrostomy," (2) "An unusual Form of Spina Bifida"; Mr. Clutton, (1) "Cervical Spina Bifida undergoing Spontaneous Cure," (2) "Tubercular Ulceration of Palate"; Mr. Walsham, "A Case of Acute Spreading Obliterative Arteritis."

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Special Meeting, 9 p.m. The Bowman Lecture, by Dr. Hughlings Jackson, F.R.S.

# Medical Times and Gazette.

SATURDAY, NOVEMBER 7, 1885.

LAST Monday's sitting of the Medical Society was devoted by special arrangement to a discussion on the clinical significance of the deep reflexes, the subject being introduced in an admirable manner by Dr. Gowers. After some preliminary remarks on the nature of the tendon reflexes, he proceeded to express his conviction that the knee-jerk is always present in some degree in health; its absence he considers a most valuable sign of early locomotor ataxy, but its absence must be proved by a rigorous and careful examination. The loss of the knee-jerk in diphtheritic paralysis and pseudo-hypertrophic paralysis was also mentioned; indeed, in the latter disease Dr. Gowers regards it as a diagnostic point of very great importance. Ankle clonus he regarded as a very valuable sign of organic disease. Two fallacies, he pointed out, require to be guarded against in these examinations; the first is that the knee-jerk, though really absent, may be simulated by an excess of superficial reflex action, and the other, that in hysterical contracture a clonus is often obtained that is spurious, being due to a voluntary contraction of the muscles of the calf. Dr. Gowers then went on to speak of the real nature of the so-called functional diseases of the nervous system, pointing out with much force that nutritional diseases would be a much better and more correct name for them. Dr. Hughlings



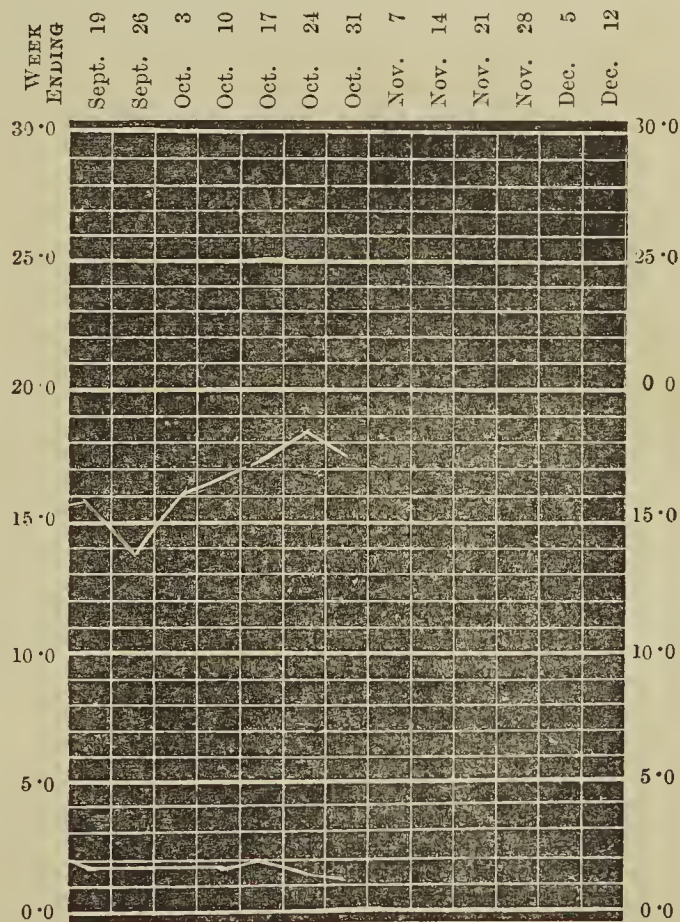
Jackson and Dr. Buzzard both agreed in the main with the views expressed by Dr. Gowers, and Dr. Althaus briefly alluded to one or two conditions which he thought ought to have been included in the paper. The totally unexpected collapse of the debate, through the unwillingness on the part of anyone to propose an adjournment, spoilt an excellent and instructive discussion, and seemed hardly courteous on the part of the Fellows towards the opener of the debate.

THE specimen which attracted most interest at the meeting of the Pathological Society on Tuesday last was one of spontaneous rupture of the bladder, brought by Mr. Hurry Fenwick. The patient from whom the specimen was taken had been a professional cornet-player, and had been seized, whilst playing, with severe abdominal pain, and no doubt at this moment the rupture took place, the contents of the bladder escaping into the pelvis; here they formed for themselves an extra-peritonæal sac, and for a time all went well; in fact, at the end of three weeks the patient seemed convalescent, but then this sac ruptured into the peritonæum, speedily setting up a fatal peritonitis. Mr. Fenwick offered alternative hypotheses to account for the disease which rendered the rupture possible, one of which, viz., that of the giving way of one or more tunicary herniæ, seems, especially after the remarks made by Mr. Arbuthnot Lane, a competent and likely explanation. Mr. Anderson showed an unusually large intracranial aneurysm, probably the largest on record; the case was peculiar in the fact that the symptoms were by no means always present. Dr. Norman Moore brought a very interesting specimen of endocarditis associated with atheroma of the aorta, but with no valvular disease, a condition which appears to be very rare, and which he thought might have been the result of syphilis. Many other specimens of interest were shown, to which we cannot here refer, notably a card specimen of black tongue, sent by Dr. Lediard, of Carlisle. We ought not, however, to omit to mention the admirable demonstration which Dr. Sainsbury's case elicited from Mr. J. B. Sutton on the mode of production of certain teratological tumours.

It is a matter for congratulation that the police authorities of the metropolis have decided to enforce with the utmost strictness the enactment which provides for the seizure and detention of stray and ownerless dogs. In certain of the London districts it is officially notified that such measures will be rigidly carried out "for a space of 60 days"; and all owners of dogs are earnestly admonished to permit free access to plenty of pure drinking-water. This is certainly a move in the right direction, and excellent so far as it goes. The fault, and it is a serious one, lies in the fact that it does not go far enough to ensure dealing comprehensively with the matter. It is all very well to enforce muzzling and to snap up stray dogs within a district where the appearance of some rabid cur has started something like a panic. But mad dogs are specially given to wander, and preventive measures which do not recognise this fact, and the

essentially sporadic character which an outbreak of hydrophobia is thus apt to assume, may indeed prove of some selfish value by their local effect, but are little better than a delusion as regards promptly and completely stamping out the mischief traceable to many different and widely separated foci. A fitful system of muzzling, intermittently adopted by various local authorities in accordance with their own supposed sufferings or immunity, without regard to any common plan of action, is necessarily doomed to failure. Whatever measures are taken must not only be good of their kind, but they must be carried out to the letter throughout the length and breadth of the land if we are to do what we all profess to be anxious to have done,—namely, stamp out rabies with the minimum expenditure of time, trouble, pain, and life. It seems that a system of combined badge and license, similar to that advocated by one of our correspondents last week, is in force in Holland, with, it is stated, satisfactory results.

THE low death-rate which obtained in London throughout the third quarter of the year is being maintained in the present one, the average for the past four weeks being 17·5 as compared with 19·6 for the corresponding period of the preceding ten years. Last week there were 1,366 deaths in London, 244 below the average, and of these only 111 were attributed to the zymotic diseases. Of the latter whooping cough alone exacted more than its average number



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past seven weeks.

of victims, counting 36 as compared with 31 last week. Measles caused 23 deaths, and scarlet fever and diphtheria 10 a-piece. From diseases of the respiratory system there were 358 deaths, showing a trifling increase over last week's record. The mean tempera-



ture was  $44^{\circ}$ , and  $4.2^{\circ}$  below the average for the week. The general health of the principal towns remains satisfactory, and there was nowhere any special fatality from any of the infectious diseases. In Glasgow and Dublin the general death-rates were 27.4 and 25.6, both returns being considerably higher than those for any of the chief provincial towns in England.

WE have on several occasions drawn attention to the controversy between the staff and the lay governors of the Aberdeen Royal Infirmary, and our readers will remember that one of the chief points in dispute had regard to the sanitary state of the hospital. In consequence of the publicity which had been given to them, and the serious nature of the charges of Dr. Angus Fraser and the rest of the staff, a committee of enquiry was at length appointed, and their report has just been received and adopted by the Board. The state of affairs disclosed would be literally incredible, did it come from any less official source. The water-closets, so says the Report, are altogether unsuitable for the interior of any inhabited building; the troughs, in several instances when inspected, were found to be full, it being apparently the usual practice for a man to go round once a day and lift the plug; the water-closets, it is to be noticed, open directly on a passage communicating with the wards. The waste pipes of these troughs are not trapped at all. The baths are described as dirty and repulsive, being placed in dingy closets; the waste pipes from these and from the basins, and the overflow pipes from the cisterns, all communicate directly with the soil pipes. The drains were found to be defective, especially at their junction with the pipes. The Report concludes with the terse statement that the whole sanitary arrangements and appliances are wrong in principle and defective in workmanship, than which no more sweeping condemnation could well have been made. The Board have had the wisdom to see that it would be futile any longer to deny the necessity for alteration, and have given instructions for plans of the necessary sanitary alterations to be drawn up. We regard the appointment of Miss Lumsden as Lady Superintendent as another proof that the Board have at last realised the truth about the numerous complaints as to the inefficiency of the nursing, and we are satisfied that the appointment of so experienced a lady is a sufficient guarantee that the nursing will be conducted in a very different manner in the future from that which we have lately had reason to condemn and regret.

OUR Glasgow correspondent writes: The Liberal Committee of the General Council of Glasgow University have decided not to offer at this time any opposition to the return of the present sitting member, Dr. James A. Campbell. It is understood that this decision has been dictated by various considerations. Dr. Campbell has proved a hard-working member, and qualified, in a way few candidates would be, to represent the interests of the Universities, so that his services were specially valuable at a time when legislation was being proposed for these institutions. It was therefore felt that the Committee could only oppose

Dr. Campbell with success if a medical candidate of eminence were obtained or a politician of the first rank. Even if such a one were secured, there would be great risk at present of his chances being marred, as Mr. Erichsen's have been in Edinburgh, by the disestablishment difficulty. It seems, however, as if the Conservative member were threatened by opposition of a novel kind. He was asked to receive a deputation from the University Council Association, who desired to urge upon him the necessity of reform in the teaching and management of the Scottish Universities, and he consented. The meeting took place in the St. Enoch Station Hotel, Glasgow, on Thursday of last week. The spokesmen of the Association were Mr. R. Vasy Campbell, Advocate; Dr. D. C. McVail, Rev. J. W. King, and Mr. W. R. Herkless. These gentlemen placed a bold programme of reform before Dr. Campbell, one of the chief proposals being that the administration of the University as a whole should be taken out of the hands of the Senate and placed in the hands of an enlarged University court, in which the Council should be more fully represented. Dr. Campbell, in his reply, declined to commit himself to any particular proposal, but expressed his approval of the proposals of the late University Commission, and desired to see a new Commission appointed which would make enquiry into such questions as those which had been raised, and would also have executive powers. This is all the deputation got out of Dr. Campbell. It is impossible to suppose that they ever expected more, and equally impossible to suppose that they would be satisfied with it, or at least that the leading spirits of the Association would be satisfied with it. So, at a subsequent meeting whose proceedings were not reported, dissatisfaction was expressed with Dr. Campbell's reply, the chief expression of this feeling also devolving upon Mr. Vasy Campbell; and then, by some other speaker, the suggestion was thrown out that Dr. Campbell should be opposed by the Association, in short, that the Association should run a candidate of their own. It appears that the meeting did not fasten upon the idea with any avidity, and that, indeed, its sympathies were so evidently with subsequent speakers, who took occasion to object to the Association being made a political engine, that the idea was allowed to drop, and the meeting thereupon broke up. Whether, therefore, Dr. Campbell is to be returned unopposed, remains to be seen. The energetic reformers who rule the Council Association may make another effort to run a candidate, and probably Mr. Vasy Campbell would not object to fight still more vigorously for the principles he has of late shown so keen a desire to advocate.

THE Winter Session of the Edinburgh University was opened on the 27th ult. by an address from the Principal, Sir William Muir, who drew attention to the great advance in the number of their students. In 1833-4 1,754 students matriculated; in 1884-5 they had 3,338, so that in the half-century the numbers had nearly doubled. Moreover, these increasing numbers were drawn from all grades of the people and from every quarter of the nation and its dependencies. In a subsequent portion of his address Sir W. Muir



suggested the foundation of halls and hostels for the residence of students. In the evening the students held a torch-light procession in honour of their new Principal. On the 28th the various classes were opened by addresses from the Professors. Dr. Grainger Stewart, in the Practice of Physic class, devoted his remarks to Oertel's views with regard to the treatment of heart disease by dry diet and hill-climbing. It had always been admitted, he said, that the heart muscle, like others, might be improved in its tone by exertion. Scottish physicians were recommending exercise on the level, and particularly such exercise as golf afforded; but, if Oertel's views should be confirmed, instead of sending their patients to St. Andrew's or Machrihanish, they might have to send them to Ben Ledi or Ben Nevis. The superior advantages claimed for hill-climbing must, however, be carefully investigated. The treatment was manifestly well suited for certain cases of heart disease, but it would be useless and even hazardous in many others, such as those in which the fibre was degenerated or the valves recently or seriously affected. In such cases great caution must be exercised with regard to effort, and rest in bed had been proved to be of importance. In the Physiology class Dr. Rutherford dealt with bodily motion and its results, concluding with the assertion that either we must adopt the theory that the intelligence resulted from the motions of molecular mechanisms, or that in all animals which gave signs of intelligence there was a mind super-added to matter, which used the mechanism of nerve cells to make itself manifest. Comparative physiology pointed to the former conclusion as the more probable. But, should that view come to be adopted, mental philosophy would be as ever a study of the highest moment, and moral philosophy and practical religion would be none the less essential as aids to human progress. In opening his class, Professor Fraser said that the traditionary method of instruction in *Materia Medica* could no longer be adhered to, because by general consent its many departments had been separated into two groups, and the re-arrangement had demanded a great expansion of educational appliances and accommodation. With reference to the subject of pharmacology, he thought it was now time that in Great Britain they should be up and doing something. They had been trusting very much to their friends in Germany and in France for fresh acquisitions in pharmacology, and that was a reproach which ought not to be allowed to continue. Professor Chiene, in his address to the Surgery class, dwelt on the necessity of preserving the individuality of the student. Dealing with the question why it was that so many students migrated north into Scotland, he said he could not help comparing their migration with the migration of birds. Ornithologists agreed that birds migrated from one place to another to get food, and he believed that the main factor at work in students coming to Edinburgh was that they got mental food. The great danger, as he had already warned them, was the danger of over-feeding; he wanted them to pick up for themselves rather than to be fed. In the Anatomy class Professor Turner spoke of the organism and its constituent organs, and in the

class of Pathology Professor Greenfield dealt with the question of taking notes and the copyright of the Professor in his lectures.

CONSIDERABLE interest attached to the opening of the Winter Session in the School of Physic in Ireland on Monday, the 2nd inst., as the occasion was chosen to inaugurate the new anatomical theatre of the school in the presence of the Lord Lieutenant. The opening address was delivered by Dr. D. J. Cunningham, Professor of Anatomy in the University of Dublin. The Anatomical Theatre is in direct communication with the dissecting room and other anatomical apartments. Its construction was commenced in July of the present year, and has been completed in a period of less than three months. The theatre is not what would be regarded as a spacious building, but its accommodation has been well developed. It is constructed after the model of the Edinburgh Anatomical Theatre, but is regarded as a decided improvement on that structure. The seats are arranged in a half ellipse, horseshoe fashion, and will accommodate 300 students, a desk on the floor centre of the ellipse being provided for the professor, with demonstrating plates of ground glass in front of the class. His Excellency was received on his arrival by the Provost of Trinity College, and upon entering the new Anatomical Theatre the assembled students cheered him loudly. By some strange chance or oversight no formal invitation to be present at the opening ceremony was sent officially to the President and Fellows of the King and Queen's College of Physicians, who exercise a joint control over the School of Physic with the Provost and Senior Fellows of Trinity College.

THE Winter Session of the Meath Hospital and County Dublin Infirmary was inaugurated on Monday, November 2nd, with an introductory lecture by Dr. Arthur Wynne Foot, the senior physician of the hospital. There was a large attendance. Dr. Cruise, President of the College of Physicians, presided. The address, which was a singularly able one, and had for its theme Clinical Instruction and Clinical Observation, appears at length in the *Dublin Journal of Medical Science* for November, and will well repay perusal. In the evening the third annual dinner of the Governors and old students of the Hospital took place at the Shelbourne Hotel. Dr. Foot presided, and the company, which included several guests, numbered fifty-seven. The *menu* card was a unique specimen of art, giving, as it did, a picture of the Meath Hospital, vignettes of Graves, Crampton, Stokes, Macnamara, Porter, and Smyly, with the dates of their appointment and resignation, and also a map of the world, representing geographically the ills that flesh is heir to, with the hospital motto—"Quæ regio in terris nostri non plena laboris."

THE Dublin Hospitals Commission continued their sittings on Saturday, October 31st, and Monday and Tuesday, November 2nd and 3rd. On Monday the case of Dr. Steevens' Hospital was proceeded with, the evidence as regards the House of Industry Hospital having been closed on Saturday. The Secretary sub-



mitted the answers sent in to the queries issued by the Commission, which stated that the hospital, founded in 1720 by proceeds of land bequeathed by Dr. Richard Steevens, is now governed by a board of Governors—twelve elected and nine *ex officio*. There is an annual grant from Parliament of 1,300*l.* given, and a continuance thereof claimed on the ground that at the request of the Government certain accommodation had been provided and services rendered in the institution as to the medical care of the constabulary and of patients suffering from specified disease. The hospital was utilised for purposes of medical education, but the average number of students on the books receiving instruction during the past three years was only 6·3. The number of intern patients treated in the hospital during the twelve months ended the 31st of March, 1885, was 1,376, while 2,054 accident cases had been attended to, and 9,622 dispensary cases. On an average there were nineteen beds under the control of each visiting physician and surgeon daily. Cases of infectious disease were received from the Constabulary. The total annual income was returned at 6,734*l.* 5*s.* 7*d.*; 1,196*l.* 10*s.* 2*d.* for pay patients, 2,630*l.* 0*s.* 1*d.* from rents of houses and lands, 284*l.* 0*s.* 7*d.*, interest, dividends, &c.; 182*l.* 4*s.* 2*d.* from the hospital; and the expenditure was in excess of income by 1,638*l.* 8*s.* 1*d.* The average daily number of beds occupied throughout the year was but 94, the average annual cost per bed, as compared with 51*l.* 14*s.* 11*d.* in the House of Industry hospitals, was 67*l.* 7*s.* 5½*d.* Dr. Thomas W. Grimshaw, the Registrar-General for Ireland, and a consulting physician of the hospital, and Mr. Edward Hamilton, one of the visiting surgeons to the hospital, were the witnesses examined on Monday. On Tuesday the Commission examined witnesses on behalf of the Meath Hospital, which receives a Government grant of 600*l.* a year.

OUR Paris correspondent writes:—The academical discussion which was expected to take place between M. Pasteur and his opponents fell through altogether; the illustrious champion of inoculation not having appeared in the field, his chief adversary, M. Colin d'Alfort, declined addressing the Academy. In the meantime a number of more or less authenticated cases of hydrophobia flock to the laboratory of the Rue d'Ulm, and if M. Pasteur had the *commercial* spirit of a Dr. Ferrán he might easily start a flourishing practice. At the Congress of French Veterinarians, where M. Pasteur was hailed with loud applause, some doubts were expressed as to the condition of the dog by whom the young boy, Joseph Meister, was bitten. It was observed that the mere fact of finding bits of wood and straw in the animal's stomach after death was not a sufficient proof of rabies, and that, the animal having been immediately killed, no means were left of ascertaining the progress and evolution of the case. On the other hand, the young shepherd who was placed under treatment by M. Pasteur, is reported cured. The validity of these cures must, of course, be left to the test of time. But a wide and promising field is now thrown open to the activity of Continental physiologists in which they will not

be troubled by English competitors, thanks to Miss Cobbe and the Anti-vivisection Act.

THE trial of Dr. Estachy has just come to a conclusion. It will be remembered by the readers of the *Medical Times* that this gentleman, who enjoyed a flourishing practice in a town in the south of France, was disturbed by the appearance of a rival practitioner, Dr. Tournatoire. Intense jealousy soon arose between them. One day Mme. Tournatoire received from an unknown hand a parcel of game. She partook of it, together with her servant. Both soon exhibited severe symptoms of poisoning by belladonna, but ultimately recovered. The remaining birds, on being examined, were found to contain a large quantity of atropine. The parcel was traced to Dr. Estachy, who, when called before the judicial authorities, made a full confession, but pretended to consider the whole affair a practical joke. The Court has just sentenced the doctor to eight years' imprisonment with hard labour, and has degraded him from the Legion of Honour, of which he was an unworthy member. So much for the consequences of a *practical joke*.

THE Medical Society of Berlin has just celebrated in business-like fashion the twenty-fifth anniversary of its foundation. Although we may hesitate before assigning to it the very foremost place among scientific societies, it has nevertheless every title to the respect of the profession in other countries than its own for the sterling character of its work and the untarnished purity of its reputation. Formed under the guidance of Albrecht von Graefe by the amalgamation of two medical societies of Berlin, it has already been the scene of some epoch-making discoveries and of many notable discussions. The speech delivered by its President at the festive gathering last week was worthy of the occasion. Professor Virchow occupies a position in the medical world which is almost unique and in the lesser world of his own immediate surroundings he is an object of well-nigh reverential worship, standing, in point of intellectual vigour and historical association, on a level with the late Prime Minister of England. His words, although addressed to a local and very sympathetic audience, have a value which may be appreciated in medical society all the world over.

It is not long since the advantages of specialism in medicine were brought somewhat prominently before the public in London in the pages of a well-known magazine, and one of the most powerful arguments which could be brought to bear in support of the opposite view was this: that the younger and more enthusiastic workers in medical science, having all the facts before them, deliberately select the broad roads of general medicine and surgery in preference to the narrow and possibly devious paths which lead to the pecuniary success of the specialist. To all the workers in the wider and more laborious field the words of Professor Virchow will be welcome, in which he cordially supports the view that the separation of the science even into such wide divisions as those of medicine and surgery is not so conducive to its real



advancement as the union of all its divisions into one comprehensive whole. "No specialty," he says, "can really flourish which cuts itself entirely off from the great body of the science." He condemns as the highest flight of folly and mischief the establishment of schools for the study of special subjects without regard to the requirements of general medicine. For the medical societies he rightly claims a large share of credit that so many of them are always tending to unite the diverging lines of medical study and practice by bringing together all branches of the science for discussion by practitioners of every variety of opinion.

WITH unsparing tongue Professor Virchow expounded the differences between the written and unwritten codes of medical ethics. The lamentable example afforded by the recent proceedings in the United States, whereby the next meeting of the International Congress is jeopardised, has shown that the most elaborate code will not serve to instil self-respect into the minds of those to whom it appeals, or to keep in check the overwhelming desire for notoriety by which the less scrupulous members of an honourable profession are too often actuated. In the medical profession no written code of ethics should be necessary; "it should be borne in the bosom of every good practical doctor, and if, by chance, he should transgress it, the example and influence of his fellows will suffice to set him on the right path again." With pardonable pride Professor Virchow claimed for the profession in Germany that its own good sense and no elaborate code of restrictions had sufficed to keep the ranks clear of all who might disgrace them, and had raised Medicine from the grade of a "craft," as it is described in the statutes, to the more honourable position of a free art, neither dependent upon State support nor hampered by Imperial supervision.

It is now several months since a correspondent of one of the medical journals detailed his experience of the value of pigeons as messengers in country practice. It was his habit to start upon his rounds accompanied by a basket containing a number of "homing" birds. Upon leaving the house of any patient for whom some speedy attention was desirable, a scrap of thin paper bearing the necessary message or prescription was folded and attached to a pigeon's leg, and the bird was then set at liberty. The missive was detached as soon as the aerial postman reached the doctor's house, and the medicine at once made up and despatched. The Editor of the *Field* suggests the further elaboration of this system. In the course of an interesting article on the subject he cites an instance in which pigeons are in the habit of thus carrying the morning newspaper, in sections, to their owner, who lives at a distance of some five miles from his post-town. A page of the *Telegraph*, for instance, is folded into a longitudinal strip and rolled tightly into a cylinder, which, suspended round the bird's neck, hangs in front of its breast. One of these packages was found to weigh no less than three-quarters of an ounce; and

it would, of course, be quite feasible thus to rapidly despatch small quantities of potent remedies with tolerable certainty and safety. The scheme is, no doubt, a "pretty" one; the practical hindrance to its general adoption lies in the fact that, like most other arrangements, it can only work so long as it is always in working order, and that few people will undertake the trouble of purchasing, keeping, and training carrier pigeons in order that one may be available as a messenger in the event of a dozen pilules or a few minims of a concentrated fluid being required in a hurry. It is also urged that, by the time a system of this kind could have been generally adopted throughout the country, the need for it will have passed away; that, in short, London, Birmingham, Liverpool, and Manchester will have run together into one vast wilderness of bricks and mortar, through which pedestrians will speed on patent electro-rubber boot-soles over corrugated steel pavements. It is possible that something may be made of Mr. Tegetmeier's suggestion before this consummation comes upon us. But meanwhile it is probable that the ordinary special messenger will continue to be employed whenever conveyance by the overburdened rural postman is deemed a too tardy means of transit.

A CORRESPONDENT sends in the following:—It has frequently been urged by leaders of the profession, such as Sir James Paget and others, that the hospital schools would do well to cease to attempt to impart instruction in pure science, such as Physics, Chemistry, and Biology, and should leave this to the special colleges of science. That the medical students of London are of their own accord acting in this direction is evident from the fact that, out of 159 successful candidates at the Preliminary Scientific Examination of last July, 52 came from the Faculty of Science of University College, Gower Street. The next largest number (a long way behind) is 16 from St. Bartholomew's—whilst Guy's, St. Thomas's, and King's passed 11 each. It further appears that the total number of candidates who entered their names as having prepared for this examination at University College was 63. Thus only one-fifth of the University College candidates failed. Of the total number of candidates from all localities as many as one-half failed. These facts are worthy of serious consideration. They certainly tend to prove that the examination is not so difficult a one as some persons represent it to be. Candidates who take the trouble to prepare for the examination at a properly organised school of scientific instruction have no difficulty in passing. The failures at the examination are not due to the fact that the test is too severe or of too high a standard, but simply to the fact that the candidates who fail have not been through a course of preparation equal in efficiency to that offered at University College. Very naturally the managers of our London schools are afraid that the student who studies his preliminary science at University College will stay on there to carry out his medical studies. The entries in the Medical Faculty of the college abundantly prove that this is a groundless fear. The students of the Faculty of Science of University College do *not* exhibit any



preference for University College Hospital. Of the 52 successful candidates of last July, only 12 have entered the Medical Faculty of the College. The Metropolitan Schools generally might, quite fearlessly and without detriment to their entries, make use of the Faculty of Science of University College and issue admissions to the science courses there as part of their own composition ticket.

THE current number of the *Revue de Chirurgie* contains notes by Dr. Kirmisson, of Paris, on a "Voyage chirurgical à Londres," from which we extract the following:—After relating his impressions, as acquired in a variety of hospitals, he concludes a very flattering account by stating some general conclusions at which he has arrived. He was most struck, first at the Samaritan Hospital, "with the marvellous cleanliness of the wards, the happy arrangement of the operating table and of the instruments, and the silent and attentive assistants. These details were at first thought to be special to this hospital, but subsequently he found "that this exquisite cleanliness and this good organization were absolutely general" throughout the London hospitals. "The wards have a smiling aspect; here and there are flowers; engravings on the walls; a singing bird in its cage. These appearances remind the patients of home rather than of a hospital ward. There are no disagreeable smells, no dirty objects about; all the articles of furniture, all the utensils required by the surgeons, the very floors even, are perfectly clean." The operating theatres were even more striking still. "It was with sadness, after having seen all these details, which to-day have so great an importance in the practice of surgery, that I returned home, and felt the condition of real inferiority in which the Paris hospitals now stand." The *personnel* of the wards is not deficient in number only, but much more so in training; the wards are all overcrowded; for each one, in addition to the ordinary beds, has provisional beds—*brancards*—so that, instead of 30 or 40 patients, they contain not infrequently 50, or even more; while the *personnel* is not increased in the same proportion. Thus it comes that, although "torrents of carbolic acid and mountains of gauze are used," antiseptic surgery, as practised by Lister, is unknown in Paris. "Hospital surgeons cannot be blamed for such a condition of things; but it is for them to enlighten the administration, and to say, 'the antiseptic method has revolutionised surgery; the old order of things which obtains in the hospitals no longer meets the requirements of modern surgery—reforms are necessary, they are urgent.'" Dr. Kirmisson concludes his paper with a series of recommendations. We can, from personal knowledge of the Paris hospitals, quite endorse his plea for a radical change in their administration. It is to be hoped that such praise as this will not lead our London hospital administrators to the belief that they have arrived at perfection, but that it will rather give them the courage to proceed in a course which has not been entirely free from opposition.

A NEW method of treating lupus has recently been suggested by Professor C. Gerhardt, of Berlin, which may be said to be a direct outcome of the discovery of the bacillus of tubercle. Hitherto it has always been thought essential to use destructive measures in dealing with the disease, and whether by cauterization or by direct scraping out of the affected tissue the main object has always been the same. But of late years the presence of the tubercle bacillus in the lupoid patches has been constantly recognised, although in very small number. As many as twenty and thirty specimens have been examined by Professor Koch before the bacilli have been seen. Taking this fact into consideration with the extremely slow progress of some cases of lupus, Professor Gerhardt is led to the belief that while the bacillus is at work as a principal factor in the disease, some other element must be present which prevents the bacillus from spreading and multiplying with the rapidity which characterises it elsewhere. He finds in the superficial situation of lupus and its consequent exposure to cold, the deterrent influence which hinders the spread of the micro-organism. Acting upon this view, he has adopted a form of treatment whereby the influence of cold, by means of small ice bags, can be constantly exercised upon the diseased surface, and he records some cases (*Deutsche Medicinische Wochenschrift*, No. 41) which would seem by their results to justify the line of treatment, if not to prove the theory upon which it is founded. The advantages claimed for the method are these: that the disease is checked in the same or even a shorter time than by the ordinary means, and without any destruction of surrounding tissues, and that the activity of the tubercle bacilli is checked, if not altogether destroyed. To what extent the good results hitherto obtained will be permanent has, however, yet to be proved by the test of time.

IN his half-yearly report for the term ending June 30th, Dr. Collingridge, the Port Medical Officer, speaks at some length on the matter of the rag trade. As our readers are doubtless well aware, on the news of an outbreak of cholera the Local Government Board issues an edict forbidding the importation of rags from the infected district, such prohibition lasting until further notice unless any definite time is stated. Dr. Collingridge points out the great injustice that is done by this action to an important trade, and moreover he shows that it really defeats its own object, as the consequence is that a large portion of the rags thus condemned are kept in waiting until such time as they are again permitted to be landed, when they can be brought in without let or hindrance, and with just as much risk to the public at large as before. A standing rule that all rags previous to being landed were to be subjected to the action of a sufficient heat to destroy all germs, would at once remove the injustice at present made on one industry, and would afford a permanent security against the introduction of disease by this channel. The number of vessels inspected during the half-year was somewhat less than usual, not from any lack of activity on



the part of the officers, but partly owing to the depressed state of the shipping trade and partly to the unsatisfactory condition of the steam launch at the disposal of the Authority. The number of vessels ordered to be cleansed was actually larger than on previous occasions, and this was due not so much to any carelessness on the part of the masters of vessels, as to the increased power which a better definition of its functions has enabled the Authority to wield. Dr. Collingridge and his inspectors have been as zealous as ever in dealing with outbreaks of infectious disease, of which there were but few, and which in no instance, thanks to their vigilance, were allowed to spread. The amount of unsound meat condemned was smaller than on some previous occasions, but in March one ship, which had met with bad weather, was found to have a large consignment of meat in a putrid state; the whole cargo, amounting to 30 tons, was condemned and destroyed. Dr. Collingridge finds that sanitas oil is the most satisfactory material for the treatment of diseased meat; it adheres closely to the meat, gradually soaking in, and its flavour is such that there is no likelihood of any one attempting to eat meat, to which it has been applied; as it mixes with common oil without any detriment to its properties, a small quantity goes a long way, and it is therefore a cheap article to use for the purpose.

THE rural sanitary district of Glanford Brigg having been for some time the seat of a serious epidemic of diphtheria, the Local Government Board instituted an enquiry through the medium of Dr. Astley Gresswell, whose report<sup>1</sup> is now before us. The district in question is divided into two groups for the purposes of this report, viz., (1) The ironstone villages, of which the most important are Bromby, Frodingham, Scunthorpe, Crosby, and Ashby; and (2) the villages of Horkstow and Worlaby. The epidemic in the ironstone villages had lasted about sixteen months, in which time 388 persons had been attacked, and 51 had died. Of the total number 121 were over 20 years of age, and of these only 2 died. For the rest there were 120 boys attacked, with 18 deaths, and 147 girls with 31 deaths. The disease was clearly introduced from without in the beginning of 1884, and was, in many instances at any rate, communicated by personal contact, the habits and customs of the villagers being peculiarly suited to facilitate the progress of disease in this way. The cottages inhabited by the villagers were found, almost without exception, to be destitute of any means of ventilation. The privy accommodation mostly consisted of ash-pits, which were, in many instances, so large and so difficult to get at that thorough cleansing of them was impossible. The sewerage was by means of non-ventilated clay-jointed pipes. The water supply was deficient in quantity and bad in quality. Milk was reported to be very scarce, and both the National School at Frodingham and the Board School at Ashby

were very ill-ventilated. The outbreaks at Horkstow and Worlaby afford additional evidence of the way in which school attendance contributes to the spread of this type of infectious disease. The introduction of the disease into the former village from without was clearly made out, but the mode of origin in the case of Worlaby could not be satisfactorily determined. In every instance closure of the school proved a speedy and effective means of bringing the epidemic to an end.

THOUGH it is not more than three or four years since the Municipal Laboratory for the Analysis of Food was opened in Paris, it has for some time been largely utilised by the public. Two kinds of examinations are made of articles submitted by private persons: the so-called qualitative, which, however, is often practically a quantitative one, but in which the article is simply referred in the certificate to one of four classes, viz., good, passable, bad, but not injurious, or bad and injurious. For this no charge is made. In the quantitative examination the proportions are stated numerically, and a fee varying from five to fifty francs is demanded. For the greater convenience of the public, the articles may be left at any police station, whence they are collected daily by a police van and taken to the laboratory. Each parcel must bear the name and address of the vendor, and, if found "bad," an "expert inspector" is immediately dispatched to inspect the stock of similar articles and to obtain samples for further analysis, with all the legal formalities necessary for their identification in court. Should they be condemned, a prosecution is undertaken by the municipal authorities, but the name of the original purchaser is not divulged. Whatever may be the result of the action taken by the authorities, the effect of the first certificate, condemning the article as "bad," naturally leads to a withdrawal of his custom by the purchaser, and the fraudulent tradesman thus suffers a pecuniary loss often far exceeding any fines imposed by the court. All articles sent to the laboratory are received by an official who enters in a book the particulars of the purchase and hands to the applicant a counterfoil, telling him when to call for the result. The samples are then numbered, and sent into the laboratory without any indication of their source. Such articles as admit of it, wines especially, are first submitted to experts accustomed to judge of their quality by taste, smell, and appearance, before being handed over to the chemists for analysis. Though these men are generally competent to undertake any kind of work, they devote themselves specially to single departments, as the analysis of wines, milk, fat and oils, &c., or to microscopic work. This regulation is found to effect a great saving of time, and to facilitate the operations of the office, while ensuring the greatest accuracy.

THERE is a little consolation to be got by London Medical Teachers out of a study of the returns of new entries at the Provincial Schools. At Cambridge, which to the London teachers of primary subjects is

<sup>1</sup> This report may be obtained from Knight and Co., 90, Fleet Street; Shaw and Sons, Fetter Lane; Hadden, Best and Co., West Harding Street, Fetter Lane; and P. S. King and Son, Canada Building, King Street, S.W.



the most formidable as to the clinical teachers it is the least formidable, of provincial rivals, the entry has slightly fallen off from 111 last year to 104 this year. At Manchester there is a decrease of 13 in the number of students who have entered for the full curriculum, viz., 54 this year as against 67 last year. But 40 students have entered for special courses, and a large proportion of these will, no doubt, figure among the full entries next year. At Birmingham the total entry is 28, about the same as last year. But at Leeds and Bristol there has been a striking increase, the former recording 37 full entries as compared with 24 last year, and the latter having 31 total entries against 20 in 1884. We have as yet received no returns from Oxford, Newcastle, and Sheffield.

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### THE RECONSTRUCTION OF LONDON UNIVERSITY.

LONDON University Convocation met on Tuesday, and resolved by 120 votes against 76 not to proceed with Lord Justice Fry's scheme as it stands. The majority were in favour of sending it back for reconsideration and amendment to an enlarged special committee of fifty members, including as many of the original committee as were again willing to serve. As Lord Justice Fry, however, with several of his colleagues declined to have anything more to do with the scheme, the meeting was adjourned until December 8th, when we may take it for granted that another committee will be appointed to amend the proposals at present before the House. We regret the vote, for, much as we dislike certain effects of the scheme, we believe it would have been easy for Convocation to suggest such amendments in it as would have made it acceptable to the majority of the graduates; whereas we have little hope that a new Committee, containing as it must so many representatives of divergent interests, will be able to agree upon any scheme for the reorganisation of the University which will really contain the elements of a vital reform. The longer the question is debated, the more irreconcilable do the ideals of the opposed parties appear. The ideal sketched by Professor Michael Foster, in his admirable speech on Tuesday, of a University governed solely by those who are engaged in University work, is not one that commends itself to Convocation groundlings, whose ideal University is one in which they would be mainly supreme. No doubt Professor Foster's contention that teaching is the true office of a University, and examining only a very subordinate function, is a hard word to the thick-and-thin adherents of a University which has gained what reputation it has solely through its success in passing and plucking the pupils of other institutions. But, as we saw on Tuesday, and as we shall see more clearly when the division list appears, it is the view which has the support of the best minds in Convocation, as it had the support of the best speeches and the most telling arguments. The difficulty is to reconcile the two views, as they must be reconciled if any scheme is to be proposed which will be acceptable to

the body of graduates. We have all along contended that Lord Justice Fry's scheme gives too little influence to Convocation in the affairs of the University. It is true, as maintained by its supporters, that the scheme professes to leave the privileges and powers of Convocation untouched, but it is impossible to deny that in reality it limits those powers very materially. Convocation is still to retain the privilege of making representations to the Senate, and the effect of those representations might be supposed to be increased by the fact that the representatives of Convocation on the Senate would, under the scheme, hold office during good behaviour, and not, as at present, for as long as they choose. But when side by side with Convocation there are called into being other bodies, with not only the right, but the duty, to advise the Senate, it is impossible to maintain that this particular privilege of Convocation remains untouched. Suppose the Boards of Studies advise the Senate to a course distinctly opposed to that recommended by Convocation, is it likely that the recommendations of the latter will have as much weight with the Governing Body as they have now, when they proceed from the only authoritative voice that can make itself heard? We think, for reasons we have repeatedly expressed, that the failure to give Convocation a larger share of representation on the Senate and the Boards of Studies constitutes the main defect of the scheme of the Special Committee, but the defect is one that could readily have been remedied if Convocation had only condescended to pass a resolution to that effect, and we regret that the scheme is likely to be referred to a new Committee, to the loss of many precious months in the settlement of a question which everyone admits to be of pressing moment. We fear that the new scheme, when it comes before Convocation—if ever it does come—will be found to be a mere tinkering reform, instead of the large and able measure of reconstruction which almost every one admits Lord Justice Fry's scheme to be.

The best friend of Convocation cannot pretend that it showed to advantage on Tuesday last. It was at loggerheads with one of its own resolutions, and yet was ruled not to have the power of rescinding that resolution. Some months ago it approved certain specified objects of the Association for Promoting a Teaching University in London, and appointed a Special Committee to promote the carrying of those objects into effect "by this University." A scheme is submitted to it which does propose to carry those objects into effect, and Convocation practically decides that it has changed its mind, that it does not approve those objects, and therefore will not look at the scheme. Really there is some excuse for the action of the Sub-Committee in whittling down the powers of a body which can show such inconsistency and ineptitude. Then, by a very unfortunate, and to our thinking faulty, ruling of its chairman, Convocation very nearly had to accept the unwieldy Committee of fifty proposed by Mr. Magnus, and could not even discuss a proposal which seemed to meet with very general approval, that a smaller Committee—one of fifteen members was mentioned—should be appointed. Altogether the discussion, though relieved by some:



forcible speeches such as those of Mr. McDowall, Dr. Michael Foster, and Professor Tilden, of Birmingham, was not one that Convocation can look back upon with any particular complacency.

### REFORM AT THE ROYAL COLLEGE OF SURGEONS.

AFTER the crowded meeting at the College of Surgeons on Thursday week it may, we think, be taken as a foregone conclusion that the right of voting in the elections to the Council will be conceded to the Members without long delay. If the Council had been still obstinately bent on refusing the demands of the Members, it is inconceivable that they should not have taken the excellent opportunity then afforded them of defending their policy; and, even assuming that their sense of dignity forbade them individually to meet the arguments of the speakers, it would not surely have been difficult for them to have put their case into the hands of some junior Fellow, like the one whose letter we publish in another column. As it was, the conspiracy of silence seems to have extended even to the half dozen juniors who alone voted against Mr. Gamgee's resolution, and judgment went practically by default. By their action the Council appear to have placed themselves in this dilemma. Either they intend to grant the Members' demands, in which case the meeting of Thursday was a mere solemn farce. Or they intend, neither to grant them, nor to show good reason why they should not be granted, and in that case their treatment of the Members was, to say the least, not very respectful. The explanation of the conduct of the Council is, we presume, to be found in intestine differences on the question, and if, as we suspect, some of its members have been waiting to see which way the wind blows, we may hope that Thursday's meeting, at which no prominent Fellow of the College supported the Council either by word of mouth or vote of hand, will give that body the necessary impetus in the direction of reform. If not, the Councillors will have to prepare themselves for a succession of such meetings, each more enthusiastic and determined than the last, a prospect which, we imagine, not the most obstinate of them cares to contemplate. It is not for us to complain of the tactics by which the party that we sympathize with has gained such a striking success; but we may point out that if the Council, instead of foisting their old minutes on the meeting as their Report, had drawn up a document for the occasion, stating in temperate language the reasons for their refusal to admit the Members to the franchise, and had commissioned two of their body to propose and second it, they would have had their opponents at a certain disadvantage. An amendment would still have been carried, of course, by an overwhelming majority, but the Council would have had the satisfaction of knowing that their procedure had been conducted on the lines usual at public meetings, while such a course would at the same time have encouraged those who approve of their action to give expression to the belief that is in them. It might even have tempted "A Junior Fellow" to an utterance of his view

of the case, and so have deprived us of the privilege of becoming the channel of its publication. But even that we could have borne if it had given more interest to Thursday's contest in making it less of a walk-over.

It is easy to gain a cheap victory over opponents by stating their weakest arguments in one's own words, and then proceeding to demolish them. This, it is evident, is the plan adopted by "A Junior Fellow" in his letter to us. No one can be more conscious than the more sensible of the Members how feeble and futile, not to say how ungenerous, were some of the speeches in support of Mr. Gamgee's resolution, but in cases where speech has been long bottled and wired in there will always be a certain amount of gas to get rid of before the real wine of sound argument flows. Dr. Joseph Rogers' denunciation of the sins of past Councils was far wide of the question before the meeting, but, if his complaint is worth quoting at all, it is worth quoting correctly. He condemned a previous Council, not for persuading the Government to require that all poor law officers should take the membership of the College, which in itself was no doubt a very excellent requisition, but for getting the rule made retrospective and so forcing medical officers who had spent half their lives in the service of Government to pay the College a fee and pass a sham examination. If the facts are as Dr. Rogers stated, and he was himself an eye-witness of them, we may safely say that no Corporation ever perpetrated a more unseemly piece of jobbery. But these things happened more than forty years ago, the men who took part in them are long dead, and may well be left in oblivion. But the College still works and lives on the bad principle of using the monopoly which the State has given it in order to mulct each successful candidate for its membership of a large sum, in excess of the net cost of the diploma, for the support of its library and museum. No doubt the library and museum are excellent institutions to support, and every Member may make use of them to the top of his bent, but the least that the College can be fairly expected to grant in return for the forced contributions of its Members is to admit them to a place in the Corporation and to give them a share in its administration. "A Junior Fellow" tells us that the College is a corporation of surgeons and not of general practitioners. If so, then let the surgeons bear the cost of supporting it. We readily admit that in purely surgical questions the opinion of the Fellows, even of that very large proportion of them who are, admittedly or not, general practitioners, is worth more than that of the Members. But the questions on which the Members desire to have a voice are not surgical questions, are not even questions as to surgical merits; they are mainly questions as to the character of rival candidates for the Councillorship and large questions of administrative policy, and on such points we make bold to say that the varied experience of 16,723 Members forms the better basis for a sound opinion than that of the 1,153 Fellows, in spite of the fact that some half of them have undergone the rigorous and not altogether trustworthy examinations for that grade. The simple fact underlying the whole matter



is that, in spite of its successes, the College is in a bad administrative groove, and that the Fellows who wish to get it out of that groove have not proved strong enough to overcome those Fellows whose interest it is to keep it in it. Mr. Timothy Holmes saw this, but found circumstances too strong for him, and, if we read his action aright, gave up the certain prospect of the highest honour open to a surgeon because he was too conscientious to identify himself with a system which he condemned. The Fellows, even the strongest of them, have failed to reform the administration of the College, and it is now for the Members, with the weight that comes of numbers and disinterestedness, to lift it out of its ruts and raise it on to a higher level of usefulness, efficiency, and repute.

### MILK ANALYSIS AND MILK TESTING.

CONCLUSIONS as to the extent to which milk has been diluted, deprived of its cream, or otherwise tampered with, based on inferential evidence, however satisfactory to the analyst, are not at present admissible in courts of law, where, if he be not called on to produce them, he is expected to have actually seen, handled, and weighed the several solids contained in the particular sample. Inferences from specific gravity and other physical properties are not unreasonably looked on with suspicion, and things are preferred to phenomena. But, without disputing the wisdom of these demands in the event of proceedings being taken against the vendor, it may safely be affirmed that no efficient control can be exercised over an entire trade, or adulteration be so frequently detected as to cease to be profitable, by any process involving so much time and trouble as to be applicable to perhaps one churn only in several thousands. The objections to any estimate of the quality of a milk based on specific gravity alone are obvious when it is remembered that this is the resultant of two opposite factors, the presence of casein and sugar tending to raise the density above, and of fat to bring it below, that of milk. Cream is of such uncertain composition, and its apparent quantity is so dependent on the rapidity with which it is made to rise, that cremometers are almost absolutely valueless.

Lactoscopes, as Donné's and Feser's, the indications of which depend on the degree of opacity given to a thin layer of milk, and the lactobutyrometer of Marchand, since improved by Tollens and Schmidt, are indeed fairly accurate so far as they go, the readings of Feser's lactoscope rarely varying more than .1 and never than .5 from the result of actual analysis, and the lactobutyrometer seldom differing more than one or two hundredths per cent. They, however, have regard to one only of the constituents of the milk, and have not hitherto found much favour in this country. In Germany, on the contrary, where dairy farming is conducted on more scientific principles, and where a wider control is exerted over the milk markets than has been attempted here, endeavours have for some time been made by Fleischmann and others to discover a relation between the specific gravity and the percentage of fat and other solids. After long series of comparative observations conducted on these lines and by the ordinary gravimetric or analytical process, it has been found that firstly—given the specific gravity and the percentage of fat, —that of the total solids, and therefore of the solids not fat, may be calculated; and secondly—given the specific gravity

and the total solids—the fat, and therefore the solids not fat, may be likewise found.

Fleischmann's formulæ are—

$$\text{I; } t = f \times 1.173 + 2.71 \left(100 - \frac{100}{s}\right),$$

$$\text{II; } f = t \times .852 - 2.31 \left(100 - \frac{100}{s}\right),$$

where  $t$  = percentage of total solids,

$f$  = " " fat,

$s$  = sp. gr. (water = 1).

The specific gravity is calculated for a temperature of 15° C., or 60° F., and therefore requires a correction for other temperatures which is easily ascertained from a table. Dr. Vieth, of the Aylesbury Dairy Company, found in a series of 65 comparative experiments that the difference between the fat calculated by Formula I. and the fat extracted averaged .01 per cent., or was absolutely nil, and it very rarely exceeded .1. So long as the quality of the milk is above the standard agreed on, no further examination is necessary, but if, on account of the low figure obtained for either the total solids or the fat, proceedings, legal or other, seem expedient, the extraction of the fat becomes imperative. Here there is reason to believe that the processes commonly adopted, at any rate in past years, by the majority of English analysts are defective. Some dry the milk in the evaporating basin until it ceases to lose weight, others follow Wanklyn in evaporating for three hours only; in the former case the mass becomes so hard that the complete extraction of the fat is impossible, in the latter a part of the water is apt to remain, and in either the percentage of fat is inevitably underestimated. There is in this country a groundless prejudice against adding an inert material to the milk. Dr. Vieth prefers plaster of Paris, adding 20 or 30 grains of this to 10 of milk. The dried mixture he transfers to a cartridge of filtering paper which is dropped into a Soxhlet's fat extractor and treated for a couple of hours. The total solids are best estimated by complete desiccation of a given weight of milk, as usually practised. The estimation of the fat by means of Soxhlet's areometer gives very accurate results, but when great precision is not required, or, more correctly speaking, when no serious consequences are involved, the lactobutyrometer offers the readier method.

Mr. Adams, of Maidstone, has suggested the employment of reels of stout porous paper for taking up the milk and the exhaustion of the fat therefrom in a Soxhlet's apparatus, without any evaporation. Curiously enough, this method always gives results a trifle higher than any other, even when they have been conducted so carefully that no loss is found on summing up the constituent solids. In some cases it was found that the paper itself contained a trace of fat, but the same excess was noticed when the paper had been completely freed therefrom. The explanation has yet to be found: one suggestion is that the fat is oxidised in some way, thus gaining in weight, but it has not yet been proved to differ in properties or composition from ordinary milk fat. If this question can be satisfactorily settled, Adams' practice presents several advantages over any method involving evaporation to dryness.

UNIVERSITY OF CAMBRIDGE. — The examinations for medical and surgical degrees during the present term will commence on the following dates:—First examination and second examination for M.B. degree, on Thursday, December 3rd; third examination for M.B. degree, Part I., on Tuesday, December 8th; third examination for M.B. degree, Part II., Wednesday, December 9th; for the degree of Bachelor of Surgery, on Saturday, December 12th; for the degree of Master of Surgery, Friday, December 11th.



## REVIEWS AND NOTICES OF BOOKS.

*Contributions to the Surgical Treatment of Tumours of the Abdomen.* PART I.—*Hysterectomy for Fibrous Tumours of the Uterus*; by THOMAS KEITH, M.D. Edinburgh: Oliver and Boyd, 1885, pp. 104.—The operation which forms the subject of the present essay is still on its trial, and it may be some time before it becomes thoroughly naturalised in abdominal surgery. There are few men more competent than Dr. Keith to express an opinion upon it. Let us, therefore, see what he has to say. "The natural history of the ordinary uterine fibroid is different from that of other tumours. As a rule, it has only a limited life; other tumours go on, and vex or kill, according to their nature or place in the body. A stone in the bladder, if it be not taken away, is there for ever, and as it grows it torments more; but, to the woman with a fibroid uterus, who has passed the best of her years in weariness and pain, middle age brings relief, and old age may be spent in peace." This quotation may be taken as Dr. Keith's argument against hysterectomy, except in certain cases; chiefly because of the high mortality attending the operation at the present time. Of 359 operations—all the recorded cases up to March, 1884—227 recovered, and 132 died, a "greater mortality than one out of every three operated upon." He goes on to say that "had this frightful mortality been the result of operations done for the extreme cases of uterine fibroids, where the sufferings were great and life had become a useless burden, there might be some excuse for it; but many of these operations were done in cases of small tumours that were giving little trouble, or of peritoneal outgrowths that were giving still less. . . . So far as hysterectomy has thus gone, it has done more harm than good, and it would have been better that it had never been. . . . If these be the best results that surgery can give, then, the sooner this operation is laid aside, the better." The cases in which, with our present knowledge, hysterectomy may be reasonably advised are: (1) in very large rapidly growing tumours of all kinds in young women; (2) in all cases of real fibrous cystic tumour, if they can be removed, also in all cases of suppurating tumours; (3) in most of the cases of the soft œdematous fibrous tumour; (4) in cases of large bleeding fibroids of any age, provided the patients are not approaching 50 years of age, and provided their lives are rendered practically useless; (5) in certain cases of tumours surrounded by free fluid, the result of peritonitis, provided that the fluid shows a tendency to re-accumulate after two or three punctures. Dr. Keith admits that the sum of misery in such cases, both to patients and friends, "is something simply incalculable." Fortunately, he tells us, for those afflicted with uterine fibroids, a prospect of relief has lately opened out to them by the safer operation of removing the ovaries; this will diminish the number of cases for hysterectomy, though it will not altogether supersede it. For the success of this latter operation, it seems almost essential that it should be undertaken while the tumours are small; the ovaries will be easily reached at such a stage, whereas, later on, one or both may not be removable even if they can be reached. This essay, which concludes with some remarks on the operation, and includes a detailed account of all the cases Dr. Keith has operated upon, should be read with great care by everyone who practises in this department of surgery. With one or two reservations, we should endorse all Dr. Keith's views. Even should the mortality be greatly reduced by the development of the technical methods of operating, hysterectomy is an operation which should never be advised or undertaken except for cases unsuited to the less severe treatment by oöphorectomy.

*Contributions to Pathology and the Practice of Medicine*; by J. R. WARDELL, M.D. London: H. K. Lewis, 1885.—This is not a formal or systematic treatise on medicine or any one branch of it, but a collection of papers on various diseases and points of medical practice. Most of the articles have seen the light before, and many

of them are widely and deservedly known. The article on relapsing fever remains, as it was at the time of its publication, the best monograph on the subject, containing a good historical review of the disease as well as a minute study of more than a thousand cases during the epidemic in Edinburgh of 1843-44. Next to this we would place the article on pleuritis, serous and purulent effusions, as one which bears evidence of the keen discrimination of the author in his more mature years. The papers on diseases of the spleen and pancreas, on enteralgia and on peritonitis are well known to all readers of Reynolds' System of Medicine, and fully warrant the confidence that was shown when he was selected to write those articles. The first article in the volume will be even more widely known, having appeared in Quain's Dictionary of Medicine; it deals with hypertrophy of the heart in a most exhaustive manner. There are also short papers on ulcer and cancer of the bowels, and on ulcer and cancer of the stomach, on enteritis and typhoid fever. Aneurysms of the subclavian artery, of the heart, and of the abdominal aorta, have also come in for a share of attention, whilst the papers on chorea, tubercular meningitis, tumours of the brain, and on syphilitic hemiplegia, evince the interest which he took in diseases of the nervous system. There are also miscellaneous papers on scurvy, puerperal convulsions, spasm of the glottis, croup and tæniæ, whilst those on infanticide, suspected poisoning, and on poisoning by laudanum, sulphuric acid and Burnett's fluid, show that his interest in his profession was both wide and deep. In the concluding chapter he briefly reviews the present state of medicine. One cannot put this book down without a feeling of sincere regret that its author has not been spared to see the full fruits of his labours, for his death took place just at the moment when he had completed the revision of his book, and it was ready to be issued to the public. On every page it bears the stamp of being the work of a man of large experience, and one who used that experience well.

*A complete Pronouncing Medical Dictionary*; by JOSEPH THOMAS, M.D., LL.D. Philadelphia: J. B. Lippincott Company, 1886. We may hope that there is less crying need for this special dictionary among English students and practitioners of medicine than, according to the author's preface, there would appear to be in America. The main specialty of the book is that it assumes the reader to be entirely innocent of Latin, and still more of Greek, and it is intended for the multitudes of young men who in the United States commence the study of medicine without any previous acquaintance with the dead languages. Thus the derivation and pronunciation of the different words are given with especial fulness, the student even being assisted to a real Parisian accent in the case of such French synonyms as it has been found necessary to give; while at the end of the volume, in the form of an appendix, we have a concise Latin accidence, in which words like *vena* and *ligamentum* serve the function so uncomplainingly performed by *mensa*, *regnum*, &c., in the days of one's youth. The dictionary also goes somewhat, though perhaps not unwisely, out of its way to give under *Pathogenesis* a long and very good article on the germ theory of disease by Dr. Longstreth. As for the dictionary itself, as far as we have tested it, it appears both accurate and complete, but one does not find out a dictionary's defects until one goes to it in difficulties, and then all of them are apt to fail one. We have not yet had an opportunity of putting the present publication to this test; but we can, nevertheless, recommend it as a sufficiently safe guide under all ordinary circumstances.

*Illustrated Lectures on Ambulance Work*; by Dr. LAWTON ROBERTS. London: H. K. Lewis, 1885, pp. 171.—These lectures were originally delivered to ambulance classes held in connection with the Wynnstay Colliery, the new British Ironworks, and the Plastkynaston Colliery. Dr. Roberts could hardly have had an audience more likely to appreciate his lectures, or one to whom such lectures would be more useful, than "the colliers, furnacemen, fitters, carpenters, blacksmiths, puddlers, brickmakers," and other representatives of the working population for



whose especial benefit they were prepared, and we are not surprised that he should have been requested to print them. We will hope that these men, who showed "remarkable aptitude in the pursuit of their ambulance studies," now that they have the means will continue to shew this aptitude, and thoroughly master all the details these lectures contain. The ignorance of the general public on all matters pertaining to medicine and surgery is quite remarkable, and it is not improbable unless ambulance classes are more thoroughly grounded than is possible in the course of five lectures, that their little knowledge many often lead to more harm than good, for good intentions are no protection against meddling fingers. Among populations where accidents and surgical injuries are common, information of *what to do* and *what not to do* must be of very great service, and may often be the means of saving life.

*A Physician's Pharmacopœia*; by J. BAILY. London: J. & A. Churchill, 1885.—This is a useful little collection of formulæ, a fair proportion of which are original. Many of the prescriptions reflect, as is quite natural, the besetting sin of the general practitioner, love of polypharmacy; but that is not the author's fault, who, as a pharmacist, is only concerned to discover and make known the best way of combining the drugs which the doctor has incontinently ordered to be thrown together. With one object of Mr. Baily's pharmacopœia we fully sympathize, viz., the discouragement of the use of secret nostrums, but we fear that some more far-reaching measure is required for this purpose than the publication of a small red volume by a country chemist.

*Milk Analysis and Infant Feeding*; by ARTHUR V. MEIGS, M.D. Philadelphia: P. Blakiston, Son, & Co., 1885. This little volume consists of a reproduction, with slight amendments, of papers read before certain learned societies in Philadelphia, on some of which we commented in terms of high approbation more than a year ago. We are very glad to see them brought out in a separate form, as they are thus rendered more accessible, and they deal with a subject which all must admit to be of the first importance. A bibliography of the subject is appended, which undoubtedly adds to the value and completeness of the work.

## ABSTRACTS AND EXTRACTS.

**CASES OF LIGHTNING STROKE.**—In the *Australasian Medical Gazette* for August, Dr. Edward Jenkins describes the effects of lightning stroke on three men who took refuge in a brickshed during a thunderstorm. The roof of the shed was of galvanised iron, but there was a slit two inches wide along the top, which admitted the rain. At the moment when the flash of lightning came they were crouching together in the centre near one of the supports; they were all three knocked over by the flash, but the man who had been in the centre with his back close to the post, though stunned for the moment, soon recovered, and felt no further ill effects. The others were both taken to Prince Alfred's Hospital; one of them was insensible on his arrival and much collapsed, with dilated pupils and a very weak pulse; soon after he was taken with convulsions which lasted about twenty minutes, and the same evening he was again convulsed. He was still insensible next morning, but later on he complained of headache, though he remained drowsy and stupid all day; after this he rapidly improved, he never had any pain, but complained of numbness and tingling all over; there was no paralysis, sensation was normal, and the reflexes were natural. There was a wound on the back of his head from which some dead bone was removed after a time; in about nine weeks he left the hospital quite well. The third man was able to give some account of himself when he reached the hospital, and had a clear recollection of everything that happened up to the

time of the flash; he also had a wound on the back of his head; his pupils were natural, and his pulse regular; his temperature was 101°. For the first few days there seemed to be nothing but the scalp wound wrong with him, but when he got up on the fifth day his gait showed decided incoordination. Next day the following points were noted: he was somewhat febrile and complained of headache, the incoordination was as before; the patella reflex was much increased, but the skin reflexes were normal; there was no paralysis, and sensation was perfectly acute everywhere; there was no deafness or alteration of smell, the discs were healthy and sight good; the electrical reactions were natural, and there was no loss of control over the sphincters. The incoordination and exaggeration of the patella reflex persisted at the time the paper was written, but it was noted that the man's memory was unimpaired.

**MÈNIÈRE'S DISEASE.**—There are two kinds of giddiness associated with ear affection, according to Dr. Pierce (*Medical Chronicle*, October), one in which the patient feels his body impelled in different directions with a distinct tendency, more or less marked, to fall to the ground; and the other in which unsteadiness of the body is produced by the sensation to the patient of extraneous objects appearing to move about in certain defined planes and assume abnormal positions. The majority of cases of so-called Mènière's diseases are in reality, according to him, only cases of labyrinthine vertigo. In true Mènière's disease there is not any antecedent ear affection, the attack is sudden, severe, and may never recur, it is nearly always limited to one ear, although the deafness is extreme and permanent. The tinnitus aurium and giddiness diminish or cease after a time, and the external and middle ears show no sign of disease. In labyrinthine vertigo, on the other hand, there is frequently a history of some previous ear trouble with more or less deafness. The attacks are less sudden but more frequent than in true Mènière's disease; in both there is no loss of consciousness, but the hearing after labyrinthine vertigo may be unaffected or only slightly injured, or previous deafness may be considerably increased; the giddiness of labyrinthine vertigo is rarely so severe as in Mènière's disease, although more chronic and liable to intermittent exacerbation. An attack of labyrinthine vertigo is often preceded by slight staggering or nausea for a day or so. In true Mènière's disease the treatment during the attack should consist of rest in the recumbent position, restricted diet, cold to the head and sinapisms to the calves and epigastrium. The after-treatment at present is particularly unsatisfactory, bromide and iodide of potassium and quinine have all been recommended, but do not appear to exert much effect, and Dr. Pierce hopes for more from the continuous current than from any other line. In labyrinthine vertigo careful attention should be paid to the general health; local treatment either by means of the Politzer bag, catheter, or by stimulating inhalations will generally be indicated and found useful; where there is much tinnitus, leeches in front of the ear give relief, and large doses of the bromides, tincture of gelsemium, hydrastis, and valerianate of zinc have been found efficacious.

**TERMINATIONS OF HEPATIC ABSCESSSES.**—A Peruvian physician describing the various forms and results of hepatic abscesses, gives the case of a man of 60, who had been for some months coughing up great quantities of bilious pus from an abscess which had perforated the diaphragm. A second abscess formed on the liver, more to the right, which was opened, and a considerable quantity of pus drawn off. No communication existed between the two cavities; however, the first abscess decreased gradually, and ultimately the expectoration became quite free from pus. The wound made into the second abscess became inflamed and ulcerated, and torrents of pus poured forth during coughing; a drainage tube was inserted, but the patient succumbed from extreme marasmus and constant diarrhoea. A short time before death a true periostitis attacked the eighth and ninth ribs. In another case, where there was abscess of the concavity of the liver, and aspiration was performed with injection of iodine, a temporary cure resulted, and the man went back to his work, but had



no skilled attendance where he was, and returned to hospital in a worse state than before, the two aspiration punctures having become gangrenous, and, as was feared from the odour of the secretion which exuded from them, the liver itself was in the same state. This was really the case, and the patient shortly afterwards died. These cases support the opinion of the physician who gives them that the prognosis is much more serious when abscesses attack the lower than the upper border of the liver, and when perforation occurs into the intestine than into the lungs.—*El Monitor Médico*.

**NITROUS OXIDE IN LABOUR.**—In a communication made by Dr. Doederlein, assistant in Professor Zweifel's obstetric clinic in Erlangen, to the recent (58th) assembly of scientists and physicians at Strasburg, a detailed description is given of the method employed by him for manufacturing and purifying nitrous oxide and oxygen for the purpose of administration as a mixture in the proportion of 4 to 1 to patients in labour. He has made a large number of observations, and confirms the statement of Klikowitsch, of St. Petersburg, that though the inhalation of the mixed gases may be continued for a considerable time, not only is there no danger of arresting the action of the heart, but the contractions of the uterus, though unfelt by the patient, suffer no diminution in their intensity, so that labour is not liable to be prolonged as it is when chloroform is given. The author finds it quite unnecessary to erect a strong chamber where the pressure of the atmosphere can be increased, as was recommended by Paul Bert in a paper published in the "Comptes Rendus, 1878," in which some experiments on dogs were described. According to Dr. Doederlein, patients under the influence of the mixed gases keep their colour, and show no trace of a cyanotic state. They are, too, not completely unconscious, though they feel no pain. They sometimes cry out, but when questioned afterwards, say they have had a pleasant dream.

**FRACTURE OF THE STERNUM.**—A man about fifty years of age and of intemperate habits, whilst somewhat under the influence of drink, fell through a dilapidated gallery twenty feet down to the pavement. He was examined about six hours after the accident. There were simple fractures of the ninth and tenth ribs of right side posteriorly to axillary line. There was also a prominent deformity situated just below the junction of the upper and middle pieces of the sternum, about an inch and a half in length; the movements of the chest in respiration caused distinct bony crepitation and a gliding movement to be felt over this deformity. This proved to be a fracture of the sternum, in which the lower fragment was overlapping the upper to the extent of an inch or more. The left anterior chest wall was emphysematous from the clavicle down to about the sixth rib, and from the left sternal margin to the axillary line. There was percussion dulness over dependent portion of left lung; the heart sounds were distant and a metallic tinkling could be heard over front of left lung. Evidently, here existed a wound of the pleura, caused by the jagged end of the upper fragments penetrating the thorax, with a resultant hæmorrhage into pleural cavity and escape of air into areolar tissue of chest wall. The condition of shock was profound, the temperature falling to 96°, breathing very shallow, and the radial pulses could not be felt at the wrists; stupor was well marked, although when aroused he would answer questions intelligently. Owing to fracture of ribs, no efforts were made to approximate the fractured ends of the sternum, but as soon as reaction from shock occurred, a bag containing two pounds of sand was placed over site of fracture, and continuous pressure kept up for ten days. His recovery was complete.—*New Orleans Medical and Surgical Journal*, October.

**SPRAINS OF THE ELBOW IN CHILDREN.**—Among other papers of much interest in the August number of the *Annals of Surgery*, edited by Mr. Keetley, is one by Mr. Hutchinson, Junior, "On certain Obscure Sprains of the Elbow occurring in Young Children." Commencing with an excellent survey of the literature of the subject, the author passes in review the various theories which have

been adduced in explanation of the lesion. Not satisfied with these explanations, he made a series of experiments on the dead body, and found that the orbicular ligament of the radius had slipped up, with or without rupture of the sub-orbicular membrane. For reduction, Mr. Hutchinson advises flexion of the elbow and pronation of the hand, when the ligament again slips down into its right place. The accident only occurs in children not more than six years old, and seems almost invariably to be produced by raising them sharply or dragging them by the arm, the hand being in a condition of supination. The accident is not uncommon; and, if not recognised, the displacement may remain unremedied. Mr. Hutchinson is to be congratulated on being the first to settle the exact nature of the lesion by experimental enquiry and dissection.

**EXTIRPATION OF THE GALL BLADDER.**—In the course of a long discussion at the Royal Academy of Medicine in Belgium, on the subject of excision of the gall bladder, M. Gluge expressed his opinion that after removal of the gall bladder there need be no further fear of calculi forming in the liver, and he mentioned a case which he had seen in consultation ten years ago, where an abscess in the abdomen was opened, and discharged not only pus and bile, but a biliary calculus which had evidently caused ulceration and perforation of the gall bladder. The patient was cured, and had no return of the symptoms.—*Le Scalpel*.

**THE FORMATION OF RHINOLITHS.**—It is said that some forty cases of rhinoliths are recorded in literature, most of them having formed round some foreign body as a nucleus. Professor Störck of Vienna has, however, had a case where no foreign body could be detected, but, as the whole was composed of phosphate and carbonate of lime, he thought it possible that a fragment of bone might originally have existed and acted as nucleus. Dr. Ottokar Chiari exhibited at a recent session of the Vienna Medical Society a rhinolith he had extracted from the right nostril of a young lady, and which had blocked it up for some ten years. The chemical composition of the body was, as in Störck's case, phosphate and carbonate of lime, but here a definite nucleus existed in the form of a metallic button. The patient had no recollection of its introduction and supposed she must have put it up the nose when she was a child.—*Wiener Medicinisches Blatt*.

## REPORTS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 3RD, 1885.

J. S. BRISTOWE, M.D., F.R.S., President, in the Chair.

#### *Tumour at base of Brain.*

DR. SAINSBURY showed this specimen, of which he could give no history. The tumour looked like a pendulous fibroma. Microscopically the matrix was fibro-cellular invested by a dermis with papillary layer, epidermis, rete Malpighii, and horny layer; no hair follicles or sweat glands were seen. He suggested that the tumour was developed from the anterior lobe of the pituitary body.

Mr. J. BLAND SUTTON remarked that teratomata were tumours of considerable interest inasmuch as they occurred with especial frequency in the neighbourhood of obsolete canals, particularly those which brought the three blastodermic layers, epiblast, hypoblast, and mesoblast, into direct communication in the embryonic condition of mammals. A good example of the kind of canal referred to was seen in the canal which pierced the floor of the pituitary fossa, whereby in early foetal life the infundibulum, foregut, and buccal involution came into contact. At the caudal end of the notochord the central canal of the spinal cord communicated with the alimentary canal



by means of the neurenteric passage; in this way the three layers came into direct relation. The post-anal gut in its relation to sacral cystic tumours, supposed to be derived from Luschka's gland, afforded another instance. The branchial clefts were also examples of obliteration of disused passages between hypoblast internally and epiblast externally. In this way the occurrence of teeth imbedded in cysts attached to the petrous portion of the temporal bone of horses might be explained, the tympanum being in reality a modified branchial arch. With regard to ovarian and testicular tumours, there was good evidence to show that during their development they came into relationship with regions where the germinal layers split, and where transformations occurred likely to produce similar events such as might be demonstrated at the base of the skull, sacral region, branchial arches, and elsewhere. A paper of his having reference to the sacral teratomata would, he hoped, shortly appear.

Dr. HALE WHITE thought Mr. Sutton's explanation was probably the correct one, and it was applicable to a case he had himself shown during the previous session.

Mr. BUTLIN had been much interested in Mr. Sutton's remarks in reference to the development of the testicle which was always supposed to take place from the epiblast. If Mr. Sutton's view was correct, the occurrence of carcinomatous tumours was much more easy to understand.

#### *Cancer of Bladder.*

Mr. MARMADUKE SHEILD exhibited a bladder infiltrated by soft cancer, which also formed irregular nodular projections covered with calcareous deposit; the ureters were obstructed by the growth, and much dilated and thinned. The patient, a man aged 58, under the care of Mr. Timothy Holmes, had undergone amputation of the penis for epithelioma in 1866. He remained well until 1883, when micturition became difficult; in August 1884 the orifice, which had contracted, was dilated. He at that time suffered also from vesical irritability and hæmorrhage, and in October was re-admitted with extravasation of urine into the scrotum; the urine contained much pus, blood, and débris of new growth; there was marked cachexia, great pain, and œdema of the left leg. Death ensued in a few days. Secondary growth was found in the iliac, sacral and lumbar glands, and in the liver; the pelvic growths were chiefly on the left side and had compressed the left iliac vein. The pelves of the kidneys were dilated. In the left iliac fossa was an abscess which contained foul pus and disintegrating tissue; it reached as high as the kidney and was in part bounded (in front) by the colon, and appeared to have originated in a sloughy mass of growth about the iliac glands. Under the microscope the growth presented a well-marked stroma containing large spheroidal multinucleated cells. It was rare to find the bladder the seat of primary cancer, nearly all the cases had occurred in the male. He referred to the absence of villous growths, and expressed the opinion that the affection of the penis, which had been amputated nearly 18 years earlier, could have had no direct relation to the disease of the bladder, which he attributed to the irritation of the mucous membrane caused by changes in the urine consequent upon difficulty of expulsion. In conclusion, he observed that the comparative frequency with which abscess formed in connection with malignant disease within the abdomen might be accounted for by the rapidity of the growth, leading to necrosis, and by the proximity of the intestine.

Mr. BRUCE CLARKE had exhibited a similar case of a pyæmic nature, due to catheterisation, but he agreed that in Mr. Shield's case the cancer was primary in the bladder.

Mr. DAVIES COLLEY asked whether the catheter was frequently passed. In these cases he believed the cancer was often directly due to the irritation produced by the catheter. He mentioned a case in point where cancer of the bladder occurred 30 years after urethrotomy. He had shown a case before the Society where cancer of the bladder owned such a cause following the removal of a calculus from the bladder.

The PRESIDENT mentioned the case of a gentleman who had had hæmorrhage from the bladder for 18 years; after death sarcoma of bladder and kidneys was found;

this could not have existed so long. He might have had a villous growth. There had been frequent catheterisation.

Mr. SHIELD, in reply, did not regard this as a case of pyæmia. He was not certain whether the catheter had been frequently used or not. He believed not.

#### *Cyst of Finger.*

Mr. BARKER showed drawings of this affection. The tumours in these cases were usually small, on the palmar aspect of the phalanx, cystic, and with a dermal lining; the contents closely resembled sebaceous material. In his own case, on section through the wall, there was seen an outer layer of fibrous tissue, the ovoid cells gradually becoming smaller, leading to a horny mass; there were no true papillæ, and no traces of follicles. In each case there appeared to have been an injury. If they had a traumatic origin, he considered they ought to be more frequent.

#### *Carcinoma of the Kidney.*

Mr. J. HUTCHINSON, Jun., showed this specimen for Mr. McCarthy. The man had pain in the left groin and lumbar region. The urine contained blood, albumen, and casts of fibrine. The kidney was removed, and he recovered from the operation, but died three months later, probably from heart affection. The tumour appeared to have arisen from the pelvis of the kidney; it was a carcinoma, part of which had become fatty.

#### *Chronic Endocarditis.*

Dr. NORMAN MOORE showed two cases illustrating the changes in the endocardium relating to similar changes in the aorta. Case 1.—A heart weighing 25 ounces, from a man aged 42, who died suddenly. The heart was hypertrophied, but the valves were not thickened, and there were no growths upon them. The aorta was highly atheromatous, and above the valves there was a small aneurysmal bulging. Below the valves both walls of the left ventricle showed complete opacity and great thickening of the endocardium. It presented a uniform white glistening surface, and section showed that inflammatory tissue had been formed in the deeper layers of the endocardium; the most superficial layers were regularly stratified and normal. Beneath them was a zone of irregularly arranged connective tissue dipping into the muscular substance. The nearest part of the muscular tissue showed some granular degeneration of the fibres. A similar thickening existed over a smaller area of the right ventricle. The auricles were normal. The pericardium was slightly thickened, the kidneys were healthy. The hypertrophy appeared to be due to the obstruction to the cardiac movements caused by the thickened endocardium. There was no history or evidence of rheumatism, but syphilis seemed to be the probable cause. Case 2.—The heart of a man aged 54, who died after many attacks of angina pectoris. The aortic arch contained many calcareous plates, the valves were healthy, but below them was a thickened patch on the septum of the ventricles. It originated in a degeneration spreading from the attachment of the mitral valve, probably due to strain. This form of thickening was always confined to the septum.

Dr. GOODHART agreed as to the extreme rarity of this disease. He had only seen one case. The escape of the mitral valve in this specimen was very remarkable.

The PRESIDENT recalled a similar case, which he fancied was syphilitic.

Dr. ANGEL MONEY thought that some developmental considerations might explain it.

#### *Extra-Peritoneal Rupture of the Bladder.*

Mr. E. H. FENWICK showed this specimen, taken from a cornet-player, aged 42. The symptoms came on suddenly when he was playing, with extreme abdominal pain. He passed large quantities of blood and water. He vomited freely. When seen, there was dulness over the lower part of the abdomen. There was marked cystitis, and air was passed per penem. For three weeks he improved and seemed convalescent, but then was seized with abdominal pain and died in a few days from peritonitis. On opening



the abdomen in the lower part, there was found a large extra-peritonæal sac, formed originally by a sudden egress of the contents of the bladder; this contained purulent urine: its walls were sloughing. It had two openings, one leading into the peritonæum and quite recent, the other led into the bladder and was older. From the bladder side the opening was rounded and about the size of a two-shilling piece. The surrounding mucous membrane showed tunicary herniæ and also an altered condition of the veins, with clotting. There was a stricture of the bulbo-membranous portion of the urethra, admitting a No. 12 catheter. There was both recent and old peritonitis. What was the cause of the ulceration? Herniated protrusions and subsequent giving way might have caused it, or was it due to a change in the venous system of the bladder? The length of time the man lived after the rupture, viz., 26 days, was noteworthy, being the second longest on record for spontaneous rupture.

Mr. SHEILD mentioned a case of a small perforation of a bladder which was much thickened and fasciculated, forming a lot of softened pouches.

Mr. W. A. LANE believed the tunicary herniæ were not uncommon on the upper surface of the bladder, they had no muscular covering, and would easily yield. They were almost constant where there was any obstruction, e.g., from stricture or prostatic disease.

Mr. FENWICK said that he had omitted to draw attention to one point, viz., the complete control which the patient retained over his bladder up to the day of his death.

#### *Obstruction of the Coronary Arteries.*

Dr. PERCY KIDD showed this specimen, taken from a man, æt. 46, with emphysema, cardiac dilatation and hypertrophy and granular kidney. The symptoms during life were, extremely irregular and weak pulse and great shortness of breath. Spasmodic attacks of dyspnœa took place the last fortnight of his life. At the autopsy the heart was much hypertrophied and dilated, the muscular tissue appeared quite healthy, and there was no disease of the valves beyond slight thickening. The right coronary artery was completely blocked by recent adherent thrombus throughout its course. The left coronary artery was greatly obstructed at one point by calcareous atheromatous change, and one of its transverse branches was completely calcified. The openings of the coronary arteries in the aorta were quite free. Arch of aorta dilated, but only slightly atheromatous. The rest of the aorta and its branches were extremely atheromatous. The pulmonary artery was also somewhat atheromatous. Kidneys granular, but of good size. Infarcts in kidney and spleen. Liver, nutmeg. Lungs slightly emphysematous and contained infarcts. Vessels of the brain highly atheromatous. Brain itself healthy.

#### *Aneurysm of the Internal Carotid within the Skull.*

Mr. ANDERSON showed the specimen, taken from a man, aged 55, who suffered from attacks of headache and right-sided fits. There was no loss of consciousness; the right side was slightly weaker after the fit. Optic neuritis was present, the right pupil being the larger. He died, after an attack of a few hours of coma, with right hemiplegia. The tumour was found in the left middle fossa, lying on the dura mater; it was almost filled with laminated clot, had a well-defined capsule, and communicated with a large artery. It was an unusually large aneurysm. It was thought to arise from the middle cerebral artery.

Dr. GOODHART mentioned a specimen in the College of Surgeons, almost as large, presented by Mr. Jonathan Hutchinson, who had diagnosed the condition during life from hearing a murmur through the skull.

The PRESIDENT alluded to a case that had been shown by Dr. Brinton, who had written a report upon the subject.

#### *Tubercular Growth of the Dura Mater, with Affection of the Subjacent Vertebra.*

Dr. HALE WHITE showed specimens of a yellowish hard mass which lay outside the dura mater behind the bodies of the upper dorsal vertebrae. It was somewhat irregular

on the surface, and grew out through one of the adjacent spinal foramina around the spinal nerves. There was no sign of any breaking down, and the inner surface of the dura mater was free. The spinal cord was considerably pressed upon. The vertebra subjacent showed erosions on its surface. On section it was not soft, except in the centre, but very white. Microscopically, there was a delicate reticulum with many small and giant cells; caseous masses were scattered throughout. The growth had nowhere penetrated the dura mater so as to affect either the cord or nerves; the latter had undergone some atrophy, and the former was considerably pressed upon. The inter-vertebral discs were slightly affected. The patient had phthisis and paraplegic symptoms. No bacilli could be found in the growth, which was very dense. The disease was probably tubercular, but possibly syphilitic.

#### *Card Specimens.*

Dr. LEDIARD—Black Tongue.

Dr. SAVILL—Heart from a Case of Chorea.

Sir W. MACCORMAC—Epithelioma of the Clitoris.

Mr. DAVIES COLLEY—(1) Sloughing Muscle and Tendon; (2) Annular Slough of the Mucous Membrane of the Rectum.

Mr. MCCARTHY—Necrosis of the Patella.

Mr. BRYANT—Mesenteric Retro-Peritonæal Myxolipoma.

#### MEDICAL SOCIETY OF LONDON.

MONDAY, NOV. 2ND, 1885.

W. M. ORD, M.D., F.R.C.P., President, in the Chair.

#### *The Clinical Significance of the Deep Reflexes.*

Dr. GOWERS opened the discussion; he gave a brief outline of what he believed to be the mechanism by which the symptoms commonly known as "tendon-reflex phenomena" were produced. It was only by understanding the mechanism of their production that their relation to other symptoms could be comprehended, and the phenomena used in the diagnosis of cases that did not conform to regular types. Tension on a muscle stimulated the afferent nerve-fibres (which end in the interstitial tissue); and this stimulation so influenced the centres in the spinal cord, as to induce in the muscular fibres a state of slight contraction, probably the same condition as physiological "tone." In this state, local mechanical stimulation caused a sudden brief contraction. A sudden increase of tension was one form of mechanical stimulation, and a tap on the tendon acted by suddenly increasing the tension. If increased tension was maintained, the muscle, relaxing from the first contraction, was excited to another, and so a clonus occurred. The contraction was local; the irritability was reflex, and, as it was excited by tension, it was convenient to speak of it as "myotatic irritability," or the irritability of extended muscle. The muscle-reflex centres overacted in consequence of a loss of the normal control, which was probably exerted by structures in the grey matter of the cord at the same level, structures in which the lateral fibres ended. It was pointed out that this hypothesis enabled many conditions otherwise inexplicable to be understood, such as the condition of these phenomena in ether and in chloroform-narcosis, and after epileptic fits. The facts seemed to show that this hypothetical controlling structure was more susceptible to the action of poisons than was the muscle-reflex centre itself. Dr. Gowers passed next to the questions in practical diagnosis that especially invited discussion; he first considered locomotor ataxy. Without denying that the knee-jerk might occasionally be absent in health, he believed that most alleged instances of such absence (including some he himself described several years ago) were due to imperfect observation, and that its absence was of great significance as an indication of commencing tabes, even though other symptoms were extremely slight. On the other hand, the presence of the knee-jerk did not



exclude true tabes. He had watched its disappearance after other symptoms of the disease were distinct. A peculiar difficulty in determining the absence of the knee-jerk in this disease was next mentioned. When there was excess of superficial reflex action, a true reflex action might stimulate the knee-jerk, although this was really lost; the distinction being that, while some attempts to obtain it failed, others might cause a contraction now in the extensors, now in the flexors, now in the muscles of the other leg, and that a prick on the skin had precisely the same effect in these cases. The loss of the knee-jerk in diphtheritic paralysis was mentioned as of great significance, diagnostic and pathological, and the important observations of Bernhardt, that the loss might follow diphtheria when there was no paralysis, showed that the influence of this disease on the nervous system was more frequent than obtrusive palsy suggested. The loss might cause an erroneous diagnosis of tabes, if it coincided with inco-ordination. In pseudo-hypertrophic paralysis, the diminution and ultimate loss was probably due to the morbid process occupying the interstitial tissue in which the afferent nerves of muscle ended. It was of great diagnostic importance, as a distinction from the disease with which pseudo-hypertrophic paralysis was most likely to be confounded, slight congenital spastic paraplegia, in which the knee-jerk was always increased. After alluding to the conditions met with in intracranial disease, Dr. Gowers passed to the question of greatest difficulty, the state of these phenomena in functional diseases, especially in "hysterical paraplegia." Certain facts might, he said, be stated with confidence. (1) In many cases, the myotatic irritability was perfectly normal. (2) In others, there was distinct, though slight, excess, insufficient to give a true clonus. (3) In hysterical contracture, and depending on it, there might be a clonus like that which occurred in health in standing on "tiptoe." (4) A "spurious foot-clonus" was common, depending on a voluntary contraction in the calf-muscles, pressing down the foot, and varying in degree from time to time, the clonus varying with it. This was very characteristic, and was a most important diagnostic sign of hysterical paraplegia. While not denying the possibility, in hysterical paraplegia, of a true uniform clonus, such as occurred in spastic paraplegia, Dr. Gowers expressed the opinion that, to say the least, it was so rare that it did not materially lessen the value of this sign of organic disease. He believed, and cited cases in support of his opinion, that some of the cases from which the inference had been drawn, that a true clonus was frequent in hysterical palsy, were cases of organic disease. More than a mere diagnosis was required as evidence. It must not be forgotten that true spastic paraplegia might be recovered from. He did not assert this of lateral sclerosis; he believed that spastic paraplegia might depend on disease of the structures in the grey matter in which the lateral fibres end, intermediate between the lateral fibres and the muscle-centres. If, as he assumed, there were controlling structures, the symptoms of their disease would be identical with those of disease of the lateral columns. A subject that arose out of the last topic, and had an important relation to the subject under discussion was the wisdom of the current wide use of the term "functional disease." He maintained that in many cases and maladies so described there must be a change, and a considerable change, in the nutrition of the nerve-elements, springing, it might be, out of functional derangement, but always maintaining and increasing that derangement. The changes in nutrition that the microscope could detect were simply colossal considered as alterations of molecular nutrition. Many, perhaps most, so-called functional diseases were far better thought of and spoken of as nutritional diseases. In cases of hysterical paraplegia, in which a persistent change in myotatic irritability, however slight in degree, was found, there must be a change in the nutrition of the spinal cord, on which so persistent an objective symptom depended. A case had been recorded by Charcot that seemed to prove, as clearly as a single case could prove, that a paraplegia, at first purely hysterical, might pass into structural disease—lateral sclerosis. The transition must have been by changes in nutrition, such as Dr. Gowers believed were, in slight degree, common in

these cases. While function depended on nutrition, nutrition equally depended on function. The question was to what degree such secondary change in nutrition might go. The view that even structural disease often had this origin had been urged a few years ago in a very thoughtful paper by Dr. Donkin. It was not suggested that there should be a departure from the present lines of practical diagnosis, but only that we should strive to gain more accurate conceptions of the conditions that underlay them. In conclusion, Dr. Gowers said that the explanation of these symptoms, and of their use in diagnosis, that he had given, might seem complex, but he was convinced that their nature was complex, and that the evidence they give often required much care rightly to interpret. In the progress of science first impressions of simplicity had often to give place to a conviction of complexity, and they had to wait until fuller knowledge could reveal the alternate simplicity of order and of law.

Dr. HUGHLINGS JACKSON thought the paper a masterly contribution to a very important subject, combining, in a manner to be envied, the practical and the scientific. He thought Dr. Gowers had no need to apologise for the elaborate way in which he had dealt with a very complex subject; but, on the contrary, that he was to be congratulated on having dealt faithfully with the many different details of it, and their intricate relations. It was laziness which led to simplifying a really complex subject by the easy process of ignoring its complexity. Industry did not consist in doing something all day long, but in facing, as Dr. Gowers had done, the full complexity of problems taken up. He agreed with Dr. Gowers in thinking that there were cases of tabes dorsalis in which the knee-jerks were present. It was quite certain that a man might be perfectly paraplegic for many months, twelve for example, with extreme rigidity of the legs, and yet recover, at any rate with the qualification Dr. Gowers had made; this remark did not apply to so-called protopathic spastic paraplegia. He had suggested that increased knee-jerk and foot-clonus, in cases of hemiplegia from destructive cerebral lesion, were owing to loss of cerebral control. Passing over some cases in which these super-positive phenomena were present for a while at the onset, the objection which had naturally been urged to his hypothesis was that the super-positive symptoms mentioned came on late—"waited" for the establishment of lateral sclerosis. The current doctrine was that the "descending" process which destroyed the fibres, next coming to the anterior horns, produced in their cells the diametrically opposite functional state of exaltation. He did not believe that the increased excitability of the anterior horns, or, to use Dr. Gowers's expression, muscle-centres, was owing to pathological change, but that it was the result of permitted hyper-physiological activity. By borrowing Dr. Gowers's hypothesis of local spinal inhibitory centres, he thought his view of "loss of control" was still tenable. Following Dr. Gowers, and thereby acknowledging great indebtedness for any value his modified hypothesis might have, he would say that the "descending" pathological process destroyed the local inhibitory centres, leaving the "muscle centres" intact, but yet, from loss of control, in increased functional activity. The current hypothesis would not account for increased knee-jerk and foot-clonus in some cases of post-epileptiform paralysis. He next mentioned some facts from a case he had recorded: a convulsion, beginning in the left foot, affecting the left leg chiefly, and followed by temporary paralysis, chiefly of the leg, with exaggerated knee-jerk and foot-clonus. In this case, following Todd and Robertson, he believed that the paralysis was owing to exhaustion among other parts of fibres of the lateral column. Dutil had adopted the same hypothesis in a very important contribution to our knowledge of post-epileptiform paralysis. Once more taking up Dr. Gowers's hypothesis, he thought that, not only were the fibres in the lateral column exhausted in the case mentioned, but also the local inhibitory centres; in consequence the muscle centre was "let go." Westphal and Dr. Gowers had both pointed out that, after some epileptic fits, there was very transitory loss of the knee-jerk. In these cases the presumption was that the exhaustion was greater in range, involving not only the local inhibitory centres, but the muscle centres also. Dr. Gowers



suggested that, in his case of loss of the knee-jerk after an epileptic fit, the lumbar nuclei were exhausted. He referred in this connection to some valuable researches by Dr. Beevor, who had in many cases found ankle clonus and increased knee-jerk after epileptic fits. The cortical discharges both in epileptiform and epileptic fits varied greatly in degree, as the varying degree of the paroxysms produced by them showed; the after-exhaustion would vary in range correspondingly. He thought the condition of the deep "reflexes" after epileptic fits a matter of very serious importance in the analysis of the wide symptomatology of epilepsy. Foot-clonus after epileptic fits was, he thought, an illustration of the principle of "loss of control" stated many years ago by the late Dr. Anstie. It was, he thought, a phenomenon of the same order as passage of fæces after a slight fit of epilepsy, and of the same order as post-epileptic mania.

Dr. BUZZARD, after expressing his high sense of the value of the paper which had just been read by Dr. Gowers, went on to speak of the necessity for great care in the methods of testing for the knee-jerk; the best method known to him was that recently introduced by Jendrassik, who required his patients to hook the fingers of one hand in those of the other and then to pull steadily apart, and, whilst the attention was concentrated on this struggle, the tendon should be struck. Sometimes one method failed when another would succeed; he preferred always to use a percussion hammer. The absence of the knee-jerk was always, he believed, pathological. There were several affections of the spinal cord in which it was absent, and this fact did not serve to help in diagnosing between these several conditions, but it did serve to diagnose between disease of the spinal cord and of the brain. The knee-jerk was absent in that form of multiple neuritis which followed diphtheria, but it was not always absent when the paralytic symptoms first appeared, and it might be absent after diphtheria without any paralysis supervening; it did not return until long after the paralysis had passed off. He had never seen the knee-jerk regained after tabes dorsalis, and cases where this was said to have occurred had in his experience always turned out to be cases of multiple neuritis. An excessive knee-jerk signified that the inhibitory influence of the nervous centres was no longer being normally excited. It was most marked in compression of the cord as in Pott's disease, though when the disease was low down it was possible that the knee-jerk might be absent altogether. True ankle clonus always suggested organic disease, but it was no proof of it.

Dr. ALTHAUS regretted that no mention had been made of the light reflex, which he held ought to be considered as a deep reflex. He had examined a large number of cases of tabes, and in 60 per cent. found the Argyll Robertson symptom present; it was one of the earliest signs and was a very important one. He would also include tetany with especial reference to Trousseau's symptom, viz., the inducing a spasm by compression of the artery; percussion of the muscles and tendons too caused spasm. In the case of exaggerated reflexes he recognised three types, cerebral, spinal, and muscular, according to the seat of the disease; these three types were easy to recognise, and he found such a division of great practical use in diagnosis.

At this point, it being past ten o'clock, a proposal to prolong the meeting for half an hour was negatived, and, as no one moved the adjournment of the debate, the proceedings came to an end, Dr. Gowers stating that he had no reply to make.

## WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

OCTOBER 2ND, 1885.

W. B. HEMMING, M.R.C.S., President, in the Chair.

### *President's Address.*

THE PRESIDENT, in opening the session of the society, in the course of his address thanked the members for conferring upon him the honour of election to be their

President for the year. He, however, felt that a great responsibility had been thrust upon him, more especially when he remembered the able manner with which the duties of the chair had been discharged by his predecessors in office. A new position was, to every man of some nervousness, a source of embarrassment. He trusted that the prestige of the society would not suffer any deterioration during his year of office. The success of the session depended largely upon the individual exertions of the members and upon the character of the discussions. He concluded by reminding the members of the continued prosperity of the society, and he hoped that such prosperity would always be a distinguishing feature of the West London Medico-Chirurgical Society.

### *A Case of Stricture of the Small Intestine.*

Dr. CLIPPINGDALE read a case of stricture of the small intestine, the stricture being due to scirrhus infiltration by which the calibre of the bowel was lessened by about three-fourths of its normal size. The patient was a gentleman aged 65. He was stout and strong; had always been a free liver. He was not careful in deglutition. Swallowing a fish bone or a fruit stone would seem to have been a less serious matter to him than to most people. This fact was mentioned because it was just possible that the disease from which he died had been caused by irritation produced by some indigestible matter which had become lodged in the intestinal canal close to the ileo-cæcal valve, the spot at which the disease was situated. The symptoms exhibited by the patient were mainly:—vomiting, constipation, flatulence, and restlessness. Pain was not complained of, nor tenderness. There were neither wasting nor cachexia, and nothing could be detected by repeated and careful examination. The vomited matter consisted merely of food, which was partially or wholly undigested; it was never stercoraceous. Bile was occasionally present. The absence of stercoraceous vomiting could be accounted for by supposing that the food on passing through the pylorus set up peristaltic action of the bowel, which continued until it was checked and reversed by the stricture. Thus, the stricture being high up, the food was ejected before it had time to decompose. Dr. Habershon saw the case twice with the author, but its occult nature baffled even that keen observer. At the *post-mortem* a thin layer of scirrhus infiltration involving the muscular and sub-mucous coats of the intestine for about one inch was found. About three-fourths of the circumference of the wall was diseased. The calibre of the bowel was diminished so as to admit only the tip of the index finger. As the patient was stout, and the affected bowel covered by rolls of inflated intestine, it was apparent that the disease could not have been felt through the abdominal parietes. The peculiarities of the case were—(1) That it ran its course in a somewhat short time, the patient dying at the end of six weeks. (2) That there were no symptoms indicating the nature of the constriction. (3) The rarity of such a growth in such a place, the small intestines being the seat of primary cancer in not more than 5 in every 100 cases of cancer of the bowels.

Mr. PATMORE enquired as to the amount of injection which had been thrown into the rectum.

Dr. TRAVERS asked if there was much enlargement of the colon, and what was the condition of the ileo-cæcal valve.

Dr. THUDICHUM did not gather from the account that there had been no loss of lumen. In the course of his practice he had not found that with regard to cancerous strictures the lumen was always destroyed. He asked whether the disease had been localised. How was it that operative treatment had not been discussed? If the disease was not large it should have been treated surgically.

Mr. EDWARDS agreed with Dr. Thudichum. How was operative treatment not thought of? The symptoms pointed to a case of internal hernia. Abdominal section in his opinion should have been performed, and the disease excised. Operative interference might have prolonged life.

The PRESIDENT observed that the case presented several points of interest, and if the disease had been localised he



agreed in thinking that abdominal section should have been performed.

Dr. CLIPPINGDALE, in reply, remarked that half a pint of salad oil and afterwards a pint and a-half of soap and water were thrown up the rectum through a tube 18 inches long. The stricture did not occlude the bowel, but diminished its calibre sufficiently to prevent the passage of food. There was nothing to be felt through the abdominal wall. Dr. Habershon thought that the case might be one of twist of the gut.

#### *Pathological Specimens.*

Mr. H. PERCY DUNN showed the following:—(1) The Liver of a Child of Eight, showing an Extensive Rupture of the Right Lobe; (2) A Right Kidney, in the Pelvis of which a Large Calculus is impacted; (3) Sarcoma of the Heart; (4) A Uterus, showing several Nodular Growths of Scirrhus in its Substance.

## GENERAL CORRESPONDENCE.

### REFORM AT THE ROYAL COLLEGE OF SURGEONS.

[To the Editor of the Medical Times.]

SIR,—The crowded state of the meeting at the College of Surgeons on the 29th October proves that at last the Members have shaken off their lethargy, and are busying themselves with their prospective share in the administration of the affairs of the College. Eighteen months ago it seemed a hopeless task to induce so large a number of medical men to take care for their own professional interests; “*mais nous avons changé tout cela.*” And we say “*nous*” advisedly, for it has been the unceasing toil of this Association, from its foundation the day after the meeting at the College in March last year, to convince the profession that it was only for want of a rallying point that the Members had so long suffered their wrongs in silence. The result is that, whereas at the meeting in 1884 the lecture theatre of the College was but thinly tenanted by some eighty medical men, on the 29th ultimo it absolutely overflowed, and numbers of men had reluctantly to turn their steps from a hall which was too full to hold them. This in itself should be a sufficient reply to the reference in the article in your last week’s issue to “*lack of organisation.*” We maintain that to have drawn so many busy practitioners together is a proof of organisation almost more than could be expected in so young an Association as ours. The doubtful blessings of the Caucus are not to be looked for in an organism evolving out of chaos. That at such a memorable meeting there should have been a certain flavour of asperity in some of the speeches is regretted by none more than by the Association of Members itself; but it cannot hold itself responsible for the individual utterances of irresponsible Members. Let it neither be forgotten that the uncompromising refusal of the Council, as embodied in its Report, to accede to the demands of the Members, the withholding of all grounds for that refusal, and finally the closing of the College library on that very day, betrayed a distrust of the Members calculated to recall to those present the corporate shortcomings of Councils of years gone by. The Association would now wish to assure the Council that any words used by individuals on that day, which were not in accordance with the rules of courtesy, have pained itself, and to beg that the excitement of a coming, though then still uncertain, triumph be held accountable for the same. It would also shelter itself behind the precedent of Mr. Gladstone in the “*Hands off, Austria!*” incident, who claimed the allowance due to a “*position of greater freedom and less responsibility.*” That meeting, by entirely altering the outlook through its glorious assertion of the principle of enfranchisement within the very walls of the

College, has placed the Members now in a position of great responsibility, not held by them before the vote, and they will show by their moderation their worthiness to maintain it. The brilliant address of Mr. Sampson Gamgee, who held the brief of the Association, should be taken as evidence that, while conscious of their strength, the Members will use it with discretion. We would still crave a fraction of your valuable space, in which to recall to Members who have not yet joined the Association the fact that its work cannot be properly carried on without the expenditure of a certain amount of money. Hitherto extra demands, such as that contingent upon issuing circulars to remind Members of the meeting at the College, have fallen almost entirely upon the pockets of the Central Committee; but that body feels that it is now time to call upon fresh Members of the College to acknowledge the work done by joining the Association and remitting to the Hon. Secs. the trifling annual subscription of 5s. Printers are long-suffering creditors, but even they like at last to see their names written across a penny postage stamp; and when the minority has worked for the good of the majority it develops a not unnatural desire that it should not be too much out of pocket by the transaction.

We are, Sir, yours, &c.,

WARWICK C. STEELE,  
WM. ASHTON ELLIS,

Hon. Secs.

Association M.R.C.S.

*Western Dispensary, Westminster.*

[We have looked in vain through our last week’s article for the reference to “*lack of organisation,*” of which complaint is made in the above letter.—ED. M. T.]

[To the Editor of the Medical Times.]

SIR,—As one present at the meeting of the Fellows and Members of the Royal College of Surgeons, I should feel grateful if you could spare space for a few remarks on the present state of affairs. The position taken up by the Members seems to be that the College does nothing for them, that they have paid more money into its coffers than the Fellows, and therefore they demand “*the College Franchise.*” Various arguments were used in support of this demand. First, in an able speech of socialistic tendency, we are asked as brothers to admit the Members, this request, as is the case with most socialistic ones, being coupled with the threat that, if we do not comply with the demand, we have only annihilation to expect. The demand is supported by comparison with the franchise in general, and by the arguments that a wider base and consequent increased strength and importance would be given to the College; that by the present system many influential and important men (even K.C.B.s, C.B.s, and V.C.s) are excluded; that the members have provided in the past, and do still provide, the greater part of the income of the College; and lastly, that the change would be for the good of Fellows, Members, and the general public. Another speaker dealt principally with the “*misdeeds*” of the College in having advised the Government to require a surgical qualification from the poor law medical officers; a third considered the expenditure on administration and the museum excessive; a fourth based his opinion on the need of extension of the franchise on the refusal of the Council to institute wholesale legal proceedings against sinning Members; two other gentlemen confined their energies to asserting the scientific equality of the two grades; while the principal cause of complaint to all seems to be the amount paid to the examiners. What then is the position of the Fellows? At the time the present Charter was granted a certain number of Fellows were elected free, while any Member prior to the year 1843 was given the privilege of becoming a Fellow on satisfying certain requirements and paying a fee of 10*l.* Since then any Member has been free to proceed to the Fellowship by passing a stringent, but perfectly fair, examination, certainly not of too high a class for anyone intending to practise as a surgeon. The body of Fellows thus elected have the privilege of electing the President and Council, hence, of



governing the College, and these are the rights the Members demand. I will attempt to answer some of the more prominent arguments advanced by the Members; some matters of detail, such as the expense of the examinations, do not seem to affect materially the general principle. As to the question of brotherhood, the Fellows own it, not only with the Members, but with all legally qualified medical practitioners; but that renders them no more willing to surrender their legal rights than the actual tie of brotherhood renders an elder son willing to divide the paternal estate. The comparison to the extension of the franchise in general, which finds so much favour, is an inapt one, because to obtain a parliamentary vote certain money qualifications, unfortunately still out of the power of many of our fellow countrymen, are necessary, while in the case of the College Fellowship any Member can gain the right to vote by an examination, an examination moreover, the value of which in the eyes of the Members is light, since they deny any scientific distinction between the two grades. The widening of the base of the College by the extension of the electorate is a specious argument, but one which in our case falls to the ground; the College of Surgeons is not a body representative of the profession, but of its surgical section; the number of Members is only an evidence of its efforts to keep up a good standard of surgical knowledge among general practitioners. The Members would wish to convert the College of Surgeons into a highly endowed British Medical Association, and two bodies of this nature would seem hardly desirable. As to the inclusion of K.C.B.s, C.B.s, and V.C.s in the electorate, no members of the profession can be more proud of such distinctions gained by the Members than the Fellows and Council, but the College is not a coterie of distinguished men, but a College of Surgeons, and surgical claims alone are of importance in its managers. The remarks made by one speaker as to the use of the museum and library are a valuable hint as to the probable policy of the Members, should the College be given over into their hands. The vast majority of the Fellows, not only Juniors, but those at present representing the College as its Council, have spent time and labour in acquiring by examination the rights they possess, a procedure open to every Member, and till now no adequate reason has been advanced why they should resign them voluntarily or in answer to unjustifiable demands. As the first test to Members who are raising the present outcry, I would ask, Why did you take up the Membership of the College of Surgeons? The simple answer seems to be, because it is the most useful and respectable of the ordinary surgical qualifications, and confers on its holder an unimpeachable respectability as a practitioner. Now, who is responsible for the high position the qualification has taken; the answer to be returned is—the Council of the College for the time being, by reason of their efforts to keep up the standard of the examinations, and thereby the efficiency of those who go into practice as Members. Then, Sir, the Council, under the present system of election, is the body which has given the holders of the diploma of Member the advantage of practising as high-class medical men, and this, I contend, is a sufficient answer to those who say that the College has done nothing for its Members but “take their money and kick them out.” As to the privileges of the use of the library and museum, I will say nothing, since the seconder of the motion led us to infer that the Members consider them of small value.

I am, Sir, yours, &c.,  
A JUNIOR FELLOW.

## MEDICAL NEWS.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE annual calendar has just been published by the Council of the College. From it we make the following analysis, which we think will be interesting not only to the Fellows and Members of the College, but to the profession generally, and indeed to the public, who will learn from it

that there is no scarcity of doctors to look after their health, seeing that there is a small army of no less than 17,876 Fellows and Members on the roll of this one institution, being an increase of 201 over the number of last year. Beginning with the Fellows of the College, we find there are 1,153, including 635 who have obtained the honour after undergoing the severe examination; there are five who have been elected as Members of twenty years' standing under Section 5 of the Charter XV. Vict.; and three *ad eundem* Fellows, viz., two from the Irish and one from the Scottish College. There are 16,723 Members; 957 Licentiates in Midwifery, the examination for this distinction having been suspended for the last ten years. The Licentiates in Dental Surgery remain at 553. The examiners in Elementary Anatomy and Elementary Physiology, appointed in conjunction with the Royal College of Physicians under the scheme for an Examining Board in England, are elected annually. The examiners in Elementary Anatomy have held eleven meetings, and the examiners in Elementary Physiology two meetings, during the past year; 365 candidates presented themselves, of whom 303 passed in both subjects; 34 passed in Elementary Anatomy, 14 passed in Elementary Physiology, 9 were referred in both subjects, 14 referred in Elementary Anatomy, and 34 referred in Elementary Physiology. The fees received from candidates for this examination amount to 1,916*l.* 5*s.*, the examiners receiving in fees 274*l.* 10*s.* The examiners in Anatomy and Physiology appointed in conjunction with the Royal College of Physicians, under the scheme for an Examining Board in England, are elected annually. They have conducted the Primary Examinations for the Diploma of Member under the old regulations, as well as the second examination of the Examining Board, and have held during the year forty meetings. 1,271 candidates presented themselves, of whom 665 passed in both subjects, 135 passed in Anatomy, 93 passed in Physiology; 311 were referred in both subjects; 119 were referred in Anatomy and 176 were referred in Physiology. The fees received from the candidates for this examination amounted to 5,803*l.* 7*s.* The examiners received in fees 3,329*l.* 5*s.* The Board of Examiners in Anatomy and Physiology for the Diploma of Fellow consists of nine Members annually elected by the Council from the Fellows of the College, and has held during the past collegiate year seven meetings. 113 candidates presented themselves, of whom 49 passed and 64 were referred. The fees received for this examination amounted to 766*l.* 10*s.*, the Board receiving in fees 477*l.* The Court of Examiners consists of ten Members elected by the Council from the Fellows of the College, all of whom, however, are Members of the Council, except Dr. Humphry, Mr. John Langton, and Mr. T. Pickering Pick. During the past year the Court has held two meetings for the Fellowship and fifty-three meetings for the Pass Examination for the Membership; at the former there were 56 candidates, 37 of whom passed, 19 being referred for twelve months. For the Membership there were 960 candidates: 350 obtained their diplomas; 213 passed in Surgery only; 77 were referred for three months, 295 referred for six months, 16 referred for nine months, and 9 for one year. The fees paid by the candidates amounted to 12,033*l.* 10*s.*, the fees paid to the Court of Examiners amounted to 5,634*l.* 6*s.* The Board of Examiners in Dental Surgery has held two meetings for the examination of 24 candidates, 17 of whom obtained their diplomas; the fees paid by them amounted to 178*l.* 10*s.*, of which the Board received 71*l.* 8*s.* The income of the College from all sources during the past year amounted to 25,866*l.* 13*s.* 9*d.*, derived principally, as already shown, from fees paid by candidates for the Diplomas of the College, viz., 20,693*l.* 2*s.* Rents from chambers adjoining the College produce 1,455*l.* 17*s.* Dividends on Stock, 1,237*l.* 11*s.* 4*d.* From Members of the Council and Court of Examiners, on their election, 126*l.* The expenditure for the year amounted to 22,402*l.* 9*s.* 1*d.*, the largest item being in fees paid to Members of the Court and Boards of Examiners, viz., 9,785*l.* 19*s.* The next largest amount appears in Salaries, Wages, and Pensions for the officers and servants of the College in the three departments: Library, Museum, and Office, viz., 4,464*l.* 11*s.* 3*d.*, Taxes, Rates, Diploma Stamps, and Insurance absorbing the large sum of 1,618*l.* 3*s.* 2*d.*



Under miscellaneous items and extraordinary expenditure 856*l.* 5*s.* 11*d.* appears as having been expended. There appears the respectable balance at the bankers' of 3,464*l.* 4*s.* 8*d.* The Metropolitan hospitals are represented on the Council by Messrs. W. S. Savory, F.R.S., President; Sir James Paget, Bart.; H. Power, Vice-President; and T. Smith, of St. Bartholomew's. King's College by Mr. J. Wood, F.R.S., Vice-President, and Sir J. Lister, Bart. Guy's by Messrs. J. C. Forster, T. Bryant, and A. E. Durham. University College by Messrs. John Marshall, F.R.S., C. Heath, and M. B. Hill. The London by Mr. J. Hutchinson, F.R.S. The Middlesex by Messrs. J. W. Hulke, F.R.S., and G. Lawson. St. Thomas's by Sir W. MacCormac, Messrs. J. Croft and S. Jones; and Westminster by Mr. C. N. Macnamara.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following were admitted Members on October 29th, 1885:—

Robert Boxall, M.D. Brussels, 60, Gower Street, W.C.  
Michael Colman Collins, M.D. Queen's University, Nottingham.  
Archibald Edward Garrod, M.B. Oxford, 10, Harley Street, W.  
Samuel Herbert Habershon, M.B. Cambridge, 70, Brook St, W.  
Jogendra Nath Mitra, India.  
Lauriston Elgie Shaw, M.D. London, 3, Newton Grove, W.  
John Hinks Vinrace, M.B. London, Birmingham.  
Dawson Williams, M.D. London, 4, Oxford and Cambridge Mansions, N.W.

On the same day the following were admitted Licentiate:—

Alexander Louis Achard, Charles Kingley Ackland, George Frederick Aldous, Horace Bascom, Lancelot Bathurst, Edmund Frederick Bindloss, James Andrew Blair, James Allen Bratton, Lewis Brown, Arthur William Burrell, Frederick William Burton, John Archibald Cones, Isaac Rising Cory, Arthur Holdsworth Davis, Reginald Samuel Orme Dudfield, Frederick William Emery, Charles Ewart, Merwanjee Nourojee Gandevia, Henry Willoughby Gardner, Charles Gayford, Ernest Ormond Gilkes, Albert Edward Godfrey, Richard Park Griffin, Percy Oswald Ward Hailey, Ralph Hodgson, John Douglas Hughes, Spencer Hurlbutt, Frederic Joseph Knowles, Maurice Koettlitz, James Pirie Martin, Walter Francis Moore, Frank Edward Nichol, Arthur Wesley Ogle, Frederick Arthur Thomas O'Meara, Richard Jeffreys Owen, Ernest Willmer Phillips, George Richard Mackintosh Pollard, William Edmund St. Michael Raw, Henry Albert Reed, Lionel Pierrepont Shadbolt, John Turville Smith, John Acton Southern, Benjamin Sumner, Charles Henry Taylor, David Thomas, George Henry Warren Thomas, Charles Henry Wade, Robert Nasmyth Arnold Wallinger, William George Weaver, Albert William Webb, Percy Charles Edward d'Erf Wheeler, David James Gibb Wishart, Robert Wallace Wright, Edward Herbert Young.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary Examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 22nd ultimo, viz:—

Richard Andrews, L.S.A., New Malden, St. Thomas's Hospital; Frederick John Jaynes, L.S.A., Wornington Grange, Middlesex Hospital; Edward Herbert Young, L.S.A., St. John Street, Stamford, University College; Robert Briggs Wild, L.S.A., Wethington, Thomas Walmsley Heywood, L.K.Q.C.P.I. Southport, Herbert Strange Hall, Leigh, Lanc., and Frederick Edge, Manchester, Royal Infirmary, Manchester; Edward Phillips, L.R.C.P. Edin., Birmingham, General Hospital, Birmingham; Francis Henry Mead, M.D. Durham, Taunton, Newcastle and St. George's Hospital; Robert Chambers Owen, L.K.Q.C.P.I., Liverpool, Liverpool Royal Infirmary; Oscar James McCully, M.D. McGill, Montreal, McGill College, Montreal; John MacGregor, L.R.C.P. Edin., Edinburgh University; Alfred Reuben Aubrey, M.B. Durham, Salisbury, Newcastle, and Bristol; George Fordon, L.S.A. York, Leeds General Infirmary; James Matthew Robson, M.B. Durham, North Shields, Newcastle-on-Tyne Infirmary; Michael Alcock Ottley, L.K.Q.C.P.I. Sheffield, Durham and Sheffield General Infirmary.

Three candidates were approved in Surgery, and when qualified in Medicine and Midwifery will be admitted Members.

Seven candidates were referred for 6 months and one for 9 months.

Admitted Members on the 23rd ultimo:—

Alfred George Francis, L.S.A. Southchurch, Essex, and George Frederick Aldous, L.S.A. Petersfield, St. Bartholomew's Hospital; Wilberforce Thompson, L.S.A., Bardsey near Leeds, and George Henry Oliver, L.S.A. Doncaster, Leeds General Infirmary; Edmund Taylor Milner, L.S.A. Manchester, and Alfred Alexander Mumford, L.S.A. Manchester, Manchester Royal Infirmary; Charles Jenner Parsons, L.S.A. Godalming, University College Hospital; Herbert Edward Rayner, L.R.C.P. Lond., Colchester, London Hospital; Frederick Charles Larkin, L.S.A. Everton, and William Arthur Martin, L.R.C.P. Edin., Crail, M.B., Royal Infirmary, Liverpool; Ernest Farr, L.S.A. Hammersmith, Charing Cross Hospital; George McNair, West Dulwich, King's College Hospital; Arthur Deaker Owen, L.S.A. Totnes, Devon, Birmingham and London Hospital; Upendra

Krishna Dutt, L.S.A. Leicester, St. Mary's Hospital; Sorabji Manekji Kaka, L.M. and S. Bombay, Whitehall Gardens, Bombay.

Two candidates were approved in Surgery, and when qualified in Medicine and Midwifery will be admitted Members.

Three candidates were referred for 3 months and eight for 6 months.

Admitted on the 26th ultimo:—

Robert Aston Bostock, L.S.A., Onslow Gardens, S.W., Ralph Hodgson, L.R.C.P. Lond., Lewisham, S.E., Arthur Holdsworth Davis, L.R.C.P. Lond., Doughty Street, W.C., Reginald Samuel Ormer Dudfield, L.R.C.P. Lond., Upper Phillimore Street, W., Augustus Charles Dove, South Kensington, Robert David Barber, Nottingham, Arthur Lucas Morgan, Swansea, Harold Cecil Halsted, Arundel, Benjamin James Inniss, Barbados, West Indies, St. Bartholomew's Hospital; Charles Henry Wade, L.R.C.P. Lond., Upper Norwood, S.E., London Hospital; Charles John Holtom, L.S.A. Stoke-upon-Trent, University College Hospital; Francis William Jollye, L.S.A. Donington, King's College Hospital; William George Holloway, St. John's, S.E., and Ernest Henry Richmond Watts, Buckingham Palace Road, Cambridge and St. George's Hospital; Charles James Glasson, Clifton, Bristol, Bristol General Infirmary; Henry Octavius Preston, Cambridge, Petrus Johannes de Nyssen, Portsdown Road, W., and Leonard Remfry, Nightingale Lane, St. George's Hospital; Hugh Vallance, Red Hill, and Frederick William Farr, Kennington Road, Guy's Hospital; George Brooke French, Edinburgh, Edinburgh University; Henry Pope, York, Leeds General Infirmary; Edward Lawrence Fox, Plympton, Cambridge and St. Bartholomew's Hospital.

Admitted on the 27th ultimo:—

Arthur Charles Edward Parr, L.S.A. Cardiff, James Allen Bratton, L.R.C.P. Lond., Victoria Road, W., and Frederick Arthur Thomas O'Meara, L.R.C.P. Lond., West Dulwich, King's College Hospital; William Scott Tebb, L.S.A., Albert Road, N.W., Cambridge and St. Thomas's Hospital; Alfred William Hunton, L.R.C.P. Lond., and John William Rigby, Chorley, Manchester Royal Infirmary; Charles Ewart, L.R.C.P. Lond., Curzon Street, W., St. George's Hospital; Frederick Wm. Emery, L.R.C.P. Lond., Birmingham, Birmingham General Hospital; Charles Hamilton Conolly, Wood Green, Clayton, Campbell Harris, Craven Road, Henry Willoughby Gardner, L.R.C.P. Lond., Birkenhead, St. Bartholomew's Hospital; Robert Major Brown, Tulse Hill, Cambridge and St. Bartholomew's Hospital; Edwin Cooper Perry, Temple, E.C., Cambridge University, Joseph Henry Collymore, West Brompton, Guy's Hospital; Percy Priestley, Sheffield, Sheffield and St. Thomas's Hospital.

Five candidates were approved in Surgery, and when qualified in Medicine and Midwifery will be admitted Members.

Five candidates were referred for 3 months and seven for 6 months.

Admitted on the 28th ultimo:—

Frederick William Morison, Hampstead; Thomas Harry Frederick Clarkson, Southsea; John Collier Barker, Montague Square; William Benjamin Lauria, Holford Square, and Herbert Elwin Harris, Binham, St. Bartholomew's Hospital; Ernest Aston Otho Travers, Sutton, Surrey, London Hospital; Edward Kendrick Macartney, Sundur, Madras, University College; Ernest Maberly, Bath, Birmingham General Hospital; Thomas Frederick Barton Palmer, Peterborough, Guy's Hospital; Alexander Whyte, Eytoun Road, S.W., Newcastle and St. George's Hospital; Charles Edward Stewart Flemming, Freshford, Bath, Bristol General Infirmary; William Arbuthnot Alexander Cheves, Devonport, King's College Hospital.

Four candidates were approved in Surgery, and when qualified in Medicine and Midwifery will be admitted Members. 2 candidates were referred for three months, 12 for six months, and 3 for one year.

Admitted on the 30th ultimo:—

Albert William Webb, L.R.C.P. Lond., Canonbury, Arthur Meyrick Jones, L.S.A., Romsey, Ernest Augustus Farr, L.R.C.P. Lond., Andover, and Hugh Jones Roberts, L.S.A., Penygroes, Guy's Hospital; Francis Murray Haig, L.S.A., North Street, S.W., and Edward Samuel Goody, L.S.A., Devonshire Terrace, W., St. Thomas's Hospital; Oliver R. A. Julian, L.S.A., Plymouth, and Edward John Nixon, L.R.C.P. Lond., Cape of Good Hope, St. Bartholomew's Hospital; Robert William Hazell, L.S.A., Cape Town, and William E. St. Michael Raw, L.S.A., Stoke Newington, London Hospital; John Lynes, L.S.A., Kennington Park Road, Charing Cross Hospital; Cornelius Frederick Glinn, L.S.A., Devonport, St. George's Hospital.

Five candidates were approved in Surgery, and when qualified in Medicine and Midwifery will be admitted Members of the College.

One candidate was referred for 3 months, nine for 6 months, one for 9 months, and one for 12 months.

Admitted on the 2nd instant:—

Edmond Walter Emtage, L.S.A., Liverpool Road, N., University College Hospital; Frank Edward Nichol, L.R.C.P. Lond., Kensington, Percy Charles Edward d'Erf Wheeler, L.R.C.P. Lond., Camberwell, John Stuart Hutton, L.R.C.P. Lond., Forest Hill, S.E., and Otto Fraser Frohwein, L.R.C.P. Lond., Portsmouth,



St. Thomas's Hospital; Arthur William Burrell, L.R.C.P. Lond., Clarence Square, Gosport, London Hospital; Henry Ernest Hill Smith, L.S.A., Wimpole Street, King's College Hospital; Frederick Greasley Armson, L.S.A., Burton-on-Trent, Middlesex Hospital; Hubert H. Du Boulay, George Street, W., Guy's Hospital; Henry Dudeney Halliday, Hamilton Gardens, N.W., St. Bartholomew's Hospital.

Seven candidates were approved in Surgery, and when qualified in Medicine and Midwifery will be admitted Members of the College.

Two candidates were referred for 3 months and eight for 6 months.

Admitted on the 3rd instant:—

Charles Edward Liesching, Elm Park Road, S.W., St. George's Hospital; John Frederick Bate, L.S.A., Merton, University College Hospital; William Henry Johnson, L.S.A., Commercial Road, E., and Edward Osborne Fountain, L.S.A., Hillingdon, St. Bartholomew's Hospital.

Four candidates were approved in Surgery, and when qualified in Medicine and Midwifery will be admitted Members of the College.

One candidate was referred for 3 months and four for 6 months.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, October 22nd, 1885:—

Raheem Buksh, M.R.C.S., Poplar Hospital; Albert Green, M.R.C.S.; Guy's Hospital; Francis Murray Haig, M.R.C.S., North Street, Westminster; John Melhuish, 5, Crossfield Road, Belsize Park, Leslie Powne, Granville House, Swindon.

At the recent examinations for the Prizes in Materia Medica and Pharmaceutical Chemistry, prizes were awarded to the following gentlemen:—

1st, Henry Edward Skyrme, Student of the London Hospital; 2nd, Frederic William Edridge Green, Student of St. Bartholomew's Hospital, the Silver Medal and Books.

On Thursday, October 29th, 1885:—

Henry Ernest Hill Smith, M.R.C.S., 82, Wimpole Street, W.

On the same day—

Edward Osborne Fountain, Hillingdon, near Uxbridge; Stuart Oliver, The Trellis, Bickley, Kent,

passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery.

**ROYAL UNIVERSITY OF IRELAND AUTUMNAL EXAMINATIONS, 1885.**—The Examiners recommend that the following be adjudged to have passed the examination for the degree of Master of Surgery:—

Robert Abraham, Queen's College, Belfast, Jerome Barry, Queen's College, Cork; William J. Bigger, Queen's College, Belfast, and St. Thomas's Hospital, London; William S. H. Briand, Queen's College, Cork; Frederic James Burns, M.D., James R. Burrows, M.D., Queen's College, Belfast; Hugh A. Clarke, Liverpool School of Medicine; Henry A. Cummins, Michael P. Dunlea, William A. Fogerty, George H. Foott, M.D., John F. Haines, Daniel Hennessy, M.D., Queen's College, Cork; Michael Jennings, M.D., Queen's College, Galway; Francis J. Keyes, Catholic University School of Medicine; William J. R. Knight, M.D., Queen's College, Belfast; John E. Lane, M.D., Queen's College, Cork; William John Loughrey, M.D., James Shaw Lyttle, Queen's College, Belfast; Daniel M'Donnell, Catholic University School of Medicine; Charles J. Macdonald, Queen's College, Cork; Ralph B. Mahon, Queen's College, Galway; William H. Munro, Queen's College, Galway and Belfast; James Joseph Nagle, M.D., Queen's College, Cork; John J. Redfern, William R. Scott, Queen's College, Belfast; Francis H. Sinclair, Queen's College, Belfast, and Trinity College, Dublin; Frederic C. Sinclair, M.D., Ledwich School of Medicine; Thomas D. Smyth, Queen's College, Belfast, and University of Edinburgh; Edward A. Spiller, Queen's College, Belfast; Benjamin Sumner, Royal Infirmary, Liverpool; Henry Walter, School of Physic, Dublin; William A. Whitelegge, Queen's College, Cork; Samuel Wilson, M.D., Queen's College, Belfast.

**ROYAL UNIVERSITY OF IRELAND.**—At a meeting of the Senate of this University, held on Wednesday, Oct. 28th, 1885, the following resolutions were adopted:—(1) That a special diploma be awarded to each candidate who may satisfy the examiners at the examination for the Stewart Scholarship for proficiency in the treatment of mental diseases. (2) That application be made to the Lord Lieutenant for approval of the following additions to the list of recognised medical institutions:—The Glasgow Royal Asylum for the Insane, Hanwell Lunatic Asylum, Birmingham Lunatic Asylum, the Cork Union Hospital. (3) That attendance at either theoretical or practical midwifery ought not to be commenced until after the passing

of the second examination in medicine, and that no certificate of such attendance shall henceforth be received where the attendance may appear to have taken place subsequent to the close of the year 1885, but prior to the passing of the second examination in medicine.

**ROYAL COLLEGE OF SURGEONS IN IRELAND.**—The President and Council held a special meeting on the 22nd inst., pursuant to the provisions of the Supplemental Charter, to elect an examiner to examine candidates for the Letters Testimonial and Fellowship, in room of the late Dr. Benjamin G. M'Dowel, when Mr. John Barton, 26, Upper Merrion Street, Dublin, was elected. Mr. Barton is a Doctor of Medicine of the University of Dublin and a Fellow of the Royal College of Surgeons in Ireland. He is also a demonstrator of Anatomy and a private teacher in the School of Physic in Ireland, Trinity College, Dublin. The Council also held a special meeting on the 22nd inst. for the election of Dental Examiners, when the following gentlemen were elected, viz.—Edward S. O'Grady, Henry G. Croly, Henry G. Sherlock, Daniel Corbett, jun., Robert Hazelton, and Arthur W. W. Baker.

**EDINBURGH ROYAL INFIRMARY.**—Plans have been prepared by Mr. Sydney Mitchell, architect, for the erection of an Observation Hospital at the Edinburgh Infirmary, on a site between the medical and surgical departments, at the back of the boiler house. Into this building there will be removed persons who may be suspected of suffering from infectious disease, and in the event of such suspicion turning out well founded the patients will be sent to the City Hospital for treatment; otherwise, they will be brought back to their respective wards in the Infirmary. The structure is intended to be of brick, plastered inside with cement, the corners of the wards being rounded off so as to prevent the lodgment of dust. The accommodation consists of two wards containing four beds, and two wards containing two beds, two being for males and two for females. Between the male and female wards, in the centre, is a nurses' sitting-room and bed-room. Behind the building is a passage, part of it simply a covered way, and part with walls on both sides. At the back of this passage is a small wing with a flat roof, which contains an additional nurse's room, kitchen, bath-room, &c. The hospital will be raised 18 inches clear from the ground, being supported to that height by narrow brick piers, so that the air may pass freely under it. The heating will be by steam pipes, and four æolus water spray extract ventilators are to be fixed in the roof. The building, though quite plain, with its hipped roof, overhanging eaves, and crows-stepped dormers, will present a pleasing aspect. The cost of the whole work is expected to be rather less than 1,000*l*.

**RE-ORGANISATION OF ABERDEEN ROYAL INFIRMARY.**—A few months ago, Dr. Angus Fraser, one of the Infirmary staff, called public attention to the deplorable state the Aberdeen Royal Infirmary was in, not only in regard to sanitary arrangements, which are very defective, but also the nursing and general management. A special committee of managers was formed under the presidency of Dr. Struthers, to draw up a scheme of re-organisation. The committee unanimously resolved that, under the control of the committee of management, the working of the Infirmary should be placed in the hands of (1) a general superintendent and secretary, (2) a lady superintendent. The committee have been assisted in their work by Dr. James B. Russell, Medical Officer of Health of Glasgow, and Dr. Simpson, Medical Officer of Health of Aberdeen. Dr. Russell and Dr. Simpson lately inspected the Infirmary, and have condemned as a whole the present arrangements as regards sanitary condition, accommodation for nurses, washing, laundry, and cooking. In regard to the treatment of contagious diseases, Dr. Russell stated that infectious diseases could not be safely provided for in a general hospital; they are also of opinion that the plans of extension on the ground at disposal are not such as to meet with approval on sanitary principles. The committee are in favour of a new infirmary on a new site; in the meantime the present defects, sanitary and otherwise, are



to be remedied in the old building. We sincerely trust that a new building on a new site, and essentially within easy distance of the Medical School, will soon be erected, and that it will be a credit to the city, and to the University with which its name is so closely allied.

**VOTES TO THE DUBLIN HOSPITALS.**—At a special meeting of the Corporation of Dublin, held on Monday, October 26th, Mr. Winstanley moved the adoption of the following grants to the various city hospitals, amounting in the aggregate to 4,800*l.* Jervis Street Hospital, 300*l.*; Mercer's Hospital, 300*l.*; the City of Dublin Hospital, 300*l.*; St. Vincent's Hospital, 400*l.*; the Meath Hospital, 300*l.*; the Mater Misericordiæ Hospital, 500*l.*; Sir Patrick Dun's Hospital, 300*l.*; the maternity department of same, 50*l.*; Dr. Steevens's Hospital, 150*l.*; Cork Street Hospital, 300*l.*; the Rotunda Lying-in Hospital, 250*l.*; the Coombe Lying-in Hospital, 500*l.*; the Hospital for Incurables, 300*l.*; the Hospice for the Sick and Dying, Harold's Cross, 200*l.*; the Treasurer of St. Mark's Ophthalmic Hospital, 150*l.*; the National Eye and Ear Infirmary, Molesworth Street, 100*l.*; the Children's Hospital, Upper Temple Street, 200*l.*; the Dublin Orthopædic Hospital, Brunswick Street, 100*l.*; and the National Orthopædic Hospital of Ireland, 7, Adelaide Road, 100*l.* Sir William Carroll seconded the motion, which was adopted.

**ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.**—The directors of this hospital have appointed Dr. James Haig Ferguson and Dr. S. H. Puekle, both of the Maternity Hospital, to be resident physicians in this hospital for a period of six months. The directors have also established lectures on the diseases of children to the students attending the extra-mural classes, and have appointed Dr. Underhill and Dr. Playfair to be the lecturers.

**THE MEDICAL DEFENCE ASSOCIATION.**—A meeting of the Council of the Medical Defence Association was held at the offices of the Association, 60, Chandos Street, Covent Garden, on the 23rd inst., Dr. Richardson, F.R.S., in the chair. Several new members were nominated and duly elected. Complaints were received as to unqualified practice from Leicester, Landport, and other places, and the solicitors were instructed to investigate the cases with a view to prosecution. A letter was read from Dr. David R. Pearson, of Kensington, suggesting that the usefulness of the Association might be considerably extended by affording assistance to medical men who are threatened with litigation, or against whom charges of malpractice or other grave accusations have been made for the purpose of extortion. The President said it had struck him recently that the Association might do a vast amount of good in the direction suggested by Dr. Pearson. Medical men often submitted to gross imposition and extortion from fear, and the conviction of their inability to get the best legal assistance except at a ruinous cost, when they would, if supported by their professional brethren, be encouraged to face their difficulties and come out of the trial satisfactorily. The Edwards, Haffenden, and Bradley cases showed the necessity for such assistance. These cases might have had less unhappy terminations, had sound advice and kindly sympathy and help been within reach in the hour of trial. The Hon. Sec., Mr. George Brown, pointed out that the suggested extension of the operations could only be carried out by altering the by-laws of the Association, which must be done at a general meeting of the members, and it was resolved to convene a special general meeting at an early date for the purpose of altering the by-laws so as to extend the powers of the Council.

**APOTHECARIES' SOCIETY.**—The Botanic Garden of the Society, at Chelsea, continues to be useful, as it has been for the past two hundred years (during most of which time, indeed, it stood alone as an institution for the study of Botany from the living plants), in affording the means of instruction for medical students. During the present year the number of visitors, mostly students, who have been admitted is 2,784, of which number 1,200 were males and 1,584 females; the former consisting chiefly of young men in training for the different branches of the medical profession, and the latter in great part of young persons training for teachers in public schools. The Society gives

annually a Gold Medal and also a Silver Medal, in both classes of students, to those who pass the most creditable examinations.

**THE ST. JOHN AMBULANCE ASSOCIATION.**—The practical utility of this Association has been so thoroughly established, that its increasing extension, as shown by the annual report just issued by the formation of many new centres and classes, both at home and the colonies, is very satisfactory. During the year 10,123 certificates and nearly 3,000 medallions have been awarded, of which 5,342 certificates have been bestowed on male classes, 3,417 on female "first aid" classes, and 1,364 on "nursing" classes. About 90,000 certificates altogether have been awarded by the Association. Interesting details are given of important cases of "first aid," rendered by certified pupils, and attested by surgeons. An appeal is made for funds to carry on and enlarge the work of the Association. Her Majesty the Queen has sent a second donation of 25*l.*, and the Duke of Connaught and Princess Beatrice have accepted the presidency of two of the London districts.

**HOSPITAL SATURDAY FUND.**—At the meeting of the Board of Delegates on Saturday, it was stated that the workshop collection, doubtless owing to the widespread depression in trade, had not realised the expectations of the delegates so far as the amount hitherto received was concerned. The street collection having, however, this year been nearly double what it was in 1884, to a considerable extent supplied the deficiency in the workshop collection, and from both sources, as well as by means of special donations, 11,000*l.* would, there was reason to believe, represent the aggregate collection of the year. Life governors were appointed from among the delegates to the following hospitals:—Charing Cross, East London, Royal Free, Poplar, Royal National, National for the Deformed, North West London, and Royal South London Ophthalmic.

**THE SHAFTESBURY NATIONAL MEMORIAL.**—A general approval will, no doubt, be accorded to the resolutions adopted at a meeting of the committee, held at the Mansion House last week, that, in addition to the erection of two statues to the memory of the late Earl, a National Convalescent Home for Poor Children (bearing Lord Shaftesbury's name) should be established.

**THE POISONED RIVER.**—Dr. S. Gibbon, Medical Officer of Health, has reported to the Holborn Board of Works, that during the past fortnight, three lads of the Central Shoeblack Brigade, on Saffron Hill, had died of typhoid fever, supposed, with good reason, to have been contracted by them in bathing in the river Lea, at Clapton. Soon after bathing they were taken ill with the disease, which is generally caused by drinking water. They were treated in St. Bartholomew's Hospital, where they all three died.

**THE DUNOON DISTRICT COTTAGE HOSPITAL.**—This hospital was formerly opened on the 24th ultimo. It owes its existence to Dr. Dennistoun, of Dunoon. It is situated in the rear of the town, and provides accommodation for six patients. About 600*l.* has been expended on the building and furnishing.

**DR. ROBERT McDONNELL, F.R.S.**, the well-known Dublin surgeon, has been placed on the Royal Commission appointed to enquire into the condition of the blind.

**PROFESSOR VON LANGENBECK** is suffering from so serious an affection of the eyes that it is feared he must submit to a critical operation within the next few days.

**MR. ERICHSEN ON THE PROPOSED MEDICAL DEGREE FOR LONDON STUDENTS.**—Mr. Erichsen has addressed a letter to the Secretary of his Edinburgh Committee, in which he states, in reference to the proposed scheme giving to the Colleges of Surgeons and of Physicians of London the power to confer medical degrees, "that not only would the proposed scheme not have my support, but that I should feel it to be my duty, on general professional as well as on academic grounds, to oppose that or any other scheme which would tend to lower the value of the medical degree. The degree of M.D. would not only be materially depreciated in value, but would in my opinion be completely extinguished as a mark of professional distinction in public



estimation, if every student who passed the ordinary qualifying examination of the two corporations had a degree conferred upon him. A title common to all would be an honour to none."

**PROF. VERNEUIL ON THE VULGAR VIEW OF SURGERY.**—Prof. Verneuil addressed the French Association for the Advancement of Science, at Grenoble, on the subject of the vulgar prejudice existing against the admission of medicine as a science rather than as one of the arts. He remarked that his protest against this prejudice was to some extent unnecessary in the case of his present audience, since five out of their fourteen presidents had been doctors. He pointed out the absurdity existing in the assertion which many people make, that they believe in surgery but not in medicine, since the former is a positive science, the latter a conjectural one, that surgery makes progress every day, but that medicine has made no advance since the days of Hippocrates. Notwithstanding these confident assertions, the very people who make them constantly refuse to follow the advice given them by a surgeon, and take in preference that of a doctor, even of a chemist, or a herbalist, who will undertake to effect a cure without an operation. A second prejudice exists against the methods employed in surgery, the surgeon being compared by some ignorant people to a butcher. It is sufficient to pass through a ward to which all are admitted indifferently to be convinced that a large number of patients are cured without losing a drop of blood or a millimetre of flesh, some by aid of internal medicaments, others by the employment of what is termed minor surgery, namely, a series of manual acts which take nothing from the integrity of the organs. Under this heading may be classed the topical applications applied to bruises, superficial burns, circumscribed inflammations, &c.; for the severer inflammations leeches, cupping, flying blisters, &c.; but the greatest regenerators are absolute repose, the position of the limbs, and perfect immobility of the affected part. Then again, in fractures and articular affections, much manual labour is needed, but not a drop of blood is lost. Prof. Verneuil added that he felt in a position to assert that out of a hundred patients who might consult a surgeon, scarcely, perhaps a quarter rather, only a fifth or a sixth were submitted to a true operation. Against a very serious imputation Prof. Verneuil entered a vehement protest, namely, that surgeons often operated from the love of operating. He remarked that he could fill many pages with tales told him of unnecessary operations or of those with fatal consequences. His opinion is that the essence of the whole matter may be summed up in these words, "Irrational confidence in surgery, and injurious and unjust suspicions of the surgeon."

**IS FERRÁNISM DEAD?**—Ferránism would seem to be very nearly played out in Spain; a significant sign is that the *Sección Ferraniana* which a prominent Spanish medical periodical has contained for some months past has been suddenly discontinued, the last number containing not a word on the subject, to which all the eloquence at the editor's command seemed to have been somewhat exclusively devoted since a little before the commencement of the so-called "suspicious disease" which has since unhappily carried off, it is said, 120,000 Spaniards.

**CLINICAL TEACHING IN MOSCOW.**—A recent university statute having declared several of the special hospitals of Moscow to be suitable for clinical instruction, advantage has been taken of the valuable field of study which they supply, and various members of their respective staffs have announced the opening of courses, *e.g.*, Dr. Kusmin will lecture on Surgery in the hospital attached to the Foundling Institution, Dr. Solovieff on Gynæcology in the Pavloff Hospital, and Drs. Roth and Minor on mental diseases and nervous diseases in the Staro Yekaterina Hospital.

**THE SPREAD OF SYPHILIS BY FOUNDLINGS.**—A very serious matter for the health of Moscow has been brought into notice by the observations of one of the parochial medical officers, and confirmed by those of his *confrères*, viz., the fact that syphilis is being constantly and secretly disseminated amongst the population by the infant waifs who are put out as narse children by the Moscow Foundling Institution. Many of these are syphilitic, and they com-

municate the disease to their foster-mothers, hard chancres being found on the nipples. The women thus syphilize their own children, their husbands, and even their neighbours' infants, whom they frequently take care of temporarily. The attention of the managers of the Foundling Institution has been called to this, and it is to be hoped that they will do their utmost to put a stop to it at once.

**NEPHROLITHOTOMY AFTER NEPHRECTOMY.**—Mr. Clement Lucas operated on a unique case in Guy's Hospital on October 29th. A woman upon whom he had performed nephrectomy about four months ago, for complete destruction of the left kidney, by large calculi and hydronephrosis, and who had made a rapid and perfect recovery, was suddenly seized with great pain in the region of the other kidney, followed by vomiting, headache, and suppression of urine. The symptoms commenced early on Sunday morning, October 25th, from which time not a drop of water was passed. Her medical attendant, Mr. Atkins, of Luton, recognising the gravity of her symptoms, put himself in communication with Mr. Lucas, and it was found possible to remove the patient to London on Wednesday, October 27th. It was still thought advisable to try the effect of flushing the kidney by diuretics for another twenty-four hours before operating. These had no effect, and the symptoms having become much more serious, there being signs of sinking accompanied by much drowsiness, Mr. Lucas cut down on the remaining kidney and removed a conical calculus measuring seven-eighths of an inch by half an inch, tapering to three-eighths. Total suppression of urine had lasted 102 hours. Free drainage of urine immediately took place through the wound, and vomiting and headache at once ceased. Five days after the operation she was doing well and feeling comfortable. Mr. Lucas's case of nephrectomy performed on October 20th healed without suppuration or fever. She sat up for the first time on the eighth day, and is now convalescent.

**BREACH OF MEDICAL ETIQUETTE IN BELGIUM.**—The *Lyon Médical* (October 18th) quotes an instance from a Belgian journal, showing that breaches of medical etiquette of a slanderous character are there sharply dealt with. It seems that a Dr. Quinet, a village practitioner, was called 6th December to a girl who had injured her thigh, and for whom he prescribed 20 grammes of mercurial ointment in frictions and half a gramme of calomel as a purgative. After three visits another doctor was called in. On the 2nd January the child died, and a young doctor, who had been recommended to her, declared that her death was due to mercurial poisoning. The *post-mortem* did not exhibit any change due to mercury, as was certified by the three doctors present. Regarding the charge as libellous, Dr. Quinet laid the case before the Medical Association of Charleroi, and brought an action against his accuser. The Association, after hearing the particulars, unanimously resolved upon the expulsion of the doctor in question, while the tribunal of Charleroi found a verdict for 4,000 francs damages in favour of Dr. Quinet, which was confirmed on appeal to the court of Brussels.

**THE BEARD IN THE FRENCH ARMY.**—The French newspapers announce that the present Minister of War is favourable to granting a wish which has long prevailed in the French Army, that of wearing the beard, and to this end has issued circulars to the generals of the army requesting their opinions on the subject. It is greatly feared in the army that their replies will be unfavourable, seeing that most of the generals are men in years and are wedded to prevalent routine. The *feuilletoniste* of the *Union Médicale* is very favourable to the measure, not only on account of its reasonableness and economy (for the cost of shaving an entire army is considerable), but also on a sanitary ground, which, in a service that loses so many men from phthisis, is deserving of notice. The beard, he observes, would exert great protective influence among those who have to employ their voices much, either in instruction or command. The comparative freedom of the sappers with their fine beards from phthisis is also adduced as an additional argument for a change which, although



strongly desired in the army, is scarcely expected to be granted.

**LADY DUFFERIN'S FUND.**—Branches of this fund have been started in the Punjab and British Burmah, under the auspices of Sir Charles Aitchison and Mr. Bernard. Sir Rivers Thompson has issued a circular in his province, and intends to call a meeting to inaugurate a branch in Bengal. Lady Dufferin has sent the Lord Mayor a letter of thanks for his exertions on behalf of the fund, which she hopes "will not only be the means of bringing medical relief to many suffering women, but will also open out a career to the native women, and will tend to improve the general female education throughout the country." "I think also," Lady Dufferin continues, "that numbers of English lady doctors will find employment in India, as I am in hopes that posts will multiply here very much more quickly than we can find native women ready to fill them, and, in fact, the most sanguine of us know that it will be many years before the medical schools here can be expected to supply candidates for the larger appointments. I enclose your lordship a copy of a letter I have received from the high priest of a Hindoo temple, as it may interest friends of the movement to know that its *bond fide* character is understood here, and that the guardians of the national customs of the country recognise the fact that alleviating the sufferings of the native woman, improving her education, giving her a possible career, and at the same time respecting all her prejudices, is the sole object of our present endeavours."

**WATER AS A FATTENER.**—It has been observed that water is fattening; that those who drink large quantities have a tendency to fulness and rotundity. That there is considerable truth in this observation, we have had occasion recently to establish. While we should say that excessive imbibition of very cold (iced) water (especially when one is hot) is not to be commended, yet we have reason to believe that the *unlimited use of pure spring water*, at its natural temperature, is not only very conducive to health, but has an actual tendency to favour a fulness and soundness of body. Whether this is the result of a better action on the part of the digestive, assimilative, and depurative functions, owing to the internal cleanliness or flushing of the human sewers produced by large quantities of water, or whether water has some specific action in producing this fulness, we do not know, neither does it signify, since observation confirms as a fact that the free use of water does have this effect.—*Philadelphia Medical Reporter*, October 3rd.

**ILLEGIBLE PRESCRIPTIONS.**—The *Western Druggist* lifts up its voice against what it calls the "abominable chirography" of many physicians. It adds, "A physician who cannot or will not write a clear legible hand should be debarred from practice, or at least be required to have in constant attendance a capable penman. A department of penmanship is the crying need of the hour in our medical colleges. There is very little practical difference between bad prescription-writing and downright malpractice."

**A VETERAN PROFESSOR OF ANATOMY.**—The Nestor of physicians in this country is probably Dr. Neyron, the Professor of Anatomy at Notre Dame University, Indiana. He is 94 years of age, and was a surgeon in Napoleon's army during the Russian campaign and Waterloo. After the Restoration he became a Catholic priest, and was an early missionary in the north-west. Few men of seventy are so strong and active, and he is still able to conduct his classes.—*Philadelphia Medical News*.

**REDISPENSING OF PRESCRIPTIONS.**—The Society of Legal Medicine, after prolonged deliberation, has arrived at the following resolutions:—(1) When a physician prescribes any substance capable of producing poisonous effects, he should write out in full the dose and the mode of employment; and should indicate on the prescription how many times the *pharmacien* may renew the preparation. (2) The *pharmacien*, every time he makes it up, should attach to the prescription his seal and its number and the date of sending the medicine. (3) Solutions intended for hypodermic injections should never be renewed without a fresh prescription.—*Lyon Médical*, September 6th.

**GERMAN MEDICAL STUDENTS IN THE SUMMER SESSION OF 1885.**—The numbers were in the various Universities as follow:—Vienna, 2,307; Munich, 1,129; Berlin, 1,072; Dorpat, 809; Würzburg, 784; Leipzig, 662; Freiburg, 474; Greifswald, 457; Breslau, 397; Gratz, 371; Halle, 316; Bonn, 311; Heidelberg, 265; Königsberg, 251; Marburg, 267; Tübingen, 242; Kiel, 227; Strassburg, 222; Erlangen, 219; Göttingen, 204; Jena, 204; Zurich, 204; Bern, 186; Giessen, 159; Basel, 104; Rostock, 92.—*Berliner Klinische Wochenschrift*, October 5th.

**CREMATION OF DISSECTING-ROOM REMAINS.**—The Paris Municipal Council has just sanctioned the erection of a crematory in Père Lachaise, for the purpose of incinerating the remains of the bodies employed at the various dissecting-rooms, &c. The expense of the erection will be 250,000 francs, and it will comprise three of the Gorini ovens. The cremation of an entire body in an hour-and-a-half or two hours will require from 100 to 150 kilogrammes of faggots and some kilos of coal, and will cost 15 francs. The duration of the cremation will be eight hours daily, during which time 12 bodies may be burned in the three ovens, *i.e.*, 4,300 per annum.—*Lyon Médical*, October 6th.

**INFECTION THROUGH MILK.**—Several people have been attacked by "nervous fever" on an estate in the neighbourhood of Råå, in Skane, Sweden. Cases of the same disease have now occurred in Helsingborg, precisely in the parts supplied by milk from the infected neighbourhood, whence it is conjectured that the disease in both instances arose from the milk.

**IN CONSEQUENCE** of the epidemic of scarlet fever at Leyden, the Minister of Marine has ordered that youths under 16, who have been taken from the different counting-houses to enlist for the sea, shall not be sent to the School of Navigation there, but shall be sent on board training ships.

**PROCURING ABORTION IN LIVERPOOL.**—Ethens de Tomonzie, or the "Black Doctor," as he is popularly known in Liverpool, has been remanded at the Police Court, on a charge of procuring abortion on a hotel maid-servant who died after the operation. This gentleman practises on the strength of a midwifery certificate obtained at some London hospital, and a British Burmah qualification, about which no one seems to know anything definite. It will be remembered that the prisoner has already undergone a term of imprisonment for signing vaccination certificates without a legal qualification.

**PROPOSED COTTAGE HOSPITAL FOR WEST HAM, STRATFORD.**—The Lord Mayor presided at a meeting of the inhabitants of this district, on Tuesday, in support of the proposal to erect a Cottage Hospital for West Ham and the neighbourhood, when the following resolution was adopted: "That this meeting of the inhabitants of West Ham and neighbourhood, feeling convinced of the urgent necessity for the immediate establishment of a Cottage Hospital for the treatment of cases of accident, hereby pledges itself financially and otherwise to give its hearty support to the movement now inaugurated." The Lord Mayor announced that at the last meeting of the Corporation 50 guineas was voted in aid of the proposed hospital.

**EUTHANASIA.**—The editor of the *New York Medical Record*, September 19th, states that the opinion formulated by a member of the Birmingham Speculative Society that in all cases of hopeless and painful illness it should be the recognised duty of the medical attendant, whenever so desired by the patient, to put an end to suffering by a quick and easy death—every possible means being put into force to prevent any possible abuse of such duty—was submitted to the consideration of several leading New York physicians. "All agreed to the soundness and humanity of the views stated, but no one cared to express a frank opinion as to how they should govern daily conduct. It is claimed that such a principle in no wise contravenes the laws regarding the sanctity of human life. Any man who sacrifices his life, say its advocates, to save another from lingering pain, is always reckoned a hero. Why should he not do the same for himself? In his own case



the motive is, of course, lower. It may be styled a form of selfishness. The mere act, however, is regarded as justifiable in both cases. The opinions of those consulted were unanimous in regard to the serious risks incurred in the adoption of any such principle. Its rigid enforcement would not allow for possible error in diagnosis. In cases of carcinoma and phthisis no room for such doubt would exist. But there are many cases where no such thing would be thought of by the attendant unless his own affirmative should be sustained by the result of a consultation. This argues a much more advanced state of professional opinion than obtains at the present time. Patients supposed to be *in extremis* have often recovered. The patient himself might not be in that state of mind wherein he could rightly judge concerning euthanasia, though it might possibly be indicated in his own particular case. Its enforcement would have to be under legal restraint. The farther settlement of the question depends upon the growth of public opinion. We cannot hasten it. For the present the guide of each man must be his own conscience."

**CLASSIFYING MILK ACCORDING TO ITS QUALITY.**—The Middlesex Magistrates' Committee for the Adulterations Acts have reported that with respect to the adulteration of milk they did not concur in the suggestion that milk should be classified according to its quality. They were of opinion that it was desirable that all milk sold as food should be required to contain a *minimum* percentage of nutritive solids, of which a certain proportion should consist of butter-fat. The Court held at the Sessions House, Clerkenwell last week agreed with this opinion, and moreover a motion was carried that, as Sunday was the great day in the week for the sale of adulterated milk, by which the poorer classes were thus defrauded, the Inspectors under the Food and Drugs Acts were directed to procure samples on Sundays for analysis. As an article of food, it is of obvious importance that milk should contain certainly a *minimum* quantity of butter-fat, or the impoverishment of it, with the view of its sale at low prices (always an attraction to the poor customer), would go on to an extent far in excess of that hitherto known, and the article, as to its nutritive contents, become all but valueless.

WITH the beginning of the medical year in Vienna, a batch of extraordinary Professors have as usual been nominated. Dr. von Reuss, who since the death of Professor von Jäger has conducted the second Ophthalmic Clinic, becomes Extraordinary Professor for Ophthalmology, Dr. Oser for Internal Medicine, and Dr. Urbanschtsch for Otology. The name of Dr. Weichselbaum has been recommended for similar honours in the department of Pathological Anatomy and Histology.

DR. NAPOLEON CYBULSKI has been appointed Professor of Physiology in the University of Cracow.

THE post of Medizinalrath for the City of Berlin is to be of the annual value of 10,000 marks (500*l.*), and is to be thrown open to candidates.

## APPOINTMENTS.

BASSETT, W., L.R.C.P. Lond., M.R.C.S.—House Surgeon to the Newport (Mon.) Infirmary and Dispensary.  
BLAKER, T. FREDERICK J., M.R.C.S., L.S.A.—Honorary Surgeon to the Northumberland Branch of the Brighton, Hove, and Preston Dispensary.  
BRADSHAW, THOMAS R., B.A., M.D. Univ. Dub., M.R.C.S.—House Physician to the Liverpool Northern Hospital, *vice* F. Johnston, M.B., C.M., promoted.  
CARLESS, ALBERT, M.R.C.S., L.S.A.—House Surgeon to King's College Hospital, *vice* Harries, retired.  
COX, ALFRED HAROLD, L.S.A.—Assistant House Physician to King's College Hospital, *vice* Lewis, retired.  
CROFT, EDWARD OCTAVIUS, M.R.C.S., L.R.C.P.—Resident Obstetric Officer to the General Infirmary at Leeds.  
CROSS, FRANCIS RICHARDSON, M.B. Lond. F.R.C.S. Eng.—Ophthalmic Surgeon to the Bristol Royal Infirmary.  
DALY, JOSEPH H., L.R.C.S. Irel., L.R.C.P. Lond.—Medical Officer to the Third District, Abingdon Union, *vice* Mr. M. S. Todd, resigned.  
DICKSON, JOHN DUNBAR, M.D. Qu. Univ., Irel., M.Ch. and L.R.C.S.I.—Medical Officer to the Bisham District, Cookham Union, *vice* Mr. G. R. Robson, resigned.

DUMMERE, HOWARD HOWSE, M.R.C.S. Eng., L.R.C.P. and L.S.A. Lond.—Medical Officer to the Fifth District, Ecclesall Bierlow Union, *vice* Dr. De Wolfe, resigned.  
FETHERSTONHAUGH, ROBERT T., L.R.C.P. Lond., M.R.C.S. Eng.—House Physician to the Hospital for Women, Soho Square, W., *vice* C. Couper Cripps, M.B., M.S. Durham, resigned.  
FULCHER, GEORGE FREDERICK, M.B. and C.M. Edin.—Medical Officer to the Chingford District, Epping Union, *vice* Dr. F. C. Cory.  
HANDFIELD-JONES, MONTAGU, M.B. Lond., M.R.C.P.—Physician-Accoucheur in Charge of Out-patients to St. Mary's Hospital.  
HARRIES, JOHN FRAIL, M.R.C.S.—Ophthalmic Clinical Assistant to King's College Hospital, *vice* Gray, retired.  
HARRIS, JAMES C., L.R.C.P. Edin., L.R.C.S. Edin.—Medical Officer to the Avey District, Orsett Union, *vice* Mr. M. J. De Brent, resigned.  
HEWLEY, FRANK, M.R.C.S. Eng., L.S.A. Lond.—Resident Medical Officer to the St. Pancras and Northern Dispensary, *vice* Arthur Rea Edwards, M.R.C.S. Eng., L.R.C.P. Lond., resigned.  
HOUSTON, FRANCIS T., M.D., M.C.L., to be Surgeon to the Adelaide Hospital, Peter Street.  
HUGHES, EDGAR ALFRED, M.R.C.S., L.R.C.P., L.S.A.—House Surgeon to King's College Hospital, *vice* Priestley, retired.  
JACK, ROBERT M., M.B., C.M. Aberd.—Medical Officer to the school at Padgate, Warrington Union, *vice* Mr. C. N. Spinks, resigned.  
JACOMB-HOOD, CHARLES JOHN, M.R.C.S., L.S.A.—Assistant House Accoucheur to King's College Hospital, *vice* Childe, retired.  
LEWIS, PERCY GEORGE, L.S.A.—Physician's Assistant to King's College Hospital, *vice* East, retired.  
LLEWELLYN, DAVID WILLIAM HENRY, L.R.C.P. Lond., M.R.C.S. Eng.—Medical Officer to the Eighth District, Tonbridge Union, *vice* Mr. E. J. Hutchings, resigned.  
LUCY, REGINALD H., M.B., C.M. Edin.—Receiving-room Officer to the London Hospital, *vice* F. Tratman, M.R.C.S.  
MACLAGAN, CHARLES GEORGE, M.B., C.M. Edin.—Medical Officer to the Workhouse, Berwick-on-Tweed Union, *vice* Dr. Thomas Fraser, resigned.  
MASON, DAVID JAMES, M.B., C.M. Edin., L.R.C.P. and S.E.—Resident Medical Officer to the Royal National Hospital for Consumption and Diseases of the Chest, Ventnor.  
NUNN, JOHN ROBERT, M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Stock and Bradley District, Droitwich Union, *vice* Mr. J. W. Leacroft, resigned.  
O'CARROLL, JOSEPH FRANCIS, M.B., M.Ch.R.U.I., L.K.Q.C.P.I., L.R.C.S.I.—Assistant-Physician to the House of Industry Hospitals.  
PENNY, FRANCIS, M.R.C.S., L.S.A.—Physician Accoucheur's Assistant to King's College Hospital, *vice* Hughes, retired.  
RICHMOND, SYLVESTER, M.D. Edin., M.R.C.S. Lond.—Medical Officer to the Fourth District, Dartford Union, *vice* Mr. C. H. C. Huddart, resigned.  
SHARPIN, EDWARD COLBY, L.R.C.P. Ed., M.R.C.S.—Surgeon to the Bedford General Infirmary and Fever Hospital.  
SMITH, ERNEST HENRY, M.R.C.S., L.S.A.—House Surgeon to King's College Hospital, *vice* Jaffree, retired.  
SOUTHCOMBE, ARTHUR GEORGE, L.R.C.P. Lond.—Medical Officer to the Long Preston District, Settle Union, *vice* Dr. Lazenby, deceased.  
SYMONS, MARK JOHNSTONE, M.D., M.S. Edin.—Honorary Ophthalmic Surgeon to the Adelaide Hospital, Dublin.  
THOROWGOOD, JOHN C., M.D., F.R.C.P.—Consulting Physician to the West London Hospital, Hammersmith, W.  
WHITE, DANIEL, M.D., M.S. Irel.—Medical Officer to the Ireby District, Wigton Union, *vice* Dr. T. R. Denham, deceased.

## VACANCIES.

BOROUGH OF WAKEFIELD.—Mr. Alfred Henry Allen, re-appointed Analyst for the Borough. Remuneration by fees.  
CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA PARK.—Surgeon. Candidates must be Fellows of the Royal College of Surgeons of England. Applications, with testimonials, to be sent to the Secretary, at the office, 24, Finsbury Circus, E.C., on or before November 11th.  
DEWSBURY UNION.—Medical Officer to the Thornhill District, in succession to Mr. C. W. G. Burrows, resigned. Area, 3,497 acres. Population, 8,843. Salary, £20 per annum.  
HOSPITAL FOR DISEASES OF THE THROAT, GOLDEN SQUARE, W.—Resident Medical Officer. (*For particulars, see Advertisement.*)  
OWEN'S COLLEGE, MANCHESTER.—Professorship of Physiology. Candidates to forward applications and testimonials to the Council of the College, under cover, to the Registrar, not later than Nov. 6th. Further particulars can be obtained on application to the Principal of the College.  
ST. LEONARD, SHOREDITCH.—Assistant Medical Officer to the Workhouse and Infirmary, in succession to Mr. D. Lloyd, resigned.  
STONE UNION.—Medical Officer to the Eccleshall District, in succession to Dr. J. W. Hopkins, resigned. Area, 15,354 acres. Population, 3,781. Salary, £25 per annum.  
WESTERN GENERAL DISPENSARY, MARYLEBONE ROAD.—Honorary Surgeon Oculist. Candidates must be fully qualified. Applications, with testimonials, to be sent to the Secretary, at the Dispensary, on or before Saturday, November 7th. The candidates must attend the Board on Monday, November 9th, at 9 p.m.

## DEATHS.

BILLING, HENRY JAMES, M.D.—At 51, Oxford Gardens, London, W., on October 28th, aged 43.  
BULL, HENRY GRAVES, M.D. and J.P.—At Hereford, on October 31st, aged 67.  
STEVENSON, WILLIAM, M.D., late of the Bengal Medical Service.—At Crief, N.B., on October 29th, in his 86th year.  
WHARTON, HENRY SAMUEL, M.R.C.S., L.S.A.—At Clopton House, Gosport, Hants, on October 31st, aged 63.



## NOTES, QUERIES, AND REPLIES.

## THE BRADLEY FUND.

[TO THE EDITOR OF THE MEDICAL TIMES.]

The following additional Subscriptions have been received:--  
Dr. L. Nugent MacDermott, £1; Mr. J. Roche Lynch, 10s.

## COMMUNICATIONS RECEIVED--

Prof. McKENDRICK, Glasgow; Dr. PYE SMITH, London; Dr. MACALISTER, Cambridge; The Rev. Dr. DAWSON BURNS, London; Messrs. R. SERVICE & Co., Glasgow; Messrs. W. WOOD & Co., New York; OUR VIENNA CORRESPONDENT; Mr. GURNER, London; Mr. EDMUND OWEN, London; Dr. ALLCHIN, London; Mr. BACOT, Seaton, Devon; Mr. T. PRIDGIN TEALE, Leeds; THE SEC. OF THE APOTHECARIES' HALL, London; Mr. J. W. TEALE, Scarborough; THE ASSISTANT SEC. OF THE ROYAL MICROSCOPICAL SOCIETY, London; Messrs. G. W. CHRISTIE, London; THE REGISTRAR-GENERAL, London; Dr. J. J. PRINGLE, Jedburgh; THE PRESIDENT AND COUNCIL OF THE INSTITUTE OF CHEMISTRY OF GREAT BRITAIN AND IRELAND, London; Mr. R. CLEMENT LUCAS, London; Messrs. MAYER & MELTZER, London; Mr. W. A. ELLIS, London; Messrs. BLACKWOOD & SONS, Edinburgh; Mr. CHARLES SCRAGG, London; THE REGISTRAR-GENERAL, Edinburgh; Mr. HENRY BELCHER, Brighton; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; OUR LIVERPOOL CORRESPONDENT; THE DIRECTOR OF THE ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND, London; THE SECRETARY OF THE STATISTICAL SOCIETY, London; OUR GLASGOW CORRESPONDENT; THE HON. SECRETARY OF THE MEDICAL SOCIETY OF LONDON; THE SECRETARY OF THE ROYAL INSTITUTION OF GREAT BRITAIN, London; THE HON. SECRETARY OF THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, London; Dr. JOHN CURNOW, London; Dr. RAYNER, Hanwell; THE HON. SECRETARIES OF THE EPIDEMIOLOGICAL SOCIETY OF LONDON; Sir EDMUND LECHMERE, London; THE REGISTRAR OF THE MEDICAL FACULTY OF THE UNIVERSITY OF CAMBRIDGE; THE REGISTRAR-GENERAL, Dublin; THE SEC. OF THE SOCIAL SCIENCE ASSOCIATION, London; W. H.; Dr. JAMES ROBINSON, Dunscair; Mr. R. JEFFREYS, Chesterfield; THE SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY, London; THE SECRETARY OF THE CLINICAL SOCIETY, London.

## BOOKS RECEIVED--

A Physician's Pharmacopœia, by J. Baily--Index-Catalogue of the Library of the Surgeon-General's Office, United States Army, Vol. VI.--Medical Charitable Relief, by C. S. Jeaffreson, F.R.C.S.--The Encyclopædic Dictionary, Part 22.--On the Treatment of Uterine Tumours, by Thomas M. Madden, M.D., F.R.C.S.--The Essentials of Materia Medica and Therapeutics, by Alfred Baring Garrod, M.D., F.R.S.--Report of the Surgical Registrar of University College Hospital for 1884--Report on the Loudon Water Supply--Medical Officer's Report of the Parish of Saint George, Hanover Square, for the year ended 25th March, 1885--Utilitarianism, by Rev. J. Radford Thomson, M.A.--A Contribution to the Study of Congenital Syphilis, &c., by John N. Mackenzie, M.D., Baltimore--History of Homœopathy, by W. Ameke, M.D.--Annual Report on the Condition of the Combined Sanitary District of West Sussex--Temperance rather than Abstinence, by the Rev. J. B. Burne, M.A.--Transactions of the Sei-i-Kwai--Report on the Health, &c., of the Borough of Birmingham for the Quarter ending October 3rd, 1885--The Nature and Treatment of Ozæna, by Dr. Löwenberg, Paris--The Life of Sir Robert Christison, Bart.

## PERIODICALS AND NEWSPAPERS RECEIVED--

Lancet--British Medical Journal--Medical Press and Circular--Centralblatt für Chirurgie--Gazette des Hôpitaux--Gazette Médicale--Pharmaceutical Journal--Wiener Medicinische Wochenschrift--Gazette Hebdomadaire--Nature--Centralblatt für Gynäkologie--Le Concours Médical--Centralblatt für Klinische Medizin--Philadelphia Medical News--Weekblad--Le Progrès Médical--Berliner Klinische Wochenschrift--Centralblatt für die Medicinischen Wissenschaften--Deutsche Medicinische Wochenschrift--New York Medical Journal--Louisville Medical News--Boston Medical and Surgical Journal--Philadelphia Medical Times--The Hospital Gazette--Revue Médicale--Journal of the American Medical Association--The Medical World--Société Médicale--The Western Medical Reporter--The Ophthalmic Review--American Journal of Obstetrics--Scienze Mediche--The Therapeutic Gazette--Abstract and New Books--The Daily Free Press, Aberdeen, Oct. 26--The O. N. P. Review--The Boys' Own Paper--The Girls' Own Paper--The Leisure Hour--The Sunday at Home--Friendly Greetings--The Sunday Closing Reporter--La Cronica Medica--Aberdeen Evening Express, Oct. 29--El Monitor Médico--The Leytonstone Express and Independent, Oct. 31--Archives Générales de Médecine--The Veterinarian--Gazette de Gynécologie--The Monthly Homœopathic Review--The Analyst--The Glasgow Medical Journal--Edinburgh Medical Journal--Indian Medical Gazette--Revista de Medicina--The Birmingham Medical Review--The Medical Chronicle.

## HOSPITAL OPERATING DAYS.

Monday.--Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.--Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.--Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.--St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.--St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.--King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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MEDICAL TIMES
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CLINICAL LECTURES
ADDRESSED TO STUDENTS ON THE METHOD AND DATA OF MEDICAL DIAGNOSIS.
By W. H. ALLCHIN, M.B., F.R.C.P.,
Physician to the Westminster Hospital, and Joint Lecturer on the Principles and Practice of Medicine and on Clinical Medicine.

LECTURE V.—CASE TAKING.
Personal History.
Age—(continued).
HAVING shown the direct effect that age has in determining the rate of mortality, we must now consider any influence it may have upon disease. To a certain extent this may be expressed in figures, although not nearly with the same accuracy that we formulate the death-rate.

The following table from Villermé (Annales
1 The relationship of the rate of mortality to the sick rate or morbidity is one of considerable practical interest and moment. It has been estimated by the late Dr. Farr (Supplement to the 35th Annual Report of the Registrar-General, 1875), that for every death two men on an average are constantly suffering from disabling illness; and further, that sickness is so related to the mortality that both within certain limits rise and fall together. Moreover, it is computed that for every death there are 25 cases of illness of every degree of mildness.

d'Hygiène publique, 1829) indicates the amount of sickness that may be expected at the different ages from 20 to 70 for a male of the working class; the sickness being understood to be such as incapacitates from work.

Table with 4 columns: Age, Years expect, Days sickness yearly, and an unlabeled column. Rows show data for ages 20 to 70.

Very similar results to these have been obtained by Mr. Sutton, the Actuary to the Registry of Friendly Societies, from the investigation of between three and four hundred thousand members of the Manchester Unity of Odd Fellows, and were quoted by Sir James Paget, in his address on the National Value of Public Health, June 17th, 1884. Such tables are, however, only approximately correct, since the social status and occupation very considerably influence the calculation. Speaking generally, however, the probability of becoming sick is greatest in the first week of life, and though diminishing after the sixth week, remains considerable until the end of the first year, when it decreases until the seventh or eighth. From this minimum it increases to the 18th year, when it again slowly falls till the 24th to the 30th year, from which time the liability increases to the end of life. Since then the data at our disposal would clearly



seem to indicate that each age is accompanied by a definite amount of illness as it is with a specific rate of death, it becomes necessary to ascertain as far as possible the conditions which regulate this coincidence.

The sequence of anatomical conditions and physiological manifestations which constitute the life of the individual is divisible, as we have seen, into three main age periods; this grouping being based rather upon the special characteristics of the body at successive times, than upon a mere arbitrary division into months and years; since although in the majority of cases these definite characters do coincide with certain ages, their appearance may be anticipated or postponed; for just as certain infantile or childish peculiarities may persist beyond the age of their usual duration, so cases are not unknown of death at early manhood with all the appearances of senile decay. Such a conception of the nature of age is sufficient to suggest the influence it must have upon the course of disease. For as ages are distinguished by specific structural and functional peculiarities—those, in short, by which we distinguish a child from an adult, or youth from old age—so must the perversions of those conditions, *i.e.*, disease, differ at different periods. The changes which progressively occur in the constitution of the organism of themselves must determine an increased liability to illness, and thence, what may be perfectly in accordance with health at one period of life, may be distinctly morbid at another. Thus, the degenerative changes which may be looked upon as the normal accompaniments of senility are very certainly to be regarded as unhealthy when occurring in youth or early manhood.

Although, however, we speak of the phenomena of life as progressively changing from birth to death, the progress itself is scarcely at a uniform and steady rate, it is marked rather by alterations at tolerably definite periods, the intervals being distinguished by a more or less gradual inclination to these changes. Such, for instance, are the times of dentition, of puberty, and of “change of life,” and, as might be expected, distinctly pronounced maladies characterise these seasons, induced by the structural changes associated therewith, just as other diseases more commonly occur in the intervals. “At these seasons, disease is either invited or thrown off or diverted in new directions.”<sup>2</sup> It was the appreciation of this fact that led the ancient physicians to attach so much importance to critical days and climacteric years, reckoned on a septenary or lunar scale, and even so lately as Cullen, the doctrine of critical days found favour. Thus, at multiples of seven or nine years changes in the health of the body were anticipated, and at 63 “the grand climacteric,” as it was termed, the individual was regarded as especially liable to untoward influences. At the present day, disregarding almost entirely the idea of critical days, we have mainly confined the use of the word climacteric, which is derived from a Greek word *κλιμακτηρ* signifying a step, to the “change of life” in women and the date of commencing decline in men.

The influence of age, acting through the environment which it determines and the degree of death tendency which it confers, is manifested in the actual occurrence of disease in its phenomena, its progress, and its termination. There are certain maladies which are only possible at particular ages, the anatomical conditions on which they depend are only existent at certain times, and as the evolution, maturation and involution of the body proceeds, the liability to disease may occur or be arrested. Or again, the signs and symptoms of one and the same malady, so far as the initial lesion is concerned, offer a marked contrast at different age periods, sufficiently to

necessitate a special study of the illnesses of children and old age in contrast to what may, for purposes of convenience only, be regarded as the standard presented by adult life. Further the prognosis in the majority of cases will be largely dependent on the age of the patient, whether in respect to the obvious differences in anatomical structure, the degree of vitality, or such idiosyncrasies of disease as are seen in the direct variation of the mortality of typhus fever with the age.

A brief record of the predispositions to disease at various age periods, will serve to illustrate more clearly the foregoing remarks.

The period of evolution, with all the stages comprised therein, especially exemplifies the influence that the two component factors of age may exert in causing or modifying diseases. From conception to maturity the individual exhibits a gradual transition from absolute dependency on its surroundings to the completest freedom that is enjoyed at any time. The influence of the foetal and infantile environment upon the individual's well-being is most considerable. Many of the congenital malformations and diseases are directly attributable to conditions of intra-uterine life; whilst the gradual diminution that is taking place in infant mortality and sickness, testifies to the very distinct effect that the circumstances of life have in the production of disease, as well as to the essentially preventible character of most of these causes. The responsibility for exposure to such harmful conditions is clearly not to be ascribed to the sufferers in their early days, but as the child grows older and becomes more and more dependent on himself, it is shifted to his shoulders.

But as there is probably no period of life in which the extrinsic causes of disease are so numerous and active as in infancy and childhood, so is there no time at which the susceptibility of the body to these causes is so keen. The tissues at this stage contain the largest amount of living material, and proportioned to it exhibit the maximum of vitality, as represented in its assimilative and formative aspects; from which result the growth and development. The quickened pulse and inspiration, the higher temperature, and the exaggerated sensibility of the nervous system, all show the activity of life at this period; whilst the physical properties of the tissues, their greater softness, flexibility, and permeability to fluids, are equally characteristic. It is not difficult to see how such circumstances of themselves confer a special liability to disease apart from the predominant effect of the environment, and determine a maximum of sickness and mortality in the early days of life, when existence is “but a series of efforts towards establishing a regularity of procedure.”<sup>3</sup> This very activity of the tissues, and this greater delicacy of construction, carry with them a facility of disturbance beyond what is met with at later periods. Hence it is that very slight causes, such as would pass unnoticed in the adult, are apt in the child to produce illness even of a serious character. The violent change of the environment which occurs at birth, and the subsequent exposure of the air-passages and alimentary canal to very variable and too often improper ingesta, determines a special predominance of disease in those organs during early life. The anatomical features of size and connection with other parts, which the as yet improperly developed organs present, permit a difference in the character of disease, and affect considerably their ultimate course. Thus the extremely small size of the glottis in infancy and childhood causes, on the slightest swelling of the adjacent mucous membrane, a dangerous risk of suffocation, and whilst such is a common occurrence of

<sup>2</sup> Southey. Lectures on Personal Hygiene, *Lancet*, 1879.

<sup>3</sup> Considérations générales sur les âges, par Dr. F. Estève, 1859.



these ages, it is of comparative rarity in adult life. Lesions of the valves of the growing heart are of a different import to the future of the child from the same damages when occurring for the first time in a full-sized organ. But distinctive as many of these conditions are of the developing period of life, the most characteristic feature which disease offers at this time is the extreme readiness with which the body generally responds to stimuli which may be very limited in the area of their application. A slight bronchitis, for example, may give rise in the child to a group of symptoms such as convulsions, considerable fever, perhaps diarrhoea, by which the essential signs of the local ailment are obscured. The entire organism shares to the fullest in the affection of one part, leaving the specific malady less prominent in its manifestations than is usually the case in the adult. The facility with which diffusion takes place through the tissues, together with the activity of the circulation, favour alike serous effusions, especially at mucous surfaces (as seen in the frequency of diarrhoea) and absorption from the same. This has been suggested, though inconclusively, as the explanation for the greater frequency with which specific fevers occur in childhood and youth, their contagia being then more readily absorbed. Whatever the explanation, the fact remains that these diseases notably prevail at these periods, being rarer and almost unknown as age advances. These characteristics of the period of development, so far as they affect the production and cause of disease, become less and less marked as maturity is approached. Before that time, however, the stage of puberty is passed through, and the reproductive capability is established. This calling into activity of a special set of organs entails upon them a liability to disease which had not previously existed, and is furthermore accompanied by a reaction on the part of the body generally, which in the case of the female is frequently associated with definite illness.

## LECTURES ON THE PRINCIPLES OF THE PRACTICE OF MEDICINE.

By W. H. SPENCER, M.A., M.D. Cantab., F.L.S.,

Senior Physician to the Bristol Royal Infirmary, Lecturer on Medicine and on Pathology at the Bristol Medical School.

### LECTURE II.

#### *Disease and Diseases.*

WE have a vast array of information concerning disease. Taking the whole of what is commonly held to be knowledge about disease, and deducting from it much that is mere matter of opinion or conjecture, much that is unproven, still we have a vast array of knowledge of disease that is sound and true beyond doubt or question. Already the pace at which knowledge has been accumulated by the science of Medicine has far outrun the powers of the corresponding art to adapt the knowledge to practical use. And still fresh knowledge comes.

Naturally many attempts have been made to condense this knowledge, and by condensing it in scientific form to arrive at a definition of disease; the attempt has been made to analyse the complex phenomena of disease into constituent and simpler phenomena; and, even, it has been suggested that a little more knowledge may, in the hands of some

genius, discover the first principle of disease in the shape of a simple and universal law.

Of disease as a fact, a phenomenon, there can be no definition; disease cannot be separated from the special appearances whereby it becomes known to us. Disease is indefinable in the same sense and for the same reason that health is indefinable. Nor can we analyse disease into constituents. We do know enough about disease to tell us that the suggestion of a first principle and a universal law for disease comes from the region of fancy and poetical license.

We must build up a true conception of disease by accumulation of facts from examples of disease, and by piecing together the multitudinous bits of knowledge that accumulate upon us so fast—taking care to receive only those bits of knowledge that have been confirmed as true.

Nevertheless it is possible to generalise from our array of information and particulars about disease. It is possible to give a generalised account of disease (and therefore a corresponding generalised account of health) from the knowledge we have already gained; from the knowledge gained by study within the practical science and from outside sources—notably from Physiology, Physics and Chemistry.

Wherefore, discarding all idea of a definition of disease, all idea of analysis of disease, and the suggestion of a first principle lying at the root of the matter, we will proceed to give an account of disease (and its co-relative health) in accord with our actual knowledge, and no more than our actual knowledge, of the facts and circumstances of the case.

Now for our account of Disease, and its co-relative, Health.

At the outset of our enquiry as to the *end* of Medicine we learned that we had to do with matters of *experience*. Let it be well understood that we have nothing to do with any *abstract* notions; we have to do only with experiences and matters of fact. First, then—the word disease stands for matters of fact, for facts actually observed and verified, together with the best explanations of the facts we can give at the present time. Disease can *never* be at any time anything but all the true facts of a certain sort, and the best explanations of them, clearly made out up to that time. The men who come after us a century hence will be able to give better explanations of some of our facts than we can give; they will have many more facts than we possess, and explanations of them as good as can be given at the time. But these men, too, will have to tell the student to cease asking for a definition of disease or for some essential fact of disease or even for the nature of disease; they also must bid him take what facts and what explanations he can get, and then hand on his stock to those that come after him—as Disease.

Next, the word disease stands for facts belonging to the matter and the energy which together make up the body and its life. The facts of disease are not supernatural nor mysterious in any sort of way; they are solid, material experiences. The facts of disease are experiences gained in the same way as the facts or experiences of physics and chemistry, and botany and physiology are gained—by observation and experiment and verification, and by reasoning out the relations of the facts.

All the facts open to our observation and discovery in the living body may be set out in three groups. There are, first, facts about the nature and composition of the matter of which the body is made up. Secondly, there are facts about the mode of arrangement of the matter, and the forms arising out of this arrangement. Thirdly, there are facts about the motion and activities of the matter: the changes which the matter is continually undergoing—whether these be visible actions



or the invisible changes that characterise the inner life of the body. If we look closely at all the things we know about any living body, regarded as an individual living organism, we shall find that all the known things range themselves in one or other of these three classes. Now this applies to the living organism, both in a state of health and in a state of disease.

The facts of disease, then, are facts relating to the nature or composition, and to the form or structure, and to the motions or activities of the matter of which the body as a whole and in its various parts is made up.

But these facts are the same sort of facts that the chemist and the anatomist and the physiologist are dealing with when investigating the living body in a state of health. To find out what especial marks and what distinguishing characters pertain to the facts of disease we must go a step further.

We have already seen that the state of disease is a state opposed to and a variation from the state of health. The facts of disease must still relate to composition, and structure, and activities; but they must relate to an altered or varied state of things as to composition, and structure, and activities. The chemist and the anatomist and the physiologist must still busy themselves with facts of composition, and structure, and activities, when pushing their enquiries into the domain of disease: but, now, the enquiry pertains to alterations and variations. It is the old order of facts, but now studied in new situations; the same elements, the same matter, the same motions, but now in new circumstances and with new results.

Alteration implies difference. If we speak of disease as an altered state of things we imply that some state of things has existed which has suffered alteration; we imply that there has been a variation from a *status quo ante*; or that there has been a deviation from a course of things which otherwise would have gone on and persisted in some *known* direction. Indeed, strictly speaking, we imply that we *do know* what is the composition and the structure, and what are the activities of the body and its various parts when alteration has not yet been made, when disease has not yet come upon it.

The question then arises—What is this state of things that is altered; what is this persistent course? It will not do to say that it is the normal or natural or usual state of things as to the body or its parts. To say this would be to state in an abstract and indefinite form what we want to explain and define. Nevertheless, with the knowledge at our disposal, we may gain a conception of important points of *difference* between the facts and state of health and the facts and state of disease.

Let us turn to a chapter in elementary physiology. It is the chief business of the physiologist to enquire into the working or activities of the body and of all its various parts. These activities are the changes which occur to the matter of the body in connection with the absorption and evolution of energy. We represent the material of the body as made up of minute particles that cannot be separated into smaller particles or into anything different to themselves—the *atoms* of carbon, hydrogen, oxygen, &c. These minute particles are aggregated into the larger *molecules*, such as the molecules of sugar, fat, albumen, &c., and still more complex groups. This matter is built up into definite shapes. We call the arrangement or position of the molecules with reference to each other the structure of the body. Here, again, we see complexity of structure arrived at by aggregation of simple elements. In the brain this aggregation of simple elements reaches a complexity which probably, is not paralleled in nature. Everywhere in the living body

its matter is in a state of ceaseless, more or less active, motion and change. There are the visible motions connected with muscular action, and with the circulation and transport of matter in the liquid form—mechanical in their nature. And there are the motions connected with the aggregation of matter and its interaction and its disintegration—mechanico-chemical and molecular in their nature. These motions represent energy in its various forms: the storing up of energy, or its absorption; the giving out of energy, or its evolution. There is a constant stream of matter into the body in the form of food, carrying with it energy—or, the capacity of doing work; and there is a constant stream of matter out of the body in the form of the comparatively simple and more or less de-energised matters we excrete. The meeting-point of these streams is in the tissues of the various organs and parts of the body. The matters composing both the in-going and the out-going streams undergo a continuous and orderly series of changes, chemical and physical. At the meeting-point changes also occur, changes of a more intricate and subtle kind. These changes consist in an interaction between the matter which is definitely shaped and in its place as formed tissue and the liquid matter which is brought up to it and bathes it—the changes proper to nutrition.

All these changes conspire to produce *definite results*. And the result as to any part of the body is the *maintenance* of the composition and structure and activities of the part; or, as to particular parts, this result together with some special result—like the production of a secretion, or muscular motion, or nerve-currents. Now Physiology seeks to make out all about the changes and the results, and something more—the conditions under which the changes will produce always the same definite results. In making out the various and complex changes that go on in the body, Physiology takes it for granted, not only that the same changes are required to bring about the same definite results, but that the course of nature as to the working of the body never alters; it looks upon and investigates the succession of changes as to any definite result, as existing and going on under conditions which persist and recur, altering only within certain narrow limits—such a limit as might be allowed for wear and tear, or the gradual failure due to friction. And Physiology finds that the changes occurring under such conditions tend to maintain the composition and the structure and the activities of the body and its parts always in the same state—*i.e.*, tend to maintain the body always in good working order. This, then, is the physiological state—the state of health; changes determined and occurring in orderly relations of co-existence and succession; these changes determining new relations and changes: all conspiring to produce definite results. And the grand total of the results is the maintenance of such a composition and structure, and such activities *as shall provide for the recurrence of the phenomena over and over again in orderly cycles*. Physiology finds that the life, the normal or healthy life, of any part of the body is a cycle of events; it determines how the cycle is kept a cycle.

But what if conditions arise that cause the cycle to break, anywhere and at any time; conditions under which the changes do not bring about the same regularly recurring definite results, but some other result, whether affecting composition or structure or activity, or all of these? Then we pass to the state of Disease: and we pass out of Physiology into Pathology. Pathology determines the conditions under which the physiological life-cycle of any part of the body is or can be broken, and under which the changes, instead of recurring in the physiological cyclic order, go on in a straight line or a zigzag or any deviation



from the form of a circle we please—conditions that produce different changes and different results to those realised under physiological conditions. Pathology is concerned with the changes and the results that come out of this altered state of things, with the altered composition, and the altered structure, and the altered activities. And it is to these we must give the name *Disease*.

All the pathological facts that we can make out as to any particular state of disease, *e.g.*, the series of facts connected with embolism of a small artery of the brain, the softening of brain tissue, and the functional changes; or the series of facts connected with erysipelas of the skin would be perfectly real and could be correctly described if there was no such thing as Physiology at all. There are the facts; they are open to observation and to verification and they can be set forth as facts relating to the composition and the structure and the activity of the matter composing the living body. Without Physiology, however, we should never be able to explain or understand what Pathology had made out and described. Physiology comes in and gives us facts with which to compare pathological facts. And by placing the one order of facts alongside the other order of facts, and comparing them, we are able to explain and understand the breaking of the physiological cycle, the advent of pathological change, and the nature and results of the changes.

We are very far from suggesting that Physiology has as yet made out all the circumstances and conditions under which the integrity of the body and its parts is maintained, and the changes proper to this or that organ or part are made to recur perpetually in the same order and with the same results. We can say, however, that those unaltering and constantly recurring facts which Physiology has as yet made out are, as far as they go, our standard, whereby we estimate pathological facts and learn to know these facts as alterations in conditions and in changes and in results, which give a meaning to the correlative terms Health and Disease, normal and morbid change. And, until the time when Physiology may be complete Pathology must be incomplete. There can be no hard and fast line of demarcation between health and disease—between physiological and pathological changes. The physiological state of things is but a state of mobile equilibrium; the transition from that state of things to a state of disease must be often and necessarily a series of oscillations, now tending to a return to the physiological balance, and again tending to a definite pathological result. The body or organ which can readily adapt itself to variations in conditions, which, so to speak, is expert at living, will keep its balance more easily and run into a state of disease less easily than the body or organ which is stamped from birth with an incapacity for adaptation. We have constantly to refer to the physiological standards before we decide whether we have or have not to do with facts of disease. We may be physiologists purely, but we cannot be pathologists unless we are also physiologists.

The appearances whereby disease becomes known to us, the accumulated facts wherein we find our conception of disease, are apprehended by us in collective form, as concourses or collocations of facts. It is a matter of experience that the facts of disease come before us in batches or groups, and as groups of colligated facts. A certain series of disease-appearances reappears in different persons, or it may be at different times in the same person; the series as it reappears presents the same or similar circumstances of onset and the same or similar characters and order of succession and relations as to the phenomena. Again a certain series of morbid phenomena is observed to be connected with some particular

organ or tissue, as the stomach or the liver or the heart or a serous membrane; and the same or a similar series of phenomena reappears in the same organ or tissue in different persons or in the same person; or, again, a series of morbid appearances—morbid, because not physiological—may be observed to belong to the function of some organ or the functions of some co-related organs, to wit, the several functions connected with the organs of digestion, and to reappear in connection with the same functions in different persons or it may be in the same person. And, anon, a different series—differing in the circumstances of onset, in the characters of the phenomena, in the order of their succession and their relations, or in some of these—is observed to reappear and to recur in like manner. Wherefore, according to this experience, we mark off the facts of disease into groups; and we call the groups *diseases*; and we give a name to each group, by which to distinguish it.

This assemblage of the facts of disease in groups is no arbitrary and artificial arrangement. It is a natural classification of the facts of disease. Not only do we recognize the same groups when they reappear by obvious superficial appearances common to the groups; not only do we separate groups from one another according to obvious differences in the superficial appearances. Penetrating beyond what is obvious and on the surface, we find that each grouping, although a record of a multitude of very complex phenomena, yet shows a characteristic common to all the groupings, that of association of all its phenomena in collective order. Every group is a record of changes in the physiological order of things as to the body generally (in so-called "General Diseases") or as to some organ or part (in so-called "Local Diseases"); a record of co-existences and sequences among the changes; a record of interdependence of the changes and relationship of facts to each other and to outlying facts; a record of cause and effect, near and remote. Herein we find an intelligible objective meaning of the term, *a disease*. A disease can only become known to us by observation of its marks or characters; one disease is identified with another by community of characters; one disease is distinguished from another by differences in their characters. Amongst the agreeing or differing marks or characters we must include the mode of connection of the characters, their order and relations.

• When we have made out and set down in their due order of sequence and relationship, and in detail, all the available facts of the record for any particular grouping, then we can say that we know that disease, and our statement of the facts of the record would be a definition of that disease.

Now Pathology seeks to define in this sense the natural groupings of the facts of disease and to set its due limits to each group. Nor has Pathology, as yet, made progress to a complete definition and limitation of the natural record for those groupings or diseases whose existence we already recognise. The discovery of the facts, still more, of *all* the facts belonging to any grouping, and the placing them in their true order of sequence and relationship, is a difficult work and a work of time; though pathologists are ever busy at the work.

In making out the record of facts and constructing a definition of any particular disease, we cannot go beyond our experience of actual examples of that particular disease; and the examples known to us may be few or many. The examples, moreover, come to us for the most part piecemeal. Rarely, if ever, does a disease begin and work through to its end, completing the full record of its facts in one and the same example and before the same observer. Rarely, if ever, does a disease disclose itself here or there in its progress, as



it recurs, by facts of the same degree; so that, as we observe it here or there in its course, it may seem that we have to do with a separate grouping, so marked are the variations in the modes of the same disease. And, further, the examples of disease known to us are liable to be associated with such circumstances as (what we call) the *constitution* of the patient, or his *temperament*, or his *diathesis*. These terms indicate realities and, for the most part, physiological variations in structure or in modes of activity within the limits of health—natural weaknesses at points in the cycle of life-changes, or permanent tendencies, or degrees of expertness at living as we have designated it. All these things have to be taken into account in our estimate of the examples of particular diseases. Wherefore, our best definitions of diseases are provisional and incomplete; and every definition of a disease must be held to be faithful only to the great mass of examples of that disease. Nevertheless, the separation and definition of diseases has reached a degree of completeness which puts great power in the hands of medical men to the understanding of a great part of most known diseases and to the cure of them or the alleviation of their ills.

To give a definition of any disease, we must enumerate and describe and set forth in their due order of sequence and relationship, and in detail, all the facts that have as yet been made out for the particular grouping; and this from observation of examples of the grouping. Further, we may, very properly, connect the phenomena with their antecedents or causes; we may advance explanations of the phenomena by assimilating facts with other facts or by means of some theory or hypothesis; we may set out all we know about the consequences, early and late, of the phenomena. Information about such things gives material help in distinguishing and defining diseases; it is necessary to a proper understanding of diseases; it may be, and is often, necessary to an enlightened treatment of a disease. But neither the causes, nor the explanations, nor the issues are *the disease*; nor do these belong to the definition of it. These have their value and their place in our accounts of diseases; but they are predications, not definitions, and as predications they must be separately set forth and separately discussed. *The disease* is our record of its phenomena and their relationships—what belongs to the definition.

And if, when we had marked off the facts of disease, into groups and had named the groups, we should arrange the groups themselves in some order—if we should add to distinction and nomenclature a classification of diseases, we should get what is called a *Nosology*. The grounds and methods of such a classification are many and various, and in the making of nosologies this or that basis and method has been adopted according to the purpose held in view. A nosological classification is always an arbitrary and artificial arrangement. Such a classification of diseases is adopted merely for our own convenience or for some other special purpose. It may be for a statistical registration of diseases—and this with a view to register the causes of death, or the prevalence of diseases in various places, or for any such like end; or such a classification of diseases may be made in order to facilitate our study and our treatment of disease. An arrangement of diseases according to their seats, an anatomical arrangement, is a useful and generally adopted arrangement for the purposes of practical medicine.

Thus, then, we have tried to give a clear and accurate account of what is meant by the term *Disease*, and by the term *Diseases*. We must not forget that although medicine is a science it has a corresponding art. It has been said already that we have a vast

array of knowledge about disease, and this knowledge of disease comes chiefly through our knowledge about diseases. It becomes, therefore, of vast importance that our knowledge about disease and diseases should be arranged and set forth in an order adapted to the strict requirements of science and to the needs of the practitioner. To this topic we propose next to devote our attention.

## REMARKS UPON INJURIES TO THE EPIPHYSES.<sup>1</sup>

By EDMUND OWEN, F.R.C.S.

THOUGH the subject of the development of the bones may appear a matter of uninteresting detail to the student, the importance of it is apt to be forcibly brought home to him soon after entering on practice.

It is in the layer of cartilage between the end of the shaft and the epiphysis that the growth of the bone, as regards length, takes place. In the neighbourhood of this layer physiological activity is great, whilst the adjoining strata of new bone are delicate and soft. A slight injury may suffice to “unglue” the epiphysis, and it is for this reason that dislocation in childhood is rarely met with; violence expends itself more readily in detaching the epiphysis than in displacing the articular surface.

Without entering into tedious detail, and with the view of simplifying the matter, one may call to mind the fact that the special nutrient arteries of the long bones take the course in their respective bones *towards the elbow and away from the knee*. Now, the epiphysis towards which the nutrient artery runs is invariably the first to join the shaft, therefore the elbow-ends of the humerus and radius<sup>2</sup> are attached early, whilst the knee-ends of the femur and tibia are attached late. Thus it is evident that in the growth of the arm the integrity of the elbow epiphyses will be of secondary importance to those near the shoulder and wrist; whilst, in the lower limb, the knee-ends of the femur and tibia are of chief concern. In the case of excision of the knee-joint, then, it is of extreme importance to respect the integrity of the junction cartilages of the femur and tibia. Removal of these plates of cartilage is certain to entail serious dwarfing of the limb.

At the sacrifice, perhaps, of absolute accuracy to convenience, one may say that the epiphysis towards which the nutrient artery is running is ossified to the shaft soon after puberty, whilst the other epiphysis delays its attachment until about the twentieth year, that is *until growth is completed*.

When a young subject has had a fall, has been run over, or knocked down, a methodical examination of the epiphyses should, so far as is practicable, be undertaken, and, if a joint be found so swollen or tender that a satisfactory conclusion cannot be arrived at, chloroform should be administered and all doubt cleared up. (It must be remembered, too, that the discovery of a fracture in the shaft of the bone is not evidence that the distant epiphyses are unaffected.)

Though in the case of separation the plane of the fracture may have deviated from the junction-cartilage, and passed in certain spots through the adjacent bone tissue, still definite crepitus is hardly to

<sup>1</sup> Abstract of Clinical Lecture delivered at St. Mary's Hospital October 30th, 1885.

<sup>2</sup> The upper epiphysis of the ulna is merely a thin cap over the top of the olecranon.



be elicited. A peculiar "mortary" sensation may, however, very likely be detected. Should the evidence of separation be considered equivocal, no rude search for crepitus should be undertaken. Such violence would increase the local disturbance and invite disastrous complications. But even when extreme gentleness has attended the examination, and the treatment has been conducted with all efficiency, the result may prove disappointing or calamitous.

The complications which may supervene are abscess at the site of fracture, with or without suppurative inflammation of the joint. The epiphysis may be cast off as a sequestrum, and may eventually require extraction. Convulsions or rigors may mark the onset of an attack of pyæmia. From local excitation, ossification of the end to the shaft may take place, with, of course, serious interference with the development of the limb. The neighbouring joint may be left stiff or deformed. It is well that the possibility of such contingencies be duly recognised, and that the parents be made to understand that the lesion is a serious one; that the breakage is through a region in which the growth of the bone is concerned, and that the injury is close against, even if it do not implicate, the joint. On the other hand, it is a consolation to know that these injuries generally do well, that the detached end is quickly cemented on again, and without permanent deformity, and that the stiffness of the joint soon disappears with massage and methodical movement.

As a rule, the joint should not be confined longer than three weeks.

## ON THE THERAPEUTIC VALUE OF BLOOD-LETTING.

By JAMES ROBINSON, M.D. Brux., M.R.C.S. Eng.

THE value of blood-letting as a therapeutic agent under appropriate pathological conditions being so slightly appreciated, I am induced to record my individual experience of the beneficial results of its practice, in the hope that its efficacy in the treatment of certain forms of disease may be more generally acknowledged, and that it may obtain that place in modern therapeutics to which it is fairly entitled; at the same time I lay no claim to originality in suggestion either in method or application.

In former times, its value being overrated, and its practice indiscriminate, venesection was often productive of more harm than good. Fostered by irrational empiricism, use degenerated into abuse, undue laudation of its value was followed by condemnation, and finally by almost total exclusion from the list of therapeutic agents. Whilst it is true our forefathers bled too frequently, it is equally true we bled too seldom, a judicious abstraction of blood often contributing to the comfort and well-being of many individuals, not obtainable by any other procedure, and, in many diseases, tending to avert an otherwise certain fatal termination. Instead of retaining its practice under appropriate conditions, the wheat and the tares have been destroyed together, and a most valuable and powerful means for good is so infrequently adopted as practically to amount to its rejection from the list of remedial agents. This is to me very remarkable, as the pathological conditions demanding the practice of venesection are so indicative of the means of relief, and the results so immediate and satisfactory, and may be attributed, partly to that natural

revulsion of feeling which popular abuse always engenders, partly to the absence from the clinic of those cases peculiarly adapted to this method of treatment, and partly to the student mind not being directed to the special study of its application in the treatment of disease modified by change of type, locality, and constitutional peculiarity. The general symptomatic indications necessitating venesection may be thus broadly stated: an overloaded vascular system, as in general plethora, and hyperæmia of certain viscera, whether of primary or secondary origin, so intense as to seriously embarrass the action of the heart, and sometimes even to threaten its complete failure. Under such conditions a timely bleeding is always and immediately followed by relief, a fatal termination is frequently averted, and the disease is so modified as to make its subsequent progress towards recovery easier and more certain.

The question as to the quantity of blood to be taken must be left to the discrimination of the operator, who ought to be guided upon this point by the impression produced upon the symptoms, and by the effect upon the heart as indicated in the character of the pulse. It will be noted that in some of my cases the quantity usually considered to be sufficient is much exceeded, but in no case have I found any evil results to ensue from the abstraction of such an amount as the symptoms evidently demanded for their amelioration. The notes here appended are selected as being typical of those diseases in which I have found venesection to have been remarkably beneficial.

Female, age 45 years.—Flushings of the face and hot sweats, noises in the ears, constant headache, and occasional bleeding from the nose. Pulse full and labouring. Superficial veins full and distinct. Catamenia entirely ceased two years ago, since which time these symptoms have been more or less present. The recognised remedies failing, I bled to syncope with decided relief to all the symptoms, which was maintained for six months, when the operation was repeated, similar good effects resulting. It is now twelve months since the last operation, and she now enjoys fair health, being troubled only occasionally by severe headache.

Male, 12 years.—Acute pneumonia. Sudden attack of dyspnœa on the third day, quickly followed by orthopnœa, short and persistent cough, difficult expectoration of sputa streaked with blood, great mental excitement, with fear of suffocation. Imperative demands for relief. 23 ounces of blood removed from the arm. The breathing became easier at once, and the boy was quite comfortable and peacefully sleeping in half an hour. Subsequent progress uninterrupted and final recovery complete.

Male, 61 years.—Has suffered from shortness of breath on going upstairs or in ascending a hill occasionally from oppression and palpitation of the heart and tightness across the chest. Been gradually declining in strength for the past twelve months. Heart's action irregular, impulse feeble and area enlarged; first sound weak, no murmur. Slight arcus senilis. Appetite fair and tongue clean. These symptoms were relieved by treatment, and all was progressing favourably, when, after going upstairs to bed, he was suddenly attacked with urgent dyspnœa, short and dry cough, with little expectoration. I found him sitting in a chair, being unable to lie down, bathed in cold perspiration, pallid, and almost pulseless. Respiration slow and shallow, and performed with difficulty. Various means for relief were tried during the space of four hours with no success, when I abstracted 25 ounces of blood from the arm. The pulse at the wrist began to improve when about one half this quantity had been taken, and with it the breathing grew easier, becoming comparatively free when the



full quantity here stated had flowed. In half an hour I left him composing himself to sleep, having been able to retire to bed. On the following day the cough was quite easy, the expectoration free and mixed with blood. All went well for exactly two months, when I was hastily summoned, similar symptoms having returned during the night after a dull, heavy, and damp day, during which the breathing had been difficult and cough troublesome. Two hours were allowed to elapse before recourse to venesection, during which time other remedies were used, when 20 ounces of blood were taken from the arm, which at once ameliorated the distress, and he was sound asleep an hour afterwards. During this last attack he became paralysed on the right half of the body. Subsequent progress much slower than after previous attack, and, in addition, there was mental disturbance and delirium, with other symptoms usually following embolism of a cerebral artery. These slowly passed away, and he was able to get about with comparative ease, the paralysis gradually disappeared, and the general health improved until he was able to take a walk with comfort and enjoyment at a moderate pace. He enjoyed fair health for exactly two months to a day, when for the third time he suffered from similar symptoms to those previously noted. He demanded to be bled at once, with which demand I complied, abstracting 25 ounces of blood from the arm. The relief expected came at once, and I was able to leave him quite composed in three-quarters of an hour. Subsequent progress satisfactory. It is now four months since the last attack, and he is at the present time in fair health, being able to take a walk of a couple of miles at a moderate pace with comfort and enjoyment.

Male, 20 years.—Tall, strong and well-developed, intelligent and active. Been the subject of epilepsy for six years. Fits occur in rapid succession with an interval of a month or five weeks. They come on after violent exertion, visiting public amusements or entertainments, and similar mental excitants, and frequently without aura. Bromide of potassium in large doses had been taken for over twelve months with only slight relief of the trouble. Venesection was performed to the extent of two pints, which caused fainting. No seizures for three months, when he returned for a repetition of the bleeding, which secured a respite for five months; when, after witnessing a foot-ball match in which he had a peculiar interest, the fits returned. The same evening two pints of blood were removed from the arm. Large doses of bromide were then ordered to be taken twice a day, and he has been now free from the epileptic attacks for eleven months.

Male, 40 years.—Stout, of low stature, short thick neck, large posterior development of the skull, round head, nervous temperament. Complains of constant headache, weight at back of head, deafness, loss of appetite, and occasional attacks of vertigo. Pulse irregular and small. Pupils dilated. Treated with purgatives, cold to the head, &c., for some time without relief. Venesection to 35 ounces, causing slight nausea and drowsiness. Next day felt considerably relieved from all the symptoms, and subsequently for three months he continued to take saline purgatives with potassium bromide, and applied cold to the head each morning by means of a shower bath, at the end of which time he returned to his employment. At the expiration of three months he was again bled, the old symptoms having come on after a night's carousal. One pint of blood removed with decided benefit. At present under treatment.

Male, 35 years.—Medium height, very stout, and of florid complexion. Complains of severe headache, dimness of sight, specks before the eyes, noises in the ears, and fulness in the head. Pulse small, hard and

wiry. Venesection to syncope was performed, and next day he returned to business quite free from his former troubles. Returned in nine months with similar symptoms. Bleeding again performed to syncope. This patient has since been bled on two occasions, with an interval of six and twelve months respectively, each time with entire removal of the head troubles.

Female, 38 years, married.—Low stature, stout, and of florid complexion. Has had five children. Menstruation profuse and regular. In the interval she suffers from fulness in the head, facial neuralgia, headache, weight upon top of the head, vertigo, flatulence and constipation. Purgatives, cold to the head, and free exercise prescribed without decided amelioration of the symptoms. Venesection was afterwards performed, and 38 ounces of blood were removed. By subsequent attention to the bowels and under proper general regimen the cure was complete.

Female, 34 years.—Confined a week previously of a male child at full time, after which she went on favourably until found by a neighbour, who had been acting as nurse, in strong convulsions. An hour previously she was apparently quite comfortable. I saw her two hours subsequently, when I was informed "the fits had never been off her" during the whole time. I immediately abstracted 20 ounces of blood from the arm, the fits ceased, and deep sleep followed, lasting several hours. Subsequent progress satisfactory. It is now two-and-a-half years since the events just narrated, and recently, I am informed, she has been again confined without any untoward circumstances supervening, and is now in good health.

Male, 50 years.—Tall and powerful. After a drinking bout, lasting for a week, was seized with epileptiform convulsions, which came on at 8 a.m., lasting until 2.30 p.m. without intermission of more than five minutes. I abstracted 30 ounces of blood from the arm, after which the fits did not return, and he slept soundly for eight hours. He returned to work in two days. This man, nine months afterwards, again had a long drinking spree, when it was followed by delirium tremens for two days, and finally by the convulsions as before. Immediately upon visiting him, I opened a vein in the arm, and took two pints of blood. During the time the blood was flowing he had a severe convulsion, after which he became quiet; his breathing, which previously was stertorous, then became easy, and after the operation was completed he fell asleep, awaking in 12 hours. Recovered perfectly in a week, and was able to resume work.

Female, 38 years.—Medium height, always enjoyed good health. Eight months advanced in pregnancy. Suddenly seized with convulsions, which came on every quarter of an hour. Perfect insensibility in the interval of the fits. No mitigation of the symptoms following the hypodermic injection of half-a-grain of morphia, I decided to bleed from the arm. I took 30 ounces of blood, after which the convulsions did not return. Two hours subsequently she was delivered, without assistance, of a dead fœtus. Subsequent progress slow, but finally complete recovery.

Male, 18 years.—Having been out of employment for several weeks, and after fruitless efforts to obtain any, he became depressed in spirits and his appetite fell off. He complained of occasional pain in the head, but of no other symptom. He went to bed earlier than usual, and two hours afterwards was found delirious; this state soon increased, and it was with the greatest difficulty that he could be restrained and kept in bed. This condition of matters went on until morning, when I saw him. He was then wildly delirious, the pulse was small, hard, and frequent. I injected half-a-grain of morphia hypodermically, which in a few minutes produced quiet and, subse-



quently, sleep, from which he awoke in about twelve hours quite as wild as before. I again injected the morphia, which produced sleep for eight hours, when there was a return to the previous condition. As it was impossible to restrain him, I injected quarter-of-a-grain of morphia, and as soon as he became quiet I bled him from the arm to the extent of twenty ounces. He continued to sleep until next day, in time about twenty-four hours, when upon awaking he asked for something to drink. He had no recollection of anything after getting into bed three days previously, and was unable to give any account of the commencing symptoms of his illness. His subsequent progress was rapid, and complete recovery ensued.

Male.—An Irishman, a haymaker, during the summer of 1882, came into my surgery, and requested to be bled. He complained of severe pain on the left side of the chest, and stated that in his country bleeding was generally adopted for similar symptoms, and that previously to his leaving home a fellow-workman "was bled for the same complaint, and was cured thereby." I examined the chest and found well-marked signs of pleurisy. As nothing but bleeding would satisfy him, I complied with his request, and relieved him of nearly a pint of blood. He felt no inconvenience whatever, and departed doubtful as to my having taken a sufficient quantity. Two days afterwards he returned, bared his arm, and requested me to repeat the operation, as the former one had failed to "cure the pain." I now abstracted 30 ounces, which caused a little squeamishness and the appearance of a few beads of sweat upon his brow. After a short rest he departed, and I heard nothing more of him for a week, when I accidentally met him. Upon enquiry, I was informed the last bleeding had cured him "entirely," and he felt quite well.

In conclusion, I will offer a few hints, derived from experience, as to the method of procedure, which, though of apparently small consequence in themselves, are of real value, and contribute largely to the success or otherwise of the operation, often preventing discomfort to the patient and discomfiture of the operator. Place the arm in the position it shall remain during the operation. Fix the vein by pressure of the thumb upon it, and take especial care not to stretch the skin so that, on removing the thumb, a valvular opening be left, which obstructs the flow of blood and defeats the object in view. Put on the fillet only so tight as to obstruct the flow of blood through the veins, but not that through the deeper arteries. Always use a particularly sharp and clean lancet. In order to arrest the flow of blood, place the thumb firmly upon the distal side of the incision, remove the fillet, wash the arm whilst the thumb is in position; then place a fourfold piece of lint upon the cut, put on a narrow bandage, or the fillet, in the figure-of-eight fashion, with one turn only above the elbow and two or three round the arm, taking care that the pressure shall be below the incision, the turn above the elbow serving only to keep the whole in position.

THE MEDICAL STAFF OF THE AUSTRIAN ARMY.—Some changes are proposed in the medical department of the Austrian army, which will have the effect of increasing the numbers in all the ranks except the lowest or that of second-class regimental surgeons, which is to be diminished by 37. Studentships of the values of 500 florins and 300 florins, to the number of 135, are to be established for aspirants to the military medical service, the funds for these being to a great extent met by the suppression of the special military medical course of instruction.—*Wiener Medicinisches Blatt*.

## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

### ROYAL SOUTHERN HOSPITAL, LIVERPOOL.

#### TWO CASES OF MALIGNANT DISEASE OF BONE.

(Under the care of DR. LITTLE.)

By F. KNIGHT, M.B. Lond., House Surgeon.

#### CASE I.—SARCOMA OF OS INNOMINATUM—SECONDARY DEPOSITS IN LUNGS AND KIDNEYS.

ANDREW C., a boy thirteen years old, was admitted on January 19th, 1885, complaining of pain in the left hip. He stated that six weeks previously he had fallen on the pavement and struck his left hip, but he felt no bad effects from this until three weeks afterwards, when he was seized with pain in this part; afterwards a lump appeared, and this has continued to increase in size ever since. Before the fall he had always enjoyed good health. There is no history of malignant disease in any member of the boy's family.

On admission, he was pale, considerably wasted, and had an expression of suffering. On the left os innominatum, two inches below the centre of the iliac crest, was a hard lump about the size of a hen's egg, not red or tender, and evidently connected with the bone. Temperature, 99° (morning), 101° (evening).

On January 31st an aspirating needle was introduced, but nothing came through except a few drops of blood.

The tumour rapidly increased in size, and on February 10th was noted as occupying the whole of the dorsum ilii. The boy continued to emaciate.

By March 9th the tumour had grown to such an extent that it formed a large hard mass in the left lumbar and inguinal regions, reaching down below Poupart's ligament and up as far as the margin of the thorax. On this date also numerous loud friction sounds were heard over the base of the left lung; these sounds were considered to be probably due to secondary deposits; there was no dulness. He complained of slight cough. A poultice was applied and he was allowed a small dose of morphia whenever the pain was severe. He now complained of severe pain of a neuralgic nature down the left leg, and this leg became very swollen and œdematous.

On March 11th a small hard lump was observed just outside the margin of the left orbit; for four weeks before this both eyelids on the left side had been much swollen.

He died exhausted on March 26th.

During his residence in the hospital his nose bled frequently, nearly every day. The temperature was uniformly raised, varying from 99° to 101°, and occasionally exceeding 103°. During the last few weeks he was unable to pass his urine, and a catheter had to be used regularly.

At the *post-mortem* examination it was found that the tumour was growing from the iliac bone, extending outwards beneath the gluteal muscles, inwards beneath the psoas and iliacus muscles as far as the middle line, upwards beneath the left lower ribs, and downwards over the pelvis and into the upper portion of the left thigh, where it was giving rise to pressure on the femoral vein and crural nerve. By removing the left os innominatum with the sacrum and upper part of



left femur the whole tumour was got away; it weighed eight pounds four ounces. On section, the growth appeared whitish, firm, and yielded a juice on scraping; the portion nearest the bone had a gritty feel. The whole of the front of the spinal column was covered with numerous masses of new growth; there were also several deposits in the ribs on both sides. Both pleuræ were almost universally adherent, and were studded all over with small secondary deposits. There was one small deposit in each kidney. The secondary deposits had the same characters as the primary growth.

Microscopical examination showed that the tumour and the secondary growths were all composed of small round cells; some of the gritty portion, after being decalcified, showed a growth of cartilage in it, so that at this part true ossification was taking place.

#### CASE II.—PERIOSTEAL SARCOMA OF FEMUR—SECONDARY DEPOSITS IN KIDNEY SKIN AND MESENTERY.

ALEXANDER H., age 21 years, formerly a seaman, was admitted on May 16th, 1885, for swelling of the right leg.

His history was as follows. When three years old, he fell and struck his knee on the edge of a spittoon. Next morning the knee was swollen and painful, and he was laid up for three months by it. There is now a small scar over the front of the right patella. He had no further trouble with the knee till three years ago, that is, in the middle of 1882, when it again became painful; the pain continued for four months, when the knee began to swell, and it has continued to enlarge ever since. In March, 1884, he noticed that the foot became swollen while he was walking about, but went down again when he rested. In April, 1884, he was in Bombay, and, the leg becoming worse, he went into a hospital where he was treated first for synovitis and afterwards for periostitis. In July he returned to England, and was admitted into the Southern Hospital on July 14th. At this time he was rather thin, but in fair general health. All that could be made out was that there was considerable thickening of the lower half of the right femur; he had scarcely any pain, and there was no œdema of the leg while in bed.

He remained in the hospital till September 7th, when he left to attend to some private affairs. During his stay rest and anti-syphilitic remedies were perseveringly tried, but with no effect.

He returned to the hospital on May 16th of this year. His condition was then much changed for the worse. He was very weak, pale, and emaciated. The right leg was enlarged to twice the size of the left, chiefly due to œdema. In the skin were eight tumours, seven in different parts of the thigh, and one below the knee over the calf. Each was about the size of a small orange, and looked just like an acute abscess about to burst, but was quite solid. The one in the calf was beginning to ulcerate on the surface, and on the evening after admission it began to bleed. The blood poured out from several different spots in a steady stream, just like water from a watering-can. It was stopped by firm pressure, but every time the pressure was removed the blood poured out, so that it was subsequently dressed only every three days, and the dressings changed as speedily as possible.

He remained in much the same condition, but growing weaker every day, till his death on June 28th.

Autopsy 30 hours after death. Right leg enormously enlarged, most of the swelling caused by œdema. The tumours in the skin were found not to extend deeper than the subcutaneous fat. The periosteum of the femur was invaded by a solid growth and was in parts more than an inch in thickness; it could be readily peeled away from the subjacent bone, which appeared to be quite healthy. The knee-joint was not affected. There was a small nodule of new growth in the right

kidney, and the upper half of the ureter was surrounded by a cylindrical mass of it about  $\frac{3}{4}$ -inch in diameter, but the canal of the ureter was pervious. The mesentery contained a mass of enlarged glands which weighed nine ounces. There was also a nodule in the lower end of the right rectus abdominis, about the size of a walnut.

Microscopical examination of the primary growth in the periosteum and of the secondary deposits showed that they were all composed of large round cells.

### APPOINTMENTS FOR THE WEEK.

*Friday, November 13 (this day).*

CLINICAL SOCIETY, 8.30 p.m.—Dr. S. West, "A Case of Idiopathic Purulent Peritonitis in a Child of Ten, with Autopsy"; Mr. Rivington, "Two Cases of Ligature of the external Iliac Artery for Femoral Aneurysm"; Dr. Dyce Duckworth, "A Case of Nitric Acid Poisoning"; Mr. Barwell, "A Case of Gastrostomy." Living specimens: Dr. Kingston Fowler, "A Case of Pseudo-hypertrophic Paralysis in an Adult"; Mr. Bernard Roth, "A Case of Severe Lateral Curvature of the Spine"; Dr. Crocker, "A Case of General Discolouration"; Dr. Colecott Fox, "A Case of Pigmentary Disorder"; Mr. John Morgan, (1) "A Case of Gastrostomy," (2) "An unusual Form of Spina Bifida"; Mr. Clutton, (1) "Cervical Spina Bifida undergoing Spontaneous Cure," (2) "Tubercular Ulceration of Palate"; Mr. Walsham, "A Case of Acute Spreading Obliterative Arteritis."

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Special Meeting, 9 p.m. The Bowman Lecture, by Dr. Hughlings Jackson, F.R.S. The subject of the lecture is "Ophthalmology and Diseases of the Nervous System."

*Monday, November 16.*

MEDICAL SOCIETY, 8.30 p.m.—Dr. Colecott Fox and Dr. Heneage Gibbes, "Specimens of Bromide of Potassium Eruption"; Mr. Clinton, T. Dent, and Mr. W. C. Bull, "Central Necrosis, occurring in Children."

*Tuesday, November 17.*

PATHOLOGICAL SOCIETY, 8.30 p.m.—Mr. Eve, "Two Cases of Sarcoma of the Tongue"; Dr. Chaffey, "Hæmorrhage into Grey Matter of Spinal Cord"; Mr. Sutton, "Cysts in the Reproductive Organs of Animals"; Dr. Hale White, (1) "Fatty and Cirrhotic Liver"; (2) (for Dr. Beavan Rake) "Specimen of Leprosy" (Card); Mr. Lockwood, "Casts and Dissected Specimens of Contracted Fingers"; Dr. Norman Moore, "Cases of Gout"; Mr. Shattock, "Iridescent Calculi"; Dr. Gulliver, "Stricture of Small Intestine"; Mr. D'Arcy Power, (1) "Two Cases of Osteitis Deformans," (2) "Quiet Necrosis of Femur" (Card); Mr. Larder, "Cancer of Oesophagus" (Card); Dr. Hadden, "Right-sided Ulcerative Endocarditis" (Card); Mr. Fenwick, "Miliary Tubercle of Bladder" (Card).

MEDICO-PSYCHOLOGICAL ASSOCIATION, Bethlem Hospital, St. George's Road, S.E., 4 p.m.—Dr. Conolly Norman, "On Some Points in Irish Lunacy Law"; Dr. Hack Tuke, "On a Recent Visit to Gheel"; Dr. Savage, "On some Hæmorrhages in General Paralysis."

STATISTICAL SOCIETY, at Royal School of Mines, 7.45 p.m.—President, Sir Rawson W. Rawson, K.C.M.G., C.B., on "International Statistics, illustrated by Vital Statistics of Europe and of some of the United States of America."

*Wednesday, November 18.*

THE HOSPITALS ASSOCIATION, 1, Adam Street, Adelphi, W.C., 8 p.m.—Dr. J. C. Steele, on "Cholera and the Hospitals."

*Friday, November 20.*

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 1, Adam Street, Adelphi, 8.30 p.m.—Dr. Heron, on "Koch's Cholera Organism," with demonstrations.



# Medical Times and Gazette.

SATURDAY, NOVEMBER 14, 1885.

At the Royal Medical and Chirurgical Society on Tuesday last, the President, Dr. George Johnson, on taking the chair, alluded to the death of Dr. W. B. Carpenter, one of the Honorary Fellows of the Society. He was in the act of taking a hot-air bath, when the bed-clothes caught fire, inflicted severe burns on him, in consequence of which, and of the shock, he died within a few hours. The evening was devoted to the reading and discussion of an interesting paper on "Scarlatinal Albuminuria and the Pre-Albuminuric Stage," by Dr. Stevenson Thomson, late Resident Physician in the Glasgow Fever Hospital. Although the number of cases, 180, was comparatively small, yet the frequency and care with which the urine was tested, and the delicacy of the more modern tests which were used, render the observations of great value and bring out the unsuspected fact that both albumen and hæmoglobin are present in the so-called "pre-albuminuric" stage. The great importance of this fact was borne out by subsequent speakers, notably Dr. George Johnson, Dr. West, and Dr. Dickinson. Dr. Thomson elected to read his own paper, but his strong Glasgow accent and not over-clear enunciation rather detracted from the value which is supposed to be gained when an author acts as his own mouthpiece. Owing to the unfavourable weather probably, there was but a very small meeting. As will be seen by reference to the discussion in another part of our columns, some very interesting and novel views were expressed. Albuminuria was regarded by the elder speakers as part and parcel of the original disease, whereas Mr. Fowler, one of the Resident Medical Officers of the Fever Hospital, Liverpool Road, thought it was a complication which treatment could and did ward off in a considerable proportion of cases. Many medical men have been brought up to regard albuminuria as the result of exposure to cold during desquamation; now, Dr. Dickinson seems to think that there is no connection between the one and the other, and that albuminuria does not arise from cold; he advocated keeping patients in bed for three weeks, while Mr. Fowler thought that such a practice, by weakening the patients, predisposed to kidney mischief, and that with good food and a well-ventilated ward patients need not keep their bed so long. This was especially the case with children, who could not be kept covered up and warm in bed all this time. Dr. West, on the other hand, advocated the practice, and thought there must be something of truth in the popular belief. Dr. Dickinson rather leaned to the belief that the old plan of rubbing the body with fat substances during the desquamative stages did more harm than good by closing up the pores of the skin. A most important lesson is conveyed by the discussion, viz., the value of frequent and long continued testing of the urine with the best and most approved methods and drugs with a view to determine absolutely, not only the appearance, but also the disappearance of blood and albumen from the urine of patients who have had scarlet fever.

By the death of W. B. Carpenter, on Tuesday last, one who has occupied a foremost place in scientific progress for well-nigh half a century has passed from among us. Best known to the denizens of the metropolis, perhaps, as the Registrar of the University of London, Dr. Carpenter's name is familiar to all who have studied Physiology during the last forty years, and until quite recently his well-known volume on Human Physiology was almost without a rival. During the long period of twenty-two years that he held office at Burlington House, Dr. Carpenter found time to make numerous communications to the Royal Society; his papers on the Foraminifera, which will be found in the Philosophical Transactions of that body, are probably the best known of these. But more important still were his reports on the results of the "Challenger" expedition, in which, doubtless, he would have been more than willing to have taken a very active part, had his other duties permitted so prolonged an absence from home. In his earlier days Carpenter wrote a treatise on the microscope and its revelations, which at once attained a wide and deserved popularity, and for many years he edited the *British and Foreign Medico-Chirurgical Review* with marked ability and success. As one of the pioneers of modern physiology, Dr. Carpenter has made his mark and left a name that will be held in reverence for many generations to come.

THE Academy of Medicine in Ireland have elected as Honorary Fellows the undermentioned leaders in medical science:—Sir William Jenner, Bart., M.D., F.R.S., as representing Medicine; Mr. Jonathan Hutchinson, F.R.S., Surgery; Professor Emmett, of New York, Gynæcology; Mr. John Simon, C.B., State Medicine; Professor Ludwig, of Leipsic, Physiology; and Professor von Recklinghausen, of Strassburg, Pathology. It has been resolved that medical officers of the army and navy, as well as registered medical practitioners residing at a greater distance than fifteen miles from Dublin, shall in future be eligible to become Fellows of the Academy on payment of the entrance fee and an annual subscription of one guinea.

THE honoured name of Virchow, politician and pathologist, archæologist and ethnologist, is in Germany a name to conjure with. He now adorns the Upper House, as he formerly did the Prussian House of Commons, with his eloquence, geniality, and varied knowledge, and during the past Session he vigorously supported the Bill introduced with a view to prohibit the further practice of ovination as a protection against sheep-pox, on the ground that, whatever benefit might accrue to the individual sheep, it kept the disease alive and infection active among the ovine population. Forthwith, Dr. Oidtman, editor of the *Impfzwang-gegner*, the organ of the antivaccinationists, claims him as an ally, and, substituting the term vaccination, so much abused of late, for ovination, proceeds to argue that Parliament has stultified itself by passing one Act for the enforcement of vaccination of children, and another prohibiting vaccination of sheep. But surely Dr. Oidtman must know that the inoculation of small-pox and vaccination are quite distinct, and that the



legislatures of most countries, when rendering the latter compulsory, have declared the former illegal for precisely the same reasons as those which have led the German Parliament to forbid ovination. Inoculation, whether of man or of sheep, with his own pox, though as a rule it gives the individual a remarkably mild form of the disease, can never stamp it out. It cannot but serve to perpetuate it, and may destroy more lives indirectly than it saves directly. Vaccination in the true sense of the word, if practised as a preventive of sheep-pox, will be found illusive for this simple reason. Cow-pox has been experimentally shown again and again to be nothing else than small-pox profoundly modified by its passage through the body of the cow, where it has lost its infectious nature and been transformed into a local affection. It is in virtue of its descent from small-pox that it protects against small-pox, but sheep-pox and small-pox are two distinct and independent diseases, neither of which can exert any influence over the other. If any effectual and safe means of conferring immunity on sheep is to be found, it must be on the same lines as vaccination, that is, by the inoculation of some *other* animal, found to be susceptible, with sheep-pox, and the subsequent employment of the virus thus modified.

WE have heard a great deal during the last fortnight of M. Pasteur and his ingenious device for protecting dogs from rabies, but as yet no one has spoken up for those indispensable allies of his, the rabbits. It is particularly hard on these innocent rodents that, having had good reason from time immemorial to regard the dog's bite as one of their most dreaded destinies, they should now be called upon to lay down their lives in order to protect the dogs themselves from the evil consequences of that self-same bite. The anti-vivisectionists will tell us that, by countenancing this one more wanton injustice, science has thrown away the last shred of a claim to their regard. And, indeed, when we come to consider what the practical working of M. Pasteur's expedient would involve, it does seem, to say the least, a little startling. We do not know how many dogs a single rabbit's brain and spinal cord, when used with the strictest economy, would suffice to inoculate. But put it at fifty—a very liberal estimate considering the size of the rabbit's central nervous system—and it is evident that many a hecatomb of rabbits must be devoted to a painful death, in order to supply protective material for the immense canine population of this country. That M. Pasteur should have dreamt of proposing to initiate his experiment in England, the only State whose paternal sympathies are efficiently extended to the lower animals, shows that his scientific enthusiasm has led him to forget the local difficulties, moral and material, of his proposal. In choosing us as the first recipients of his favour, we will give M. Pasteur credit for being actuated by other considerations than that which proverbially determines the choice of a subject for experiment. We are an island, and dogs are one of those articles that we manufacture with sufficient success to render any large importation of them (and, therefore, of their diseases) unnecessary. Australia and New Zealand have rabbits, but no rabies, and

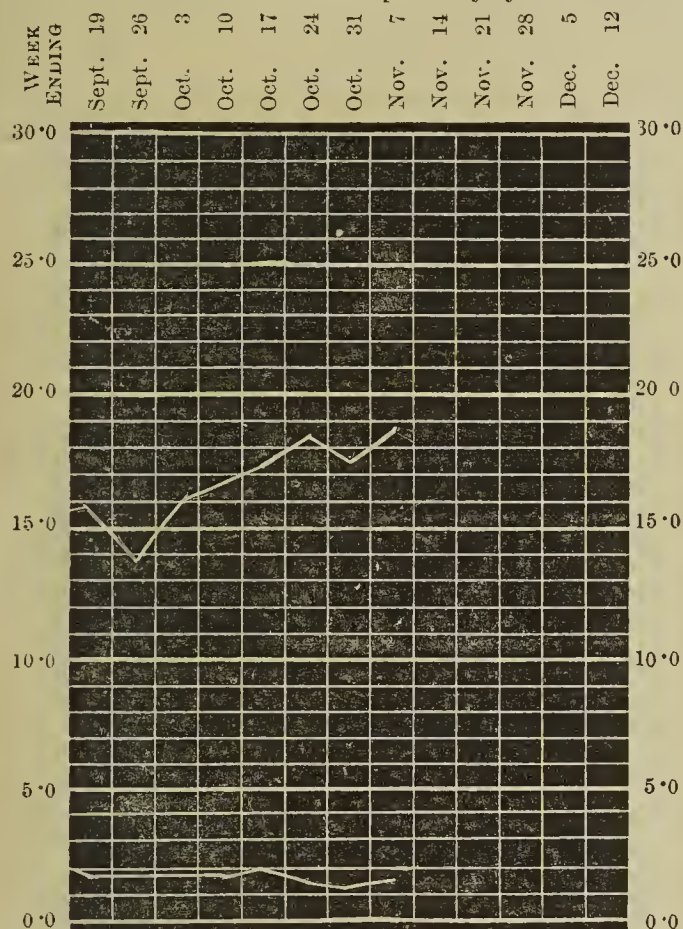
the same is more or less true of Ireland. There is rabies in Mauritius, and M. Pasteur must regret the circumstances that severed it from the French connection, which would otherwise have perhaps made it a convenient locality for his purpose. But Mauritius is too small, and possibly too warm, for the successful trial of an experiment intended to convince this world of unscientific and scientific sceptics. Malta, Hong Kong, the West Indies, and Ceylon are open to the same objection, while the Hebrides, the Azores, and St. Helena are put out of court by the not unsatisfactory circumstance that they have hitherto been free from rabies. So every consideration points to England as the one country in which the experiment can be carried out with the least fear of vitiating circumstances. We have only to keep a sharp eye on our canine imports, and M. Pasteur will no doubt undertake to eradicate rabies from our kennels and with it the much-dreaded hydrophobia.

As practical men, however, we would ask to be allowed to pause awhile before submitting to an experiment which, if it did nothing else, would certainly increase the cost of the poor man's rabbit pie. We should like first to give a fair trial to those old time-honoured expedients by which determined Governments and sensible subjects have before now succeeded in staying the plague of rabies. M. Pasteur proposes to render the dogs tooth harmless. Well, we too, without any magic, can render the teeth of every dog harmless—by putting them behind a wire guard. The authorities could tomorrow, if they would, place every mad dog, actual and potential, as much beyond the power of harming us as if they had them all in a ring fence. And if they went to the work with a will they could, in a year or two, make rabies as extinct in England as the sweating-sickness and the black-death. They take care that in factories all dangerous machinery should be protected by a wire fencing, and yet, in the open streets, they leave that most dangerous machinery, the mad dog's jaw, unguarded. Proper caution will keep one safe from the risks of whirling wheels and leather bands, but no amount of caution will keep one's calves from the rabid dog when he has taken into his head to run a-muck. The instructions which have been given to the police to look more carefully after stray dogs may do something to limit the spread of rabies; but if, as we believe, there are many owned pet-dogs still amongst us with the seeds of the disease in them, such precautions are ludicrously insufficient. The muzzle is the sole expedient that will meet the present emergency. If we are to stop this epidemic of hydrophobia at its source, if the dog-owners are to save the lives of their threatened pets, we must exact, and they must submit to, the universal muzzling of all town dogs, when in the streets, for a period to be determined upon by the veterinary advisers of the authorities.

THE death-rate in London last week rose again, as will be seen from our chart, from 17.5 to 18.9, a higher point than any that has been reached during the past three months, but the total number of deaths, viz., 1483, is nevertheless considerably below the average. Measles proved fatal in 41 instances, 35 of the victims being



under the age of 5 years. Whooping cough carried off 29 children, all under 5 years of age, and there were 16 deaths from diphtheria and 15 from scarlet fever. The deaths from diseases of the respiratory system and from



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past eight weeks.

phthisis showed an increase, the former amounting to 394, the latter to 188. There was one death from hydrophobia, that of a child aged 8, making a total of 21 deaths in London this year. There were 13 deaths from measles in Liverpool, 8 in Newcastle, and 7 in Manchester; and 11 deaths from scarlet fever in Glasgow. The highest death rates in the chief provincial towns were 28.9 in Bolton and 27.1 in Manchester.

Those who have followed our weekly notices of the public health in London will be quite prepared to hear that during the third quarter of the present year the death-rate for England and Wales was 16.5, or 2.1 below the average of the corresponding previous ten years. In other words, 26,000 persons survived the three months who would have died during them according to the average computation. In London the death-rate was 18.2 as compared with 19.4 in the other twenty-seven great towns. There were 114,042 deaths in all, of which 2,668 were from measles, 2,646 from whooping cough, 1,263 from scarlet fever, 912 from diphtheria, and 361 from small-pox; the three latter figures being considerably lower than for the same period last year. The total number of uncertified deaths was 3,774; in London the percentage of uncertified deaths was 0.9, whilst in the rest of England and Wales it was 3.8; in Wales alone it was 8.1. In England the proportion ranged from 6.5 in Durham to 0.0 per cent. in Rutland. The average prices of beef, mutton, and coal were lower than in any quarter during the last two years.

THE quarterly return of the Irish Registrar-General does not show so marked a fall in the general death-rate for Ireland; in fact, it does not show any fall at all, being 15.0 per 1,000, as compared with 14.9 last year. It has been said on more than one occasion in these columns that Ireland is the best vaccinated country, and the statistics before us would certainly bear out the statement, for we find that there were only two deaths from small-pox, and that 27,203 persons were vaccinated, and 63 reported as insusceptible to vaccination, whilst the operation was postponed in one per cent. of the children. From measles there was a great falling off in the mortality as compared with the earlier part of the year, 185 deaths only having occurred; scarlet fever caused 228 deaths; the deaths from whooping cough, 281, likewise show a considerable diminution on recent returns. Diphtheria caused 59 deaths, and hydrophobia is credited with two victims. The reports from the various district registrars do not contain any information of special interest.

THE Glasgow Philosophical Society held its first meeting for the session on the 4th instant, when Dr. Cameron, M.P., discoursed on Ferrán's Anti-cholera Inoculation. Dr. Cameron professed merely to present statistics of some eleven thousand inoculations and their results, and to make out a case for enquiry, but his paper was really an argument in favour of Ferrán. Consequently it was severely criticised by several of the medical members of the Society, some of whom refused to see in Ferrán anything but an impostor. In his reply, Dr. Cameron showed himself rather in the light of a prejudiced partisan than an impartial enquirer. The Society, however, agreed that a searching enquiry into the reliability of the statistics was most desirable.

THE junior medical classes of Glasgow University have this session reached a higher number in respect of attendance than has ever before been attained. The junior Anatomy class contains close upon 180 students, and the senior over 160. The Physiology class contains over 160. Though these large numbers render still more urgent the demand for increased accommodation for the medical departments of the University, the work is going forward quietly and thoroughly, unaffected by the pressure for space.

THE Dublin Hospitals Commission heard evidence on Tuesday and Saturday last week in the Privy Council Chamber, Dublin Castle. On Tuesday evidence was tendered on behalf of the Meath Hospital. The Secretary submitted the replies to queries forwarded by the Commission, from which it appeared that the hospital was founded in March, 1753, and constituted, by Act of Parliament, County Dublin Infirmary in 1774. It is administered by a board of 21 directors, meeting monthly, and three forming a quorum. There is an annual grant of 600*l.*, given originally in 1826, for the maintenance of 36 beds for fever patients. The staff consists of 2 physicians, 6 surgeons (visiting), 1 surgeon and apothecary, and 2 pupils (resident), with a corps of nurses under a trained lady superintendent. For the year ended



31st March, 1885, the number of cases treated were 1,037 intern, 2,439 extern accident, and 7,773 extern dispensary cases, the average number of beds in daily use being 83·24. The total income was 5,246*l.* 19*s.* 10*d.*, including, besides the Government grant, 423*l.* from the Hospital Sunday Fund, 2,518*l.* from subscriptions and donations, 120*l.* from rents of houses and lands, and 371*l.* from dividends and interest. The expenditure amounted to 5,430*l.* 11*s.* 9*d.*, the gross average annual cost per head was 50*l.* 6*s.* 7½*d.*, the average annual cost per bed for establishment 25*l.* 18*s.* 6½*d.*, for management 6*l.* 4*s.* 4*d.*, and for the maintenance of the patient 18*l.* 3*s.* 0¾*d.* The witnesses examined on behalf of the Meath Hospital were Mr. William MacComas, a member of the standing committee, and Sir George H. Porter, Surgeon to the Queen in Ireland, Mr. Lambert H. Ormsby, and Mr. W. J. Hepburn, surgeons to the hospital.

IN the replies to the queries submitted to the Governors of Mercer's Hospital, it was stated that the Institution was founded in 1734 by Miss Mary Mercer. It was governed by a Board of Governors elected by ballot. The hospital accounts were audited at the end of every financial year by a Managing Committee. The hospital did not receive any annual Government grant, but the infirmary attached to the hospital received a Parliamentary grant of 43*l.* 12*s.* 9*d.* The average daily number of students attending the hospital during the last three years was 50. The total number of beds in the hospital was 97. Accident cases were admitted without any recommendation; other cases by order. In the past twelve months 5,328 accident cases were received. Cases of contagious fever had been treated in the hospital; but such cases had obtained admission by accident, and when discovered were unfit to be transferred.

MR. FREDERICK ALCOCK NIXON and Mr. Edward Stamer O'Grady gave some singularly conflicting evidence as to the hospital, the nursing arrangements, and the Ledwich School of Medicine. On Monday, the 9th inst., the very unpleasant evidence relative to Mercer's Hospital was concluded, and Mr. Sydenham Chandless, resident medical officer, Mr. Abraham Shackleton and Sir John Barrington, governors, were examined on behalf of Cork Street Fever Hospital, Dublin.

OUR Belfast correspondent writes: The winter session of the Belfast School of Medicine was opened on Saturday last by an introductory lecture from Dr. J. W. Browne, the Senior Surgeon of the Belfast Royal Hospital. Since the recent legislative measures connected with the disestablishment and extinction of the late Queen's University, there has been a considerable falling off in the number of students attending the classes of the Belfast Queen's College, and there at last appears to be every reason to hope that the diminution has reached its lowest point, and that a steady increase upon the last four sessions will be the experience of the teachers in all the departments in connection with the medical part of the school. It is difficult to determine exactly the number of men who will be in actual attendance until some

time after the session has really commenced, owing to peculiarities in the arrangements for entering and registering, but there is evidence that the present session promises better than its immediate predecessors. At no time in the history of the school has it attained such a high state of efficiency, but, as we pointed out upon previous occasions, there can be no solid and substantial improvement in the condition of University education in Ireland until the unsettling influences of the recent fruitless legislation are either forgotten or replaced by a more just and thorough enactment.

It is said that several members of the New York Yacht Club propose to employ flasks of mercury this summer as ballast. The swaying of the fluid is expected to increase the speed of the craft. We trust that care will be taken with regard to breakage and leakage, for there have been such accidents which were followed by the salivation of the whole crew! Only a very carefully and scientifically selected body of mariners could be expected to derive any benefit from such a mishap, and we hope it may be guarded against in the case of ocean cruisers.

THE twenty-third volume of the "Jahrbuch für Kinderheilkunde" contains two communications on the subject of the treatment of rickets by means of phosphorus, the one by Carl Hochsinger and the other by Griebisch. Both of these observers relate the results of an extended series of investigations, although the former presents statistics ranging over a much wider field than the latter. Comparing these results, however, whether reduced to percentages or considered individually, or in groups, the reader cannot fail to be struck with the very marked divergence from one another which they present. The symptoms of rickets and the physical signs with which they are associated are well known and easily recognisable, and whatever the influence of this or that "diathesis" may be upon individual cases, the features of the disease are as clearly defined as those of any other malady to which children are subject. Nor is there much ambiguity in the pathology of the disease, although a variety of ingenious theories have been from time to time propounded to account for the onset and initial stages of the well-known changes. It cannot therefore be assumed that so great a discrepancy in the results of therapeutic treatment can be due to error in the choice of cases. The fact, however, remains that one observer obtained good results in all but 12 cases, out of a total of 487, whilst another records an almost equal balance of success and failure in a total of 41 cases. Whether in the general progress of the disease or in the prominence of one or other of the special physical signs and symptoms this inequality remains the same.

It is hardly to be wondered at that the one author is as positive in his praise of phosphorus as a specific, as the other is negative in his belief in it as a practical remedy. Differences of opinion upon this point however, have frequently found expression in the columns of the medical journals, and in the "Transactions" of the societies, and much has been said in praise or blame of the drug, but it has not yet been made sufficiently clear that success has been due to the



phosphorus alone. In one of the present series of cases a somewhat important fact is stated in parenthesis, to which a little more prominence might well have been given. The phosphorus, we are told, was administered in the form of an emulsion with cod-liver oil, in all those cases of which so many proved satisfactory. The accuracy of therapeutic observation is sometimes spoken of by sceptical critics in a tone of undisguised contempt, and complaint is often made that such a tone is unwarranted and unfair. But the complaint is not justified. The publication of successful cases claiming to prove the efficacy of individual drugs will never deserve the rank and style of scientific work so long as the writers continue to suppress other points in the history of their cases, which may have a bearing upon the final result. What value can possibly be attached to the vaunted action of a new drug when it is found that the exciting cause of the malady has been at the same time removed? A rickety child placed in good hygienic surroundings, properly fed and supplied with cod-liver oil, is, in the great majority of cases, enabled to overcome his rachitic tendencies. Does phosphorus enable him to overcome them more rapidly? It either does or it does not. The elaborate statements in the two papers which we have quoted afford no satisfactory answer to the question.

ANOTHER instance of the spread of diphtheria by personal intercourse is afforded by the history of the outbreak in the Whixley sub-district in Yorkshire, as told by Mr. R. D. R. Sweeting in his report to the Local Government Board. The cases chiefly occurred in the two parishes of Whixley and Green Hamerton; the disease making its appearance in the latter village first. Diphtheria broke out in Green Hamerton at the end of 1883, and as is so often the case from the fact of the investigation taking place long after the occurrence of the cases, it was impossible to trace the mode of origin in the first case. It began, however, in two contiguous houses, in which, out of thirteen occupants, eleven were attacked, and four died; as the daughter of one occupant was acting as servant to the other, there was very free inter-communication between the two houses, and it was this daughter who was the first attacked. Two other families were attacked in the village, presumably owing to personal communication, and then the disease began to show itself in Whixley, where it remained endemic for a year. A son of one of the above-mentioned families was attending school at Whixley all the time his throat was bad, and it is therefore a reasonable assumption to suppose that he may have been the means of introducing the disease. As usual, the school played a very prominent part in the spread of the disease; when a fresh family was attacked, it was always the attendant at school who was first seized, and during the periods of school closure many families with school attendants escaped the disease. Moreover, it was found that the infant school was insufficiently ventilated, and that underneath the latrines there was a large cesspool which had not been cleaned out for years. The total number of cases in Whixley was 51 with 10 deaths, of these 32 were between the ages of 3 and 15, of

whom 7 died, whilst 5 were under 3, with one death. Several instances were noticed of second attacks, and children who had previously had croup were taken with it, whilst those who were subject to quinsy appeared to be especially liable.

### THE ARMSTRONG CASE.

THE condemnation of Mr. Stead and his coadjutors forms, we may hope, the final incident in one of the most pitiable histories of modern times. Those who, like ourselves, were from the first sceptical as to the accuracy of the allegations of the *Pall Mall Gazette*, and thoroughly opposed to their publication in so sensational a form, have now, at any rate, the satisfaction of knowing that their attitude was fully justified, though at the same time we have melancholy reason to believe that the objectionable romance concocted by Mr. Stead, by working on foul imaginations, has given a fresh impetus to the commission of the very crimes which it was intended to suppress. Mr. Stead may be allowed the barren credit of having proved that it is possible to abduct and narcotize a helpless child without interference from the police, but he has also proved that his own wholesale incriminations rested on no sufficient foundation, for with all the money and expert help at his disposal he could not lay his hands on one of the young girls with whom he professed that the market was so well stocked. For us however, the sad interest of the case lies in the fact that it has involved the reputation of our own body. Of Dr. Heywood Smith we wish to say as little as we possibly can. We cannot excuse or in any way extenuate his conduct. That we leave to contemporaries who swallowed Mr. Stead's stories whole and condoned his offence. Neither would we write a word which would add to the distress which Dr. Heywood Smith has brought upon himself. The profession resented, with one voice, we believe, the imputation cast upon it by Mr. Stead that there were men in it who were willing for gain to prostitute their art, in order to serve the base ends of the debauchee. Mr. Stead has not been able to substantiate his assertion in a single instance. All he has shown is that the study of medicine is not always successful in teaching the necessity of avoiding hasty and unfounded inference, and of keeping a due restraint on emotion. That both Dr. Heywood Smith and Mr. Stead acted with good motives we have not the slightest doubt. But, in doing as they did, they set at nought one of the fundamental laws of morality, and in asking us to hold them guiltless they are seeking to revive the Jesuit ethics, which we thought had long ago received their final condemnation and quietus from the unanimous voice of civilized men.

### THE RESULT OF THE HOMERTON HOSPITAL ENQUIRY.

At the meeting of the Metropolitan Asylums Board, on Saturday, the decisions arrived at by the Local Government Board as a result of the recent enquiry into the management of the Homerton Hospitals were



made known. The Committee are severely censured for putting so much trust in their late chairman, and the Board of Managers are censured for failing to exercise a due supervision over the committee. Mr. Hodges, the chairman, and Mr. Bashford, the steward, having resigned, and Mr. Freethy, the clerk to the committee, having absconded, no notice is taken of their part in the irregularities, and it would appear that in the opinion of the Board nothing has been proved against any of the lay officials which would justify more than grave censure. We think it will be generally admitted that that is a very impotent conclusion to an enquiry which extended over several weeks, and which seemed to have elicited evidence of something beyond mere carelessness and extravagance.

But the most unsatisfactory part of the action of the Local Government Board is their decision with regard to Dr. Collie, the medical superintendent of the hospitals. The Managers of the Asylums Board suddenly suspended Dr. Collie from his office in the early part of the year without giving him an opportunity of meeting the charges brought against him, and now, after keeping him in enforced and unremunerated idleness for eight months, the Local Government Board refuse to remove his suspension. In the letter in which this decision is communicated to Dr. Collie the Board state that "they are satisfied that nothing elicited at the enquiry can be regarded as in any way reflecting on your integrity in connection with the financial business of the managers, and they are prepared fully to admit that your duties, so far as they were strictly of a medical character, were performed with zeal and efficiency." So that the decision of the Board solely rests on Dr. Collie's failure "to exercise that due supervision over the expenditure of the hospital which it fell specially within your province as medical superintendent to bestow." But, as Dr. Collie showed in his defence, such a responsibility could not fairly attach to him, for all estimates and contracts were decided upon by the Committee entirely without his knowledge, and it is wanton injustice on the part of the Local Government Board to saddle him with irregularities for which the Committee, and the Committee alone, were really responsible. That there were some grave irregularities in regard to the diet sheets of one week, irregularities which have never yet been explained, Dr. Collie fully admits, but all the charge that can be brought against him on this score is that he did not amidst epidemic pressure do certain clerical work which he ought never to have been required to do, and which it was impossible for him to do without neglecting the more important work which the Committee kept heaping upon him. During the period in which the chief irregularities occurred Dr. Collie was in charge of three hospitals, one of which was five miles distant from Homerton. And all the time small-pox cases were pouring in at the rate of fifty and more a day, and these had to be carefully sorted, some being sent to the ships and others retained. Besides this, Dr. Collie was responsible for an average of 230 fever cases, and he was also engaged by the managers in inspecting sites and buildings for cholera. That under these circumstances, when the managers had had the help of Dr. Collie's unstinted

efforts in their contest with a serious epidemic, they should have turned round and suspended him, and the Central Board should have allowed his suspension, for neglecting duties for part of which the Homerton Committee were responsible, and the rest of which ought not to have been thrown upon him, shows how little a public official can rely upon the gratitude of a Board.

The whole case opens a question of principle, which ought to be settled by the Local Government Board once for all before other medical officers suffer in the same way as Dr. Collie. The medical superintendent of a large public institution has quite enough work to do in conscientiously performing his medical duties, and he ought not to be asked to undertake responsibility for details of management which properly appertain to the lay officials. It may flatter a medical officer's pride to feel that he is the head "boss" of an establishment, but no medical man who respects himself and his profession should consent to undertake work outside his own special province. It is this very principle, this thoroughly bad principle, which ruins the medical efficiency of so many superintendents of lunatic asylums and converts them into mere stewards and factors; and the medical officers in other departments of public work should take every care that their own efficiency is not exposed to the same deteriorating influences. What makes it the harder in Dr. Collie's case is that he has all along repudiated the responsibility thus thrust upon him, so that he has, in effect, been punished for neglecting the duties of other people. It is still in the power of the managers of the Asylums Board to do tardy justice to Dr. Collie, and to reinstate him in the office which he filled for so many years. They cannot possibly find anyone more competent for the post from a medical point of view, and Dr. Collie would probably not complain if they at the same time relieved him of the small clerical duties which ought never to be required of a man of his calibre.

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#### THE CONTROL OF SPEECH.

THE discovery of a physiological justification for profanity is consistent with the tendencies of many modern thinkers, if it do not accurately represent the outcome of the best modern thought. America is a country in which conclusions are quickly reached, and her citizens are clever in justifying, by their conclusions, the methods by which they were achieved. Just now her moralists are engaged in reprobating the employment of that strong language in which they state their countrymen are too much given to indulge; and—combining warning with the revelation of a better way—are engaged in pointing out to their readers how one bad habit may be broken by the cultivation of another good one. "The man who reasons with himself," they tell us, "never swears"; and if men would only stop to reason they would soon cease to be profane. To which the *New York Herald* retorts, on behalf of the admittedly numerous class whose rectitude of speech has been impugned, that a man never can or will stop to reason upon occasions which provoke to



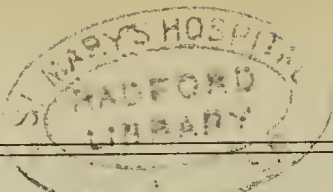
expletive ejaculation. The verbal explosion is inevitably begotten of "an automatic action of the vocal cords, whenever the proper conditions prevail." This is an explanation which the moralist also would admit, give him but leave to substitute "improper" for "proper" in the statement. And the physiologist, reasoning in the abstract—*quâ* physiologist, and without regard to the moral and merely human aspect of the question—must admit its truth, put either way. He is driven back on the essential axiom that all educational results—good or bad—are founded upon reflex action; upon the fact that any action, or complex combination of actions, at first voluntary, becomes, by frequent repetition, involuntary and purely automatic. So that just as the sensation of hunger provokes the thought of food, and just as the mastication of food provokes a flow of saliva, so—as the inevitable outcome of a previous training which was not the less thorough and continuous because now more than half forgotten—will the sudden incidence of joy, anger, grief, or pain, provoke the utterance of an oath.

Both the moralist and the physiologist, however, are at one in seeing, in the general growth and extension of this habit, evidences of mental and physical degeneracy. Every cause produces an equivalence of effect. The doctrines of the Continuity of Forces, and of the Conversion and the Dissipation of Energy, are as true for the human economy as for the Universe of which man forms a part. The force of every nervous shock is either straightway "switched," by reflex action into some other channel of kinetic energy, or it must be opposed by a special combination of mental breaks and buffers, thus to be more slowly absorbed and finally dissipated in a lower form. There can be no question as to which is, usually, the more immediately expensive process. The body which is free to move receives a blow lightly, transmitting the impact into motion under the influence of which it becomes merely passive; but, if fixed, it suffers the penalties of both action and reaction. People "bear pain well" for different reasons in different cases. One man, from natural bluntness or acquired hebetude of nerve-susceptibility to sensation; another, from superior practice or strength of nervous break-power, which enables him to repress the natural and kinetic reflex manifestations, neutralizing one form of nervous energy by meeting it with another called forth for the occasion. In the latter case, the expenditure of nerve-force is much greater; greater even than in the case of him who, "bearing pain badly," allows the energy which it evokes to be spent, actively, in the muscular expressions of cry or movement.

Though the incidence of sudden pain is here taken as an example, a similar explanation holds for the effects of any stimulus, pleasureable or the reverse. And it should be observed that, while the exercise of "control" under such circumstances is, in the first instance, brought about only by the careful and painstaking application of nervous energy through the Will, yet this process may become by training and repetition a reflex surely and accurately evoked by any repetition of the exciting cause under the influence of which it was first called forth. The break, in fact,

becomes, by practice, more or less "automatic" in application and in action; and, under such circumstances involves much less mental wear and tear. On the other hand, those who, in popular language, bear pain "badly"—who scream loudly and kick forcibly under slight distress—often suffer less physical damage in consequence. The French surgeon had, in general terms, good warrant for his statement that those whose cries were loudest while under the knife, suffered less in the way of shock and general nervous damage than those whose silent fortitude was a measure of their efforts to suppress the natural signs of agony. So, then, it may be claimed that outcry is the normal safety-valve of the human as of the "dumb" animal in pain; and that articulate outcry, by switching this suddenly incident force into at least two channels of escape at once, evolving speech as well as sound—giving the mind something to do and something to translate and understand, as well as exercising the body—is doubly effective in the same direction. Yet we have seen how, in this as in other cases, the unbridled repetition of such acts, leading to overgrowth in the sensitiveness and activity of merely automatic reflex centres, runs to a riotous excess which outgrows all control. On the other hand, the careful practice of the control-power not only suppresses, and indeed anticipates, such outbursts of reflex activity, but, by educated repetition, becomes to a great extent automatic, and itself a reflex act. Herein lies the benefit and the reward of that studied evolution of the controlling centres of the nervous system which marks the highest type of civilised humanity. Others may attain to it in part, like the Red Indian, silent under torture at the stake. But it is the man with the well-balanced brain who commands the well-balanced mind; and from the lips of such a man profane speech is not lightly moved to flow. In proportion as brain-power decays, or as its culture is neglected, so is its control-power visibly impaired; the once calmly courteous reasoner grows irritable and impatient; the half-educated boor's only retort to pain and blame is an oath or a blow. Sudden and overwhelming pain or anger may provoke a man, physically and mentally strong, under conditions to which he is unused or which he has not taught himself to face, to some blindly articulate expression of the reflected shock. But the man who swears habitually—at anything, at everything, at nothing—moved thereto by simple contact with external impressions of every degree and kind, has, by a steady course of training, reduced himself physiologically to the level of a pithed frog. Such a state of cerebral degradation is most likely to prevail under the conditions which make human life fast and feverish, and when the energies of the higher centres are early exhausted by continuous working at high pressure and with forced draught. Under such circumstances the jaded palate craves the stimulus of spice and bitter; and the worn mind loses its appreciation for all but the sharpest phrases. Body and mind are in a state of unstable equilibrium. Life is a business of touch-and-go. It is no good sign of health for an individual or for a nation when the vocabulary is loaded with explosives, and speech is set by a hair-trigger.





## ESSAYS ON MEDICAL CLASSICS.

### XIII.—HUXHAM.

JOHN HUXHAM came of an old Devonshire family and was born, probably, at Totnes, about the year 1692. Having from his youth a predilection for medicine, he went to study at Leyden—then among the chief universities of Europe, and the home of Boerhaave,—where he became one of the most distinguished graduates. On returning to England, he settled down to practise at Plymouth, and there he spent the rest of his life, immersed in professional work and slowly amassing wealth. He carried on, however, with perseverance, numerous scientific investigations connected with medicine. For thirty years he carefully recorded observations on the weather and seasons in his locality, and on the concomitant phenomena of epidemics and cases of disease,—observations subsequently published in three volumes, the last after his death, by his son. He was elected a Fellow of the Royal Society at an early age, and contributed several papers on Pathology and Morbid Anatomy to the *Philosophical Transactions*. Huxham was an accomplished Latin scholar, and a continuous and eager student of the ancient medical authors—especially Hippocrates. His principal work is the “Treatise on Fevers,” which, published in 1739, passed through several editions, and was speedily translated into French, German, and Portuguese. A smaller treatise of a similar nature, on the “Malignant Ulcerous Sore Throat,” was appended to it. He also wrote “Observations on the Medical and Chemical Properties of Antimony”; an account of an epidemic of the Devonshire colic; a method for preserving the health of seamen on long cruises; as well as the “Observationes de Aere et Morbis Epidemicis,” above referred to. The last-named work was written in Latin, so as to appeal directly to the learned of all countries; it was afterwards translated, and published amongst his collected works after his death, which took place in 1768.

Huxham’s doctrines and practice were alike determined by his faith in those of the Ancients. The more carefully he observed, and the more attentively he reflected on his observations, the more closely he found them in accordance with those of the old masters. He says, “All the regular and judicious practice has been consonant to the Hippocratic doctrine.” He claims that he writes with the advantage of a long and large experience, that he has used the utmost care and diligence, and that his motives are the honest ones of a sincere well-wisher to the profession; but he admits that he very frequently supported his doctrine and practice by the authority of the Ancients—especially Hippocrates, who was of great use to him in the course of his studies and practice, and whose works he recommends young physicians to read and re-read. “But, ye young novices in physie, approach nearer to the fountain head, and drink freely, and you will from thence perceive how sagacious and diligent the Ancients were. A man will make a much better physician for so doing; for Hippocrates studied Nature

with the greatest care and assiduity. The Ancients gave the picture and naked truth of things, which is infinitely more beautiful than the affected daubings and flourishes of a modern luxuriant imagination.”

Thus zealously striving to copy the Father of Physic, he could not but walk in the footsteps of Sydenham, to whom indeed he was a worthy successor, and to whom he frequently refers as a master. But, while fully recognising the remarkable penetration and usual correctness of Sydenham’s judgment, he often criticises and improves upon his practice. Like Sydenham, he studied disease carefully and independently; he says, “Each particular disease in every individual patient is to be considered by the attending physician, not according to the nomenclature, but according to the nature, causes, and symptoms of the particular disease in that particular person, and measures should be taken accordingly. Nothing certainly more mischievous ever crept into Medicine than imposing on all diseases general names, and attempting to cure them by a kind of general medicine.” He carefully watched the progress and tendency of the malady, noticing the means by which Nature restored health, and all the modes of treatment by which benefit or harm was produced. Finding out which was the most natural and favourable type of the disease, he tried so to modify each unusual form as to bring it towards the normal standard, and so encourage it to run a favourable course. He says, quoting Hippocrates, “Whoever knows the nature of a disease knows the method of cure”; accordingly he gives but few formulæ for prescriptions, for “when a physician knows whether stimulants, anodynes, relaxants or restringents, attenuants or incrassants, are indicated, he can be at no loss to serve himself of proper drugs. He should select a few of the most effectual for his use of each sort, and stick to them, and not run into the monstrous farrago which some are so proud of. By doing so, he will soon be acquainted with their real virtues or effects. . . . But, after all, it is not this or that medicine that will cure a disease, unless prudently made use of; this is the Arcanum. In good hands a valuable drug will certainly do great things.” “The timid, low, insipid practice of some is almost as dangerous as the bold unwarranted empiricism of others. Time and opportunity, never to be regained, are often lost by the former, whilst the latter, by a bold rush, sends you off the stage in a moment.” He differs also from his great predecessor, Sydenham, in adding to his simple descriptions of disease fuller explanations of their pathology, based chiefly on the ideas of physiology contained in the mighty system of his old master, Boerhaave.

The “Essay on Fevers” is designed principally to show how the various species depend on different constitutions of the blood, &c. Beginning with an account of the chief structures of the body in health, and the slight deviations consistent therewith, he points out that due tenacity, with proper flexibility, of the solids is the happy medium of their condition; too great firmness, though it may give a greater vigour, or too great laxity, predisposing to disease. At the same time the blood should be of moderate thickness and density; if too dense, it may provide strength and



heat, and therewith a readiness for activity, but is a source of danger, for it shows a tendency to violent fever: on the other hand, too loose a texture of the humours causes a general state of inertia and indigestion, in which no function is adequately performed, and which may result in a very low and intractable form of fever. A third and still more dangerous state of the blood is a "dissolved and putrid state," generally betokening a scorbutic or other cachectic condition. This form gives rise to malignant, putrid, and pestilential fevers, which are of extreme virulence. By the aid of these distinctions he arrives at his classification of fevers: the first two, corresponding pretty closely to what have since been known as sthenic and asthenic, he denominates inflammatory and "slow nervous" fevers; to these is added the malignant kind. His division was not made for the sake of any logical subtlety, but for the really important end of adapting the right treatment to every case. Sydenham, who had to combat the alexipharmac school of Morton and others, looked on nearly every case of fever as inflammatory, and used depletion; his system came to be the most prevalent, though many practitioners still had few resources beyond the ready and indiscriminate use of alexipharmac cordials. Too many of Huxham's colleagues seem to have combined the methods in the worst way, bleeding freely when they should have given wine, and administering stimulants when depletives were called for. It is Huxham's merit that he saw pretty distinctly, and insisted upon, the indications for each class of remedies, so that each could be applied in appropriate cases with the best effect and without confusion. He saw that bleeding was the most effectual mode of combating inflammatory fevers, "the heat of which exalts the salts and sulphurs of the blood, and increases the acrimony and putrescent state of the humours," that, the longer it was neglected, the more viscid and acrimonious the blood became, and the less likely was it to be of use. He also insists on the fact that in pleurisies and pneumonia, for example, an oppressed pulse at the onset is an especial sign for bleeding, instead of the reverse, to restore due circulation. In pneumonia he goes so far as to say that bleeding is necessary in all cases in some degree and at some time, and when well executed is quite curative. On the other hand, in slow nervous fevers (which he claimed to have been the first to describe, and of which the symptoms are mostly nervous and ataxic, and the duration often three weeks or more), bleeding, if permissible at all, is so only in small measure and at the very outset. Bleeding may, or may not, be necessary in malignant fevers, according to the violence of the febrile agitation, but it is always contra-indicated when the blood is loose and dissolved and the patient is more languid after the operation. When it cannot be borne, and yet the state of excitement demands lowering measures, an emetic is of the greatest service. In conditions of prostration (lax habits with poor blood) he would give alcohol freely. He had a strong prejudice against ammonia, "the volatile alcalious salts such as ladies smell to," though he would not banish it from the Pharmacopœia, believing that it destroyed the crisis of the blood during life—he narrates at

length a fatal case of habitual use of ammonia—just as it keeps it fluid after removal. He says these salts were too often given in putrid petechial fevers, aggravating the acrimonious and broken state of the blood, and the diminished tone of the fibres characteristic of such cases. Still it is necessary in many cases to use warm medicines and raise the fever: "every kind of fever is a struggle of nature to relieve herself from something oppressive"; "behold, then, a cure for this evil without the fatigue of medicines: mix only a little generous red wine with some diluting liquors, and, being taught by experiment, you will be surprised at such mighty effects arising from such a small quantity." In all protracted fevers such wine is "a most noble natural subastringent cordial, and perhaps Art can scarcely supply a better." He paid great regard to the dietetic part of medicine, which is "not so much studied as it deserves; it is the more natural way of cure, though less pompous, indeed, than alexipharmac boluses, febrifuge draughts, and cordial juleps." Thus slow nervous fevers are to be cured by "mild cordial stimulants, diet, and medicine, which directly counteract the debility of the fibres and faulty lentor of the humours." Quoting Pringle, and Galen long before, he draws a distinction between the peculiar biting and tingling heat, "the sensation of which remains in the finger after removal," sometimes met with, and the ordinary pyrexia of fever, and ascribes it to "the abundant acrid salts and sulphurs in the blood and its intestine motion," thereby denoting malignancy.

Just as there are several species of common continued fever, according to the state of the constitution, and the way it is affected, so there are corresponding kinds of small-pox, each requiring its appropriate line of treatment. He approves of inoculation as a preventive and advances the suggestion that, as the quality of the small-pox depends much on the constitutional state, a peculiar disposition of the latter might be induced so as to prevent infection, or ensure an attack being mild. In inflammatory cases he would bleed, but in low depressed cases would give sack and saffron, and sometimes large quantities of wine. He points out the indications for emetics, opiates, &c., in maturing the pocks, and does not neglect to urge the importance of changing the linen and opening the windows towards the close of the complaint. At that period also he would purge "to prevent boils, indurated glands, foul ulcers, carious bones, rotten lungs or hectic." His treatise on Pleurisy and Peripneumonia is good, illustrating his treatment of typical inflammatory fevers; he notes the important fact that a severe rigor almost always betokens a severe attack.

The "Malignant Ulcerous Sore Throat," which is the subject of a separate essay, was a rare disease,—apparently a severe form of scarlet fever with a diphtheritic sore throat—which occurred as an epidemic around Plymouth in 1751 and the following years, and was very fatal, especially to children. It was first accurately described by Fothergill in 1748, but had been met with before in Spain and Italy at the beginning of the 17th century, and was probably identical with a form known to the Ancients. Its



symptoms were highly malignant in character, almost as much so as the Plague; bleeding was not well tolerated, but clysters and emetics were sometimes found to do good.

The "Medical and Chemical Observations on Antimony" is a curious tract, describing the best mode of making a reliable preparation of the mineral for therapeutical purposes, and the uses to which it might be put. It is interesting to learn that "200 years ago physicians prescribing antimony were expelled from the faculty; now it has become the Catholicon." He says, "I laboured formerly with all my power and diligence to get some useful medicine from antimony; I tried almost all the processes of the chemists and alchemists, not only as to the preparations, but likewise by exhibiting them to various patients; but I must solemnly affirm I never found any one of them to be better, safer, or more effectual than the common, simple, antimonial wine. In the smallest doses it can pass through and scour even the very smallest tubuli of the whole human frame, but, from the great tenuity of the particles, cannot lacerate the blood vessels." Hence its value as an attenuant and deobstruent. This "Vinum benedictum" was composed of 1 ounce of glass of antimony infused in 24 ounces of Madeira wine. "Crude antimony consists of much sulphur and more reguline metallic parts"; the latter the active principle, owing its properties to the "spiculine or needle-like form of the particles." It is useful in obstinate rheumatism, cold, scorbutic affections, most cutaneous diseases, asthma, leuco-phlegmatic and icteric diseases, old stubborn headache, vertigo, epilepsy, and mania. In acute diseases also, especially slow fevers, low irregular intermittents, catarrhal fevers, peripneumonia notha, and even peri-pneumonia after due evacuations, &c.

From the opportunities thrust upon him, Huxham paid much attention to scurvy; many a ship's crew he saw with health destroyed by this disease. He ascribes it to an "alkalescent acrimony" of the blood, due to bad food, bad water and air, and states that it is best cured by vegetable and mineral acids; therefore he recommends that all ships should be provided with sound generous cyder, vinegar, and lemon-juice. While recommending cyder for scurvy, he traced the ill effects of its excessive consumption in producing an extensive and severe epidemic of Devonshire colic in 1724. Nearly every family of the lower classes had it, sometimes six or seven persons in the same house.

Those who greatly admire laborious and protracted scientific observations, recorded after the fashion of the modern Meteorological Society, will do well to look through Huxham's daily notes on the "Air and Epidemic Diseases" between the years 1727 and 1757. Following the example of Hippocrates and Sydenham in his firm belief in the great influence of climate, season, and weather in determining the constitution of the body and the characters of disease, he recorded indefatigably the temperature and moisture of the air, the wind, and rain at Plymouth every day, at the same time remarking the prevalent diseases. In this form he has left us abundant clinical records, which exhibit his mode of dealing with all manner of complaints, and formed the basis of his more important treatises.

This brief outline of what Huxham has left to us will be sufficient to show that his claim to remembrance is based on unmistakably great merits and solid work, and that he did not owe his success and fame to the attributes possessed by some whom he thus contemptuously describes: "To be the favourite of some great man (or what is rather better, of some great woman); to be the tool or fool of a party with a splendid equipage and no small share of assurance: these are the qualifications which finish the doctor, to the reproach of the profession and the danger of society."

N. H.

## REVIEWS AND NOTICES OF BOOKS.

### SMALL-POX AND VACCINATION IN ENGLAND.<sup>1</sup>

NINETEEN vaccinated persons to one unvaccinated. Such is the general composition of the population of England deduced from a comparison of the reported vaccinations with the number of births, deducting therefrom the number of deaths of infants during the year; and this proportion of vaccinated to unvaccinated should always be borne in mind when the total deaths from small-pox in each class are compared, confirmed as it was by the vaccination censuses carried out at St. Pancras and West Ham. Yet since the memorable year 1871, when the deaths from small-pox in London, numbered 2,420 per million inhabitants, there have been no fewer than three or four occasions on which they were numerous enough to deserve to be considered as epidemics, viz., 1877-8, in which they were 710 and 390 per million; 1881, when they were 620; and last year, 1884, with 313; the mean annual rate of the past ten years having been 240. Or if we compare the deaths from small-pox with those from all causes, we find the rate of the former to 1,000 of the latter to have been in 1871, 98; in 1877, 33; in 1878, 17; in 1881, 29; and in 1884, 15; the mean proportion for the last ten years having been 11. This latter mode of computation is not altogether so satisfactory as the former, but it is the only one we can employ when drawing comparisons between the present mortality and that of periods antecedent to the census when the actual number of deaths was recorded, but the population was not accurately known.

In an appendix to his Report, Dr. Buchanan gives the table presented by Dr. Lettsom to a Committee of the House of Commons in 1802, and another recently compiled in like manner from the "bills of mortality" as well as one taken from the Registrar-General's reports, which together show the deaths from all causes, and from small-pox, the number of the latter to 1,000 of the former, in each year, with some unavoidable omissions, from 1667 to 1831, and since 1838 also the death-rate from small-pox per 1,000 persons living. From 1667 to 1686, and 1701 to 1722, the mean annual number of deaths from small-pox to 1,000 deaths from all causes was 72; in eight years it was over 100; and once only did it fall below 10, that year intervening between two of over 100. In the next seventy years, or 1731 to 1800 inclusive, the period during which inoculation of small-pox was more or less practical, the mean ratio was 90 per 1,000

<sup>1</sup> Fourteenth Annual Report of the Local Government Board, 1884-85. Supplement containing the Report of the Medical Officer for 1884.



from all causes, while it never once sank below 10: it reached 100 or more in 28 years, at one time (1762-5) maintaining this height for four consecutive years, and in 1796 attaining the appalling figure of 184 or 1 death from small-pox to  $4\frac{1}{2}$  from all other causes put together. Between 1801 and 1831, it fell gradually but steadily with the spread of vaccination, never reaching 100, and averaging 45 or half what it was in the inoculation period, and five-eighths of what it had been in still earlier years. From 1838 to 1884, the mean has been under 16 or one-fifth of what it was in the last century; in 23 years it has been under 10, and in two years actually under one: these were 1874-5. From 1847-53, while vaccination was still optional, the deaths from small-pox per million living throughout England and Wales were 305. From 1854-71, when it was obligatory but not efficiently enforced, it was 223, and from 1872 to 1880 with stricter compulsion 156. To the allegation that this steady falling off in the mortality from small-pox is really due to improved sanitation, it is easy to show that though the death-rate from all other causes, many of them as diarrhoea, enteric fever, phthisis, &c., more immediately dependent on insanitary surroundings, has been appreciable, it has been incomparably less marked, or to put it numerically, if we take the deaths from small-pox and those from all other causes in the period 1847-53 (that of optional vaccination) at 100 each, we find that in 1872-80 (the period of efficient compulsion) the small-pox deaths sank to 51, and the others only to 93.

The death-rate from small-pox for children under five years of age was during the three periods of optional, obligatory, and enforced vaccination, 1,617, 817, and 323 per million living respectively. This mode of approaching the question, viz., taking the relative mortality during the period in question at different ages brings into prominence the remarkable fact that while the mortality from small-pox at all ages has greatly diminished, and that in childhood is remarkably less than formerly, the death-rate from this disease compared with that from other diseases or per million living has risen among adults. If we go still further back, that is to say, into the last century, we shall find that small-pox was almost exclusively a disease of childhood, its adult victims being very nearly confined to those whose affluent circumstances had enabled their parents to shield them from infection when young. Thus, from Dr. Haygarth's report, we learn that in 1774 out of 546 deaths in the city of Chester, 203 were from small-pox, 180 being those of children under 5 and the remaining 22 under 10 years of age. In Kilmarnock between 1728 and 1764, there were 622 deaths from small-pox, of which 586 were under 5, and only four, of 20 years or over, unless some of the nine whose age was not stated were adults. The same distribution as regards age appears in Casper Neumann's Breslau tables for the years 1682-91. The explanation is obvious. Nearly everyone (in Chester 13 out of 14 of the population) had small-pox, as nearly everyone now has measles, on the first exposure to infection, but those who survived (in Chester 5 in  $6\frac{1}{2}$ ) acquired thereby almost absolute immunity, though too often blind or deaf and always more or less disfigured. Now-a-days vaccination protects us during early life to a great extent, but after puberty this acquired immunity, feebler than that conferred by small-pox itself, becomes progressively feebler, and the susceptibility to the infection of small-pox increases *pari passu*, so that the greatest mortality occurs among unvaccinated infants, and among adults over 20 years of age. In Paris where, as throughout France, vaccination is less efficiently performed, this increased incidence of small-pox, both absolute and relative, among adults is more marked than it is here. It is this transference

of the mortality from childhood to later life that furnishes so strong an argument in favour of revaccination which has accordingly been made compulsory in Germany by the law of 1874, on all children before leaving school, *i.e.*, at 13 years of age. The consequences of this new regulation are shown in the extraordinary reduction amounting almost to extinction of small-pox in the Empire, the mortality in the great towns having fallen from over 90 to 1.4 per 100,000 of the population. Of course, there is still a large residuum of persons who left school ten years ago who have not been revaccinated, but they enjoy the benefit indirectly in the fact of lessened exposure to infection; for the immunity conferred by a single vaccination being but partial, and to a certain degree terminable, the presence of small-pox in a community, and therefore the presence of a number of unvaccinated and consequently specially susceptible individuals, constitutes a standing danger even to the vaccinated.

In 1884 out of every 1,000 deaths from small-pox occurring among unvaccinated persons no fewer than 612 were those of children under ten, while of the same number among the vaccinated, who are twenty times as numerous, 86 only were under that age. Again, in the epidemic of 1884-5, of every 1,000 deaths from small-pox, 248 were those of children under 10 years; but though the vaccinated are probably twenty times—Dr. Buchanan for argument's sake says ten times—as numerous as the unvaccinated, the latter contributed 235, and the former 13, and once more 92 were those of London-born infants under one year, and of these 91 had not been vaccinated.

As regards the alleged deaths from small-pox among vaccinated children, or rather the deaths of children alleged to have been vaccinated, it is most important to bear in mind that there is a vast amount of imperfect vaccination abroad. Many private practitioners are surprisingly deficient in manipulative skill, and some so wanting in principle that they are found willing to yield to the prejudices of parents so far as to make but one or two small insertions. This sham vaccination, against which Dr. Buchanan vigorously protests, keeps the disease alive and brings discredit on vaccination itself. It is a remarkable fact that on a former occasion Dr. Buchanan found that of 125 children under ten dying of small-pox after "vaccination" in only one had the operation been performed by a public vaccinator! As to the dangers incident to vaccination, 14 cases were reported to the Board and investigated by the medical officers. One was a genuine instance of careless vaccination by a private practitioner resulting in undue irritation in the arms of several children. One of alleged syphilitic affection was found to have been a vaccination from the calf, and the remainder were owing to parental mismanagement, as dressing with cobbler's wax and brown paper, &c. These were all the allegations of injury among 750,000 vaccinations. It is true that the Registrar-General's returns show 55 deaths alleged to be owing to vaccinations or its results. Most of these, if correctly reported, were cases of erysipelas caused by insanitary surroundings, filthy vaccination shields saturated with the discharges of a succession of wearers, dressing with "oils," &c. But even if all the certificates be accepted as trustworthy they merely indicate the necessity for greater care and cleanliness, and no more support the outcry against vaccination itself than, as Dr. Buchanan humorously remarks, do the 974 cases of children suffocated by bed-clothes call for the disuse of all coverings at night. In conclusion, Dr. Buchanan very properly suggests that if vaccination is not to be in future compulsory in the sense of the infliction of penalties for neglect, "the Act should be so further altered as to mark by law the sense of the community that a parent will have committed an offence, whose



*child dies of small-pox without having been vaccinated while in the legal custody of its parents. Such parents will have failed to give the security that the law provides for their helpless children, and will be in the same position as if they had failed to provide their children with any other security important to their lives."*

*Lectures on Dietetics and Dyspepsia*; by WILLIAM ROBERTS, M.D., F.R.S. London: Smith, Elder & Co., 1885. In this admirable series of lectures Dr. Roberts investigates the effects of what we may call ordinary articles of diet, viz.: alcoholic drinks, tea and coffee, on the digestive processes. The separate stages of salivary, peptic and pancreatic digestion are considered one by one. A 5 per cent. solution of proof spirit, brandy, or whisky does not perceptibly interfere with salivary digestion; nor does a 10 or even a 20 per cent. solution of proof spirit exercise any material influence, but a 10 per cent. solution of brandy or whisky retards salivary digestion in a most remarkable manner, and brandy produces a more powerful effect in this respect than whisky; a 20 per cent. solution of brandy and a 40 per cent. solution of whisky altogether arrest the action of the saliva. The difference between these and proof spirit appears to be due to the ethereal bodies and volatile oils that they contain, and the more powerful effect of brandy is owing to its containing tannin. Both the stronger and the lighter wines exhibit a powerful inhibitory effect on salivary digestion, which is shown to be due to the acids contained in them. The practical outcome of this enquiry is that spirits as used dietetically promote digestion by calling forth an increased flow of saliva, but when taken in excess they altogether arrest its flow. In regard to peptic digestion less than 10 per cent. of proof spirit, brandy, or whisky, produced practically no effect; in a higher proportion a marked inhibitory effect was rapidly produced. Port and sherry, especially the latter, were found to produce a retarding effect quite out of proportion to the quantity of alcohol they contained, and the same holds good of the lighter wines, though champagne only produced these effects when used in considerable doses—a small percentage of it, indeed, seemed to increase peptic digestion; malt liquors were also found to retard the process to a degree quite disproportionate to the quantity of alcohol contained in them, and the effect was more marked when they were "flat" than when well "up." Effervescent table-waters only retarded digestion when used in very high degree of concentration. The result of all this is that wine and spirits used dietetically facilitate digestion by acting as a stimulant to the secretion of gastric juice. Tea and coffee exercise a marked effect in arresting salivary digestion, the former being much the more powerful in this respect; the length of time the tea is infused does not affect this at all, as after only two minutes the retarding effect was fully produced, the only way in which this retarding effect can be avoided being either to use a very weak solution of tea or to add some carbonate of soda; it (the retarding effect) is due to the tannin in tea and caffen-tannic acid in coffee. In regard to peptic digestion tea and coffee exert an equal retarding effect, but, inasmuch as the latter is usually taken in much stronger proportions than the former, it follows that practically coffee retards digestion more than tea. Common salt has little or no effect on salivary digestion, but has a considerable retarding power over peptic digestion. Having thus shown that the food accessories in every-day use with us one and all tend to retard digestion, Dr. Roberts sets to work to supply the explanation of this apparent anomaly. The elaborate manipulation and preparation which our food undergoes in the various cooking processes to which it is subjected render it not only more digestible, but more capable of being thoroughly exhausted of its nutritive properties, and it is to obviate the risk that our food when in this highly digestible state will pass too quickly and wastefully into the blood, and thence into the excretory organs, that we take these various precautions to retard digestion; in short, we damp our digestive fires in order to ensure the economical use of our food. Other matters of almost equal interest and importance are

touched upon in these lectures in relation to the effects of beef-tea on digestion, and the symptoms and treatment of acid dyspepsia; but we have said enough to show how full of interest they are, and we are deeply grateful to Dr. Roberts for having published them.

*Bad Drains, and How to Test Them*; by R. HARRIS REEVES. London: E. and F. N. Spon, 1885.—The aim of this little book is not very evident, unless it be to call the attention of the public to the author's invention of an apparatus termed by him a detector. He has found by experiment that if a section of a drain containing 300 cubic feet of air be shut off at each end by traps, the introduction of one cubic foot of water exerts a compressing power on the air sufficient to force the 2-inch water seal of a common trap, a result which is easily shown by the detector when put in communication with such a section. The chapter contains also many illustrations of prevalent defects in house drainage, with which we are all familiar. In the next chapter we are favoured with the author's views on sewer ventilation, some of which are at variance with those generally entertained, rightly or wrongly, and some are to say the least suggestive. He is strongly opposed to gratings in the roadways and to using the soil pipe as a ventilating shaft; and he hints at, rather than describes, his own peculiar system, which has, we believe, been carried out successfully at Sandown. The last chapter, on the origin and transmission of zymotic disease, would better have been left unwritten. Taking advantage of the evolutionary hypothesis held by many pathologists, that pathogenic micro-organisms may be developed from others, and thus a disease as enteric or diphtheria, afterwards propagated by contagion, be now and then originated in putrescent food, he denies contagion altogether, ignores incubation periods, denounces the best established experiences of medical science as mere theory, and propounds his own assumptions as rational explanations of the origin of disease without even taking the trouble to give any evidence or proof.

*The Essentials of Materia Medica and Therapeutics*; by ALFRED BARING GARROD, M.D., F.R.S. Eleventh edition, revised and edited by Nestor Tirard, M.D. London: Longmans, Green, & Co., 1885.—This work, which has now reached its eleventh edition, and contains the work of three successive holders of the Chair of Materia Medica at King's College, is so well known to the profession that it may be dismissed in a few words. Those with whom the book is an old favourite will be glad to find that, in spite of the numerous additions to the materia medica, and the large promises made by enthusiastic pharmacologists, the book retains its old form, and with it the practical common-sense view of therapeutics which had hitherto favourably distinguished it. The valuable portions added by the late Dr. Baxter have been retained, and the new editor, Dr. Tirard, has given very clear and concise accounts of the newer drugs. Much space has been economised by a rearrangement of type, and the new edition is not 30 pp. longer than the fourth edition. One new and not unimportant fact, which we have seen for the first time in this work, is that alkaline solutions impair the efficacy of Indian hemp. In the fourth edition, it was recommended that the drug should be prescribed with aromatic spirit of ammonia in order to keep it in solution.

*The Vegetable Materia Medica of Western India*; by W. DYMCK, Surgeon-Major, &c. Bombay: Education Society's Press, 1885, Second Edition, Part I.—This little work is the outcome of a long and intimate acquaintance with the indigenous drugs of the Bombay Presidency, and of a careful study of several Mahometan works and of Mr. G. Watt's excellent catalogue of the Economic Products of India, while in the identification of plants growing in the Concan, the author has had the assistance of Messrs. Gray and Sakaram Arjun. The arrangement of the matter is botanical rather than therapeutic. Mr. Dymock, in describing each drug, gives its technical terms, and the vernacular equivalents, after which he deals with



its history, uses, &c., the latter of which we regret to notice he treats almost exclusively from the empirical standpoint, without troubling himself with physiological actions. He next gives a botanical description, after which the microscopic structure, the chemical composition, and lastly, the commercial uses are described. It is disappointing in these days to find a work of this kind ignoring so completely the modern scientific standpoint. Still, to the pharmacist and manufacturing druggist, there is much in Mr. Dymock's work that will prove of interest and usefulness.

## ABSTRACTS AND EXTRACTS.

**INFLAMMATION OF THE ATTIC OF THE TYMPANUM.**—Inflammation of the middle ear is subject to certain limitations due to its anatomical construction, especially of its osseous boundaries, and that arising in the attic is, owing to its sequestration, usually of much more significance than the form which begins in the atrium. In the October issue of *The American Journal of the Medical Sciences*, Dr. Samuel Sexton calls attention to this form of disease, which has not, it is believed, hitherto received the attention its importance demands; indeed, in its early stage, it is likely to escape observation altogether if examination of the ear be limited, as it very often is, to an inspection of the membrana tympani only, since this membrane may not, at any stage of inflammation of the attic, be greatly or at all affected. Inflammation of the atticus tympanicus is considered under two forms, acute and chronic. The symptoms and course of the disease are described. In the treatment Dr. Sexton relies upon minute doses of mercury in inflammation of mucous surfaces until purulency threatens, when the calx sulphurata is indicated. Pain and vascular excitement may be controlled by aconite, belladonna, pulsatilla, gelsemium, and other remedies. In certain cases much relief may be obtained, or even a cure may result, by removing secretions from the attic through the Eustachian tube. In the local treatment, where there is simply redness of the membrana flaccida, due to acute catarrhal inflammation, a regressive course is soon established in many cases and any local interference is inadvisable. Where there is periostitis of the canal, incisions often do harm, but where catarrh advances to the purulent stage the symptoms may become more urgent and the employment of the knife be demanded. Vent to secretions in the attic may be assured in some cases by introducing the myringotome through the upper edge of the membrana tympani and behind the long process of the incus. The danger of wounding the chorda tympani nerve is considerable in this operation and incurrence of the risk would only be justifiable when symptoms were urgent. Where inflammation has extended to the antrum, either from without, in consequence of caries due to periostitis externa, or along the petro-mastoid canal from the tympanum, the surgical aspect of the case may become paramount. From his own experience an extension of the diseased process from the attic is a common occurrence and usually calls for no special interference. But in neglected and otherwise unfavourable cases drainage must be secured, whether we have to deal with middle ear disease or any of its complications. Ineffectual operative procedures here needlessly torture the patient without accomplishing the end in view; an operation for the relief of pachymeningitis might thus be tantamount to trephining because of the pains of middle ear disease, a procedure which at best would not probably liberate the products of inflammation of the dura, even if any were present. Dr. Sexton cannot, therefore, from this point of view, regard trephining the mastoid as other than a means of drainage, not likely to affect the course of pachymeningitis or cerebral abscess. Dr. Sexton thinks that we may often avail ourselves of the tendency manifested by the pent-up products of inflammation to escape through the posterior wall of the external auditory canal by perforating the posterior edge of the thin auditory plate just above where it joins the tympanic plate. This operation

opens up immediate communication with the attic and petro-mastoid canal. In a large number of instances the same object is attained by perforating the membrana flaccida as previously recommended. Efforts must not be omitted in these cases to re-establish drainage from the attic down into the atrium, nor should it be forgotten that a communication with the Eustachian tube very frequently remains in these cases. In the local treatment of chronic cases where sinuses remain, after the removal of polypi or other products, salicylic acid has been attended with the best results, bringing about a dry desquamative condition, which is often the best issue to be hoped for.

**DIURETICS.**—From an interesting article by Dr. Reichard in the *Philadelphia Medical Times*, August 22nd, we extract the following observations. "Diuretics may be divided into two great classes; those in which the chief effect is an increase in the amount of urinary water, and those in which there is a decided increase in the urinary solids. The first act principally by raising the blood-pressure; the latter have a selective affinity for the renal epithelium, causing a secretion of solids and, in a less degree, of fluids. In the first class stands the digitalis group. In the second are the alkalies and most of the class of drugs known as urino-genital, of which buchu stands first as a diuretic. In the first class digitalis stands easily at the head, and of all its preparations the infusion is the diuretic *par excellence*. This seems to have some special action on the kidney, and with no other preparation of the remedy, given even in equivalent doses, have I been able to procure the same amount of diuresis. The pulse may show the specific effect of the drug, and still the diuretic effect will not be produced to the same extent. Much has been said about the cumulative effect of digitalis, but in my own use of it I have never had any bad results further than disordering the stomach. This it is sure to do if pushed strongly and continued for a week. But when a diuretic is ordered because of either dropsy or retained substances in the blood, and there is a rapid, weak pulse, the infusion will act like a charm for a few days. After being given in decided doses (say a tablespoonful every four hours) for a few days, it can be reduced either in the size or number of the doses, so that there will not be much danger of gastric disturbance. Sometimes, however, we are forced to abandon the use of the drug until the tongue cleans and the stomach regains its normal tone." Dr. Reichard refers to a case of extensive oedema due to cardiac dilatation, in which he obtained most satisfactory results by intermitting digitalis and giving convallaria. The latter had no appreciable diuretic action, yet as a cardiac tonic it sustained the heart until the digitalis could be renewed. Having in all cases found digitalis and convallaria satisfactory, he has made no trial of caffeine. Nor has he tried, among the second class of diuretics, the lithium carbonate, having confined himself to the potash salts, which break up readily in the blood, increasing its alkalinity, while the carbonic acid is given off. Through this increased alkalinity, the amount of urates deposited on cooling is diminished. All these alkalies, especially the acetate, increase the amount of urinary water as well as solids, and in choosing one of them it is rather a matter of personal preference. The only thing to avoid is giving a soda salt, as the insoluble urate of sodium will be formed, and harin will result where good was expected. "Buchu is the type of diuretics the activity of which depends on a volatile oil. It is indicated when a diuretic is wanted, pure and simple, with no reference to the heart. In any case of idiopathic renal insufficiency it is the drug to be given; or if from any cause the amount of urinary water is to be increased without affecting the blood-pressure. Cases of lithæmia all do better if buchu be added to the alkali. A plan which I have often used with much satisfaction is to give about 20 grains of bitartrate of potassium with an ounce of infusion of buchu in a cup of cold water every three hours. Under its use I have seen nervous, depressed, neuralgic women brighten and clear up physically and mentally. After being literally "washed out," they have in a number of cases expressed the greatest satisfaction. In ordinary routine work it may not always be possible to say just in what cases buchu and an alkali



will do good. The effect, however, will soon show whether the diagnosis be right or wrong. As they are mostly sub-acute or chronic cases, one has a chance of making the trial of several diuretics."

**CHLORATE OF POTASSIUM, ITS USES AND DANGERS.**—The *Therapeutic Gazette* for October, alluding to a case of poisoning by the chlorate when used as a gargle, reported by Dr. Wilkie of Berlin, makes some observations on the cautions which should be observed. The case in question was quite an exceptional one, as the patient used the enormous quantity of 4 lbs. of the chlorate between the 9th of July and 8th of August. A considerable portion of this was probably swallowed. At all events, both the symptoms and the *post-mortem* appearances were those which attend poisoning by this drug. In most of the reported cases of poisoning in the adult, the dose has been more than half an ounce, while a dram has proved fatal to an infant a year old. "The kidneys are profoundly affected in these cases, their tubules being full of brownish casts, and their epithelial structure evincing nephritis. The effect which the drug has upon the kidneys makes its *internal use* especially dangerous in cases of diphtheria and scarlet-fever; and we have no doubt that its too free employment has added very seriously to the mortality of these diseases. It certainly has no direct effect upon them, and is of no value whatever in their treatment, save only for the slight effect which it has upon the sore throat; and, if given at all, it should be administered with great caution and only in very small doses. The *local* use of the drug has been conceived to be harmless. In ordinary sore throat, used three or four times a day as an ingredient in a gargle, the drug is an efficient one, and the small quantity that will be swallowed may be of service. It should be remembered that it is very freely eliminated by the salivary glands, so that, when taken internally, the parts about the mouth and throat are continually bathed in its dilute solution. It is in this way, by a perpetual local effect, that it is useful in the ulcerated stomachs of children. When, however, as in a bad case of diphtheria or scarlet-fever, the whole mucous membrane is covered by thick exudate, it is to our mind absurd to think that the chlorate is of appreciable value. Remedies of more distinct power and more ability to destroy or make their way through the membrane are to be employed. They should be applied with a swab by the physician himself. We do not think that the experience of Dr. Wilkie should prevent the habitual use of the chlorate in mild cases of angina: but it should give us caution in any attempt to make a very powerful local impression by a very frequent use of it as a gargle in severe cases."

**ASPIRATION OF THE AORTA.**—This sounds at first rather a bold, not to say unjustifiable procedure, but after reading the account of the case in question, we are bound to say that any criticism to the latter effect is uncalled for. The case is reported in the *Bristol Medico-Chirurgical Journal* for September, by Mr. J. Dacre, and is as follows: A labourer, aged 40, was brought to the Infirmary suffering from extreme dyspnoea and cyanosis. He had no enlargement of the superficial veins in the neck or arms, the heart sounds were inaudible, nor could the impulse be felt, the breathing was slow, shallow, and gasping, and the conjunctivæ were insensitive. Under these circumstances it was decided to try and relieve the heart by tapping the right auricle. A medium-sized needle was accordingly inserted in the fourth intercostal space on the right side, close to the sternum, and when in the chest, the point was turned sharply inwards under the sternum, and pushed on for an inch and a half, when it was felt to be in a cavity, but there was no impulse. On removing the needle, black blood flowed freely through the canula, and the heart's action was so far restored as to communicate an impulse to the syringe; when 16 ounces had been drawn off, there was a very fair pulse at the wrist; in five minutes 30 ounces had been withdrawn, and the operation was then stopped; no hæmorrhage took place through the puncture. The lividity was much diminished, he became conscious, breathed more readily, and was able to speak. A few minutes later he became very restless and his pulse failed; this, however, was relieved by the hypodermic injection of ether, and for the next few hours he went on fairly well.

Six hours after the operation, his condition having again become very serious, he was tapped a second time, the needle being inserted at the same spot, and in the same manner as before; 16 ounces of venous blood were removed, and for a few minutes the pulse revived. He then became more restless than ever, complaining of feeling very hot, and in spite of stimulation he gradually sank, and died in about forty minutes from the time of the second operation. At the *post-mortem* it was found that the needle had passed immediately above the right auricular appendix, and had pierced the anterior surface of the aorta, about a quarter of an inch above one of the semilunar valves. The author concludes his paper with some remarks on the advisability of cardiacentesis, and observes that the auricle would have been reached in this case if the needle had been passed in directly backwards.

**TREATMENT OF ACUTE GONORRHOEA.**—Surgeon-Major Lawrie, writing in the *Indian Medical Gazette* for October, furnishes a short abstract of a lecture on Gonorrhœa, in order to bring into prominent notice a mode of treating it which he has found most prompt and effectual. Proceeding on the admission that the disease is due to a micrococcus, which is readily destroyed by weak solutions of corrosive sublimate, and that local inflammation may be prevented or arrested by frequent small doses of tartar emetic, he relates a case as a specimen of the manner in which he has found these means operate. When called to the patient, he found him suffering from fever, profuse discharge of pus, and a highly inflamed penis, the inguinal glands being enlarged and tender, the perinæum very uneasy, micturition exquisitely painful, and sleep prevented by chordee. Two leeches were ordered to the penis, and two to each groin, and fifteen minims of vin. antimon. were given every two hours. An urethral injection, as hot as could be borne, consisting of one part of corrosive sublimate to 15,000 of water, was given every hour. In less than 48 hours all the most distressing symptoms were relieved and calm sleep obtained. The treatment was continued for a week, the strength of the injection being gradually increased to 1 in 5,000, and the antimony given at longer intervals. He was then ordered to apply both means only three times a day, and in another fortnight was quite well. A month afterwards the passage of a catheter showed that the urethra was in quite a normal condition. Surgeon-Major Lawrie contrasts this result with those obtained by the old means of treatment, after months or years of treatment. "In short," he says, "corrosive sublimate and antimony may be regarded as little less than specifics; and I find it difficult to avoid overstepping the limits of moderate language in advocating their use. It only remains to add that urethral injections ought always to be used hot. Apart from their beneficial action, their effects are so soothing and grateful to the patient that he at once acquires confidence in you, without which it is useless to expect that he will carry out your orders with implicit obedience."

**HYSTERICAL PARAPLEGIA.**—In a clinical lecture on some forms of myelitis, Dr. Charles K. Mills alluded to the points of differential diagnosis between subacute or chronic myelitis and hysterical paraplegia. After narrating a typical instance of the latter, he observed that a history of frequent attacks of paralysis, in connection with other hysterical symptoms, though very suggestive, was not positive evidence. The patellar reflex was often exaggerated and rarely lost in hysteria, whilst it was usually lost in poliomyelitis. Electro-muscular contractility was often normal in hysterical paralysis, though sometimes slightly diminished quantitatively to both faradism and galvanism. There were no reactions of degeneration in hysterical paralysis; the cutaneous plantar reflex would be impaired, but there were no bedsores and no nail-markings. True muscular atrophy was wanting, though the limbs might be wasted from disuse. The temperature of the affected limbs was usually good; there was no blueness or redness, and the intestines and bladder were unaffected. In poliomyelitis the disease came on with diarrhœa and fever, and vomiting and pain were often present.—*Medical News*, August 22.



**THE CAUSES OF LOCOMOTOR ATAXY.**—Under this title M. Belugou has recently published a careful study of 32 cases of this disease with especial reference to its ætiology in *Le Progrès Médical* (Nos. 35, 36). As regards syphilis about which so much has lately been written, he finds that in 18 of his cases there was no evidence of its existence. He admits that it may often play an important predisposing part, but it does not create locomotor ataxy. It may, by the lesions which it produces in the cerebral nervous system, give rise to a symptomatic motor ataxia, and it is precisely in such cases that the mixed treatment appears to produce the best results. Some nervous inheritance he found present in 13 of his cases, and he concludes that this occupies a marked place in the ætiology of locomotor ataxy and is almost of equal importance with syphilis. Rheumatic antecedents were present in 7 of his cases, and although this has been ignored by some writers, yet he considers that rheumatism constitutes an important and definite factor in the causation of the disease. Functional abuses in one form or another were present in all his cases; venereal excesses or masturbation being the most common (21 cases); in five cases excessive tobacco smoking was held to have played a part; in other cases mental over-strain in the hard struggle for existence seemed to have been a cause. Mostly some combination of these causes will, he says, be found, such as an hereditary tendency with some form of functional abuse or a syphilitic or rheumatic diathesis.

**AN UNUSUAL CAUSE OF COMPLETE AMAUROSIS.**—It is generally supposed that, though ordinary or simple anæmia may certainly cause some defect in vision, it is incapable of producing complete amaurosis. That it can, however, do so in rare instances is shown by a case occurring in the Berlin Polyclinic which is reported in the *Berliner Klinische Wochenschrift*. A young woman of anæmic and badly-nourished appearance, who suffered from spasmodic gastric pain, after complaining for a short time of defective sight, had suddenly become blind two days before being seen. The papillæ on both sides were found to be swollen and the optic nerves slightly red and dull-looking, the veins being distended and tortuous. The patient's blood presented the usual microscopic characters of anæmia, the corpuscles being club-shaped, pear-shaped, &c. The number of white corpuscles was slightly increased, but the appearances of the amaurosis of essential anæmia—white papillæ, bright red veins, streaks of blood, &c., were absent, so the prognosis was hopeful. The patient was kept in bed on good food, and was ordered iodide of iron. The pains in the stomach soon disappeared, and the blood soon regained its normal condition, the eyes at the same time becoming capable of vision, with normal ophthalmoscopic appearances.

**HIGH TEMPERATURE IN AN INFANT.**—Dr. Seibert recently reported to the New York Society of German Physicians the case of an infant, four months old, which he had treated for gastritis, and which for eighteen consecutive days had almost uninterruptedly a temperature of over 106° F. The infant recovered. — *Boston Medical Journal*, October 1st.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 10TH, 1885.

Dr. GEORGE JOHNSON, F.R.S., President, in the Chair.

*Scarlatinal Albuminuria and the "Pre-albuminuric Stage," studied by frequent testing.*

Dr. STEVENSON THOMSON, late Assistant Resident Physician, City of Glasgow Fever Hospital, read a paper on this subject, giving the results of the examination of the urine of 180 cases of scarlet fever. Special attention was devoted to the first appearance of blood and albumen for

the purpose of investigating the exact condition of the urine in the so-called "pre-albuminuric stage." The subject was considered under the five following heads:—  
I. *Period of occurrence of scarlatinal albuminuria.* In this section the cases investigated were divided into two classes: (1) Cases of "initial albuminuria" occurring during the first eight days of the fever, while the symptoms were still acute. (2) Cases of "late albuminuria" occurring at any subsequent period when the more acute symptoms were subsiding or had already disappeared. This classification was confessedly arbitrary, yet might be found of some practical value. II. *Its frequency.*—On account of the limited number of cases examined, the results of the investigations upon this point were not, in themselves, of any great importance; but the frequency of mild and evanescent attacks of nephritis in scarlet fever was brought out very distinctly, as would be seen from the tables appended to the paper. The evidence seemed to favour the view that *nephritis is a feature of scarlet fever almost as essential as the rash or sore throat.* III. *The relations which blood and albumen bear to each other in the urine of scarlatinal nephritis* were of importance mainly in bringing out the fact that the so-called "pre-albuminuric stage" is a condition which is of somewhat infrequent occurrence, and in demonstrating the existence of what might be called a "post-albuminuric stage," in which the urine had characters very similar to that of the "pre-albuminuric stage." IV. *"Pre-albuminuric stage,"* so called. In this section the views brought forward differed considerably from those generally accepted, for the presence of albumen as well as of hæmoglobin in this stage was demonstrated. The same was found to be the case in the "post-albuminuric stage." The presence of blood-corpuscles and of casts in both stages was also shown. V. In this section *treatment* was briefly touched upon.

The PRESIDENT, in proposing a vote of thanks to the author of the paper, said that the Society was under obligations to Dr. Thomson, who had come all the way from Glasgow to read this paper. Its publication would have good results, as showing the value of the frequent and systematic examination of the urine in scarlet fever. The severe cases of chronic Bright's disease, which so frequently came under observation in an incurable stage, would be less frequent if Dr. Thomson's example were followed. He related how he had recently seen a young man who believed himself in perfect health until his sight began to fail, and who, on consulting an oculist, was found to have albuminuric retinitis. On examination, he was found to have extensive and incurable kidney mischief, which dated from an attack of scarlet fever very many years previously. As to picric acid as a test, he still thought it the most delicate and the most reliable. He did not think it produced any precipitate in normal urine which could be mistaken for albumen.

Dr. WEST congratulated himself on having listened to so excellent and suggestive a paper at one of the first meetings of the Society at which he had been able to be present since his permanent return to practise altogether in town. He congratulated the Society on the advances made in this department of practice, and on the greater accuracy of the methods of examining the urine which had come into practice "since you, Mr. President, and I were young." The paper seemed quite to establish the fact that albuminuria is part and parcel of the disease, just as is the rash or sore throat. The great differences which were reported in the percentage of albumen in different epidemics, ranging from 4 to 80 per cent., doubtless depended on varying degrees of accuracy in making the observations. Dr. West thought there might be something of truth in the supposed effect of cold on the skin in checking secretions and interfering with the circulation. He referred to the period of onset of the albuminuria, and also to the unfavourable prognosis which a large quantity of albumen in urine of a low specific gravity led to.

Dr. W. H. DICKINSON joined his thanks to those of previous speakers; he was at one with the author on almost all points. As regarded picric acid, it was no doubt a most valuable test, and would not only discover albumen when present, but, he thought, also sometimes when it was not present. The mercuric iodide was a still more delicate



test. On the whole, he thought "our good old friend, nitric acid" was still the most ready, valuable, and reliable test we had. He agreed with Dr. West that the albuminuria is part of the disease and not the effect of merely catching cold. Contrary to the views of some authors, he thought there was often less proportionate albuminuria in the severe forms than in some milder cases. He did not think that desquamation bore so very directly on albuminuria as was generally believed. The most persistent cases of Bright's disease were those which commenced in cases where there was no dropsy and nothing to suggest albuminuria. Would the present more delicate tests have detected albuminuria? Lastly, he would just express his own opinion that the plan often practised of innesting certain substances, and so stopping the pores of the skin, was not a good practice, or one so free from harm as usually taught.

Dr. JOSHUA EDWARDS said that, reference having been made to the concentration of the urine in order to detect albumen, he could remind the Society of a paper which had appeared in one of the recent numbers of the *Berliner Klinische Wochenschrift*, in which the author stated that albumen could be discovered in any urine, provided it were concentrated; the test used was the ferro-cyanide of potassium.

Dr. DOUGLAS POWELL would like to have heard something about the surroundings of the patients, the temperature of the wards, as to whether they kept their beds and how long, and as to their clothing. He was inclined to think that if cases could be classified on these lines some useful information could be obtained; he could not believe that the poison attacked the throat in some cases, the skin in others, and the kidneys in others; the asserted differences in the percentage of albuminuria much depend on other causes than this.

Mr. FOWLER had enjoyed considerable opportunities at the Fever Hospital during the past four years of testing the urine in fever cases. He had found its appearance most frequently towards the middle or end of the third week, and chiefly in those cases where the temperature had been high. Excluding very slight cases, and those in which it might be traced to the administration of drugs, albuminuria had occurred only in 14 per cent. of the cases. The treatment of scarlet fever should be directed to prevent albuminuria; and, seeing that its occurrence could be prevented, he did not agree that albuminuria was any essential part of the disease. As to the effect of weather, they had found, when the weather was cold and the ventilation could be well effected, albuminuria was less common than when, the weather being warm and stagnant, efficient ventilation could not be secured. He did not approve of the usual three weeks in bed; it tended to weaken patients and to predispose to albuminuria, whereas, when well fed and kept in the ward, albuminuria occurred less frequently; this applied especially to children, who could not be kept still and covered up if they were in bed.

In reply to Dr. WEST—

Mr. FOWLER said he did not think that age made any difference as regards the incidence of albuminuria.

Dr. THOMSON briefly replied.

The Society then adjourned.

## SOCIETY OF PHYSICIANS OF VIENNA.

FRIDAY, OCTOBER 16TH, 1885.

Professor ARLT, President, in the Chair.

### *A New Form of Cutaneous Tuberculosis.*

Dr. RIEHL, late Assistant of Professor Kaposi, read a communication on a new form of tuberculosis of the skin. He first mentioned the different skin affections which had been recognised as of a tuberculous nature, as the sub-acute miliary form, which had been first observed by Jarisch, and which had generally been accepted as truly tubercular; besides lupus and serofuloderma, which were not unanimously admitted to be tubercular in origin, though

tubercle-bacilli had been found in them. Dr. Riehl wished to bring under notice a fourth form of tuberculosis of the skin, which he had the opportunity of observing in Professor Kaposi's clinic, and which had not been described before. The disease consisted in the presence of round *plaques* of a warty character, and sometimes resembling "ichthyosis hystrix"; in other places they had the appearance of horny warts, and in others a more inflammatory character. Each plaque was surrounded by a bright red halo which disappeared under the pressure of the finger, and was not infiltrated, it being only slightly, if at all, raised above the level of the surrounding skin. After some days the plaques presented very superficial pustules, which soon burst and became covered with crusts which in course of time fell off. The skin, which had before been smooth, became wrinkled and uneven, and from five to six weeks later presented papillary excrescences covered with horny substance. At the same time he observed a discharge of pus, either from pustules or from points which could not be microscopically distinguished. Sometimes he also observed an acute inflammation of the *plaques*; they became red and painful to touch, and after few days the inflammation disappeared. Some weeks after the development of the papillary excrescences, the process began a retrogressive metamorphosis. The discharge of pus ceased, the masses of epidermis became quite cornified, the papillomata increased in size, and the *plaques* assumed the appearance of horny warts or of the papillary excrescences which are met with in "ichthyosis hystrix." The patches often remained in this stage for some months; the excrescences disappeared gradually, the spots became flatter, and finally the horny masses fell off, and there remained a small white cicatrix. Dr. Riehl had observed this affection hitherto only on the hands and the forearms, in fifteen cases. The *plaques* were to be seen most commonly on the back of the hand and the extensor aspect of the arm; much more rarely on the flexor aspect and the palm of the hand. The patients affected with this disease were all healthy, robust adults, the youngest being 19 years of age, the oldest 45. None of them had any other symptoms of tuberculosis or of serofula. A male patient with tuberculosis of the skin had died in Professor Schrötter's wards from chronic kidney disease, and no trace of tubercle had been found in his organs; a second case died outside the hospital from carcinoma of the tongue. Of his 15 cases three occurred in women, all of them cooks; the rest were males. Dr. Riehl regarded it as peculiar that he had only met with this affection in individuals who had to do with animals, living and dead. Six of the male patients were butchers, three coachmen, and the rest had other occupations which involved continued intercourse with animals. The affection was an excessively chronic one; none of the cases observed had lasted less than two years, in one case the affection had lasted even for fifteen years. The course of the relapses was still slower than that of the primary efflorescence.

The histological examination had been made in conjunction with Dr. Paltauf, assistant to Professor Kundrat. The chief alterations occurred in the superficial layer of the cutis, especially in the "stratum vasculosum subpapillare." This was nearly absent, the abundance of vessels usually met with in this situation being replaced by infiltration centres consisting of granulation tissue and representing isolated nodules containing granulation cells in their periphery, and epithelioid and giant cells of variable size with many nuclei in the centre. Most presented caseous change in the centre and this continued quite diffusely into the exterior layers. Besides this infiltration the *plaques* also presented the appearances of chronic inflammation, not only in the superficial layers of the cutis, but also in the subcutaneous tissue. The disease could be distinguished from "lupus" by the fact that in its case the infiltration occurred in the superficial layer of the cutis, whereas in "lupus" the infiltration was found in the deeper layers of the cutis and in the subcutaneous tissue. Further the papillomata were only met with in lupus after ulceration had taken place, whereas in the present affection there was never any ulceration. Again, a lupus nodule never suppurated, whereas this was often the case with the nodules of this new disease, and in this they underwent a



tubercular process. In addition, there were also differences in the shape of the tubercles, the giant cells, and in the character of the inflammation. The histological diagnosis was "tuberculosis of the skin" on account of the giant cell tubercles, with the central caseous degeneration and the presence of tubercle bacilli. He had examined several cases for micro-organisms and found in each of them tubercle bacilli and a certain variety of cocci. The bacilli were more numerous than in "lupus" and were contained either in epithelioid or giant cells sometimes; they were also found in granulation cells. The cocci were to be found at any point where there was acute inflammation, and always near the epidermis. Dr. Riehl remarked that no affection had been described which would correspond to this disease. Leloir had described a similar affection, which was also confined to coachmen, butchers, &c., and in which there were also giant cells and granulation tissue. He called that disease form "Périfolliculite suppurée et conglomérée en placard," and hence it might be assumed to have been a primary affection around the follicles, to which Dr. Riehl's affection had no relation. The course of the affection in Leloir's case was also different; in the first case the disease reached its maximum in eight days and disappeared in 14 days more. Leloir did not seek for tubercle bacilli. The only affection which resembled Dr. Riehl's disease was the corpse wart (*Leichen-Warze*) found in *post-mortem* room attendants, anatomists, &c. No distinct description of these growths was to be found in the manuals of dermatology and surgery. Neumann, however, had paid some attention to them, and quoted a case in which C. Heitzmann had observed an infiltration of the papillary stratum and granulation tissue, with proliferation of the epidermis. Cornil classed the "corpse wart" among the forms of tuberculosis, and Besnier quoted two cases to prove that the affection was the starting point of a general tuberculosis of which the patients had died later on. But this was not absolutely certain, as both individuals came of families affected with tuberculosis. Cornil had declared that the presence of the tubercle bacillus in the corpse wart had not hitherto been proved. Dr. Riehl and Dr. Paltauf had examined only a single "corpse tubercle," the bearer of which was Dr. Kolisko, assistant to Professor Kundrat. They found here giant cells situated in inflamed tissue, besides papillomata with horny masses, tubercle bacilli, and the above-mentioned cocci, which proved to be "Staphylococcus aureus et albus." Some time ago Dr. Karp had, independently of Dr. Riehl, found tubercle bacilli in corpse warts. As to the ætiology of this disease, it was probably due to the direct inoculation of the tubercle, as the patients were otherwise healthy and they had to handle substances which might possibly contain the tubercular poison. It was difficult to say why no general infection occurred in such cases, but different authors had stated that the cutis was an unfavourable soil for the propagation of tuberculosis, whereas the subcutaneous tissue was very favourable for it. In inoculating animals, nodules in the subcutaneous tissue were very easily produced, but never in the cutis itself. Our experience of the inoculation of tubercle in man was not extensive. There had recently appeared a work by Verchère, who collected all the published cases in which corpse tubercle was also present. Czerny had published a remarkable case in which the servant of a tuberculous physician introduced a small quantity of his saliva under her skin by breaking a spittoon, and who afterwards became affected with an inflammation of the tendon sheaths and suppuration of the glands, which proved on examination to be tuberculous. As in many other affections, the clinical diagnosis could not be made from a single symptom or stage of the disease; it would be difficult to decide in the stage of cornified warts whether the case was one of the disease in question, or of ichthyosis hystrix. But the cases observed presented many stages which greatly facilitated the diagnosis. The prognosis, according to present clinical knowledge, was not unfavourable, as there never occurred any general infection; but it could not be denied that this might possibly sometimes occur. The affection passed off spontaneously, though slowly; though relapses occurred. If the disease was treated, the prognosis was still more favourable. Dr. Riehl at first

applied macerating agents, *e.g.*, a 10 per cent. salicylic soap-plaster, under which the crusts became softer and the *plaques* became flatter, but no recovery resulted. Later on he scraped the *plaques* with the sharp spoon, and applied an iodoform dressing; the cases which had been treated in this way recovered completely. Dr. Riehl recommended the galvano-cautery or the actual cautery, as the danger of propagating the affection to other parts was thereby avoided. Dr. Riehl proposed for this disease the name of "Tuberculosis verrucosa cutis."

The paper was illustrated by numerous specimens, including the hand of the patient who died in Professor Schrötter's wards, as well as specimens illustrating the histology and bacteriology of the disease.

## HARVEIAN SOCIETY OF LONDON.

THURSDAY, NOVEMBER 5TH, 1885.

T. MORTON, M.D., President, in the Chair.

### *Case of Hemiplegia, with Paralysis of Third Nerve on the same side.*

DR. SIDNEY PHILLIPS exhibited a man, æt. 37, who had contracted syphilis seven years ago, and who, in addition to occasional headache, had had three epileptiform seizures within the last twelve months. In August last the right third nerve became paralyzed, and a few days later also the right limbs and the right facial muscles. Iodide of potassium (in doses of 25 grains in combination with drachm-doses of liq. hydr. perchlor.) cured the patient of his hemiplegia, but produced only a very slight improvement of the ptosis. Whilst under treatment, the patient had two attacks of painless conjunctivitis of the right eye, which temporarily aggravated the ptosis. Dr. Phillips considered that in this case the lesion was double, the hemiplegia being due to disease in the left side of the brain, whilst the right third nerve was implicated at the base of the skull. The conjunctivitis was probably due to pressure on the ophthalmic vein.

### *The Treatment of Lacrimal Fistula.*

MR. JULER showed two cases of chronic ulceration of the face, resulting from lacrimal fistula. The treatment, which had been most successful, had consisted (1) in removal of the obstruction, (2) in complete removal of the thickened tissue. A Volkmann's scoop was used for scraping the ulcerated surface, and skin grafts had led to rapid healing without any noticeable scarring or contraction of the skin.

### *Passage of large Gall-stones; Recovery.*

DR. W. F. CLEVELAND read notes of a patient, æt. 80, who, after a severe biliary colic twenty years ago and a second attack eight years later, had become the subject of very frequent and very troublesome jaundice. Gall-stones had been searched for in vain; nevertheless, confident in their presence, Dr. Cleveland prescribed a brisk saline aperient which brought away several large gall-stones. The patient did well.

### *Death from Impaction of a very large Gall-stone in the Ileum.*

This communication was made by the PRESIDENT on behalf of Dr. F. Hill. The stone, which was of very large size, completely blocked the bowel. The patient, æt. 90, died within three days.

### *An unusual case of Empyema.*

DR. W. H. BLENKINSOP described the case of a man, æt. 60, of healthy descent, but subject to rheumatic gout, who had suffered from an old ulceration above the left clavicle, which refused to heal. Under the influence of cold weather, the left apex became the seat of friction and of dulness on percussion, and two weeks later the presence of pus in the pleura was inferred from the bulging of the



three upper intercostal spaces, and from the general symptoms. A teacupful of pus was removed from the chest, and the sinus was probed and found to take the direction of the chest cavity, passing along the posterior surface of the scalenus anticus. The patient did not improve; caries of the sternum led to falling inwards of the end of the clavicle and to pressure upon the trachea, and the patient died. The autopsy showed disorganisation of the left upper lobe, limited empyema of the upper third of the left pleural cavity, and free communication between the empyema and the wound in the neck.

*Cancer of the Pleura and Effusion in a case of Latent Carcinoma of the Spine.*

Dr. EWART gave an account of the clinical history and of the *post-mortem* examination of the subject of this communication, a marble polisher, *æt.* 59. Pleural effusion was diagnosed from the first, but, the amount of chest pain and tenderness being in excess of the average, disease of the spine was suspected, and a surgical opinion was called in—with the result that no spinal disease could be discovered. After a lapse of three weeks, the patient not having improved, but having lost much strength and weight, and suffering from shooting pains down the legs and from increased tenderness of the chest, Dr. Ewart reverted to his former impression and diagnosed disease of the spine, probably cancerous. Throughout the case there was no tenderness of the spine, no pyrexia, no paralysis, but a good deal of pain on movement. After death small cancerous nodules were found in the pleura, the bodies of the vertebræ were infiltrated with encephaloid material and bulged anteriorly. The spine was curved, without any angular distortion. The dorsal nerves were not directly pressed upon, but surrounded with cancerous infiltration, and a few were invaded by the latter. The primary disease was a cancerous tumour of the bladder, which had given rise to no symptoms.

LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, NOVEMBER 5TH, 1885.

Dr. GEE, President, in the Chair.

Dr. HOPE showed a branched renal calculus, weighing four ounces, removed *post-mortem* from a woman 52 years of age. The opposite ureter was blocked by a calculus the size of a hazel-nut, whereby the kidney of that side of the body was disorganised. The patient had suffered from renal colic for many years and died with symptoms of uræmia.

Mr. G. HAMILTON showed some excellent casts that he had made of spina bifida and of meningocele.

Dr. ALEXANDER showed nearly all the joints of a sailor, *æt.* 30 years, who had been bed-ridden for five years with rheumatism. All the joints of the hands and feet, ankles, wrists, knees, elbows, and hips were completely ankylosed. The shoulder joints were moveable to a slight extent, and the opposed surfaces of these joints, where movement took place, were eburnated. The inferior maxillary articulations were moveable and had their cartilages eburnated. The spinal, pubic, and sacro-iliac joints were apparently healthy. The occipito-atloid joints were slightly eroded. The illness commenced nine years before death during a voyage from Australia, when he suffered from scurvy and rheumatism. He had been the subject of gonorrhœa previously.

Dr. MACFIE CAMPBELL showed a patient whom he had successfully treated for empyema by tapping the chest, and where he had secured free drainage by removing a half-circle of bone from the upper border of one of the ribs. The hole thus formed allowed a free discharge of matter until the empyema was quite cured.

Mr. RUSHTON PARKER showed a patient from whom he had removed a sarcomatous growth from the right upper jaw. In doing so, he was able to leave a portion of the jaw to support the cheek and nose, thus avoiding the deformity that resulted where the whole of the upper jaw has been removed. In this case the opposite upper jaw had been previously removed, and the prevention of the

deformity resulting from a double complete removal was a very important matter.

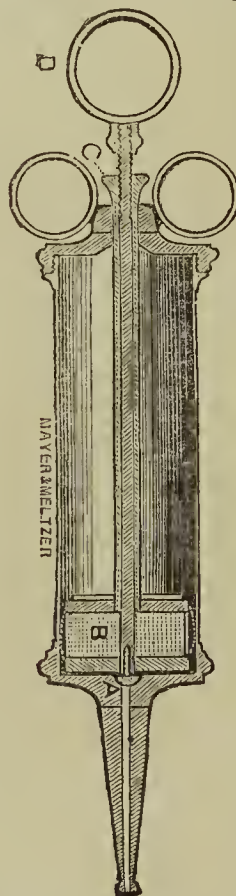
Dr. CATON then read a paper on the Pathology and Treatment of Chorea. After an able review of the received pathology of the disease, Dr. Caton went on to describe the morbid anatomy, and then said that, from a careful consideration of the *post-mortem* changes, he had come to the conclusion that chorea depended upon an inflammation of nerve tissues; the causes of this inflammation might be rheumatic, embolic, tubercular, or emotional as after a fright. He supported his position, saying that chorea often terminated as myelitis (that myelitis did not often produce chorea arose from its destructive tendencies), that fever often accompanied chorea, that complete and rapid recovery of nerve tissue might occur after inflammation, just as complete and rapid recovery of lung tissue might occur after inflammation, and that, as a general rule, at autopsies on cases of chorea clear signs of inflammation of different parts of the nervous system were found. The inflammatory process producing chorea might occur in the brain, spinal cord, or in the peripheral nerves. The treatment recommended by the author consisted of rest in bed, simple diet without tea or coffee, the induction of sleep, if necessary, by chloral, restraint of the muscles and limbs by bandages and splints, and arsenic internally, which Dr. Caton looked upon as a specific in progressive doses.

In the discussion which ensued, and in which Drs. Glynn, Waters, Barr, Archer, and Dickinson took part, a difference of opinion existed as to the drug most efficacious in chorea. The first two speakers thought sulphate of zinc the best, Dr. Barr spoke highly of strychnine, and the others agreed with Dr. Caton that arsenic was the best.

INVENTIONS AND IMPROVEMENTS.

A NEW PISTON FOR SYRINGES.

MESSRS. MAYER AND MELTZER, the well-known surgical instrument makers, of 71, Great Portland Street, have submitted to our inspection a patent self-lubricating and



self-adjusting piston for syringes, &c. The piston consists of two phlanges, the side being made of a seamless band of leather and the interior charged with vaseline. The syringe is lubricated by turning the knob or ring of the syringe which is attached to a screw which passes through the piston rod, and, acting upon the phlanges of the piston, brings them into closer contact, thereby pressing the vaseline (with which the piston is charged) through the pores of the leather, lubricating the syringe, and at the same time causing the leather of the piston to distend and adjust itself to the cylinder of the syringe. The vaseline with which the piston is charged does not in any way affect metal (as would be the case if oil were used), but preserves it and prevents it from corroding, so that there need be no fear of verdigris or other deleterious matter affecting the syringe. Further, the syringe may be laid by for any length of time, and may be taken up in good order and ready for immediate use; the vaseline preserving and keeping the leather soft. The advantages of this invention as applied to enemas, hypodermic injectors, aspirators,

stomach pumps, &c., &c., will be readily appreciated, especially for use in hot climates, where leather or other material used for pistons (with the old means of lubrication) so soon perishes, leaving the instrument corroded with verdigris and perfectly useless.



## MEDICAL NEWS.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary meeting of the Council was held on Thursday, the 12th instant. The minutes of the last meeting were read and confirmed. The President then reported the meeting of the Fellows and Members on the 29th ultimo, and the resolutions then carried were submitted. The following resolutions were then *unanimously* passed:— (1) "That the Council think it not desirable to diminish the privileges of the Fellowship of the College by depriving Fellows of the exclusive rights of electing to the Council and of being eligible to become Members thereof." (2) "That in the opinion of the Council it is quite impracticable for the Council to act on the second resolution passed at the recent meeting." (3) "That it be referred to the President and Vice-Presidents to prepare a statement to be laid before the next meeting of the Fellows and Members; that it is advisable that such statement shall clearly convey the Council's decided opinion that it would not be for the good of the College that the Members generally should vote at the election of Members of Council, and shall explain the reasons for that opinion; and that the statement shall also include the reasons why it is impracticable to give effect to the second resolution. Upon the recommendation of the Committee of Management of the two Colleges, it was agreed that the Ceylon Medical College be added to the list of recognised Medical Schools. It was resolved to hold an extraordinary meeting of Council on Tuesday next (17th) at 4 p.m. for the transaction of other business, which was allowed to stand over, and for the consideration of the following resolution to be proposed by Mr. Hutchinson, "That the Council do take into consideration proposals for widening the basis upon which the Fellowship is obtained." There was but one absentee from the Council, Mr. Cooper Forster, and he would have voted in favour of the above resolutions, had he been present.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations, were admitted Licentiates in Dental Surgery at a meeting of the Board on the 6th inst., viz.:—

Richard Baxter Booth, Kennington; Edward Pyemont Collett, St. Leonards-on-Sea; Allan Lindsay Goadby, Henley-on-Thames; Albert Helyar, Hampstead; Louis Jeffery, Campbell Terrace, N.; John Maberley, Keppel Street, W.C.; Robert May, Kennington Park; Harold Murray, Hampstead; William Palethorpe, Albert Street, N.W.; Samuel Edward Pedley, Railway Approach, S.E.; George Oliver Richard, Birmingham; Robert Wynne Rouw, Lewisham; Louis Edwin Sexton, Plymouth; Tom Gill Williams, Brockley.

All the candidates passed.

THE SOCIETY OF APOTHECARIES, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on Thursday, November 5th, 1885:—

James Anderson, The Abbey, Abingdon; David Williams, Pontgarreg, Johnstown, Carmarthen.

The following also passed in the Science and Practice of Medicine, and received a certificate to practise:—

Francis Shackleton, Grassmere, Honley Road, Catford.

The following gentlemen also on the same day passed their Primary Professional examination:—

Arthur Blair Avarne, London Hospital; John Conyers Bell, Guy's Hospital; Charles Ernest Thomas, Middlesex Hospital.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.—The Examinations for the Triple Qualification of these bodies in Edinburgh were held in October, when the following gentlemen passed the Third Examination, and were admitted L.R.C.P., Edinburgh, L.R.C.S., Edinburgh, and L.F.P. and S., Glasgow:—

William Macanish, New South Wales; Samuel Ludovici Anthonicz, Ceylon; William Beecham, Wigan; Salvatore de Candia, Waterford; Thomas Sydney Davies, Monmouth; John Benjamin Driberg, Ceylon; Blenman Buhôt Grayfoot, Barbados; James Carnegie Figg, Bo'ness; William Foreman, Wigan; Hermann

Gerhard Hilbers, Brighton; François Léon Keisler, Mauritius; Michael Columbkil Hannan, Limerick; William Henry Klock, Quebec; Morris Griffith Davies, Carnarvon; Hezlett Hamilton Marshall, New South Wales; James Macgregor, Tralee; James Macky, Londonderry; Frank Charles Pereira, Bangalore; Michael John Petty, Buenos Ayres; Thomas Kerslake Robinson, Melbourne; William Jackson Hooke Macgilvray, Glasgow; Robert Dickson Shiels, Dunbar; Percy Belford Travers Stubbs, South Africa; John Sutherland, Glasgow; John Robert Talbot, Ballina, and George Thomas Woods, Birmingham.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—Double qualification. During the recent sittings of the Examiners the following gentlemen passed their Final Examination, and were admitted L.R.C.P., Edinburgh, and L.R.C.S., Edinburgh:—

John George Brown, Cork; Alfred Valentine Browne, Belfast; Thaddeus Cachick Avetoom, Calcutta; John Cromie, Co. Down; John Hepburn Dudgeon, London; Robert Michael Forde, Cloyne; Edward John Hawkes, Brighton; Richard Kelly, Colongford; Joseph Cocker Hasler, Blackburn; Thomas Patterson, Co. Donegal; Richard Power Rankin, Australia; Edmund John Nuttall, Rochdale; John Joel Mason, Bollington; Charles Oliver Stanwell, Rochdale; Joseph Spilsbury Smith, Sierra Leone; Douglas Lawson Thomson, Hampshire; William Valentine, Lancashire; Herbert Henry Wilde, Weston-super-Mare, and John Thomas Woodside, Cultra, Belfast.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—During the recent sittings of the Examiners the following gentlemen passed their Final Examination, and were admitted Licentiates of the College:—

Charles Edward Glascott, Constantinople, and Frank Charles Osborne, Bognor.

THE ACADEMY OF MEDICINE IN IRELAND.—At the Annual General Meeting of the Fellows, held in the Hall of the King and Queen's College of Physicians on Friday, October 30th, 1885, the following officers of the Academy were elected:—*President*, Robert MacDonnell, M.D., F.R.S. *General Treasurer*, George F. Duffey, M.D. *General Secretary*, William Thomson, M.D. *President of the Medical Section*, F. R. Cruise, M.D., *President of the King and Queen's College of Physicians*; *Secretary*, Alexander N. Montgomery, M.K.Q.C.P. *President of the Surgical Section*, Sir Charles A. Cameron, M.D., *President of the Royal College of Surgeons in Ireland*; *Secretary*, William Stokes, M.D., *Vice-President of the Royal College of Surgeons*. *President of the Obstetrical Section*, Thomas More Madden, M.K.Q.C.P.; *Secretary*, William Cox Neville, M.D. *President of the Pathological Section*, Thomas Evelyn Little, M.D.; *Secretary*, John Benjamin Story, M.B. The other members of the Sectional Councils who were elected were:—*Medical Council*, J. Hawtrey Benson, J. Magee Finny, Samuel Gordon, T. W. Grimshaw, Richard A. Hayes, Henry Kennedy, J. W. Moore, William Moore, and H. C. Tweedy. *Surgical Council*, John K. Barton, William Colles, Charles Coppinger, Henry Gray Croly, Kendal Franks, Edward Hamilton, Edward Dillon Mapother, Edward Stamer O'Grady, and William Thornley Stoker. *Obstetrical Council*, Lombe Atthill, John A. Byrne, J. J. Cranny, Robert F. Dill (Belfast), Andrew J. Horne, George H. Kidd, R. D. Purefoy, William Roe, and William J. Smyly. *Pathological Council*, Charles Bent Ball, Wallace Beatty, Edward Halloran Bennett, Arthur H. Benson, Anthony H. Corley, Arthur Wynne Foot, John V. Lentaigue, John Mallet Purser, and Walter George Smith. The following officers of the Sub-section of State Medicine were elected subsequent to the general meeting:—*Chairman*, Archibald H. Jacob. *Committee*, Sir Charles A. Cameron, *President of the Royal College of Surgeons*; Ephraim MacDowel Cosgrave, Thomas Wrigley Grinshaw, Charles Frederick Moore, John William Moore, and Henry Colpoys Tweedy. The officers of the Sub-section of Anatomy and Physiology have been appointed as follows:—*Chairman*, Francis Tydd Heuston; *Committee*, Henry St. John Brooks, Humphrey John Broomfield, Daniel John Cunningham, John Freeman Knott, John Mallet Purser, and John Alfred Scott.

UNIVERSITY COLLEGE, LONDON.—The first general meeting of the University College Society was held at the College in Gower Street on Tuesday evening last. The Secretary (Professor Morley), in his report, showed that the Society meant to be, and had already to a great extent, become an organization that united all members of the



College, both teachers and students, for the furtherance of social intercourse and fellowship. The number of its members at the close of the Session 1884-5 was 998, and the subscription, which had been placed at the low sum of one shilling, had been sufficient for its purposes. Eight assemblies have been held by the Society during the year now closed, at which the average attendance has been about 800. Other parts of the work of the Society have been the furnishing of the common room of the College for men-students and the laying of two lawn-tennis courts in the quadrangle adjoining the College. The Committee is now endeavouring to bring about the union of all the athletic societies of the College, and to find means for providing a ground within easy access of the College for the recreation and sports of the students. A representative committee, comprising professors and students in each of the faculties, Fellows, and old students of the College, was next elected for the ensuing session, and after the business of the evening a social gathering, at which some 600 persons were present, took place. An interesting collection of pictures painted by students of the Slade School was on view, amongst which we may notice one or two oil paintings exhibited at the Royal Academy and a series of etchings by W. Strang. The proceedings terminated by a concert given in the Botanical Theatre.

**HOSPITAL SUNDAY IN DUBLIN.**—Sunday last, November the 8th, was "Hospital Sunday" in Dublin, and for the twelfth time in yearly succession a collection was made in all the Protestant churches and Jewish synagogues of the Irish metropolis and its suburbs in aid of the Dublin hospitals. Among the largest collections at the midday services were the following:—Christ Church, Leeson Park, 167*l.* 19*s.* (Preacher, His Grace Lord Plunket, Archbishop of Dublin), St. Matthias' Church, 166*l.* The day was very fine and bright. On the afternoon of the previous day the annual hospital football match took place in charming weather, with the result that a sum of about 60*l.* was secured for the fund.

**BRITISH GYNÆCOLOGICAL SOCIETY.**—At a special meeting of the Council of this Society on November 11th the following resolutions were unanimously passed. (1) That the Council deeply regret that they feel it incumbent on them to accept the resignation of Dr. Heywood Smith of the office of Secretary of the British Gynæcological Society. (2) The Council desire to express their thanks for the distinguished services he has rendered to this Society, and their belief that in what he did in reference to the Armstrong case he was actuated by what he believed to be the highest motives, while committing a grave professional error.

**PHARMACEUTICAL SOCIETY OF IRELAND.**—At the November stated monthly meeting of the Council the following gentlemen were appointed Examiners in the room of those retiring in consequence of their five years' term of office having expired:—*Examiner in Arts*, H. C. Tweedy, M.D., University of Dublin, F.R.C.S.I. *Examiner in Materia Medica and Botany*, W. Whitla, M.D., Queen's University, L.P.S.I. *Examiner in Pharmaceutical and General Chemistry*, H. C. Draper, F.C.S.

**GLASGOW.**—The appeal of the Directors of the Glasgow Western Infirmary for 5,000*l.* to make up a deficit in the accounts of the current year has been so generously responded to that seven thousand pounds have been poured into the coffers of the Institution.

**DR. WILLIAM PIRIE**, Principal of the University of Aberdeen, died on Tuesday, in his 82nd year, of paralysis. He was appointed Principal in 1877, in succession to Dr. Campbell. By his death the University has lost one of its best friends.

**HONOURS TO A MEDICAL MAN.**—The Grand Cross of Isabella the Catholic has been conferred on Don Manuel Ortega Morejón, medical officer and secretary to the Municipal Charitable Committee of the City of Madrid.

**A PHARMACIST ON THE PHARMACOPŒIA.**—Now that the Pharmacopœia has been two months in the hands of the profession and the public, it may fairly be said that sufficient time has elapsed to allow of its merits

and demerits being clearly recognised. Although scattered criticisms have been offered by individuals to various portions of it, some of which criticisms have already been noticed in these pages, the first serious attempt to review the work as a whole was made on Wednesday evening last, before the Pharmaceutical Society, by Mr. Charles Umney. By his former criticisms of its predecessor, Mr. Umney has shown himself well qualified as a practical pharmacist for the task which he has so lately accomplished, and we must congratulate him not only on the matter of his paper, but on the courteous and impartial tone which pervaded all his observations. He knows the difficulties under which the editors have laboured, and he showed himself most anxious to render praise where praise was due. The assay of drugs with a view to standardizing their active principles he regarded as a step of the utmost importance, and he considered that the recognition of this principle was one of the leading features of the new edition, and we may add it is a principle the acceptance of which Mr. Umney has urged for many years. Turning to the details of the work, he divided his remarks into four portions, the first relating to the omissions of drugs formerly official; these met with his unqualified approval, the remedies which have been so discreetly removed had all fallen into disuse, and some such as arca-nut never ought to have found a place in the Pharmacopœia. His second group included the drugs and preparations that have been left unaltered, and here too his remarks were brief, and dealt with points which concern the compounder rather than the prescriber. The ferrum tartaratum and syrupus ferri iodidi are two of the compounds into the mode of preparation of which changes have been introduced that are open to question. In his third group he included those drugs and preparations which have been retained in the new edition, but which have been altered as to strength, character, or tests since the last edition. Thus additional precautions have been adopted in the preparation of acetic ether to prevent contamination with free acetic acid; the aqua laurocerasi has been standardized so as to ensure its percentage of hydrocyanic acid being uniform; the old emplastrum belladonnæ being impracticable, it is now directed to be made with the alcoholic extract of the root. Mr. Umney pointed out reasons why it would have been better if the leaves had been selected for the purpose instead of the root. There are several minor changes in this group under the head of the extracts and the liquors to which Mr. Umney drew attention, but which we need not stop to consider; the chief complaint he has to make, and it raises a serious difficulty, relates to the standard now fixed for opium. It is decreed that powdered opium shall not contain less than 9½ per cent. or more than 10½ per cent. of morphine. What is to be done with samples of opium which contain a higher percentage of morphine? Mr. Umney is too loyal to the Pharmacopœia to advise his friends, when they consult him, to dilute their opium down to the required strength of morphine, but there can be no doubt that others, not actuated by the same high motives which govern his conduct, will not hesitate to adulterate their opium on discovering that it is, so to speak, over-proof. The other changes in this group do not call for special notice, except that by the substitution of hydrochloric for sulphuric acid in the preparation of tincture of quinine it is hoped that the formation of a precipitate will be avoided. The additions to the Pharmacopœia constitute the least satisfactory part of the work from the pharmacist's point of view: at least such would appear to be the case, since Mr. Umney has several faults to find in this section of his subject. That he and his brother pharmacists should resent the introduction of patent remedies is intelligible enough, and we quite share his objections to ready-made physic as a rule; but it must be remembered that in adding chlorodyne to the list of official preparations the editors of the Pharmacopœia are only following the example of those who went before them, as Plummer's pill and James's powder will testify. The introduction of citrate of caffeine seems to have been a mistake, inasmuch as those learned in these matters tell us that such a compound cannot exist, for at the moment of their solution they resolve themselves into caffeine and acid. Chrysarobinum would appear to have been mis-named or badly described, since Mr. Umney



spoke of having samples of it from ten different wholesale houses, not one of which answered to the description and tests given. In the directions for the preparation of the liquor ammonii acetatis fortior an error occurs, for which, with some ingenuity, Mr. Umney succeeded in finding a simple remedy. The introduction of the paraffinum dnrum he regarded favourably, though the range of melting point, viz., from  $110^{\circ}$  to  $145^{\circ}$ , he considered to be much too wide. Altogether Mr. Umney has performed his by no means easy task gracefully, and we have no doubt that when the first revision takes place his suggestions will receive all the attention which they deserve.

**STUDY OF FOREIGNERS IN BERLIN AND VIENNA.**—Dr. Cushing, writing from Vienna in the *Philadelphia Medical News*, No. 9, observes that for persons repairing to Germany for the purposes of medical study it is of much importance to know which of these capitals should be preferred, and why. The Berliners, having acquired such great political and military supremacy, seem somewhat to resent also any doubt as to their scientific superiority. They regard Vienna as having lost ground, the scientific men not working hard enough and being too fond of indulgence and money; while living there is extremely dear. Every effort is being made to render Berlin the medical centre, not only of Germany, but of the world, and immense sums are lavished upon the institutions and hospitals for this purpose. Even now patients are flocking to this capital from all parts, many of whom would have formerly gone to Vienna. But with respect to foreign doctors, while they recognise the great distinction of the Berlin teachers, and that much can be obtained as a matter of courtesy there which must be paid for at Vienna, they still flock to the latter place. There they may concentrate their energy and work all day in one place, while in Berlin the hospitals lie so far apart that men lose much time. So, after a few weeks in Berlin, most of the American physicians find their way to Vienna, and when once settled down to work they stay as long as they can. And yet a course of study in Berlin is absolutely necessary for a complete study of almost any subject. Nowhere else can surgery be seen so thoroughly antiseptic, in principle and detail, and facilities are given not only for observing the operations, but all the dressings, which are not done in the wards, but in the theatre, or in a place arranged on purpose. With respect to the expense of living at Vienna, it is possible that this may be obtained cheaper of an inferior sort at Berlin, but, if a man wishes to live pretty much as he does at home as regards comfort, Vienna is just as cheap, and even cheaper. The assistant medical teachers in the schools, laying themselves out for teaching, expect to be paid for it, which is natural enough. The demand for medical instructors has produced a supply of excellent teachers, who are hard workers and usually speak English and French. They make no claim to be investigators in laboratories, but are clinical workers and clinical teachers. There are also investigators in Vienna, but foreigners see little of them, and, on the whole, they probably do not get so much support and encouragement as at Berlin. "In regard to fees for instruction, to me they seem eminently proper. To be sure, in the smaller German cities, in England, and largely in Berlin, a man who is polite and knows how to ask for and receive a courtesy can get a great deal of clinical instruction for nothing; and at first it is rather a shock to see that he is expected to pay for the same at Vienna. But where there are two or three hundred foreign physicians, all seeking clinical privileges, and many hardly willing to be civil in their manner of asking, patience soon ceases to be a virtue. The demand on the time of the assistants and docentes is so great that either they must close their doors to applicants or make their clinical teaching a matter of business. As a matter of fact, Americans prefer to ask for what they want, get it promptly, and pay for it, rather than to be always asking for favours and receiving courtesies, knowing that they are a source of inconvenience to the donor. That, however, also in Vienna a spirit of professional courtesy exists, and of kind instruction to foreigners clinically, gratis, if they know the language and come at proper time, I cheerfully and gratefully bear witness." "It was with some surprise," Dr. Cushing

continues, "that I found more opportunity to get courses and practical work on bacteria in Vienna than in Berlin. There are at least three laboratories, and two courses of lectures without laboratory work, open to foreign students, and there are some advantages in studying the subjects there as part of practical pathology. The glory of the Vienna School has long been in the intimate relations between pathological anatomy and diagnosis, and under the present able management there is no danger that the school will lose its renown. The concentration of picked cases from the whole empire in one vast hospital makes it easy for the physicians in charge, as well as for those studying here, to follow up every fatal case at the autopsy. Professor Kundrat, the successor of Rokitsky, has greatly enlarged the pathological institute, and with incredible labour has arranged, classified, and increased the pathological museum, so that it is now the finest in the world. The autopsies can be seen by all, and ten foreigners can carry on practical microscopical work in an adjoining room, learning to harden, stain, and cut all sorts of morbid tissues. Upstairs, besides the chemical, histological, and other laboratories, and the museum and library, there is a bacteria room, where three or four can work, studying, breeding, and making preparations of the various micro-organisms. It adds greatly to the interest of the work to be able to follow up cases from the wards to the autopsy-room, and thence to examine microscopically the pathological condition of the diseased organ, and in suitable cases to catch the bacteria in the act, so to speak, to breed them, isolate them, and prove their pathogenic power by inoculations on animals."

**VETERINARY SANITATION.**—Professor Walley chose this as the subject of his recent opening address at the Edinburgh Royal Veterinary College. After referring to the terrible results of rabies, the responsibility for which lay with those in whose hands was the power of instituting the necessary proceedings for the suppression of the malady, he went on to speak of the deadly effects of anthrax fever, and to urge the necessity for its being dealt with in an energetic and determined manner. Tuberculosis was, however, the most insidious of all these maladies, and from the fact that it might be transmitted from cattle to human beings by a variety of channels, it was the most important. Large numbers of cows in the last stages of the disease were to be found in the markets and cowsheds of our large towns every year, and many were sold to low-class butchers, and their flesh subsequently disposed of to sausage makers for the purpose of manufacturing their questionable delicacies; while many thousands of gallons of milk from such animals were consumed, and largely by the most susceptible of the population, young children. He knew no more disgusting sight than to see prepared for the sausage machine large quantities of flesh upon which were hundreds of the little bodies known as tubercles; and it was all the more sickening to the initiated when he reflected that every one of those little nodules was the home of a number of the organisms which possessed the power of propagating the disease. If that was the case with tuberculous flesh, which was usually submitted to a disinfecting process by exposure to heat, how much more forcibly did it appear as regarded milk, which was largely imbibed while cold. Few of the general public were aware that consumptive cows frequently gave a large quantity of milk, and that it had been proved to demonstration that such milk was often surcharged with the virus of the disease. Still fewer were cognizant of the fact that veterinary or other inspectors had no power to seize diseased animals exposed in public places for sale or found in dairies, unless they were the subjects of one of the contagious diseases recognised by the Privy Council, among which consumption was not included. He maintained that it was the duty of the Legislature to give the veterinary inspector authority to take possession of every animal found, either on farms, in dairies, or in markets, which exhibited pronounced evidence of the existence of organic disease.

**CASE OF GENERAL SUBCUTANEOUS EMPHYSEMA.**—Dr. Moschner relates in the *Berliner Klinische Wochenschrift*, September 21st, an example of this not very common affection. He was called on the 8th April to a robust man 63



years of age, who, when in a drunken condition on the previous evening, had fallen into the water. At first he did not seem injured, but about two hours afterwards he was seized with pain and dyspnoea, accompanied by high delirium, his entire body being greatly distended. When Dr. Moschner saw him a few hours afterwards he found his entire body completely distended with air, from his head to the points of his toes. The scalp furnished a loud percussion tone, as did the thighs and even the great toes. The eyes could not be opened, and the eyelids were converted into cushion-like tumefactions. Of the neck nothing was to be discerned, and from the mastoid process to the shoulder was all on a level. The thorax was surrounded by a mass of air several centimeters in size, and the abdomen was stretched like a drum. The scrotum was nearly the size of a man's head, and the penis double its natural size. At every part loud emphysematous crepitation was heard, rendering all attempts at auscultation of the lungs useless. No mark of external injury could anywhere be discovered, but the patient complained of a very painful spot over the third rib. Several punctures were made with a large trocar over the thorax, the air rushing out with a loud hissing, with relief to the dyspnoea; and, smaller punctures having been made in the scrotum, this was reduced to its normal size in about five minutes. Chloral was first administered to the patient to calm his excitement, and afterwards musk and wine were given as stimuli. In the course of four days the emphysema of the head and face had almost disappeared, although a moderate amount continued in the neck, thorax, and extremities, allowing of a fracture of the ribs and the spine of the scapula being detected. Three days later auscultation detected pneumothorax on the right side, and on the left pleuritis confined to the neighbourhood of the fractured scapula. During the whole time the temperature never exceeded  $37.8^{\circ}\text{C}$ ., and the pulse varied between 76 and 94 beats. The appetite gradually returned, and twelve days after the injury the patient was able to leave his bed. Six weeks later he was almost entirely well, and was able to resume his alcoholic potations, complaining only of pain in the left side when over-exciting himself.

**REGISTRATION RETURN OF BRUSSELS FOR 1884.**—On the 1st January, 1884, the population of Brussels was 171,293, viz., 81,274 males and 90,019 females. There were during that year 5,504 births registered, viz., 2,785 male and 2,719 female. Of these births 3,947 (71.71 per cent.) were legitimate and 1,557 (28.29 per cent.) illegitimate. Of the legitimate births, the male were 1,993 and female 1,954; and of the illegitimate 792 male and 765 female. There were 89 twin-births, 38 male and 51 female, 50 legitimate and 39 illegitimate. The general natality amounted to 32.13 per 1000 inhabitants. There occurred during the year 5,350 deaths, viz., 2,767 males and 2,583 females. The proportion of the mortality was 31.23 per 1,000 inhabitants. Of the 5,011 deaths (abstracting 339 still-born) 3,291 took place at home and 1,720 in hospitals. Among children and celibates 2,903 deaths occurred, 1,322 in married persons, 9 in divorced persons, and 777 in the widowed. The number of children under one year of age who died amounted to 1,106 (617 male and 489 female), or the enormous proportion of 22.07 per cent., or more than a fifth of the entire mortality, not counting the born-dead. Comparing the natality with the mortality, its excess is very slight, being only 154, so that the population of Brussels only increased 8.990 per 10,000 inhabitants. Of this excess of births 18 were male and 154 female; the curious fact arising that the increase of female births was more than seven times greater than that of the male. During the year 1,539 marriages were celebrated and 46 divorces granted.—*Revue Scientifique*, October 17th.

**THE HISTORY OF OPHTHALMOLOGY IN VIENNA.**—Dr. E. Fuchs, who has just been installed as successor to Eduard Jäger, the renowned Vienna ophthalmic surgeon and ophthalmoscopist, in his first lecture eulogized his predecessor and mentioned that he came of a renowned ophthalmological family, his father being Friedrich Jäger, a great ophthalmic surgeon, scholar, and Leibarzt to Metternich, and his grandfather Josef Beer, who may be said to have founded the teaching of eye surgery in Vienna. The way this came

about was as follows. During the last century the subject of diseases of the eye was but little taught or studied in Austria, the practice being mostly in the hands of quacks, but, a great lady connected with the court of Maria Theresa becoming blind, and the medical men who saw her being unable to agree as to whether the disease was cataract or amaurosis, Wenzel was sent for from Paris; he recognized the case as a very dark form of cataract, and performed an operation with a successful result. While in Vienna, he gave some instruction to three young surgeons, one of whom, Barth, was afterwards appointed to continue the teaching of ophthalmology. For his assistant he selected Beer, who soon began to prove himself superior to his master and became so renowned that students flocked to him from all parts of Europe. Friedrich Jäger became Beer's assistant and his son-in-law as well, and his son was Eduard Jäger, the late occupant of the chair.

**CONGRESS OF CRIMINAL ANTHROPOLOGY.**—A committee of Italian and foreign jurisconsults, medical legists, and medical alienists, with a view of affording the labourers in the field of criminal anthropology an opportunity of stating their doctrines, has determined to hold a Congress at Rome from the 15th to 20th November, at which the following questions will be especially treated. 1. Is it desirable that the doctrines of the school of criminal anthropologists should be introduced into the new code? 2. What are the categories that should be established among delinquents, and what are the essential organic and psychical characteristics which distinguish them? 3. What should be the rôle of the physician-expert in criminal trials? 4. What are the best means of obtaining reparation for crimes? 5. Does suicide increase in inverse ratio to homicide? 6. What are the best means to employ against criminal relapse? An exposition of criminal anthropology will be open during the sitting of the Congress. Communications to be addressed to the Committee of Organisation, Via Po, 18, Turin. There will also be held at Rome, from the 21st to 27th November, a session of the International Penitentiary Congress.—*Lyon Médical*, October 4th.

**VIVISECTION IN VIENNA.**—The Vienna Session has begun with a large number of students; Bamberger's Theatre is being crowded from top to bottom, as well as those of Nothnagel and Billroth. Professor Stricker in his first lecture had something to say on the important subject of vivisection, about which there had been a recent communication from the Minister of Education, providing that all animals must be narcotized when used for vivisection, except when narcotism would vitiate the results. The Professor waxed eloquent on the importance of scientific facts being made one's own through the medium of the senses, and not taken on the mere *dictum* of another person, however eminent he might be. He said, "If a historian attempts to assert that Alexander the Great never lived, I can only either believe or doubt the assertion, I cannot verify it or disprove it; but if a man tells me that there is no tower to St. Stephen's cathedral, I can prove him wrong, because of the evidence of my senses. So it is with the physiological facts shown in lectures. You, having seen these things, can never doubt them, and can judge any author who denies them on his merits."

**THE AMERICAN VACCINE COMPANIES.**—The *New York Medical Record*, of October 24th, observes that in various parts of the United States outbreaks of small-pox are so numerous that there is a prospect of a wide prevalence of the disease, even if it do not assume a marked epidemic form. Attention is called to the fact that in all large centres bovine vaccine virus is mainly used; and that the steadily increasing demand for this has led to the formation of companies who undertake to cultivate and sell it, with a view to making money. These bodies are not under any official supervision and are at perfect liberty to disseminate worthless crusts or septic poisoning among the public. It is said of a quantity of bovine virus sent to Montreal that most of it proved inert, while other portions gave rise to badly-inflamed arms. "Here, surely, is a most anomalous condition of affairs. It is apparent at once that this cultivating and selling of virus should always be under some official supervision. Most States indirectly



compel the vaccination of children, and they should, in all justice, see that this vaccination be made with pure and efficient material. Such supervision is exercised in some places, or else the health authorities supply vaccine, as in this city. But the public supervision of vaccine companies is not yet carried out as it should be, although it is a measure most imperatively needed for the security of the people."

**NATIVE SURGERY IN THE NEW HEBRIDES.**—Dr. Gunn, Medical Missionary in the New Hebrides, writing in the Edinburgh Medical Missionary Society's quarterly paper, says:—I have found that the natives have, or had, a better knowledge of surgery than at first I gave them credit for, but it is not much to boast of, after all. They can diagnose a fracture fairly, and a number of years ago attempts were made, now rare, by the wise men among them, to set fractures. Now they usually leave the mark of their knowledge in the form of a huge gash over the spot, or let it alone. A woman threw herself over a cliff nearly 100 feet high (at the landing-place) some years ago, and escaped with a broken jaw, an ugly gash on the chin, a broken thigh, and a few smaller wounds. The broken jaw healed as best it could without treatment, and she cannot open her mouth more than half an inch. The broken thigh underwent native treatment, which was something like the following:—First, the limb was stretched to bring the two ends in apposition. In this they were not very successful, as the broken limb is shorter than the other. Then one or two longitudinal gashes were made over the fracture, for reasons best known to themselves, but probably, as they say, to let out the *bad blood*. Then small reeds were placed parallel to the wounds at short distances from each other, and the whole tied with the bark of a tree, thus forming primitive splints and bandage. The woman made a slow recovery.

**SIX AT A BIRTH.**—According to *El Genio Médico-Quirúrgico*, a woman in Lorca has recently given birth to six children at a time. Five died almost immediately, but the sixth is doing well.

### APPOINTMENTS.

- ALDOUS, GEORGE F., M.R.C.S., L.R.C.P.—Resident Medical Officer at the County Asylum, Colney Hatch.  
 BUSH, J. PAUL, M.R.C.S.—Assistant Surgeon to the Bristol Royal Infirmary.  
 EATES, FREDK., M.D., M.R.C.S.—Honorary Medical Officer to the Folkestone Hospital and Dispensary, *vice* Allen Duke, M.D., deceased.  
 FREEMAN, WILLIAM THOMAS, L.R.C.P. Lond., M.R.C.S. Eng.—Medical Officer to the Fifth District, Bradfield Union, *vice* Mr. R. B. Morrell, resigned.  
 GERARD, JOHN, M.A., M.B., C.M.—Pathologist and Chloroformist to the Children's Hospital, Paddington.  
 HARPER, ALEXANDER, M.B. Durh., M.R.C.S. Eng.—House Physician to the West London Hospital, *vice* C. F. Bailey, M.B. Lond., M.R.C.S. Eng., resigned.  
 MICKLE, GEORGE, M.B. and C.M. Aberd.—Medical Officer to the Kirklington District, Bedale Union, *vice* Mr. David Mickle, deceased.  
 MICKLE, GEORGE, M.B. and C.M. Aberd.—Medical Officer to the Pickhill District, Thirsk Union, *vice* Mr. D. Mickle, deceased.  
 PRIDEAUX, F. HELEN, M.B., B.S., L.K.Q.C.P.I.—House Surgeon to the Children's Hospital, Paddington.  
 RICE, RICHARD, M.R.C.S. Eng., L.S.A. Lond.—Medical Officer to the Blewbury District, Wantage Union, *vice* Mr. A. C. Newman, resigned.  
 SCOTT, J. H., M.B.—Surgeon to the Adelaide Hospital, Dublin.  
 TAYLOR, CHARLES H., M.R.C.S., L.R.C.P., L.S.A.—House Surgeon to the West London Hospital, *vice* Alexander Harper, M.B. Durh., M.R.C.S. Eng., promoted.

### VACANCIES.

- CREDITON UNION.—Medical Officer to the Sandford District, in succession to Mr. W. H. Heygate, resigned. Area, 11,040 acres. Population, 1,890. Salary, £35 per annum.  
 KENDAL UNION.—Medical Officer to the Burton District, in succession to Mr. R. Whipp, resigned. Area, 13,448 acres. Population, 2,788. Salary, £42 per annum.  
 NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, QUEEN SQUARE, BLOOMSBURY.—House Physician. (*For particulars, see Advertisement.*)  
 TIVERTON INFIRMARY, DEVON.—House Surgeon. (*For particulars, see Advertisement.*)  
 WINDSOR ROYAL INFIRMARY.—House Surgeon. Salary, £100 first year, £120 after, with residence and attendance, but not board. Candidates must be qualified and unmarried. Applications, with testimonials, to be sent to the Secretary on or before Nov. 25.

### DEATHS.

- ARMSTRONG, J. C., M.R.C.S., L.S.A., at 11, Park Place, Gravesend, on November 4th, aged 47.  
 BROOME, S. B., M.D., Civil Service, at St. John's, Antigua, West Indies, on October 13th, aged 40.  
 HENLEY, T. L., M.R.C.S., L.S.A., at Combe Down, Bath, on November 9th, aged 64.  
 IRVING, GEORGE CLARK, Surgeon-Major, Medical Staff, at Rocklands, Sliema, Malta, on October 22nd, aged 39.  
 PARSONS, C. W. N., M.R.C.S., L.S.A., at West Haddon, near Rugby, on October 11th, aged 54.

### NOTES, QUERIES, AND REPLIES.

#### THE PROGRESSIVE CHARACTER OF MEDICAL SCIENCE.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—Most people who carefully consider will agree that Medical Science ought to be progressive. This was, no doubt, the opinion of that celebrated philosopher and physician, Dr. Thomas Young, who, when asked by a patient why he had chosen the medical profession, said, "Because there is always something to learn."

At the present time it is important to consider why improvement advances so slowly in regard to one important question, the use of Alcohol in health and disease. In the year 1847 the following declaration was signed by 2,000 members of the medical profession, including many of the most eminent men then living, such as Dr. Babington, Dr. Addison, Sir Benjamin Brodie (the President of the Royal College of Surgeons), and others: "We, the undersigned, are of opinion, 1st, That a very large portion of human misery, including poverty, disease, and crime, is induced by the use of alcoholic or fermented liquors as beverages. 2nd, That the most perfect health is compatible with total abstinence from all intoxicating beverages, whether in the form of ardent spirits, or as wine, beer, ale, porter, cider, &c. 3rd, That persons accustomed to use such drinks may with perfect safety discontinue them entirely, either at once or gradually, after a short time. 4th, That total and universal abstinence from alcoholic liquors and beverages of all sorts would greatly contribute to the health, the prosperity, the morality, and the happiness of the human race."

Thus it is clear it has been long known that beer, wine, and spirits are dangerous luxuries; and, after this strong opinion, it is evident that the doctors who commend and order these articles as part of the diet or as a means of recovering tone or stamina have not made much progress in medical science. Such doctors have also neglected to observe the successful practice of the Temperance Hospital during the last twelve years, to which may also now be added two other hospitals where neither beer, wine, nor spirits were used during 1884. It would appear from an examination of more than 40 recent Hospital Reports that there is a great diversity in the expenditure of the different hospitals on alcoholic liquors; thus:—

	Per each Patient.
	s. d.
At the Brompton Hospital intoxicating drink costs ...	19 7
" Royal Free Hospital "	5 3
" St. George's Hospital "	5 1
" German Hospital "	4 5
" St. Mary's Hospital "	4 4
" Middlesex Hospital "	4 3
" London Hospital "	3 1

This diversity in the practice of the different hospitals may be taken as a loud call to the medical profession to make enquiry and ascertain what is conducive to the welfare of their patients and the public good; the more especially, as at certain provincial hospitals successful practice is carried on in a much more economical manner; thus:—

	Per Patient.
	s. d.
At the Royal Infirmary, Manchester, alcohol costs ...	0 8
" Infirmary at Chester "	0 11
" Queen's Hospital, Birmingham "	1 0

whilst it has been clearly proved, and open to observation for the past twelve years, that none of these stimulants are necessary at the Temperance Hospital in London.

I am, Sir, yours, &c.,  
 GEORGE STURGE.

Sydenham Hill,

#### REFORM AT THE ROYAL COLLEGE OF SURGEONS.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—While generally agreeing with the joint letter of Messrs. Warwick Steele and W. Ashton Ellis, our able and energetic Honorary Secretaries, you will, perhaps, permit me, as an early working member of the Committee of the Association, M.R.C.S., to say that, while admitting "a certain degree of asperity in some of the speeches," it should be remembered that the observations made were not applied to *present* so much as to past members of the Council, which resembles the Russian cabinet in its perpetuity and complacent irresponsible autocracy. I am sure that my emphatic friend Dr. Joseph Rogers was simply treating of men of the past, while addressing his vigorous truths to the men of the present.



It was absolutely necessary that the plain truth should be stated, and, personally, I feel as much obliged to Dr. Joseph Rogers for his denunciation of the iniquities of 40 years ago as I do to Dr. Collum, the President of our Association, and Mr. Forrest, our former Secretary, for founding it; to Mr. Jos. Smith, Drs. Joseph Rogers, Aberd., and Danford Thomas, Messrs. Outhwaite, Jessop, Bigg, and other working members of the Committee, for the very valuable assistance given to the cause; to Messrs. Steele, Neill Cooke, and Ellis, who have been simply indefatigable as well as able in all that pertained to finance and organisation; and last, not least, to Mr. Gamgee, for bringing his eloquent tongue to advocate our cause and accentuate our carefully prepared and hard-won triumph. Courtesy to the Fellows, who had supported our resolution, caused me to defer mine, that the carefully prepared petition to the "Queen's most Excellent Majesty in Council" be read by the Secretary to the R.C.S.E., till the next, or quasi-adjourned, meeting, as this document contains our demands, and we cannot consistently ask, or take, less. As I handed in a copy to the President and Council in full meeting, they can no longer say that they have "no cognizance" of this document officially. We require all the backing we can get, personal and financial, for, though we have opened the campaign brilliantly, we have to deal with an obstinate, rich, and crafty foe. Our duty is to support our President and those working with him, on whom the brunt of the battle and organisation has fallen; and to stick, after the old Peninsular fashion, "shoulder to shoulder."

I am, Sir, yours, &c.,  
Chairman of the Petition Committee,  
M.R.C.S. Association.

Grosvenor Road, S.W., November 11th, 1885.

#### COMMUNICATIONS RECEIVED—

Dr. W. H. SPENCER, Bristol; Dr. W. H. ALLCHIN, London; Dr. EWARTT London; Dr. E. SCHWENINGER, Berlin; THE REGISTRAR-GENERAL, Dublin; MESSRS. ALLEN & HANBURY, London; THE SECRETARY OF THE APOTHECARIES' SOCIETY, London; THE DEAN OF THE UNIVERSITY OF EDINBURGH; MESSRS. WRIGHT, LAYMAN, & UMNEY, London; THE SECRETARY OF THE LONDON SOCIETY FOR THE ABOLITION OF COMPULSORY VACCINATION, London; THE SEC. OF THE MEDICAL SOCIETY OF LONDON; OUR LIVERPOOL CORRESPONDENT; THE HON. SEC. OF THE SOCIETY OF MEDICAL OFFICERS OF HEALTH, London; OUR GLASGOW CORRESPONDENT; THE SECRETARY OF THE YOUNG MEN'S CHRISTIAN ASSOCIATION, London; OUR VIENNA CORRESPONDENT; Mr. W. FRASER, Aberdeen; THE MANAGER OF THE THEATRE ROYAL, Drury Lane, London; OUR BOMBAY CORRESPONDENT; THE REGISTRAR-GENERAL, London; THE SECRETARY OF THE STATISTICAL SOCIETY, London; Mr. SCRAGG, London; THE REGISTRAR-GENERAL, Edinburgh; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; THE CHAIRMAN OF THE PETITION COMMITTEE, M.R.C.S. ASSOCIATION, London; Mr. SAMUEL CHATWOOD, Prestwich; THE SECRETARY OF THE SOCIETY OF ARTS, London; THE SECRETARY OF THE BRITISH GYNÆCOLOGICAL SOCIETY, London; Mr. J. T. W. BACOT, Seaton, Devon; THE SECRETARY OF THE PATHOLOGICAL SOCIETY, London; THE SECRETARY OF THE UNIVERSITY COLLEGE, London; THE HON. SEC. OF THE NATIONAL SOCIETY TO SECURE EFFECTIVE LEGISLATION AGAINST RIVER POLLUTION, London.

#### BOOKS RECEIVED—

The Preservation of Health, by Clement Dukes, M.D. Lond.—An Index of Surgery, by C. B. Keetley, F.R.C.S. (Third Edition)—Annual Report of the Local Government Board, 1884-85—The Extra Pharmacopœia, by W. Martindale, F.C.S. (Fourth Edition)—The Transactions of the Medico-Chirurgical Society of Edinburgh. Vol. IV. New Series—A Reference Handbook of the Medical Sciences, by Albert H. Buck, M.D. Vol. I.—Epitome of Diseases of the Skin, by Louis A. Duhring, M.D.—Lehrbuch der Physiologie, von Dr. A. Gruenhagen—Proceedings of the Society for the Study and Cure of Inebriety—Calendar of the Royal College of Surgeons of England.

#### PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Weekblad—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—The Hospital Gazette—Revue Médicale—Journal of the American Medical Association—Société Médicale—Brain—Popular Science News—The Archives of Pediatrics—North Carolina Medical Journal—The Polyclinic—The Australasian Medical Gazette—The American Journal of the Medical Sciences—The Kent Herald—The European Mail—The Practitioner—Ciencias Médicas—The Richmond and Twickenham Times, Nov. 7.

#### HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopædic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopædic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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# MEDICAL TIMES

AND GAZETTE.

No. 1847.

LONDON, SATURDAY, NOVEMBER 21, 1885.

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## OPHTHALMOLOGY AND DISEASES OF THE NERVOUS SYSTEM.

BEING

### THE BOWMAN LECTURE,

DELIVERED BEFORE THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM,

Friday, November 13, 1885,

By J. HUGHLINGS JACKSON, M.D., F.R.S.

BESIDES acknowledging the honour of being asked to deliver an address before this Society, I wish to say that I consider it an additional honour that the address is the "Bowman Lecture." Praise from me to Bowman would be impertinence, but here is my opportunity, not only for thanking Sir William Bowman for the benefit which I, like the rest of my profession, have derived from the basic work he has done, but of also tendering him my warmest personal thanks for much encouragement given me in the work I was, many years ago, trying to do. At the same time, I gratefully acknowledge that to his successor in the presidential chair (Mr. Hutchinson) I feel highly indebted for my earliest instruction in ophthalmology, as well as for great help of very many kinds for many years.

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It was long ago said that division of labour, or, more generally, differentiation, is a universal law. Things become increasingly numerous and more different, or, in other words, more complex. Differentiation is well seen in the development of animal organisms, and is seen, too, in the Social Organism. It would be very remarkable if there were an exception in the case of one part of the social organism, the body medical,—if in so great a field of work as the medical there did not arise more and more different workers in different parts of that field. There is no exception. The body medical is now very complex ; there are alienist physicians, neurologists, obstetric physicians, ophthalmic surgeons, aural surgeons, dentists, physiologists, chemists, &c. ; the specialty of each comes out of, is a differentiated part of, a wide general knowledge.

Specialists have to justify themselves,—to justify their differentiation. Differentiation is not the whole of the modern doctrine of evolution. The factors in progressing evolution, according to Spencer, are increasing (1) Differentiation, increasing (2) Definiteness, increasing (3) Integration, and increasing (4) Co-operation.<sup>1</sup>

<sup>1</sup> I am using terms more familiar to medical men than those Spencer uses ; for this change, of course, Spencer is not answerable, nor must he be held responsible for my statement and applications of his formula of Evolution. I should consider it a great calamity, were any crudities of mine imputed to a man to whom I feel profoundly indebted. It is for this reason that I do not quote Spencer in the rest of the lecture, although I believe it to be pervaded by Spencerian ideas.



Obviously, increasing differentiation without increasing definiteness would be only confusion. That the ophthalmic surgeon has justified himself in the second factor of evolution needs no proof. I will instance, however, his highly definite work on paralyses of ocular muscles and on abnormalities of refraction. In neurology I may instance the work of Charcot. And here I must say, as the examples are intended to imply, that by definiteness I mean definiteness which connotes exactness.

Now for the third factor. Each different definite worker is working for the whole body medical; his work leads to the greater integration of medical knowledge of other workers. Each different worker helps all the others. Many different workers in the medical field are seriously indebted to the ophthalmic surgeon in this way. To give but one example, and making again an arbitrary limit. Argyll Robertson has given to neurologists, in the pupil-symptom which is called by his name, not merely a new symptom, but a means of investigation of several important diseases. This debt neurologists, Westphal and Erb, working in a different field, have paid back in showing the diagnostic value of loss of the knee jerk.

There is yet another factor in evolution,—increasing co-operation. Each different worker, knowing one subject best, and having great integration of different definite medical knowledge, of necessity cannot have the precise knowledge of other subjects which other different workers have. Division of labour necessitates the co-operation of labourers. The whole of one disease is better understood by bringing to bear on its direct investigation and treatment different workers in different fields. To give but one illustration of the need of integration of different, definite, medical knowledge, and yet of the need, too, of co-operation. The neurologist ought at least to be able to suspect hypermetropia as a cause of head troubles, but only the skilled ophthalmic surgeon can estimate it precisely and correct it accurately.

I think we often err by underrating the complexity of some nervous diseases. I take epileptic paroxysms and their after-conditions as being, together, an illustration of the morbid nervous affection of greatest complexity of symptoms. When its symptomatology is fully displayed, it shows, I submit, the imperative necessity of (1) different, (2) definite, (3) wide knowledge, and of (4) co-operative work. I speak of the "genuine epilepsy" of nosologists, not of epileptiform seizures. Epilepsy is a disease of the "organ of mind," that is to say, of the highest and most complex, &c., centres. The symptomatology of the paroxysm is probably a universal symptomatology, is demonstrably nearly so. It may be said that insanity is more complex than epilepsy; not so, since epileptic paroxysms are not unfrequently followed by temporary insanity. The study of epilepsy, therefore, involves the study of some cases of insanity. These insanities are what I have called after-conditions of the epileptic paroxysms. We ought, of course, to speak of epilepsies as we should do of insanities; for certainly, if two epileptics have different "warnings" of their fits, the "discharging lesion" is in a different part of the highest centres in the two cases. There are many epilepsies, and many insanities. But now I give *en bloc* the symptoms of many severe epileptic fits, of many slight fits, and the symptoms of epileptic fits (or, I should say, epileptiform seizures), artificially produced in dogs; all are, at any rate, symptoms produced by cortical discharges (liberations of energy). Among them are very important eye-symptoms.

At the climax of a severe fit we see the algebraical sums of the co-operations and antagonisms of strongly-developed movements of all the muscles of animal life

accessible to observation; universal convulsion. As to wide involvement of sensory elements in the epileptic discharge, we can say that this is implied by "warnings" of crude and excessive smells, colours, sounds, tastes, by tinglings, &c., of the hands, and by many crude and excessive organic sensations; of what happens in the sensory sphere after loss of consciousness, we can say nothing. Besides colour development, there is another eye symptom, a vertigo, in which external objects seem to move, implying discharge, direct or indirect, of motor cerebral elements representing ocular movements. We find dilatation of the pupils (perhaps, sometimes, there is contraction), there are great pallor of the face, increased flow of saliva, perspiration, alterations of pulse and respiration, passage of urine and fæces, and erection of the penis. Vulpian curarised a dog, thus putting the muscles of animal life out of the reach of an artificially induced discharge of the dog's left sigmoid gyrus (artificial respiration was kept up). Speaking almost only of effects of cortical discharges, which I have not yet mentioned, there were slowing and irregularity of the heart, raised arterial pressure, increased flow of bile, a little paling of the kidneys and diminution of their secretion, contraction of the bladder, and contraction of the spleen.

So we go a long way towards showing that the epileptic paroxysm has a universal symptomatology, having shown that sensations are referred to many different parts of the body, and that effects by efferent (motor and inhibitory) nerves are produced, in different ways, in very numerous parts, "from the eyes to the feet," strictly, I suppose, "from nose to feet." We can add to the list of parts represented by the cerebral cortex. "Bochfontaine and Lepine, on stimulating several points, especially in the neighbourhood of the sulcus cruciatus in the dog, observed increased secretion of saliva, slowing of movements of the stomach, peristalsis of the intestine, contraction of the spleen, of the uterus, of the bladder, and increased respirations" (Landois' "Physiology," ii., p. 942, Stirling's Translation). Bufalini has observed the secretion of gastric juice.

I do not think I need apologise for speaking in this lecture of the non-ophthalmological symptoms of epileptic paroxysms, especially of those of the organic parts. The neurologist and the alienist physician must take into account all the symptoms. They are an important part of the evidence towards showing that the "organ of mind" (highest centres) represents, or co-ordinates, all parts of the body. In strictly equivalent words, the highest centres are centres of Universal Co-ordination. It is thus that they are the organ of Will, Memory, Reason, and Emotion, the four elements of mind or, equivalently, of consciousness. No wonder that the epileptic discharge, beginning in some part of the "organ of mind," produces universal bodily effects, animal and organic. Unless retinal impressions, corresponding to colour of objects, and ocular movements, corresponding to shape of objects, be represented in the highest centres, how are we to account for the physical bases of visual perception and ideation? If the organic parts are not represented in the highest centres, an emotional manifestation, say of fear, is unaccountable; and so too are the physical symptoms of some cases of melancholia, the insanity of fear (anxiety, depression, &c., being only "fear spread out thin"). When a man is thinking, or even dreaming, of a brick, he is having a purely psychical state; the correlative physical state is discharge of some nervous arrangements of his highest centres, representing parts of his body—certain retinal impressions and particular ocular movements. Again, when a man is afraid, he is having a purely psychical state; the correlative physical state is discharge of some nervous arrangements of his highest centres,



representing parts of his body, notably, the organic parts. There are clinical reasons why the ophthalmic surgeon should be interested in symptoms in organic parts. Often enough in other diseases of the cerebrum does he see eye-symptoms with effects produced in organic parts. To say nothing of vomiting, so common with optic neuritis from cerebral tumour, there are acute stages in such cases in which there are alterations of pulse and respiration, retracted belly, and constipation. Consider also the migrainous paroxysm, which is no doubt owing to a cortical discharge, so often beginning by elaborate visual projections, and so often ending by vomiting. Eye-symptoms from disease of the cerebrum cannot, in many cases, be studied isolatedly from organic symptoms. We have not yet done with the complexity of the epileptic paroxysm.

We must note in slight fits movements of chewing or tasting, swallowing, vomiting, and writhing movements of the arms during arrest of respiration. I do not believe that these movements result directly from the epileptic discharge, holding that *such* a discharge, so far as it spreads, puts an end to all movements properly so-called, "runs them up" into convulsion. I suggest that an important eye-symptom at, or near to, the onset of some epileptic fits, the apparent alteration in size or distance of external objects, is, on the physical side, a phenomenon of the same order as the chewing movements; that both are the indirect (reflex) results of epileptic discharges of sensory elements. Ferrier produced, by faradising a monkey's "taste centre," movements like the chewing and tasting movements some epileptics or their friends describe. It is exceedingly important to distinguish movements proper from convulsion, which is a contention of many movements. I suppose everyone would believe that spitting, rubbing one hand with the other, clutching at the throat (in rapid suffocation?), in slight seizures, are movements too elaborate to result directly from *such* a discharge as that which produces convulsion.

There is yet more complexity; when, in severe fits, respiration is arrested, there is carbonic acid poisoning. Asphyxia renders a dog's cerebral cortex inexcitable (Hitzig, Franck, and Pitres), but some lower centres, or parts they supply, or both, are stimulated; thus there will be a multiplication of effects. Asphyxia produces dilatation of the pupil, besides other effects—salivation, sweating, &c. But we must bear in mind that the centres directly stimulated by carbonic acid, or over-acting from lack of oxygen, in simple asphyxia will be, more or fewer of them, in an epileptic paroxysm already engaged to some degree by the epileptic discharge, and that when the fit is over there will be a degree of exhaustion of them corresponding to the degree of prior discharge, and so far an unsusceptibility to be acted on. The pupils are very small after severe epileptic fits.

Now for the mental symptoms of, or rather during, the discharge beginning in part of the "organ of mind." During the epileptic discharge there is defect or cessation of consciousness. Some think that also during it, at the outset of some fits, there arises the exactly opposite mental state of "over-consciousness"; "dreamy state," "seeing faces," and "hearing voices." I believe these super-positive mental states, and adding to the list fear—different miniature insanities—at the onset of different epileptic attacks, to arise during slightly raised discharges of healthy nervous arrangements untouched by the epileptic discharge.

We must be very careful both in ophthalmologica, and neurological studies not to confound sensations of colours, for an example, which are states of mind, with activities of sensory elements, which are states of body. We must not speak of any mental states as

occurring *from*, but as arising *during*, nervous discharges; only physical effects, such as movements, arise *from* nervous discharges. We must also distinguish different degrees of elaborateness of different mental states; "seeing faces" is a greatly more elaborate mental state than colour projections at the onset of an epileptic fit; what I have called the "dreamy state" is vastly more elaborate than "seeing faces." Whilst I think that colour projections at the onset of an epileptic fit arise *during* the epileptic discharge, I believe that so elaborate a state as "seeing faces," and the still more elaborate mental state, the "dreamy state," do not, but that they arise *during* discharges only slightly stronger than normal. The "dreamy state" is a very voluminous mental state; it is commonly called an intellectual aura. As I have implicitly said, I do not believe it to be an aura or warning,—not a thing, I mean, of the same meaning as the crude sensations of colour, &c. Admitting that crude sensations arise *during*, and that convulsions occur *from*, the epileptic discharge, I urge that elaborate mental states arise *during*, and that movements properly so called occur *from*, but slightly raised discharges of nervous arrangements.

The lecturer then spoke of the different associations of different sense-warnings in epilepsies, believing that the "subjective" sensations, smell, taste (or chewing, &c., movements), and the "epigastric" sensation, most often occur in those cases of epilepsy in which there is the "dreamy state," and that the cortical lesions in these epilepsies are in parts of the cortex in the region of the posterior cerebral artery, which vessel supplies, among other parts, Ferrier's centres for smell and taste. He suggested that some cases of epilepsy with colour and sound warnings (with which he had never known the "dreamy state" to be associated) were owing to cortical disease in some part of the region of the middle cerebral artery, which vessel supplies, among other parts, Ferrier's centres for sight and hearing. He considered that the nervous changes (the "discharging lesion") in epilepsies were not primarily, but only secondarily, nervous; that in most cases they were secondary to embolism or thrombosis of small arterial branches; that there were "arterial cortical lesions" in most epilepsies. He had held that some epileptiform seizures have that pathology since 1864 (London Hospital Reports, vol. i, p. 465), and considered that some cases recently published by different physicians proved that hypothesis. The researches of Duret and Henbner on the detailed arterial supply of parts of the brain will enable us to be more definite in our arterio-cortical localisations of "discharging lesions" especially in epileptiform seizures; some cases of this kind were evidently owing to blocking of branches of the middle cerebral. Another way of putting part of the foregoing is to say that epileptiform seizures do not always depend on tumour. This brings us again close to Ophthalmology. If anyone is thinking of removing a brain tumour in a case of epileptiform seizures, he ought to refrain from operating if he does not find optic neuritis (perhaps with one exception). Of course there are epileptiform seizures from brain tumour in which (for years at least) there is no optic neuritis, but without this eye condition we cannot (with perhaps one exception) be sure of tumour. It was from both neurological and ophthalmological knowledge that Dr. Hughes Bennett made the double diagnosis of seat and nature of the disease in the case of tumour which Mr. Godlee removed from a patient's brain.

The Lecturer then spoke of certain important cases of epilepsy complicated with some particular definite and persisting eye-symptoms, pointing to intra-cranial tumour; the investigation by the ophthalmic surgeon of paroxysms of epilepsy so complicated is most desir-



able. [A man had occasionally smells in his nose heralding in slight attacks of epilepsy with the "dreamy state"; there were left-sided "shakings" in the paroxysms. There was double optic neuritis, but no defect of sight; the neuritis passed off under mercurial inunction and iodides, sight remaining good. The patient died apoplectic with left hemiplegia; his case illustrates the dictum that *a man with optic neuritis is to be considered as being in imminent danger of death*; that this patient was in any such danger no one would have surmised who did not find out that there was optic neuritis. Whilst the optic neuritis is the best indication for treatment, and of most prognostic value, such an important variety of epilepsy as this patient had deserves most careful investigation. In this association the lecturer urged that the great thing in the diagnosis of epilepsy is not so much the "quantity or severity of the symptoms" as their paroxysmalness, and that, the slightest a paroxysm, the more necessary, both for the patient's sake and for medical science, is its minute investigation; attacks of epilepsy with the "dreamy state," when very slight, as they often are, are sometimes attributed to hysteria or to stomach and liver derangement. To the uninstructed the accounts given by the patients seem "fanciful." That optic neuritis is often overlooked in its præamaurotic, most curable, stage is certain. The case mentioned was the only case of epilepsy with "dreamy state" the Lecturer had seen complicated with optic neuritis; there was no necropsy; the presumption is that death occurred by hæmorrhage from a vascular tumour in the right cerebral hemisphere. Another case of this kind of epilepsy (bitter taste, "dreamy state," and right-sided numbness), investigated by Dr. James Anderson, was complicated by simple atrophy of the optic nerves; there was loss of sight of the left eye, of the right field of the right eye, almost loss of smell on the left side; defect of taste, more on the left side. (The paroxysmal one-sided symptom (numbness) was right-sided, and the patient was not left-handed; in most cases of this variety of epilepsy the Lecturer thinks the one-sided phenomena, if any, are left-sided.) Having regard to an important case recorded by Mr. Nettleship (Transactions of this Society, vol. iv, p. 285), like this in the optic symptoms (necropsy by Dr. Sharkey), in which there were slight epileptic fits with a feeling of suffocation referred to the nose and mouth, the Lecturer thought that in Dr. Anderson's patient's case there was a basal tumour causing the epileptic fits by involving, or by in some way inducing, changes of instability in the left middle cerebral lobe. Cases with such fixing eye-symptoms, implying gross organic disease, for obvious reasons deserve most careful and minute investigation, not only of the eye-symptoms, but of the epileptic fits also.

Speaking now of the after-conditions of epileptic paroxysms very generally, we have insanity, according to the severity of the fits, in two degrees at least,—in three, I think. There is so-called "loss" of consciousness with actions (post-epileptic "unconsciousness" with mania, for example), and after very severe paroxysms acute dementia (coma). Here I remark that it is vain to attempt the realistic study of epilepsy and its after-conditions, or that of any other insanity, without psychological knowledge. Confounding psychology with physiology of the highest centres leads to crude metaphysical explanations, such as that in post-epileptic coma a man does not move because he is unconscious, although in a slighter post-epileptic condition, post-epileptic mania, there is movement enough when, according to the opinions of most, consciousness is lost. Taking post-epileptic coma after a very severe fit, there is exhaustion of more or less of the highest centres implied by the negative affection

of consciousness, and, in some slighter degree, of more or fewer of the lower (more organised) centres. Westphal and Gowers have noted transitory absence of the knee-jerks after epileptic paroxysms, thus showing there to be sometimes exhaustion of lumbar nuclei, some lowest motor centres. Deep post-epileptic coma is psychically dementia, but is, on the physical side, nothing else than some universal, almost total, paralysis—paralysis not only of animal, but of organic parts also, proportionate to the degree of the prior epileptic discharge upon them.<sup>2</sup> This contention of mine is, however, denied; let us say, what cannot be denied, that the patient is nearly dead. I dare say my calling the psychical side of the condition insanity (dementia or amentia) will be objected to. Let us say that the patient is, or is nearly, mentally dead: this cannot be denied. Moreover, the patient is suffering from carbonic acid poisoning, from slow respiration, from imperfect circulation; thus there will be a multiplication of effects. Possibly the excess of carbonic acid helps somewhat in re-evolution by strongly stimulating the respiratory and other partially exhausted (lowest) centres.

There is one after-effect—a valuable eye-symptom—which is certainly paralytic,—transitory lateral deviation of the eyes, observed by Beevor instantly after severe attacks. Again, the exaggerated knee-jerks and foot-clonus after some fits (Beevor) imply paralysis, signify exhaustion of fibres in the lateral columns, and possibly also of inhibitory centres (Gowers) in the cord itself. Here we have after-effects at the two extremes—eyes (paralytic) and feet (implying some paralysis); it would be remarkable if the rest of the symptoms were not paralytic.

I submit that it would not be possible for a neurologist to scientifically study this exceedingly complex disease without availing himself of the work done by different specialists. We require many different kinds of definite or technical knowledge; all the sagacity in the world will not suffice either for practical ends or for the scientific investigation of complex problems without technical knowledge. No one man can have from his own working enough different definite knowledge to thoroughly investigate the universal symptomatology of epilepsy. It is vain to begin careful analysis of this complex problem without aid from psychology. Could the neurologist analyse the physical condition without help from the physiologist? How, without that help, is he to put in any reasonable order symptoms related to the organic parts, slowing of the heart, raised arterial pressure, and the rest? Recent researches by Gaskell (Proceedings of the Physiological Society, February 14th, 1885) will, I think, help us greatly in our analysis of the organic symptoms. I submit the hypothesis that, in some cases, the first effects of the epileptic discharge on the organic parts are by intermediation of Gaskell's leucentric (inhibitory) or "white-visceral" fibres. Does not the neurologist need the help of the Alienist physician, witness the definite work on epileptic insanity by Falret? To the ophthalmic surgeon he is very directly indebted. Here I will pick the eye-symptoms out of the heap.

Sometimes, but yet rarely, we have optic neuritis common in epileptiform seizure, or simple optic atrophy, as I have illustrated. To speak only of the paroxysm. In some cases there are colour warnings, occasionally followed by the vastly more elaborate mental state, "seeing faces." There are pupillary affections. In one case of uræmic convulsions, the pupils being greatly dilated, I saw the fundus easily during the fits, but could get no glimpse of it in the intervals:

<sup>2</sup> Of course we cannot say that such super-positive phenomena as foot-clonus, passage of faces, &c., after epileptic fits are paralytic, but they signify exhaustion of "controlling" nervous elements, are indirect evidences of paralysis.



Vulpian found that the pupils in his curarised dog enlarged during the artificially induced paroxysm, and that after the fit they were smaller than before the fit. We have vertigo at the onset of some paroxysms. Vertigo is consciousness ceasing; that variety of it in which objects seem to move to one side is an eye-symptom; it implies discharge, primary or secondary, of centres representing particularly the most special of ocular movements. If we have not clear ideas on vertigo in epilepsy, we shall work sad havoc in the investigation of some important varieties of epilepsy. Here the neurologist should avail himself of the definite knowledge the ophthalmic surgeon can give him from cases of paralyses of ocular muscles, in which vertigo is seen in its simplest form, before he studies it in the vastly complex circumstances of the epileptic paroxysm. After that he should take heed of what the aural surgeon can tell him of ear-vertigo. I have seen, so to speak, vertigo during an attack of ear-vertigo—speaking more correctly, I saw the patient's eyes jerk to one side whilst he saw objects jerking to one side (*Brain*, April, 1879). In our "Transactions," vol. iii., I have recorded a case (essentially like one previously published by Schwabach) in which pressure on a diseased right ear produced vertigo and movements of the eyeballs to one side. Such cases are very valuable in the interpretation of vertigo. The variety of vertigo mentioned occurs no doubt in an epileptic fit along with turning of the eyes to one side. Beevor has noted that after some epileptic fits the eyes deviate from the side to which they were strongly turned in the prior paroxysm. This is a matter of great importance. That movements of the eyes are represented in the highest motor centres (frontal lobes motor divisions of the organ of mind), one might infer *a priori*. Ocular movements are the most representative of all movements. Most mentation is carried on in visual perceptions and ideas, and, as there is an element of, or symbolising shape in, every visual perception and idea, there is, of necessity, a representation of ocular movements in the physical bases of these perceptions and ideas, that is, in the highest centre. Ferrier and Gerald Yeo find, by experiments—ablations—on monkeys, that movements of the eyes and head are represented in the frontal lobes. There is another important eye-symptom in epilepsy: apparent alteration in the size and distance of objects. It occurs, I think, most often in those epileptic attacks in which there is the "dreamy" state. It is physically a "motor affair"; that size and shape are not simply "retinal affairs" is easily proven. Here we avail ourselves of the definite knowledge of the ophthalmic surgeon (the micropia after instillation of atropine; in paralysis of an internal rectus; the opposite condition after eserine). But we must not apply the knowledge derived from such simple cases to alterations in size of external objects at the onset of epileptic fits without great caution, the situation being an exceedingly complicated one. I have already stated an hypothesis regarding the mode of production of these phenomena. Dr. Gowers has considered them with his usual ability in his valuable work *Epilepsy*, p. 64—a work rich in ophthalmological knowledge.

Although I have spoken of epilepsy, there are really very many epilepsies, and thus, illustrating by the eye-symptoms (vertigo, colour, alterations in size or distance of objects), we should try to find the particular sequence of symptoms of other kinds, of which each of the eye-symptoms is the prelude. Epilepsy is not a complex thing when it is empirically regarded as a clinical entity, which for some purposes it should be. It is comparatively easy to note the "causes," "warnings," &c., "of epilepsy"; much good work has been done in that way. But, besides investigating in this way, we have to "turn ourselves round" and try

to ascertain what different symptoms result from differently seated "discharging lesions" of the highest centres. We have the large compound question to answer, What is the constitution of the "organ of mind" (highest centres) by which it results (1) that discharge, beginning in different parts of it, produce different epilepsies,—produce, if severe enough, nearly universal effects (no doubt, in different degrees and sequences); whilst (2) other kinds of disease of different parts of the "organ of mind" produce different insanities? (3) In one case we may have, first, in the paroxysm, cessation of consciousness with universal convulsion and equivalent effects in the organic field, and then, after the paroxysm, insanity,—acute temporary dementia (coma) or "loss" of consciousness, with mania. After epileptic fits of different degrees of severity we have different degrees of insanity, from "confusion of thought" to coma. Indeed, some physicians go so far as to say that an attack of mania sometimes occurs instead of an epileptic convulsion; as I have implicitly said, when speaking of movements properly so called and of elaborate mental states, I do not hold this hypothesis. (4) We have to find a means of studying epilepsies and insanities (diseases of highest centres) with diseases of lower centres.

It is impossible even to begin to work methodically towards answering the compound question put if we confuse Psychology with the anatomy and physiology of the nervous system; manifestly referring to (4), it is not reasonable to compare and contrast loss of consciousness from diseases of the highest centres with a monoplegia from disease of middle centres or with any other physical symptom.

We should follow the method of science, and investigate by the use of hypotheses. This may seem a strange remark to those who erroneously suppose an hypothesis to be a conclusion in which we may rest. It is only used for the methodising of work by observation and experiment. I submit that we should adopt the hypothesis of evolution, according to which the whole nervous system is a sensori-motor system representing all parts of the body. I suggest that all parts of the body are represented in each of three levels of evolution (representative, re-representative, and re-re-representative. (Strictly we should speak of four levels; as, when tracing the "ascent" (*vide infra*) from eye-muscles to most complex ocular movements, we should begin at the periphery.) Representation increases in (1) differentiation (complexity), (2) definiteness (speciality), (3) integration (intricacy), and (4) in number of interconnexions, co-operation from lowest centres to highest centres (organ of mind). The "organ of mind" is nothing else than a series of centres representing, or, what is the same thing, co-ordinating, all parts of the body "from eyes to feet" in greatest complexity, &c. Let me compare and contrast the lowest level of evolution with the highest, ignoring the middle level. (The lowest level is cerebro-cerebellar.)

Each lowest centre represents, most nearly directly,\* some (3) limited particular region of the body (least integration), each some region in (1) fewest, least different, and (2) least definite, combinations; there are (4) fewest interconnexions between these centres. The supposition is that each of the highest centres represents triply indirectly, through middle and lowest, (3) all or very wide regions of the body, that each represents in (1) most numerous, most different, and (2) most definite combinations, and that there are (4) most numerous interconnexions between these centres. (Each highest centre represents all parts, or wide regions, of the body; no two represent all parts, or the same parts, in the same way.) The

\* I use numbers to indicate the particular factors of evolution previously stated. It is convenient here to state the factors in different order.



evolutionist, it must be added, does not attempt the marvellous feat of "getting the mind out of the body"; he only tries "to get" the physical bases of mind (highest centres) out of the rest of the body. Mental states are only concomitant with nervous states. Taking mental symptoms to be only signs of what is not going on, or of what is going on wrong, in the highest parts of a great sensori-motor mechanism, we may, I hope, find an answer to the large compound question put. We cannot expect to find an answer if we are not thoroughly materialistic as to what is purely material, the nervous system.

Taking an ophthalmological illustration, and yet artificially simplifying it by considering only the first factor in evolution, we might try to trace an ascending complexity of representation from the nerve supply to ocular muscles up to representation of ocular muscles in exceedingly complex movements in the physical bases of visual ideas and other mental states. We should use the "experiments" which disease makes (dissolutions) in endeavouring to trace that ascent; (1) paralysis of ocular muscles from lesions of their nerve trunks (periphery), (2) ophthalmoplegia externa and interna (lowest motor centres), (3) lateral deviations of the eyes in lesions, negative and positive, of the middle motor centres, or negative lesions, of a plexus (internal capsule) just below them (Vulpian and Prevost). In some limited epileptiform seizures we see development of movements of the eyes in very important associations. Possibly the interesting and remarkable paralysis of particular ocular movements, which Priestley Smith has described, are monoplegias owing to negative lesions of some middle centres, (4) deviations of the eyes in and after epileptic fits, which are, I presume, developments of, and losses of, the movements represented in the physical bases of visual ideas and other mental states.

These "experiments" are very rough, but some of them can be supplemented by the very definite experiments, properly so called, of Hitzig and Ferrier. I refer again to the proof which Ferrier and Gerald Yeo have given of the representation of ocular movements, or of the most special of them, in the frontal lobes; these parts of the "organ of mind" I call highest motor centres.

It may be said that such a wide way of studying diseases tends to vagueness. I think we may guard ourselves against this.

In the epileptic paroxysm (dissolution being effected) the universal symptomatology is suddenly presented, and is transitory. But, whilst working at this disease of the highest level of evolution, and at insanities, other diseases of it, we may, at the same time, work at different diseases of the lowest level (ignoring the middle in this illustration), in which, taking numerous different cases, the symptomatology is of nearly all, if not of all, parts of the body. I remind you that the hypothesis is that the lowest level represents all parts of the body; that the middle level is that lowest level, so to speak, "raised to a higher power"; that the highest level is the middle "raised to a still higher power."

In different progressive muscular atrophies we have symptoms nearly, if not quite, all along the lowest level, from ophthalmoplegia externa downwards (some forms of "bulbar paralysis," the common variety, Duchenne-Aran, &c.); "symptoms from the eyes to the feet."

Here is an important ophthalmological matter. It is well known that with destructive lesions of the brachial plexus we have smallness of the pupil on the side of the injury. Ferrier finds that, in the monkey, and presumably it is so in man, the dilator fibres of the iris, contained in the cervical sympathetic, are derived from the anterior root of the *second* dorsal

nerve. In the monkey the second dorsal sends a communicating branch to the brachial plexus, and so it does in most cases in man (Cunningham). Now the second dorsal root (Ferrier) supplies also the intrinsic muscles of the hand. In one case I have observed a small pupil (inability to dilate when shaded) in a case of progressive muscular atrophy at a stage when the hand muscles were almost solely those atrophic. Here again the neurologist has common ground with the ophthalmic surgeon.

So much for atrophy of the animal parts; now for the organic parts. The separation is, of course, not absolute; bulbar paralysis is evidently a morbid affection of parts mixed in function, or rather having both kinds of function.

I submit, quite hypothetically, that we have atrophies of cells of centres for organic parts, like the atrophies of cells of anterior horns and their higher homologues, which produce progressive muscular atrophies; thus I submit that (pernicious) diabetes may be a nuclear atrophy—progressing atrophy of cells of that part of the great vaso-motor centre which especially governs the hepatic artery. I would venture to suggest that Graves' disease is of the same kind of central pathology. (Similarly, *mutatis mutandis*, for myxœdema; atrophic central changes, leading to atrophy of the thyroid. Dr. Ord says that marked bulbar paralysis has been found in two cases.)

In Graves' disease we have an important eye-symptom—that on the patient's looking down the lid does not follow the globe; perhaps by this symptom we may hope some time to fix the seat of the morbid change in the centres. Warner and Bristowe have recorded a case of Graves' disease in which there was also a form of progressive muscular atrophy, ophthalmoplegia externa. This case, so complicated, renders my hypothesis a little plausible. Of course I do not mean that all the super-positive phenomena in Graves' disease are the *direct* consequences of atrophy of cells. The engorgement of the thyroid may be owing to such atrophy of some part of the vaso-motor centre. Some other symptoms, *e.g.*, the palpitation, may be indirect consequences of atrophy of cells of inhibitory centres. There is no reason why atrophy should not begin in cells of Clarke's (visceral) column and its higher and lower representatives, and in spinal and bulbar "regulating centres."

In tabes dorsalis we have, taking numerous cases, symptoms "all along the line," from optic atrophy and pupillary affections downwards "from eyes to feet." In these cases we have morbid affections of many organic parts, among other, gastric crises (Charcot, Buzzard), bladder troubles, and impotence; sometimes loss of smell and hearing; but the most important sensation defect is of resistance, a defect clearly seen in cases where there is the feeling of "padding" of the soles.

Diphtherial paralysis<sup>4</sup> is another disease on the lowest level of evolution, probably (Vulpian, Dejerine, Abercrombie, Percy Kidd) a myelitis of parts of anterior spinal horns and of their higher homologues (possibly the ptoamine generated during the diphtheria acts somewhat like curare and poisons endings of motor nerves). In this disease we have, in severe cases, paralysis of many different parts from eye (ciliary muscles) downwards—"from eyes to feet." We must not forget the occasional implication of the organic parts—death after slowing of the pulse. (Implication of the accelerating centre?)

We may study the nearly universal symptomatology from different kinds of disease on the lowest level of evolution, made up by the cases mentioned and by others on that level. The ophthalmic surgeon sees eye-

<sup>4</sup> A valuable paper by Benson, of Dublin, on this morbid affection appeared vol. iii., *Trans. Ophth. Soc.*



symptoms from lesions at or near to the "top" of the lowest level of evolution, and in cases which, superficially regarded, are uncomplicated. But, having great integration of medical knowledge of other kinds, he does not regard them as eye disease only, but finds what they mean, what symptomatology they are important elements in. By co-operation of many different workers, each with definite or special knowledge of particular kinds, and each with great integration of more general knowledge, we may hope to thoroughly analyse these very complex symptomatologies. The symptoms are slowly produced, are presented in detail, are persistent or permanent, and, so to speak, are comparatively simple analysing experiments by disease on the lowest level of evolution, simple dissolutions. But now, regarding these symptoms taken *en bloc* as signs of negative lesions of (nearly) all parts on the lowest level of evolution, let me compare and contrast them with symptoms from negative lesions on the highest level.

The condition of a patient after a severe epileptic fit is one of nearly universal, and almost total, paralysis (dissolution effected). He has loss of consciousness, but this has nothing to do with his not moving. The symptomatology is, so to speak, the "evolutionary sum" of all, or nearly all, the symptoms of all the diseases on the lowest level of evolution. This statement needs obvious qualification; one is important. Since the epileptic discharge, beginning in the highest centres, produces effects in nearly all (ento- and epi-) peripheral parts, currents from this primary discharge must have traversed and discharged more or less of the middle and lowest centres in order to "get at" the periphery. Hence the paralytic condition after a severe fit will be a very compound one, all orders of centres being somewhat affected, but in different degrees.

Thus the neurologist, by availing himself of the different definite work which ophthalmic surgeons, aural surgeons, laryngologists, &c., are doing at different points all along the (1) lowest level of evolution, by working himself at different diseases on the (2) middle level (epileptiform seizures, migraine, monoplegias, &c.), by working with the alienist physicians at diseases of the (3) highest centres (epilepsies and insanities), may hope to justify his differentiation. The several workers may hope to add (1) different, (2) definite knowledge to, and further, the (3) integration of, general medical knowledge, and to lead to a higher and more methodical (4) co-operation of different workers. I say once more that this comparative study, that by aid of the hypothesis of Evolution, cannot be methodically undertaken if we confuse Psychology with the anatomy and physiology of the nervous system, not if we take the *organ* of mind, or its activities, to be *mind*. The "*organ of mind*" is simply a series of sensori-motor centres re-re-representing impressions and movements of all, literally all, parts of the body.

**DEATH OF J. B. BAILLIÈRE.**—The father of French medical publishers, J. B. Baillière, died recently in the 88th year of his age, having been blind for several years past, which, however, did not prevent his continuing to take great interest in all that concerned medical literature. Establishing his business in 1818, Baillière conducted it so ably that it attained the highest repute, Lettré's *Hippocrates* and Cruveilhier's *Anatomie Pathologique* being among the famous works which he produced. The first foreign medical bookseller established in London was Baillière, of, Regent Street, a nephew, we believe, of J. B. Baillière.



## CLINICAL LECTURES

ADDRESSED TO STUDENTS ON THE METHOD  
AND DATA OF MEDICAL DIAGNOSIS.

By W. H. ALLCHIN, M.B., F.R.C.P.,

Physician to the Westminster Hospital, and Joint Lecturer on the Principles and Practice of Medicine and on Clinical Medicine.

### LECTURE VI.—CASE TAKING.

*Personal History.*

*Age—(concluded).*

THE period of maturity, the midway stage of life, the aim towards which development tends, and the perfection from which decline proceeds, is characterised in health by an equal balance between waste and repair and a physiological equilibrium of vitality. Unmarked by any distinct evolution of organisation, the essential feature of the period is a regularity of existence, broken only by such accidents as the conditions of life may favour the occurrence of, or by the wilful "abuse of the constitution,"<sup>1</sup> by direct violation of hygienic laws. In the preceding stage, whilst the organism was growing and developing, predispositions to abnormality of structure and function were induced by the very occurrence of those changes, whilst the delicacy of construction and easy disturbance of balance equally favoured the existence of disease, which the exuberant vitality of the period impressed with its own peculiar features. At this time, however, there cannot be said to be any intrinsic aptitude towards disease; but, although escaped from the special ailments of infancy and youth, and not yet within the range of the morbid influences of old age, the individual is nevertheless liable to sickness and death in such degree, compared to the other periods of life, as the tables I have before given you will show. To some extent, perhaps, the functional capability of reproduction which prevails at this period, and which is the great characteristic of maturity, does establish a preponderance of disease of the organs concerned therein, but not to so great an extent as might be supposed, nor by any means of necessity, for a healthy existence with a perfectly normal performance of their powers is to be regarded as the rule rather than the exception. So far as diseases of the generative organs do occur, there is a tolerably well-marked difference in their manifestations in the two sexes, for whereas, apart from syphilis, the affections in the male are mainly local, the maladies of the uterus and ovaries react upon the body generally and reflexly cause the most varied symptoms of most distantly connected organs. If, then, we are not able to find in any normal changes in development a predisposition towards disease, in what direction are we to look for the cause of the illnesses and mortality of this period? Excluding, of course, such diseases as may have continued on from the preceding stages, and those hereditary maladies, such as gout, which this age may develop, we find that the great bulk of disease at this time of life is determined by immediate or exciting causes which are largely under the individual's control, or by accidents which his occupation and surroundings expose him to, but which none the less are largely preventible. During the period of adult life man has a larger share in fashioning his own environment, in determining the conditions of his existence, whether for good or ill,

<sup>1</sup> "On the changes in the body at its different ages and the diseases to which it is predisposed at each period of life."—Dr. T. Jameson, 1811.



than he possesses at any other stage of his life, hence comes it, therefore, that many of his maladies at this time are of his own causing. The abuse of his constitution I have termed it; excesses, with all the improprieties which that word implies, over-feeding, over-drinking, over-working, over-anxiety; or excesses, if I may so call them, in the opposite direction, too little food, idleness of mind and body, insufficient clothing or exercise—will suggest to you the numerous forms of morbidity which you will meet with at this time, and should lead you to associate with the wholly different kind of causation that prevails in adult life, an equally distinct course, manifestation, and termination of the morbid phenomena to what you will find at other epochs of existence, with indications also of the necessarily different plan of treatment you must employ.

Given, then, such inducements to disease as these, their effect upon the organism, or rather the way in which they produce their effects, differs in the main from the broad characteristics of unhealthy function occurring in earlier or later life. Their result is more obviously proportioned to their extent, and much more restricted in their scope. For, whilst in the child a severe illness, in which every function of the body appears almost equally to participate, may follow what seems to be but a most trifling cause, or whilst a similar excitant in the old man may lead to a disturbance of vitality, of such severity as to be fatal, yet so ill-defined and insidious in its progress as to be scarcely recognised till within a measurable distance of the termination, here, in the meridian of life, the same cause would in the majority of cases give rise to a well-marked group of symptoms almost limited to the area of morbid stimulation, or, at all events, where the distant or systemic symptoms are sufficiently distinct as to be manifestly dependent and secondary. It is from the phenomena which disease presents at this stage that the standard descriptions of our nosologies are chiefly constructed, just as, before the significance of evolution was appreciated, the characters of animals and plants for purposes of typical description and classification were entirely taken from their adult state. The contrast which this age presents to the preceding is most noticeable in the diminished susceptibility to peripheral disturbance and the more restricted area over which the effects of such disturbance are felt. The exalted sensibility to external impressions of the neuro-muscular system in the child, as manifested by the readiness with which convulsive symptoms are induced, is considerably diminished in adult life, although affections of these organs are not wanting at this period.

From the point of view of the material structure of the body, the diseases of this age are as distinctive as they are in their causation. The increased coherence of the tissues, their greater firmness and rigidity, with diminished, yet sufficient, permeability, restricts the readiness to serous or hæmorrhagic effusions, so much commoner at earlier ages. The standard pitch of integrity of the tissues in their physico-chemical and vital aspects is the anatomical expression of maturity, just as the complete performance of healthy living represents the physiological acme. The living elements of the tissues are now more confined by a "formed material," which contributes to form the greater bulk of the body as in earlier days the protoplasmic units were in excess. Such a difference must suggest a variation also in the susceptibility to disease and in the manifestation of disease when once established.

Again, maturity is pre-eminently the period at which the temperaments exert their dominant influence. The expressions of these various states, both in configuration of body and manner of being, I shall refer to later;

here it is sufficient to say that these inborn tendencies manifest themselves to their fullest at this time of life, to sink into significance as decline sets in, finally to be replaced by that association of phenomena aptly described as the "senile cachexia."<sup>2</sup> These are the factors which, largely determining the "character" of the individual, sway him to those wilful excesses which I have referred to as being especially active in the causation of disease.

Since, then, the risk to disease of almost all the organs is about equal, as any may be the victims of excess, the enumeration of the maladies which may occur at this period would be but to repeat to you the nomenclature of disease as set forth by the Royal College of Physicians, excluding only those affections which the organisations peculiar to infancy, childhood, youth, and old age limit to those seasons. The digestive organs, from their frequency of abnormal irritation, are very commonly affected, most frequently in a transient and recoverable manner, although sometimes by frequent repetition a habit of disease becomes established which acquires a permanent hold. Affections of the pulmonary organs may be described almost in the same terms, remembering, however, the marked predominance of phthisis, which produces a larger mortality at this earlier period than dyspeptic diseases do. The liability to acute rheumatism, which is at its greatest from about 16 to 25, that is, immediately preceding the establishment of complete maturity, still continues to be considerable up to 35 years of age. Many of the acute specific fevers, as varicella, scarcely occur during this period of life, and all are rare. Typhoid fever, for example, was considered by Murchison to be most frequent between 15 and 20, though liable to occur at any age, and Dr. Broadbent speaks of it as most common in adolescence and the first decade of adult life. In regard to the diseases of that system, which combines with its more restricted functions of governing movement and the reception of impressions the widely diffused control of tissue nutrition, a similar freedom would appear generally to prevail. Such affections as chorea and epilepsy, so characteristic of the first period of life, though still occurring, do so with much less frequency, and certainly so as a first attack. Putting aside cases of nervous disease caused by syphilis or injury, I cannot point to any malady of those organs which may be said to prevail during mature life. The hysterical girl may grow into the hysterical woman; and the perverseness of temperament manifested by the hypochondriac or melancholic may develop at this period, but, on the whole, there is no inherent proclivity to mental disease, except of an hereditary character. The establishment of stability and regularity in the nervous functions, has diminished the risk of disturbance, even if it have not caused to disappear many of the neuroses which the evolution of the organism in the previous period had conditioned.

But, although I describe the morbidity of this period as mainly of an accidental and fortuitous character, rather than inherently induced, at the transitional epochs, from the preceding and to the succeeding stages, very evident morbid imminences prevail. Especially is this seen in the later years of maturity, with commencing decline, and, indeed, until old age is fairly established. Decline, as I have said, usually commences at about 55 to 60 years of age, it being preceded in women about 10 years by the cessation of the catamenia. Associated with this "change of life" are many morbid manifestations which will more suitably be treated of when I speak of sex, but, except in the one respect of arrested reproductive power, the menopause is not to be regarded as the commencing

<sup>2</sup> De l'influence des Ages sur les maladies, par A. N. Gendrin, 1840.



decline, since women very commonly enjoy perfect and even improved health for some years after menstruation has ceased and before old age sets in. Frequently, however, at about this period in both sexes are sown the first seeds of the disease which, accidents apart, will eventuate in the final illness. The growing disposition to that degenerate condition of structure which is the normal of old age, as the opposite extreme distinguishes infancy, finds expression in the obesity which, especially in women, marks the decline. The excessive deposition of fat, itself an expression of impaired nutrition, may by the very pressure it induces on the organs and tissue-elements seriously diminish the general vitality. The gradual deterioration of the elasticity of the tissues, and their liability to distension, are seen in the greater fulness of the venous system, with the congestion and hæmorrhage which such plethora favours. Now begin to occur cerebral apoplexies, pulmonary congestions, hæmatemesis and hæmaturia, whilst hæmorrhoids are a common complaint. Acute inflammatory diseases become rarer, and disease in general, however caused, tends to assume a more chronic character than it has done previously. The errors of diet, long persisted in, have at last told on the alimentary and excretory organs, and dyspepsia has become confirmed, whilst the kidneys, from the prolonged stimulation of irritant excreta, exhibit grave evidences of disease. "The transition from virility to the period of decline," says Michael Levy, "fixes in the organism maladies which, dating from a previous period, have not been obliterated by this revolution of age; it impresses on them the *cachet* of an irremediable chronicity; and, if it do not convert them into habits which are harmless to the economy, lays the foundation in the organism of those influences which sooner or later will be fatal."<sup>3</sup>

A remarkable feature of later middle life is that after the tissues have been maintained for years at a normal standard of structural integrity there arises very frequently a liability to perversion of nutrition which results in the evolution of new growths which are not homologous to the texture in which they occur. Such are carcinomas. Short of such a marked departure as these exhibit, tumours of other types, which do more or less closely correspond to the structures of the tissues they occupy, are frequently met with. I cannot enter here into the speculations which this subject suggests, suffice it to say that before the body declines into that typical decay of old age, whilst the tissues are still at their highest point of structural and functional perfection, by what would seem a misdirected effort of vitality, some new growth is developed which exerts a fatal influence over the entire nutrition of the body. Cancers, although of occasional occurrence in childhood, are most prevalent from 40 to 60 years of age, and with marked frequency first appear in perfectly healthy individuals.

That old age of itself confers an aptitude to disease is certain. But "there is probably no one disease which is met with only in advanced age; rather is it that many which prevail at certain periods are wanting then. The degeneration of every tissue and organ entails a failure in function; and should this failure predominate in any one system we have some exception to what may be taken as the normal standard of the senile state, and therefore a disease of it."<sup>4</sup> "Man kills himself rather than dies," says Flourens, and it is of exceptional rarity that a person dies simply of old age, where the organs present a uniform deterioration, without positive disease in any one. It may not be forgotten that the healthy characters of old age if anticipated in occurrence are to be regarded as signs of

disease, and hence, therefore, a person should look his age and not older. Much judgment, to be attained only by practice and observation, is required to rightly estimate the bodily appearance at various ages; but as a factor in forming a diagnosis it frequently becomes valuable and hence worthy of cultivation. The conditions which favour the occurrence of disease at this period of life are to be found in the degenerations of the tissues which is the normal feature of this age; though why, when a standard of perfection has been reached and maintained, a decline from that should as a matter of fact follow, we can see no shadow of explanation for. Since the elements of the tissues are altered in their intimate molecular constitution, evidenced by the visible and chemical changes in their appearances and composition, it follows that the functional capability, itself dependent on this same constitution, must be altered likewise. In other words, as the structure degenerates the functions are enfeebled and the whole vitality impaired. So long as this affects the various organs of the body in equal proportions a manner of life healthy to this age (but very far from being so if occurring earlier) is pursued and may terminate, as I have said, in rare instances, in what may be termed a normal death. This is supposing the individual have not acquired in some former period a distinctly established habit of disease; but by far the greater number of persons enter on advanced life with some clearly defined disease of one or more organs. Those maladies which I enumerated as appearing in the later years of middle life continue on with growing force, and either of themselves lead to death or reduce the body to such a condition as to allow a fatal effect from some acquired ailment, induced, perhaps, by an environment which would be quite suitable at a previous age, but which, for the enfeebled susceptible tissues of the old, is sufficient to lead to illness.

The maladies of the last period of life then are chiefly those which have continued on from the previous stage, and, hence, are most varied in character. "In old age," says Hippocrates,<sup>5</sup> "men are subject to asthmas, defluxions, coughs, stranguries, pains of the joints, diseases of the kidneys, vertigo, apoplexies, cachexy, itchings of the body, watchings, tumours of the intestines, eyes, and nose, dimness of sight, glaucoma, and deafness." Those which are acquired at this time are usually, in themselves, but slight; "the last straw," which crushes out the lamp of light. Most commonly are they catarrhal affections of the pulmonary organs or intestines, and a little bronchitis, or a slight diarrhoea is the immediate cause of death in very many cases. The greater dependency of the aged, and their lessened ability to resist adverse influences, combine with the ever increasing death tendency to confer on this period an aptitude for diseases only equalled in the earliest days of life.

The general character of illness at this time is very distinct from that of the maladies of growing and mature life. Their essential features are an insidiousness of progress and an obscurity in symptoms. The diseases, in short, require looking for, the patient appears to be a "little out of sorts," only ailing, and yet it may be the illness from which he will never recover, whilst scarcely manifesting any definite symptom that would point to the organs mainly involved. How different from the infantile sickness in which the whole body shares, and when the real disease is hidden in an exuberance of symptoms, or from the well-defined maladies of adult life. The withdrawal of what has been termed the 'peripheral life' to the interior, as seen in the decreasing power of the senses, the wasted skin and enfeebled muscles, with the concentration of the remaining vitality upon the central organs of vege-

<sup>3</sup> Hygiène publique et privée. 5th edition, 1869.

<sup>4</sup> See article "Senility" in Quain's Dictionary of Medicine, by the writer.

<sup>5</sup> Aphorisms, Sect. iii., 31.



tative life, which distinguish senility, impress their characters on its diseases, which develop and end often unrecognised from lack of manifestation.

There yet remains one question, in connection with the bearing of age upon diseases, of the greatest interest and importance. Time does not permit a lengthened examination of it, and I must refer you to Mr. Sedgwick's articles<sup>6</sup> on the influence of age in hereditary disease, but the following quotation from one of his papers will sufficiently indicate the nature of the subject. "Apart from the natural tendency in certain diseases and defects to appear at one period, whether of foetal or air-breathing life, it may, moreover, be noticed that when disease is developed in connection with heredity, especially during the air-breathing life, there is frequently a well-marked limitation by age which is independent of any preference for a particular epoch in the development of the body; the recurrence of the disease in such cases being regulated by the age at which it first attacked the ancestor from whom it was received, or the first member of the family to whom it could be traced; and even if this has happened to be at some exceptional period of life the disease is still apt to be restricted to that age, when it subsequently reappears either in the succeeding offspring or in the more remote descendants. It will, perhaps, without much hesitation, be acknowledged that limitation by age in hereditary disease is, strictly speaking, nothing more than an illustration of the influence of time on development, and that it is one of the results consequent on the changes occurring in the system being progressive."

I have thus placed before you what appear to me to be the most important considerations in respect to the influence exerted by age upon disease. You will have observed that successive periods of life are marked by certain characters of structure and function, and that the diseases of each period have for the most part generally distinctive features. Such information as I have here given should clearly be possessed by you before you enquire the age of your patient, for without it you cannot appreciate the significance of the reply you receive, and in proportion to your failure in this direction do you fall short in the completeness of your diagnosis. Armed with this information, you approach your patient in a much better position to investigate his condition, for a knowledge of the age, and the liabilities it confers, will of itself suggest some of your questions and assist in putting you on the road to discover what is wrong, whilst in the prognosis and treatment its importance is equally considerable.

<sup>6</sup> "British and Foreign Medico-Chirurgical Review," 1866, i., 1867, i., ii.

## APPOINTMENTS FOR THE WEEK.

*Friday, November 20 (this day).*

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 1, Adam Street, Adelphi, 8.30 p.m.—Dr. Heron, on "Koeh's Cholera Organism," with demonstrations.

*Monday, November 23.*

MEDICAL SOCIETY, 8.30 p.m.—Mr. A. Pearee Gould, "Cases of Sarcoma rapidly following upon Injury"; Mr. Walter Pye, "Pyæmia after Removal of a Sarcoma from the Base of the Skull."

*Tuesday, November 24.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 p.m.—Mr. Arthur Barker, "On the Distribution of Bacillus Anthracis in the Human Skin in Malignant Pustule"; Dr. John Harley, "A Case of Acute Tubercle of the Liver agreeing completely with the so-called Actinomyces." A series of microscopic specimens illustrative of Dr. Harley's paper will be on view at 8 p.m.

ANTHROPOLOGICAL INSTITUTE, 8 p.m.—Mr. C. H. Read, "Exhibition of Ethnological Objects from Tierra del Fuego"; Dr. J. E. Billings, Washington, U.S.A., "Exhibition of Composite Photographs of Skulls," &c.

*Friday, November 27.*

CLINICAL SOCIETY, 8.30 p.m.—Mr. Barwell, "A Case of Gastrostomy"; Mr. Dent, "A Case of Gastrostomy"; Mr. John Morgan, "A Case of Gastrostomy"; Mr. Golding Bird, "Jejunostomy in Cases of Cancer of Pylorus." Living specimens: Dr. Felix Semon, "A Case of Congenital Malformations (Web between Vocal Cords, and Coloboma of Eyelid); Dr. C. R. Walker, "A Case of Myxœdema"; Dr. T. D. Savill, "A Case of Myxœdema."

# Medical Times and Gazette.

SATURDAY, NOVEMBER 21, 1885.

THE thirty-eighth session of the General Medical Council was opened on Tuesday last, when the President gave his usual address, indicating the business which was to be laid before the members. After admitting that the present session had been necessitated by the action of the Irish Branch Council, he proceeded to express his belief that an autumn session would, in future, always be necessary for the conduct of legal and other business, leaving the Council free to devote their whole energies to the conduct of educational business at the ordinary meeting in the early part of the year. The disagreement which had arisen in regard to the passing of the preliminary examination in mechanics in Ireland, and the case of the Queen's Colleges of Belfast, Cork, and Galway, were next alluded to. After a brief reference to the new Pharmacopœia which had been issued since the last session, mention was made of Mr. Marshall's expected communication on the results of a statistical enquiry conducted by himself. Sir Henry Acland concluded his address with some general remarks on the position of the profession, and on the prospect or otherwise of a union between the various licensing bodies. The redecoration of the room, and the improvements that have been effected in the matter of ventilation, reflect considerable credit upon those to whom these matters had been entrusted.

THE first business consisted of a series of notices from various licensing bodies, notifying that certain offenders had been removed from their respective rolls, and in one case of a certificate that a qualified practitioner had been convicted of a felonious attempt to procure miscarriage and sentenced to ten years' penal



servitude; the name and qualifications of this person were struck off the Register. A long and important discussion arose on one of these cases in consequence of the refusal of Dr. Aquilla Smith to state the nature of the offence for which the person had been deprived of his diploma. In the end the Council decided to defer the consideration of this particular case until information was before them as to his wrong-doing. The discussion was vigorously kept up, some being of opinion that the Council had no option in the matter if they wished their Register to be correct, but must at once remove any qualification from the Register, the holder of which had already been deprived of it by the body which originally granted it. The position of these gentlemen seems at first sight a very strong one; the person in question is no longer, as a matter of fact, a member or licentiate of the particular licensing body, but the arguments, on the other hand, seem of greater weight. The Act specifically states that the qualification of any person may be removed from the Register if the Council see fit. Unless these words have no meaning, it must have been intended, when the clause was framed, that the Council should have the power to leave a person on the Register even though he had ceased to be on the roll of any of the licensing boards. It was evident that the majority of the Council were of opinion that the latter was most consistent with their duties.

WE could suggest an even stronger hypothetical case than that put by Sir Henry Pitman as indicating that the Council ought not blindly to remove a man from their Register. We will suppose that a man was practising with no other registrable qualification than the M.R.C.P. of London, and that it came to the notice of the College that this man was in partnership with another practitioner. As we understand their by-laws, the college could not allow him to remain a member if he persisted in his partnership. He would, therefore, cease to have a registrable qualification, but surely even the most ardent sticklers for the accuracy of the Register would not deprive him of his right to practise upon such a ground as this, when they had learnt the true nature of the charge for which he had been dismembered. The discussion, which arose out of a piece of dental business on Thursday afternoon, tended clearly to show the correctness of this assumption, and, although Dr. Quain's contention that the Council must not discuss the conduct of the corporate bodies is a very just one, yet, on the other hand the Council must not allow the action of those bodies to be in any way binding upon them. It would probably save a great deal of the time of the Council in the future if the practice of registering the qualifications were given up. Let a man produce a registrable qualification, and then his *name* can be placed on the Register. It seems to us that the Register must not be regarded as the legal indication of a man's qualifications; only a proportion of the practitioners think it necessary to register all their qualifications, and no one would seriously argue that a Fellow of the College of Physicians was only a Member of that body because he had not thought it worth while to expend

five shillings in registering his promotion. Otherwise the Register is full of inaccuracies at the present moment.

THE rest of Tuesday afternoon was taken up with the business which was the prime cause of the summoning the Council for this session, viz., the position of affairs in regard to the Queen's Colleges of Galway, Belfast, and Cork, and the action of the Executive Committee in relation thereto. On the last day of a very long session in the earlier part of this year, as our readers will remember, when all the members were really anxious to get away, Professor Haughton, as chairman of the Committee on the preliminary subjects question, moved that the above-named colleges be removed from those whose examinations are recognised by the Council, alleging that they had ignored the repeated requests of the Registrar for information, and that there were other reasons for the step, which he would give on a more suitable occasion. Thus invited, the Council did not stay to consider the meaning of the step, but struck the three bodies off their list forthwith. Of course these immediately protested, and the Executive Committee very naturally ordered things to be restored to the *status quo* until the matter should have been more fully considered by the Council. The required papers having been sent in, they were referred to a small committee, Professor Haughton announcing that he had no other objection to these bodies being on the list except their neglect to supply the information asked for. A half attempt on the part of Dr. Lyons to censure the Executive Committee for their action in nullifying a decision of the Council drew from the President a simple statement of the case, in which he fully justified the line adopted. On Wednesday, after some considerable time had been consumed in considering the Standing Orders in reference to procedure in the matter of removing names from the Register, Mr. Marshall brought up an *ad interim* report of the Statistical Committee, which contained many facts of interest and evidently represented an enormous amount of labour, but to which it would be quite impossible to do justice in a few lines. A report from the Pharmacopœia Committee was adopted, authorising the present Committee to act as a Standing Committee and publish, as may be necessary, any changes or additions to the Pharmacopœia. A communication from the Local Government Board, asking for information as to whether the licence of the Society of Apothecaries would now convey a licence to practise surgery, gave rise to a prolonged discussion. The defence of the Society in question was undertaken at great length and with much skill by Mr. Simon, and Mr. Teale and Dr. Heron Watson both showed that they had grasped the great importance, and at the same time the great difficulty, of the subject, and the day finished without any decision having been arrived at as to what, if any, answer should be sent.

At the meeting of the Ophthalmological Society on the 12th instant there were as usual several living specimens, drawings, and instruments shown. Mr. Lang read a paper on peniphigus of the conjunctiva,



a condition which all must admit to be very rare, seeing that only one case has hitherto been recorded in this country, and that so experienced an observer as Mr. Hutchinson has never met with an instance at all. Now, however, that attention has once again been called to the affection, it is by no means improbable that other cases will be recognised. Mr. Jessop read a paper relative to what we believe to be a unique variety of pupillary changes during the associated movements of the eyes. The patient was or had been the subject of so many abnormal states, both inherited, traumatic, and acquired, that his case was unusually complicated, but he presented three definite and distinct pupillary symptoms, viz., loss of light reflex, loss of sensory reflex, and dilatation of the pupil in association with outward excursions of the globe. Nothing short of a new centre beneath the aqueduct of Sylvius appeared to Mr. Jessop to afford a satisfactory explanation of this unusual group of phenomena. Mr. Snell contributed a paper on deep-seated foreign bodies in the eye, a subject to which he has, as is well known, devoted especial attention. Mr. Nettleship raised a question of great moment in asking for experience as to evil results attributable to cocaine, and, though it is probable that most of the mishaps which he and subsequent speakers were inclined to attribute to this drug were due to the solution used not being quite fresh, still it is by no means certain that this explanation covers all the cases, and it behoves all who use it to closely study their results.

ON Friday, in accordance with a prior announcement, an additional meeting was held for the purpose of hearing Dr. Hughlings Jackson deliver the Bowman Lecture. Founded a little more than a year ago, to commemorate the eminent services of Sir William Bowman, not only to the Society, of which he was the first President, but to the profession and the public at large, by his contributions to ophthalmic science and practice, this lecture bids fair to become one of the chief features of the Ophthalmological Society. As our readers have the opportunity of studying for themselves the masterly analysis of certain of the phenomena connected with the epileptic state contained in Dr. Jackson's thoughtful paper, we need not further allude to it at present, except to say that it was a grand address, worthy of the great occasion on which it was delivered. The proceedings were brought to a close by a vote of thanks to the lecturer, accorded by acclamation on the proposition of Sir William Gull, whose few remarks were in his best style. Mr. Macnamara briefly seconded the vote of thanks. After the meeting the members and visitors were most hospitably entertained by the President of the Society.

THE rival attractions of the Bowman Lecture were not sufficient to cause any appreciable desertion of the Clinical Society on Friday last, a full attendance of members being present. The subject of Purulent Peritonitis was introduced in a paper by Dr. Samuel West, and gave rise to a practical discussion upon the diagnostic features of the disease. Dr. Charles West,

amongst others, took part in the debate, his re-appearance as a working member of the London Societies being gracefully welcomed from the chair. That considerable difficulty must always attend the distinctive diagnosis between purulent peritonitis and mechanical obstruction of the bowels was made very evident by the recorded experience of the surgeons, more than one of whom were able to quote from their own case-books the history of an operation actually undertaken before the error in diagnosis was discovered. It appeared to be generally accepted that a truly idiopathic form of purulent peritonitis may exist, although in the very large majority of cases some local cause can be found if it be carefully sought for. A long and somewhat minute account by Mr. Rivington of an operation performed by him for the relief of femoral aneurysm did not give rise to any discussion, but was supplemented by the history of a remarkable case of aneurysm of the profunda femoris, by Mr. Golding-Bird. A short clinical account of a case of nitric acid poisoning was communicated by Dr. Duckworth, the special feature of the case being the production of hæmaturia during the most acute stage. A long array of living specimens occupied the attention of many of the members until the reading of the first paper was nearly concluded, but none of them were illustrative of any of the subjects discussed at the meeting.

THE communications by Mr. Sutton and Mr. Shattock to the Pathological Society last Tuesday evening were of the greatest interest; the latter dealt with the subject of iridescent calculi, of which he showed a beautiful series of preparations and drawings. His suggestion that albuminuria may have a share in the formation of this particular class of calculi seems to be probably correct, and will, we hope, be borne in mind by those who endeavour to investigate this subject in the future. Mr. Sutton detailed the results of an investigation into the nature of ovarian cysts in animals, arriving at some interesting and important conclusions which have a direct bearing on the subject of cysts in the human ovary. The President brought an almost unique instance of ante-mortem thrombosis in the heart, and Mr. Lockwood showed some dissections and casts of contracted fasciæ, in one of which the disease was associated with a deposit of urate of soda in the fascia. Dr. Chaffey read a long account of a fatal case of hæmorrhage into the grey matter of the spinal cord of a child, and Dr. Moore showed a specimen of gummata in the liver from a case of congenital syphilis. Dr. Hale White brought a liver showing the effects of tight constriction on one portion of it, and he also showed, for Dr. Rake of Trinidad, some hands and feet from cases of anæsthetic leprosy.

THE quarterly meeting of the Medico-Psychological Association was held at Bethlem Hospital on Tuesday, the 17th instant, Dr. H. Rayner presiding in the absence of Dr. Eames, the President for the year. Dr. Conolly Norman read a paper "On some Points in Irish Lunacy Law," in which he explained the different mode of procedure which existed in Ireland in regard



to the admission and discharge of pauper lunatics, and urged the great desirability of assimilating the lunacy laws throughout the United Kingdom. Dr. Hack Tuke read a paper "On a recent visit to Gheel." In the discussion which followed, Dr. Savage and Dr. Pritchard Davies, who had also visited Gheel, gave their experience on the subject, concurring with Dr. Hack Tuke's statements as to the somewhat dull appearance of the place and the moral dangers and difficulties involved in the supervision of so large an area, but at the same time fully recognizing the care and kindness of the authorities.

At the next meeting of the Royal Medical and Chirurgical Society, on the 24th inst., Mr. Barker's paper on the "Distribution of *Bacillus Anthracis* in the Human Skin in Malignant Pustule" will be read, and also one by Dr. John Harley on a case of "Tubercle of the Liver," in which the appearances of actinomycosis are presented. In this paper the question will be raised as to the reality of the so-called actinomycosis.

THE Council of the College of Surgeons have decided *unanimously* that Members of the College shall not be granted the right of electing to, or putting up for, the Council; but they have shown the germ of a growing courtesy in deigning to explain to the Members the reasons for their decision. These reasons will be conveyed to the Fellows and Members at a meeting on December 17th in a statement clearly conveying the Council's "*decided opinion* that it would not be for the good of the College that the Members generally should vote at the election of members of Council." The statement will also contain the reasons which make it impracticable, in the Council's opinion, to give effect to the resolution passed at the meeting of Fellows and Members on October 29th, to the effect "that no alteration in the constitution, or in the relations of the College, or in any of its by-laws or ordinances, shall be effected without the consent of the Fellows and Members convened to discuss such alterations." As a set-off to their decision not to accept any of the proposals which have been pressed upon them, and perhaps as in some respects a sop to some of their body for not spoiling their unanimity, the Council are engaged in considering whether they cannot widen the basis upon which the Fellowship is obtained. That looks as if they meditate depriving the Members of what little strength and union they have shown by holding out to the more prominent amongst them the bribe of the Fellowship.

It is pretty clear to the onlookers that in this little diplomatic contest between the Council of the College and the Members' Association the latter body is distinctly overmatched. So far, the Council have certainly got the best of it, owing to the astuteness with which they have seized the advantage afforded them by the inconsiderate tongues of the Members. The useless and indecorous abuse indulged in at the last meeting of Fellows and Members, which was certainly not sufficiently discouraged or disavowed at the time by the representatives of the Association, has naturally

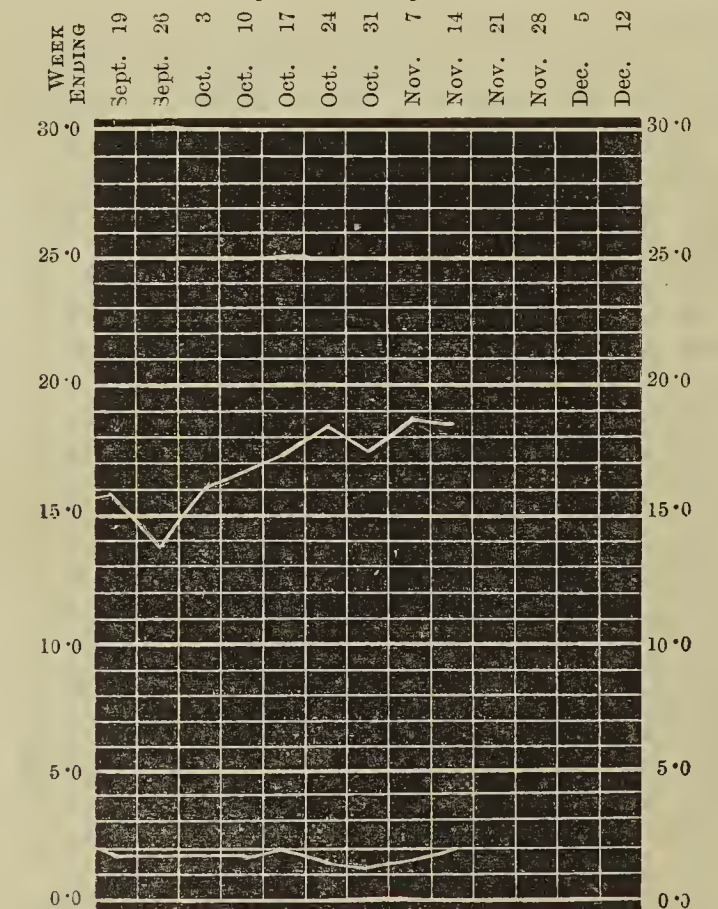
alienated the sympathies of the reforming minority in the Council and driven them into the arms of the more conservative majority. It has also, though perhaps to a smaller extent, disgusted many of the independent Fellows, and even some of those Members who were before inclined to throw themselves into the movement directed by the Members' Association. It remains to be seen whether the Council will succeed in detaching the more eminent of the Members from their sympathy with the Association by transferring them to the higher grade. In any case, it is obvious that the Members' Association have a difficult task before them, though there is not the slightest reason to despair of ultimate success. The action of the Council may possibly strengthen the hands of the Association, just as the action of some of the more irresponsible Members of the Association has strengthened the hands of the Council. But it is incumbent on the Association to act with wariness and forethought. They have to deal with men more able, more practised in affairs, more subtle, and probably more determined than themselves, and another false step may ruin the whole movement. One thing is clear; a bridle must be put on unruly speech. If the Association is to live and prosper in its mission, there must be no repetition of the painful incidents of the last meeting in the College theatre. At that meeting it appeared as if the Council were on its trial. At the next meeting, on December 17th, the positions will be reversed. It will then be the Association that will be on its trial.

WE have not been always able to approve of the acts or objects of the Medical Defence Association, because we feel that a too rigid insistence on rights is very apt to place the profession in a position of antagonism to the public, and to imperil that popular goodwill which we are sure all of us value more highly than the exactment to the last letter of all our just dues. But we are thoroughly in accord with the recent action of the Association in respect to the hard case of Dr. Collie, and we cordially endorse almost every word of the temperate memorial which they have sent to the Local Government Board and the Asylums Board managers. We thoroughly agree that "to throw Dr. Collie out of office and practically make a wreck of his career would be a hardship altogether out of proportion to faults which we would not for a moment extenuate, but which we feel were the necessary results of a bad system rather than errors pertaining to one particular and grievously overtaxed medical officer." We trust that the managers will do all that is in their power to repair the injustice which has been perpetrated by them in a moment of perhaps righteous indignation, and confirmed by the Local Government Board with a weakness for which the same excuse cannot be offered. The treatment of Dr. Collie, hard as it is individually, involves a principle, and no rest ought to be given to the Central Board until its officials have been forced to open their eyes to the probable results of the course they have initiated. They now obtain, for comparatively trifling salaries, the services of able men who would easily be



able to make thrice the income if they entered into ordinary practice, but who have been tempted into the service of the Board in the belief that they are thereby avoiding the risks and competition incidental to more remunerative fields of work. If Dr. Collie be sacrificed for the sins of his lay colleagues, the carelessness of the managers, and the supine indifference of the Local Government Board, the security of tenure which service under the latter body is supposed to imply will be at an end. No medical practitioner in the poor law service will, in future, be able to make sure of his position ; he will be entirely at the mercy of his own Board, and that independence which is one of the conditions of efficient work will be, all over England, a thing of the past. At a time when every one is demanding that Medical Officers of Health shall be irremovable except by the Central Board, the action of that Board in Dr. Collie's case is a step which is distinctly retrograde. The Board has not acted with the strength and justice which we are entitled to expect of a powerful Government Department. When we remember that, as stated by Dr. MacLagan in his letter to the *Times*, it was largely due to Dr. Collie's untiring efforts that London was saved last year from an appalling epidemic of small-pox, it is difficult to write of the treatment he has received in words that approach to temperateness.

THE death-rate of London experienced a further slight rise last week, and reached 19·6 per 1,000, but the deaths were still 170 below the average. This fortunate deficiency is mainly attributable to the



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past nine weeks.

comparatively slight prevalence of zymotic disease, the number of deaths from them last week, viz., 158, having been exactly two-thirds of the average number.

There was a considerable rise, however, in the mortality from measles, the 51 deaths from which exceeded the average by 7. Diphtheria was also unusually fatal, exacting 26 victims, or 10 more than the average. The 19 deaths from scarlet fever, on the other hand, were as many as 54 below the average. The deaths from diarrhoea and typhoid were also below the average, but those from whooping-cough were well above it. The deaths of three Londoners were recorded in the week from small-pox. There was one more death from hydrophobia, and nine from puerperal fever. The 418 deaths from respiratory disease were nearly up to the average. The health of the 28 large towns as measured by the death-rate was satisfactory, 17 of them having a rate below 20, and only one, viz., Preston, a rate of more than 25 per 1,000.

STRANGE shifts are common at General Election time, but we have never before heard of one party bodily appropriating a manifesto issued by the other party at a previous election. This, however, has been done with great effect by the supporters of Mr. Erichsen, whose candidature for the Universities of Edinburgh and St. Andrew's has, we are glad to hear, been most favourably received by the constituency. Just before the last General Election a circular, signed by Sir Robert Christison and other Edinburgh Professors, was issued by the Conservative party, upholding the claims of Mr. Bickersteth, the well-known Liverpool surgeon, against those of Sir Lyon Playfair, mainly on the ground of his being a medical man. The circular was an able one, but unfortunately, as the Conservatives have gone back on the opinions expressed in it, and are opposing a better medical candidate than even Mr. Bickersteth, it is likely to be of more use to their opponents than it ever was to themselves. They are, in fact, "hoist with their own petard."

MR. ERICHSEN has addressed a letter to the Medical Members of the General Council of the Universities of Edinburgh and St. Andrews, in which he states succinctly what is to be expected of a medical M.P. He is to devote himself to such legislation as is specially connected with questions that affect the education, the practice, and the status of the medical man, and that regulate his relations to the public. He is to interest himself in all legislative measures based upon medical and sanitary science, and having a direct bearing on the physical well-being of the nation, which now receive such inadequate and half-hearted attention. He is to strive to correct the abuse of medical charity ; to provide that the public should be more efficiently protected against unregistered practitioners ; and to strengthen the hands and reconsider the constitution of the Medical Council of Education and Registration. Mr. Erichsen himself is opposed to all unnecessary State interference in the control of medical education and examinations, as well as to the scheme for giving two of the London Medical Corporations the power to confer degrees in medicine ; but is in favour of the creation of a Minister of Public Health. "Surely a wise physician, or an enlightened sanitary reformer, is a person as likely as any other to add to the dignity and usefulness of the Privy Council, or of the House



of Lords." On such secondary questions as those of Compulsory Vaccination, the operation of the Contagious Diseases Acts, the Amendment of the Lunacy Laws and Quarantine, he will act in accordance with the received opinions on these subjects of the most enlightened members of our profession.

THREE phases can almost invariably be traced in the life history of new remedies. The first is that of rapid ascent to the pinnacle of popularity, till all the world rings with the marvellous powers and apparent infallibility of the new-found talisman. Then comes a more sober and level course. Experiments and investigations begin to be instituted by practical observers, and the truth begins to leak out that, although endowed with very marked powers to disturb normal physiological processes, the drug is at times disappointingly inactive in its effect upon diseased tissues. Sooner or later in this stage, however, it is quite certain to be found to be infallible in sea-sickness! Then follows a stage in which the reverse of the medal is directed to the public view. The new drug is found to possess unpleasantly toxic properties when used with the confidence which is engendered of too great familiarity. It is to this stage that cocaine has now, in the natural sequence of events, duly arrived. A warning note comes from Germany, which will probably be echoed before long in the medical schools nearer home. Dr. Bresgen, of Frankfurt, who has had the opportunity of observing the milder forms of cocaine poisoning, especially after the application of the drug to the nasal mucous membrane, records two cases which deserve no ordinary attention, since the poisoned persons were the writer of the paper and his wife. In the case of the lady, a smaller dose was employed, and in both the solution of cocaine was introduced in three drops into the nostrils. The symptoms produced were, first, a feeling of general chill, increasing to absolute shivering, a preliminary exaltation of spirits, followed by depression, feelings of nausea in the throat, staring eyes, and a vacant expression. With difficulty of speaking and thinking there was combined an extraordinary degree of wakefulness. The gait was unsteady, and a feeling of almost paralytic weakness of the limbs was noted. The appetite was lost, and there was, indeed, an absolute loathing of food. These symptoms persisted in greater or less degree for twenty hours. Dr. Bresgen does not accept the view that the whole of them can have been set up by the quantity of the solution absorbed from the mucous membrane of the nose, but rather believes that a large proportion of the cocaine must have made its way into the stomach. He, therefore, advocates the use of a sound, tipped with cocainised cotton wool, in preference to the less cautious method of introducing the drug by dropping, which he employed in his own case.

MR. A. J. DUFFIELD writes to us as follows:—I see by the papers that Dr. Wicherkiewicz has been making trial of Professor Manassein's remedy for sea-sickness—cocaine—and confirms the St. Petersburg professor's high opinion of its value. If a layman's experience be of any worth, let me say that twenty years ago, when returning home from Peru, I brought

with me some 50 lbs. weight of fresh leaves of the coca, and proceeded to experiment on some miserable fellow-passengers who were suffering from sea-sickness by means of a straw-coloured decoction of these leaves. They were all adults—ladies, priests, and Peruvian poets. Every one of the patients fell asleep on drinking a large breakfast-cupful of my tea. They were all cured. But, on changing from the Pacific to the Caribbean Sea, the malady again attacked the priests and the poets—the women were not attacked—and again a single cup of coca-tea had the same effect as before. Much of course depends on the leaves being freshly gathered.

OUR Edinburgh correspondent writes:—The medical classes here are now in full working order, and it is reported that the numbers exceed those of last year by upwards of 50. The class-rooms of the extra-mural lecturers are likewise well filled, so that the school as a whole shows no signs of falling off. As a result of the recent judicial decision regarding the publication of notes of lecturers, a small volume, embodying the gist of the course of Pathology in the University, has been issued. The occupant of this chair, in his introductory lecture, spoke in rather bitter terms regarding the probable effects of this decision. Among other evil results he predicted that lecturers would henceforth, in order to protect themselves, withdraw from their ordinary prelections all original ideas and results, and treat their students merely to a *résumé* of the ordinary matters of the text-books. I doubt if many people will be alarmed at the prospects of this contingency. It might be an interesting, but would not be a difficult, calculation to estimate the gain to science per annum from the original ideas promulgated by the entire medical faculty of our University. Would they be much missed from the courses of lectures? Hardly.

At the opening meetings of the Medico-Chirurgical and Obstetric Societies of Edinburgh, held on the 4th and 11th instant respectively, Professor Grainger Stewart was elected President of the former, and Dr. Halliday Croom of the latter. Both Societies, judging from the value of the papers and discussions contributed during the past session, are in a prosperous and active condition, and it is not likely that they will lose ground during the tenure of office of the new Presidents. Dr. Byrom Bramwell having resigned the Pathologistship to the Royal Infirmary, consequent on his appointment as Assistant Physician, the managers resolved to appoint two gentlemen to undertake the duties of the office, and on Monday elected Dr. Sims Woodhead, Assistant to the Professor of Pathology, and Dr. Alexander Bruce, Lecturer on Pathology, School of Medicine, to the vacant office. The contest was a keen one, and evoked a good deal of interest. The selection must have been a difficult one, as all the candidates had high claims. Some time ago Dr. Thomas Keith, who has long held the office of ovariotomist to the Infirmary, applied to the managers for an assistant who should, besides assisting him during operations, be empowered to take full charge of the wards during his absence, with liberty to operate, and he nominated his son for the office. After considerable delay and, as it is rumoured, some acrimonious



correspondence, the request was agreed to, and his son's appointment confirmed. This mode of procedure marks a new departure in the mode of election of officers in this institution, and it is to be hoped will not be regarded as a precedent. So far as we know, it is the first time that a surgeon has not only claimed a special assistant for himself, but likewise the privilege of nominating the individual for the office. It is not contended in this instance that the gentleman who has been appointed is not a fit and proper person, probably he is the most fit and proper person for the duties; but the manner of election savours of nepotism, and Edinburgh has more than once had reason to regret the results of such a practice.

#### DR. WILKS' BIRMINGHAM ADDRESS.

THE occasions are few and far between which the leading men in our profession have chosen for speaking to their brethren out of the fulness of their hearts and the wealth of life-long experience and thought on the all-important subject of the treatment of disease. Such a retrospective essay as Dr. Wilks has given us, based on his life's work in pathology and practical medicine, and informed throughout by such a measure of the true scientific spirit as is given to but few of even our leaders for their enlightenment, has a value which it is impossible to over-rate. Unlike many public addresses it is unquestionably the outcome of genuine thought on observed facts, is entirely untainted by bias, and has no other motive than to acquaint the profession with the results of the speaker's reflections on the work which has absorbed him so long. From the beginning to the end of the address, indeed, we seem to hear the author thinking aloud. Dr. Wilks has spoken on this occasion more powerfully than anyone before on the question of the drug-treatment of disease. There is a common belief that most physicians may be divided into two classes with regard to the matter, viz., those who do and those who do not "believe in drugs," and the uncritical outsider in the profession looks upon the one class as childishly credulous, the other as indolently infidel. That there is no real question raised in this popular division is clear, as there is no thought given to the meaning of the term "belief in drugs." But it is obvious that there can be but one really scientific class of physicians; those who, from the best attainable knowledge of the natural history of disease, apply to it the best attainable treatment, of whatever kind that treatment may be. Then, and then alone, will any department of treatment find its proper place. Starting from this basis, Dr. Wilks illustrates, by a wealth of examples, the real part played by the pharmaceutical remedies we have at command, and shows how sometimes they may be all important, but more often quite subordinate in their application. It is the *proper place* for the drug treatment of disease to come in, when it comes in at all, which the careful reader will find to be one of the points most thoughtfully urged in this address. And if the results of his study of pathology and of clinical medicine have led Dr. Wilks to the conclusion that, however valuable as isolated scientific enquiries the results of experimental

pharmacology may be, and however useful a few of its practical applications to therapeutics may have been found, yet it is not along this line that a great addition is likely to be made to our methods of treating disease successfully, none even of the pseudo-scientists of the day will venture to bring forward here their favourite allegation of indolent scepticism as the groundwork of such a conclusion.

We do not doubt that there are very many in the profession who will from their own knowledge and experience admit the force of all that Dr. Wilks has said, and read his remarks with all the pleasure and satisfaction that arise from seeing their own convictions confirmed and illustrated by the hand of a master. It is well known, indeed, that there are several such men, even in the highest places. But we have the greatest reason to thank Dr. Wilks for this latest utterance of his, in that but few have plainly expressed themselves to this effect to the profession at large, however much they may speak their minds in private, or even in medical consultations. Most of us, even in this day, though at heart rendering due fealty to scientific truth, carry on our cult, nevertheless, like the early Christians, in remote and hidden places, fearing to expose ourselves to the light of day, in dread of consequences; and some of us having so long dwelt in the cave of mysteries which we dare not renounce, become at last inevitably confused in vision, and mistake the shadow for the substance. How invigorating it is then to read such words as these coming from a teacher of wisdom and experience—words, which however common-place they may seem, nevertheless fall upon many deaf ears to-day; "That the medical man's calling has a necessary foundation in a knowledge of the anatomy and physiology of the human body, and that our present duty is to study disease and discover its causes. The next step will be an endeavour to remove them, and as far as we are successful in so doing we are fulfilling one of the highest objects which anyone can attain to. When all this is accomplished we make use of the best remedies we have to relieve our patients of the maladies we cannot prevent." All perhaps will verbally acknowledge the truth of this scientifically obvious dictum. But it is none the less true that the tendency of the modern therapeutical doctrines is, although often unconsciously on the part of their supporters, to run quite counter to this teaching, and to encourage a concentration of effort on the discovery of new remedies, saying that this way progress lies, to the comparative neglect of the study of the nature and causes of disease, the only real basis for successful treatment. Dr. Wilks lays especial stress on this point when he shows how little the results of the purely physiological study of the action of poisons and other drugs on the healthy body have an application to pathological conditions; and when he urges that as far as the number and action of remedies goes we are in possession of knowledge which outruns pathology and clinical medicine. It is more often, he says, a question in a case of disease as to what drug we should use, or what symptoms, if any, we should endeavour to act upon, than of finding a medicine when a true diagnostic indication is apparent. It is not new medicines which we



want, but a better knowledge of how and when to use those which we already possess. So far, he says again, from therapeutics lagging behind pathology and clinical medicine, we seem to be ever ready with drugs when we require them; and many and striking examples are given throughout the address to show that progress in medical treatment at the present time means not a multiplication of therapeutic weapons, but a better knowledge as to their proper use. Dr. Wilks in the course of his address refers at some length to the evils of medical specialism, and shows how it follows from his previous line of argument, that, with certain exceptions, it is as false in theory as it is pernicious in practice.

This sound and much wanted teaching comes with especial force from such an authority, and must have all the greater weight as emanating from a man whose devotion to scientific research is so well known. Experimental physiology has no warmer adherent than Dr. Wilks, and no one with the slightest knowledge of medicine or clearness of mental vision will see any contradiction to this position when Dr. Wilks is heard raising his voice against the misapplication of some facts ascertained by such research to complex conditions which stand in no natural relation to them, and emphasising the undoubted truth that pharmacology as such has no *necessary* connection whatever with practical therapeutics. The instructiveness and rich suggestiveness of the whole address we have been considering are such as should induce all to study it with the closest attention, and we would express the hope that the author will publish it in a separate form, so that this production of his maturest thought on a most important subject may be as widely read as possible.

### THE INDIAN CHOLERA ENQUIRY.

WE have received from the India Office a document calling itself "An Enquiry into the Ætiology of Cholera." So far from being able to join a contemporary in the opinion that "it has swept away a prodigious mare's nest" we must confess to having read it with feelings of no small disappointment. It is from first to last an *ex parte* production, to put it in the mildest form, and, if not actually penned, is throughout inspired by one man. It is Dr. Klein's work with the imprimatur of a Committee, the members of which were, with very few exceptions, unfamiliar with bacterioscopy, and committed to such views on the ætiology of cholera that their verdict was a foregone conclusion. The question of ætiology involves much more than the pathogenetic character of a particular bacillus, and we must say, with all respect for such men as Sir J. Fayrer, Sir G. Hunter, and Drs. Norman Chevers, T. Lewis, &c., that we wish that others of equal authority, but holding opposite views, as Mr. Simon, Dr. Buchanan, Dr. Pringle, or Surgeon-General Comyns, "contagionists" as they are incorrectly called, had been on the Committee, the more so as Dr. Burdon Sanderson was unable to attend any of the meetings. Before criticising the actual observations of Drs. Klein and Gibbes,

we may make a few remarks on certain statements which show their bias. They say that "If the comma-bacilli were really the contagium it is impossible to understand why direct contagion should not be a very common thing." Not at all. The Reports of the Local Government Board furnish numerous unequivocal instances of the spread of enteric fever throughout a community by water to which the evacuations of a single case have gained access, yet the direct communication of the disease from one person to another is as rare as, in our opinion, that of cholera. Again "if the evacuations were the actual *materies morbi*, such notorious immunity from cholera as is enjoyed by Versailles, by Lyons, and Birmingham, by ships on the high seas, &c., could not easily be understood." Now the evidence of such immunity is at best but doubtful, and has often broken down, and with each epidemic the number of such places is growing less. In enteric fever and in cholera alike the theory of an internal no less than that of an external germ or virus requires also the condition of a suitable "soil" and surroundings, and the apparent exemption of certain localities suggests further enquiry in this direction. When ships are put out to sea in consequence of the occurrence of cholera on board other sanitary precautions are usually taken, but the outbreak of cholera on the high seas is far from unknown. The *Corrèze* had 120 cases and 30 deaths between Saigon and Suez; but still more to the point are the stories of the *New York* and the *Swanton* which had been at sea respectively 16 and 27 days when the first cases appeared, and lost, the one seven, the other thirteen, passengers before sighting land. Nor could it be pretended that they came within a cholera area, for the whole American continent was at that time free. The same remarks apply to the success following the camping out of troops in India; cholera is not infectious in the same way as small-pox, which is little, if at all, affected by surroundings, and in such camps sanitation is efficiently carried out, the troops being also moved again and again to *fresh ground* so often as a single case makes its appearance.

Whether the name "comma bacillus" be well chosen or not, whether it be not rather a *vibrio*, whether, as shown in the subjoined figures (which we are able



to reproduce through the courtesy of the India Office), the spirilla and the comma forms may be produced out of the same cultivation by mounting them as "wet" or "dry cover" preparations respectively, are all beside the mark.

But when we come to examine the report itself more carefully, we find it hard to acquit Dr. Klein of treating his distinguished rival with scant courtesy, and in fact of misrepresenting him, if not wilfully,



certainly from prejudice. He has cultivated the cholera (?) bacillus, it is true, but he positively maintains the absolute identity with it of the commas found in simple diarrhoea, in saliva, &c., of Finkler and Prior's and even of Deneke's, on the strength of their microscopic appearances only, though Koch insists on the impossibility of distinguishing one from the other except by continued and varied cultivation. By these means Mr. Watson Cheyne in this country and a host of German observers have satisfied themselves of the specific differences between Koch's, Finkler's, and Flügge's commas, though Dr. Klein ignores their investigations entirely. That experiments on animals have been attended with so little success need surprise no one; very few specific diseases are capable of being communicated from one animal to another, anthrax, foot-and-mouth disease, glanders, rabies as hydrophobia, and tubercle being almost the sole examples of interchangeable diseases. But though Thiersch's and Burdon Sanderson's mice in pre-Listerian days no doubt died of septicæmia, though perhaps this may have been the case with those of Nicati and Rietsch, it is in the first place simply untrue that Koch did not operate anti-septically, and secondly two if not four of Watson Cheyne's guinea pigs died after duodenal injection, with symptoms which were not those of septicæmia, and were not unlike those of cholera. A modified form of this disease is the most we can reasonably expect when we consider the result, for example, of inoculating a human being and a cow respectively with what is the undoubted virus of small-pox.

We are far from maintaining that Koch has proved his bacillus or vibrio to be the immediate and efficient cause of cholera; but if it be, as he alleges, and as Cheyne and others testify, distinct and distinguishable from all others, however morphologically they may resemble it, and if it be, as they maintain, constantly present more or less in cholera, and as constantly absent in all other diseases, he has shown it to be, if not the cause, a part of the cause, or an effect of cholera alone, and therefore causative, or if not absolutely causative, at any rate diagnostic of cholera. Whether there be a cholera "comma" or not, and how many kinds of "commas" are specifically distinct are questions of simple observation, on which, in the face of such contradictory statements, it is prudent to suspend one's judgment. If Koch were alone in his opinion, if he were an inexperienced observer, or were opposed by an overwhelming weight of evidence, we might dismiss his theory; but the man to whom we owe nearly all our positive knowledge of pathogenic bacilli, and who by demonstrating the relation in which the bacillus of tuberculosis stands to every form of tuberculous and scrofulous disease, has reconstructed an entire department of pathology and therapeutics may fairly claim to be treated with consideration. On the contrary, Dr. Klein's observations are as yet virtually unconfirmed, and his refusal of Koch's challenge to repeat them in the presence of Mr. Cheyne as his representative is incomprehensible.

To return to the "Enquiry." The theory propounded by Drs. Klein and Gibbes is that "The cholera evacuations alone do not contain the virus

either actually or potentially, but, if something else, the extraneous specific organism, finds access to them, this is capable of producing the virus in the evacuation. But this organism does not necessarily require cholera evacuation for its multiplication and for the creation of the virus, since it is capable of doing this also in other suitable soils;" or, as they put it again, "cholera evacuations, *per se*, do not contain, actually or potentially, the organism which by its multiplication creates the cholera virus, a chemical ferment: this organism is extraneous to the body of an infected person: when transferred to a suitable locality, or when finding access to the cholera evacuations or other filth, it is capable of multiplication and of creating the actual virus, a chemical ferment." There is nothing original in this—it is simply Pettenkofer's theory without its reference to, but by no means excluding, the influence of movements of the ground water. But the essence of each is that the *place infects the person and not the person the place*. Whereas we maintain that in all cases a person must have infected the soil or the dwelling in order that other persons may be infected again thereby. But since initial cases are rarely fatal, the very fact of their being able to travel generally presupposing a milder form, they more often than not escape detection. Dr. Klein considers his hypothesis capable of explaining "all the facts concerning the spread of cholera." To this we must demur. Take, for instance, the case of Major Adair, who in August, 1873, rode in company with Judge Alexander from Columbia, in Kentucky, where they had remained for a fortnight during an epidemic, and had attended on a friend who died of cholera. After riding six-and-twenty miles, the Major's symptoms became so severe that they were compelled to stop at the house of a Mr. Kelly. There Adair lay ill for some time, but ultimately recovered; his stools were not disinfected, but thrown into the privy. Kelly, his son and daughter, as well as a man servant, were attacked, and all died except the son. The house stood in an elevated and solitary position, and no case was known to have occurred within twenty-six miles. Dr. Klein thinks that he has disposed of the tank theory of Koch, because, while the water contained comma bacilli it was drunk with impunity. But it is still from the other point of view open to question whether these were Koch's bacilli, and if they were other conditions may have been wanting. In the cases we have alluded to, of enteric contamination of water supplies, hundreds have escaped for one who has been attacked, though the simultaneous appearance of a score of cases immediately following the admission of enteric evacuations into a reservoir, left no doubt as to the connection in any reasonable mind. In conclusion, we repeat that whether Koch's views be right or wrong, they have not been as yet disproved by anything that Dr. Klein has advanced, and that Dr. Klein's alleged observations, which at present rest on his sole *ipse dixit* stand in greater need of confirmation. And on the wider question of the ætiology of cholera, the more we study its history in India, Europe, and America, the more convinced we are that it is, like enteric, a transportable miasm, requiring for its production the germ, known or unknown as yet, contained



in the evacuations of an individual infected however slightly, a suitable soil, whether in the earth, in clothing or elsewhere, and a number of ill-recognised conditions of season and individual susceptibility, perhaps in inverse degrees.

## REVIEWS AND NOTICES OF BOOKS.

### RESEARCHES ON DISINFECTION.<sup>1</sup>

BESIDES the valuable report on small-pox and vaccination, which we have made the subject of a special notice, and those of the medical inspectors on sundry outbreaks of enteric fever, diphtheria, &c., and the circulars issued by the medical officer at the time when an invasion of cholera was apprehended, all of which were referred to in our columns as they appeared, the present volume contains in Appendix B. no fewer than ten papers by Drs. F. Parsons, E. Klein, Heneage Gibbes, Burdon Sanderson and Cash, and Mr. J. P. Laws, detailing their researches on Infection and Disinfectants.

We shall take first Dr. Parsons' report on disinfection by heat, for, though the last in order, it is longer than all the others put together, and possesses the highest practical value. After a short notice of Dr. Henry's observations in 1831, and of those of Dr. Baxter<sup>2</sup> in 1875, as well as of Drs. Carsten and Coert, in Holland, in all of which vaccine lymph was the virus experimented on, and a passing reference to those of Davaine and Dreyer, Dr. Parsons proceeds to examine at greater length the important and elaborate researches of R. Koch<sup>3</sup> on sporiferous and non-sporiferous bacilli. The general results of Koch's experiments tended to show that the efficacy of so-called chemical disinfectants had been greatly overrated, and that steam was a far more powerful germicide than dry heat, for, while bacteria without spores perished after one-and-a-half hours' exposure to a temperature of 212° F., and the spores of mildews to one of 230°-240° F. for the same time, those of bacilli were destroyed only after three hours' exposure to a temperature of 284° F., while it took that time to raise the interior of pillows, bundles of clothes, &c., to that point, and to maintain them at the same temperature long enough for efficient disinfection throughout was always attended by more or less injury to the fabric. On the other hand, five minutes' exposure to steam at 212° F. sufficed to kill the spores of bacillus anthracis, and moist heat penetrated bedding, &c., far more rapidly than dry. Dr. Parsons, in conjunction with Dr. Klein, instituted a series of observations on the action of dry and of moist heat on the bacilli of anthrax with and without spores, and on those of swine-fever and tubercle. These, so far, at least, as regards anthrax, were more favourable to the use of dry heat than those of Koch, for, while two hours of moist heat at 212°-216° F. failed to kill the spores, four of dry heat at the same temperature rendered them innocuous. The bacilli of swine-fever survived five minutes, but not an hour, of moist heat, and those of tubercle exhibited even feebler powers of resistance. Dr. Parsons therefore concludes that an article heated throughout to 220° F. for an hour is not likely to retain infection, while as to boiling water an im-

mersion of one minute is enough to destroy the spores of anthrax bacilli, and therefore all contagia of fevers, &c.

Parsons and Klein could not reconcile their own observations, which confirmed the commonly received views as to the temperature of vapour rising from boiling saline solutions, with the statements of Buff, Kopp, Tamminer, and Magnus, quoted by Koch, Gaffky, and Löffler, that the temperature of such vapours was higher than that of pure water, though they found it easy enough to obtain "dry steam" at a temperature of 250° F. This, however, acted injuriously on most organic matters, especially on leather, while five minutes' complete penetration of any article by steam at 212° destroyed the spores of anthrax, and therefore sufficed for all practical disinfection. They collected a large mass of observations by Koch, Ransom, Roberts, and others, as well as of their own, as to the penetrating power of steam on pillows, rolled blankets, and mattresses. The superiority of steam over dry heat they show to be due to its great specific heat, the "latent" heat evolved when a hygroscopic body absorbs moisture, the greater diffusive power of steam compared with air, and the fact that the condensation of each charge of steam makes way for more. They also found, in operating on bales of rags with a Lyon's apparatus, that intermittent pressure of fifteen pounds to the square inch greatly aided the penetration of the vapour and of the heat to the interior of the bale. They carefully investigated the injury in the way of scorching, over-drying, fixation of stains, alteration of colour, &c., shrinkage and felting, &c., of articles acted on by dry or moist heat, comparing their results with those recorded by De Chaumont, Vallin, Ransom, J. B. Russell, Koch, and Wolffhugel.

For details we must refer to their report; we can only here observe that leather, though it will stand a moderate exposure to dry heat, is utterly disorganised by steam, and woollen goods, if acted on by hot water, lose the elasticity due to the natural grease on which their value depends, and become hard, felty, and threadbare. Cotton, black cloth and silk were less affected by temperatures of 300° than were flannel and blankets, and most articles could stand 250° for a period not exceeding one or two hours without material deterioration. One of the most serious drawbacks to the use of heat as a disinfectant of *soiled* bedding and clothing was the fixation of stains. In such cases we would suggest previous washing in a machine in cold or merely warm water, which might be boiled before being thrown away. The report concludes with a description, accompanied in several instances by drawings and accounts of experiments, of a number of disinfecting ovens. Of these, Nelson's, Fraser's, Dr. Heron Rogers', Dr. Longstaff's, Taylor's, and Bradford's, which are warmed by heat applied externally, labour under the disadvantage that the heat, being radiant, is very unequally diffused. Dr. Ransom's, Dr. Scott's, Leoni's, Jennings', and Haillet's, are heated by gas, the hot products of combustion, with or without sulphurous vapours, entering the chamber. Several French and German ovens are warmed by hot water or steam pipes, but there is only one of this class in England, at the Monsall Hospital, Manchester; it, however, answers well. Seagrave has devised a hot blast apparatus, but it has not met with approval. A free steam current is used in cleaning feathers, &c., and apparatus on this principle are highly praised by Koch and Wolffhugel, but labour under the drawback that the steam soon loses its heat. Lastly, Washington Lyon's and Messrs. Benham and Bradford's apparatus, employing steam under pressure, are very effective. Dr. Parsons, while unwilling to advertise any particular maker, feels bound to give the preference to Dr. Ransom's self-regulating dry air and W. Lyon's

<sup>1</sup> Fourteenth Annual Report of the Local Government Board, 1884-85. Supplement containing the Report of the Medical Officer for 1884.

<sup>2</sup> Reports of the Medical Officer of the Privy Council and Local Government Board, N. S., No. vi.

<sup>3</sup> Mittheilungen aus dem Kaiserlichen Gesundheitsamte, 1881.



steam pressure ovens, a judgment with which our experience leads us heartily to concur.

To the remaining reports we cannot afford to devote more than a cursory notice, as their practical value is but small. 1. Feeding guinea-pigs with tuberculous matter, human or bovine, produced results identical with those obtained by inoculation. 2. Dr. Klein's researches lead him to doubt the specific character of the micrococcus found in the sputa, but not in the blood, of the subjects of croupous pneumonia, the only result he obtained by inoculation being such as would be produced by ordinary septic bacteria. In the pleuropneumonia of cattle he failed to find bacilli, or to get any positive results from inoculations with fluids from the lungs. 3 and 6. Dr. Burdon-Sanderson and Dr. Cash, in a series of experiments still in progress, directed to ascertain whether it were possible so to impregnate the system with substances known to be germicidal as to counteract the effect of infection, in which they employed the cultivated bacilli of tuberculosis and of anthrax, and as germicides phenolsulphonate of sodium (sulpho-carbolate of soda) and corrosive sublimate among other disinfectants, found the former quite incapable of even retarding the progress of disease, but have been led to hope much from the sublimate. 4. Dr. Klein looks favourably on the effect of air disinfection by means of sulphurous acid in checking the spread of disease, *i.e.*, during the life of the patient, from the results of his observations on swine-fever. 5. Drs. Klein and Lingard found boiling, even for a minute, and moderately weak solutions of various phenyl compounds (5 per cent.), fatal to anthrax and tubercle bacilli. 7. Mr. Laws finds acidulation by sulphuric acid to exert a most unfavourable action on the life and growth of *B. anthracis* and—8. Cresol to be a far more efficient germicide than phenol. To this fact, by no means new, we have always referred the superiority for disinfecting purposes of the crude carbolic acid of the oil-shops over the purer preparations used in surgical practice.

*Harn-Analyse für Practische Aerzte*; von S. LAACHE, Kristiania (Urine Analysis for Practical Physicians); Leipzig: F. C. W. Vogel, 1885, pp. 160. Price 3 marks.—A decidedly practical work on a subject which is important to physicians and surgeons alike. Many new methods have been added to, if they have not superseded, the time-honoured tests for the various morbid conditions of the urine, and a careful summary of them such as the one before us is of real practical value to those engaged in the busy round of professional work. The descriptions both of the healthy and the morbid properties of human urine are brought well up to date, all the most recent work being noticed and commented upon. The subject of albuminuria naturally meets with the fullest share of attention, and it is of interest to note the relative value of the various tests as determined by the author. He places picric acid, which has of late been so largely adopted in England, among the less delicate tests of his series, cold nitric acid heading the list. A useful warning is given against the practice of acidulating alkaline urine with acetic acid before boiling, alkali albumen being thereby converted into a soluble form not precipitable by heat. The albumen of hæmoglobinuria would appear, according to the author, to differ from ordinary albumen in that it does not sink, but floats on the surface of the liquid in a long ropy strand. The various tests for sugar are given at some length, and among them may be noted a few that are little, if at all used in this country. The work is concluded by chapters on the parasitic contents of the urine and the various concretions that are liable to be found in it. The illustrations of crystalline and other deposits are clear and correct.

## REPORTS OF SOCIETIES.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 13TH, 1885.

THOMAS BRYANT, F.R.C.S., President, in the Chair.

#### *A case of Idiopathic Purulent Peritonitis in a Child of 10 years, with Autopsy.*

Dr. SAMUEL WEST read the following case. Julia S., æt. 10, after a wetting, was suddenly seized with intense abdominal pain. There was no rigor, but vomiting was severe. The pain and vomiting continued severe till her admission four days later. The bowels had not acted since the commencement of her illness, there was no personal or family history of importance, the physical signs were all abdominal: great distension, pain, and tenderness. No tumour felt, but there was thought to be a little dullness in both flanks. Skin hot and dry, but temperature only 99·8; pulse 100. Respiration 28. Vomit frequent, yellow, acid, but not faecal. Poulitices and opium were ordered. On 14th, symptoms unrelieved, and bowels still unmoved. On examination per rectum, a baggy swelling of indefinite nature was felt high up in pelvis. On 15th, the condition of the patient being worse, and all symptoms unrelieved, the abdomen was opened by a mesial incision. Pus found, chiefly in lower part, and evacuated. Cavity washed out and drainage tubes inserted. The child nearly died of collapse upon the table, but rallied sufficiently to be removed to the ward, where she died about six hours later. The autopsy revealed acute suppurative peritonitis, but no cause for it could be found; the whole of the intestines, abdominal glands, and organs were perfectly healthy. The case was, therefore, one of idiopathic purulent peritonitis. Such cases were rare. The case presented great difficulties from its resemblance to some form of intestinal strangulation, but of this there was no clear evidence. Nor was there any history which pointed to perforation as the cause of the peritonitis. Whatever the peritonitis might be due to, it was almost certainly suppurative, and this diagnosis carried with it the appropriate treatment, *viz.*, evacuation. The low temperature throughout added to the difficulty of the diagnosis, but other cases were quoted of acute internal suppuration with low temperature, to which also Dr. Hilton Fagge had referred.

Mr. MORRANT BAKER remarked on the rarity of these cases and read notes of a case under his own care, of which the following is an abstract:—A lad, aged 15, was admitted in April in the present year, suffering from acute intestinal obstruction and in a moribund condition. He lay in a half conscious state, the eyes partly open, the abdomen tense and tender. The bowels had not been open for five or six days. The temperature was subnormal. There had been vomiting, but not of a faecal kind; no external hernia could be found, and the rectum was quite empty. An incision was made under chloroform in the middle line, and a large quantity of pus was evacuated which was evidently diffused in the peritoneal cavity. The abdomen was washed out with a solution of permanganate of potash, and a drainage tube was used. No relief followed, and the patient died five hours afterwards. On *post-mortem* examination no cause could be found for the peritonitis, the upper part of the small intestine was greatly distended. The main point of interest in this class of cases was the question of distinctive diagnosis, and Mr. Baker was disposed to regard the presence or absence of faeces in the rectum in cases of prolonged intestinal obstruction as of considerable importance. In mechanical obstruction, after the first day or two, the bowel was always found to be empty.

Dr. WEST described at some length the different forms of peritonitis as seen in children, and pointed out the far greater frequency of the sero-purulent form. He thought that many of the purulent cases occurred in association



with some form of blood poisoning, and especially with scarlet fever and its sequelæ. He mentioned a few cases in illustration of this. He did not think that there were any good grounds to connect rheumatism with it. Any sudden exposure to cold was probably sufficient to set up a peritonitis. In the distinctive diagnosis between peritonitis and mechanical obstruction the position of the pain was important, being generally referred to one side in the latter condition. Obstinate constipation was not always a feature of purulent peritonitis.

Mr. HOWARD MARSH referred to the transference of pain in these cases, and pointed out that a similar condition was sometimes to be noted in acute affections of the vermiform appendix as in a case of which he mentioned the details. The temperature was certainly not always to be depended on. With respect to the cleansing of the peritoneal surface with carbolic acid lotions, he expressed some doubt as to its advantages, and mentioned a case in which, after the use of a lotion of the strength of one part in sixty, very marked poisoning ensued. He preferred to use over so large a surface, either the permanganate lotion, or, better still, a weak iodine water of one part in five hundred or in one thousand. This had for a long time been successfully employed by Mr. Savory.

Dr. HADDEN had made a *post-mortem* examination two years ago on the body of a girl who had died after three or four days' illness. Purulent peritonitis was found, and it was ascertained that the patient had been living in a house in which two people had recently died of blood poisoning.

Dr. F. TAYLOR thought that the diagnostic difference of the seat of pain in mechanical obstruction and purulent peritonitis required some more absolute definition. There could be no doubt that in some cases of peritonitis there was just that form of pain which had been associated with obstruction, and hence the symptom could have but little value as a positive means of distinction.

Mr. GOLDING-BIRD inquired whether the pulse had been closely observed during the progress of the case. He believed, and had always taught, that the indications given by the pulse were of more importance than those of the temperature in distinguishing between simple obstruction and peritonitis. In the one case it invariably fell, whilst in the other it constantly rose, but the fact had not become sufficiently impressed upon the student mind, mistakes being frequently made even by the more advanced men. The transference of pain in intestinal obstruction had been noted and described by Dr. Fagge, notably in a case of cancerous stricture of the colon, and with distension above it.

Mr. HENRY MORRIS asked the President whether he could endorse the question from his own experience with respect to the presence or absence of fæces in the rectum in cases of intestinal obstruction. He mentioned the particulars of certain cases to prove that the sign is not altogether trustworthy. He thought that the low temperature in peritonitis was generally recognised, and had certainly been always taught at the Middlesex Hospital.

The PRESIDENT believed that the severity of the pain was an important diagnostic feature of peritonitis. In obstruction there was often but very little pain, unless in connection with other acute symptoms. The history would generally serve to distinguish the cases from one another. He agreed with other speakers in the view that the position of pain could not be taken as a guide, although in acute obstruction it was generally central. He thought that idiopathic peritonitis must be recognised, although in the great majority of cases of purulent peritonitis some exciting cause could be found if carefully looked for. Dr. Addison had always held the view that there was no such thing as a purely idiopathic form. He (the President) related the details of three cases of purulent peritonitis, each of which might have been classed as idiopathic if careful search had not succeeded in finding the local cause. In cleansing the peritonæum, he should always prefer to make use of the iodine water, believing it to be the most suitable of the many antiseptics that he had tried.

At the suggestion of the PRESIDENT, Mr. Baker agreed

to communicate his case to the "Transactions" of the Society.

*Two cases of Ligature of the External Iliac Artery for Femoral Aneurysm.*

Mr. WALTER RIVINGTON read the two following cases. J. M., æt. 27, a sailor, was admitted into the London Hospital under Mr. Reeves on September 10th, 1882, with a pulsating swelling in the right groin. Four weeks previously he first noticed a swelling of the size of a half-penny, but took very little notice of it. It enlarged gradually until two days before admission, when it increased rapidly and caused him considerable pain. On admission, the tumour was the size of a cricket-ball, with marked bruit and pulsation. He had a sore on his prepuce and a suppurating bubo on that side, but there was no history of syphilis. An increase in the size of the swelling having become perceptible, the external iliac artery was tied under thymol spray. Owing to the encroachment of the aneurysmal sac above Poupart's ligament, the external iliac was found to be displaced inwards to the inner side of the vein, and so deep that it was not exposed to view. Immediately after the catgut ligature was applied all pulsation and bruit ceased, and the tumour became soft and flaccid. The wound was closed and the limb wrapped in cotton wool. The wound did not remain long aseptic. On the 27th some offensive discharge occurred, and lint soaked in carbolic oil was substituted for the gauze. The tumour had diminished considerably in size. The chief feature was a loss of sensation and motion in the parts supplied by the sciatic and anterior crural nerves. On November 5th there was a mild attack of erysipelas. The right leg was warm, but there was no sensation in it except occasional "pins and needles" and pain in the back of the thigh and knee. Galvanism was tried without avail beyond restoration of slight power over the rectus femoris. Return of pulsation was first noticed in the femoral artery on the 29th November. The wound had healed by December 12th. Pressure sores existed over the trochanter and the heel. The tumour gradually decreased in size till March 2nd, when it was  $4\frac{5}{8}$  inches less in circumference than previous to the operation. The patient's condition otherwise was stationary. Suppuration ensued from the original wound, which reopened on the 27th of March. The clots in the sac broke down; secondary hæmorrhage took place on the 5th, 6th, and 9th of April. On the last occasion the sac was opened all clots cleared out, but, although no blood was lost during the operation, the patient did not rally. The *post-mortem* showed destruction of the external circumflex and commencement of the popliteal arteries, where the aneurysm had originated, and absence of anything like an aneurysmal sac. The external iliac artery and vein were pervious. A slight mark across the artery where the ligature had been applied could be seen. The anterior crural nerve was embedded in inflammatory plastic matter for several inches. The sciatic nerve was normal. The author considered that the loss of sensation and motion was an extreme form of a recognised temporary effect of ligature of a large artery. The collateral circulation was established sufficiently to avert gangrene, but insufficiently to maintain the functional integrity of the more remote and delicate tissues like the terminations of sensory nerves and the motorial end plates in the muscles. The limb was on the verge of gangrene, its feeble vitality being shown by the sores over the trochanter and the heel. The case further illustrated the uncertain behaviour of the ordinary catgut ligature when used for ligaturing an artery in its continuity. Probably the catgut would have held longer if the wound had remained aseptic. Case II. —H. C., æt. 51, was admitted into the London Hospital on July 10th, 1885, for a swelling at the upper part of his left thigh, which proved to be a fusiform aneurysm of the common femoral underneath Poupart's ligament. The size of the aneurysm was about that of a hen's egg. He was treated by the author in 1879 for a left popliteal aneurysm, which was cured by Esmarch's bandage and digital compression. The external iliac artery was tied under the carbolic spray with carbolised silk on the



3rd July by means of an incision three inches long, intermediate in position between Abernethy's and Astley Cooper's incisions. The patient made a good recovery, and was discharged cured on the 22nd of September. The chief points of interest in the case were the circumstance that this was the second aneurysm which had developed on the main artery of the left lower limb, and the use of carbolised silk ligatures cut short and left in the wound.

In reply to the President, Mr. RIVINGTON stated that pressure had not been attempted in his case.

Mr. GOLDING-BIRD asked a question with respect to the pulse at the ankle. He thought that it sometimes formed a distinctive sign between aneurysmal and sarcomatous tumours. He had himself operated upon an obscure case which proved to be an aneurysm of the profunda, in which the main artery was pushed over to the inner side of the thigh. He had performed Astley Cooper's operation in preference to Abernethy's, and the particulars of Mr. Rivington's case had certainly confirmed him in his choice.

Mr. RIVINGTON replied that there had been no perceptible pulse at the ankle. He thought that the condition of complete paralysis in his case was unique, as he had not been able to discover any record of a similar case.

#### *A fatal case of Nitric Acid Poisoning.*

Dr. DYCE DUCKWORTH read the following. A city merchant, æt. 29, was admitted to St. Bartholomew's Hospital on February 11th, 1885, with the history of having swallowed about an ounce of strong nitric acid shortly before. He had been seen by a surgeon, and was found vomiting. Lime water was given to him. He was supposed to have had his luncheon before he took the poison. Calcareous magnesia in milk was given freely, and the vomit, previously acid, became alkaline. Opium was given per rectum, and linseed and opiate poultices were laid on the abdomen. The suffering was intense; retching and vomiting; collapse followed. Nutrient enemata with brandy and opium were given. The urine contained blood on two occasions, and albumen twice afterwards. Vomiting and retching persisted at intervals, and the pulse became running. Shreds of putrid mucous membrane were ejected. The temperature rose on the fourth day to 102° 2'. Diarrhœa set in, but no blood was passed. There was a suspicion of pericarditis. The patient nearly sank on two occasions, but was revived by nutrient enemata with brandy. On the fifth day he was so much better that his friends believed that he was recovering. He died one hundred hours after taking the acid. On examination, there were signs of inflammation at the fauces and down the œsophagus, stomach, duodenum, and as far as the jejunum. The stomach was contracted, but not perforated. Some local peritonitis over the stomach and liver, but no general peritonitis. The pericardium was sticky. He took, in all, over an ounce of laudanum while under treatment.

Dr. DE HAVILLAND HALL asked why the tincture of opium had been used in this case instead of the subcutaneous injection of morphia.

Dr. DUCKWORTH replied that he preferred to administer sedatives by the natural channels whenever it was possible, and took occasion to protest somewhat strongly against the too frequent use of the morphia syringe.

#### *Living Specimens.*

The following living specimens were exhibited before the meeting:—

Dr. FOWLER—A Case of Pseudo-hypertrophic Paralysis in an Adult.

Mr. BERNARD ROTH—A Case of Severe Lateral Curvature of Spine.

Dr. CROCKER—(1) A Case of General Discolouration; (2) Arsenical Pigmentation.

Dr. COLCOTT FOX—A Case of Pigmentary Disorder.

Mr. J. H. MORGAN—(1) A Case of Gastrostomy; (2) An Unusual Form of Spina Bifida.

Mr. CLUTTON—(1) Cervical Spina Bifida undergoing Spontaneous Cure; (2) Tubercular Ulceration of Palate.

Mr. WALSHAM—Acute Spreading Obliterative Arteritis.

Dr. CHARLEWOOD TURNER—Congenital Cyanosis with Pulmonary Stenosis and Pre-diastolic Bruit.

Mr. KEETLEY—(1) Modified Syme's Amputation; (2) Modified Gritti's Amputation.

Dr. HERRINGHAM—A Case of Chronic Parotitis.

### PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 17TH, 1885.

J. S. BRISTOWE, M.D., F.R.S., President, in the Chair.

#### *Heart lined with Clot.*

THE PRESIDENT said that his specimen was taken from a man who suffered intense pain in his chest and back, and it was assumed that there was cancer of the vertebræ. The man died after much suffering, and it was found that there was no disease of the spine. But there was cancer of the stomach, of which there had been no symptom during life. On examining the heart, both ventricles were seen to be lined with old coagulum, the free surface towards the ventricle was smooth, the carneæ columnæ and musculi papillares were almost concealed in the clot.

#### *Hæmorrhage into the grey matter of the Spinal Cord.*

Dr. W. C. CHAFFEX brought this case forward. A child, aged four, fell down a flight of nine steps, but was able to go to school that afternoon; on the next day she vomited, and on the third day lost some power in legs; on the fourth day there was total loss of power in the legs, and from the fifth day there were urinary troubles. She was admitted on the sixth day; then her speech was good, swallowing was easy, there was no palatal trouble; she had a hacking and ineffectual cough. Pulse irregular, frequent intermittent. Nothing wrong as to spine was found, the cutaneous sensibility was good, her arms were weak, but otherwise normal. The legs were flaccid and paralysed, the reflexes being absent; the abdominal reflexes were present. Next day there was a doubtful slight squint; the day following she was weaker, and a few hours before death the right arm got weak. She died on the 9th day from injury. The temperature had gradually risen. At the *post-mortem* examination the brain and membranes were somewhat congested. The lumbar enlargement of cord seemed bulky; extensive hæmorrhages were found in the grey matter here and in the cervical enlargement; this was most marked in the lower part of the lumbar enlargement, where it extended throughout the grey matter; above, it gradually diminished until it was confined to the anterior cornua. The other viscera were natural. In the bulb the changes were most marked in and around the nuclei. Leucocytes were found massed around the walls of the vessels in some specimens; where the changes were most marked, the motor cells had nearly disappeared.

#### *Cysts in the reproductive organs of animals.*

MR. J. BLAND SUTTON made a communication on this subject, showing that ovarian cysts, *i.e.*, those arising in the parenchyma of the ovary, originated in corpora lutea. The material especially used in this investigation consisted of the uterus and its appendages, furnished by seventy cows of all ages and conditions, fifty pigs, twenty mares in addition to the fifty previously reported upon, and the varied material obtained at the Zoological Gardens. The specimens of ovaries exhibited were selected so as to show all the stages in the formation of the cysts, from the ordinary corpus luteum to cysts as large as Tangerine oranges. The mode of formation of the cysts in these cases admitted of no doubt, for the only instrument needed in the investigation was a sharp knife. The peculiar yellow colour of the material composing these curious bodies rendered the identification indisputable. The various conditions were best traced in cows on whom ovarian cysts occurred with tolerable frequency. Multilocular cysts were the result of the concomitant growth



of two or more cysts in the same ovary, this being by no means a rare event. The same process could be traced in the ovary of the sow, in asses, in mares, in a tiger, and in monkeys; specimens of cysts arising in this way might also be seen in the ovary of the human female. The question next arose, if these cysts occurred in the corpora lutea of pregnancy and of menstruation, how were they to be accounted for in the ovaries of the child and even the foetus. Waldeyer and Beigel had both insisted that the ovaries did not remain idle in early life, but that many of the follicles ripened, atrophied, and formed a sort of corpus luteum even in the foetus. This was no abstract statement; Doran's "find" of an incipient papillary cyst in the tissue of the hilum had stimulated him to examine foetal ovaries. To his astonishment he found ovarian cysts in the human foetus *very* frequent, and three typical specimens were shown that evening. In one specimen, in particular, ova might be seen in the follicles exactly as in an ovary after puberty, but of course much smaller. These observations went to show that in the foetus, child, or mature female, cysts might arise in corpora lutea. Whilst working over the foetal human ovaries, he had good reason to endorse the view that the cysts arising in the "hilum of the ovary" took origin in remains of the Wolffian body; on one occasion he was able to make out an almost complete longitudinal section of a Wolffian tubule, and in one specimen the true tissue of the ovary was scarcely represented, but it seemed to be made up almost entirely of Wolffian remains. The remaining specimens were exhibited to show the following points:—(1) A cow's uterus and vagina, showing large cysts in the vaginal wall developed in the lower (posterior) end of Gartner's duct. The ducts of Gartner and Skene's tubes were one and the same structure, the glands described by some as independent structures were only diverticula from the ducts, and were homologous with the vesiculæ seminales of the male. (2) Broad ligament cysts unconnected with the parovarium in mares, cows, pigs, and kangaroos. (3) Examples of hydrosalpinx in pigs and in the cow. This condition seemed not to be infrequent, and was a cause of sterility in these animals.

Mr. ALBAN DORAN observed that the paper, and the specimens by which it was illustrated, were of the highest interest. He was glad to find Mr. Sutton confirmed him in maintaining that ovarian cysts generally arose from the follicles, but he was not prepared to admit that they originated in corpora lutea; he preferred to say that they began in follicles which had undergone involution without any necessary connection with impregnation, menstruation, or rut. It was necessary to distinguish, as Dr. Klein had done in his handbook, between the tissue of the hilum and the parenchyma of the ovary. The former was the blastema which had been found to develop in the embryo around the upper part of the Wolffian body. The dilated lymphatics observed by Mr. Sutton corresponded to the "cystes lacuneux" of Verneuil, which formed conspicuous, but ill-defined, cysts in the broad ligament in cases of myoma of the uterus. To decide the true position of the orifice of Gartner's duct, it was necessary to make sure where the vagina ended, and the vestibule began in different species of animals. Owing to differences in the development of the lower part of the united Müller's ducts, the true vagina was sometimes very long, in other cases functionally replaced by the vestibule.

Dr. J. K. FOWLER had lately met with a cyst in the human ovary closely corresponding with those shown by Mr. Sutton.

Dr. HADDEN had recently seen a case in which there were several cysts in the broad ligament attached to a long pedicle. Was this a foetal remnant or a parovarian cyst?

Mr. SUTTON said that pedunculated cysts were very common in animals; they were merely dilated tubules of parovarium. The particular advantage of his method of investigation was its simplicity.

*A Liver divided into two parts by a constricting band, one part being fatty, the other cirrhotic.*

Dr. HALE WHITE showed this liver, taken from a man who died with large white kidneys. Stretching across the upper surface of the liver was a deep fissure which began

at the attachment of the posterior part of the suspensory ligament and ran along at the upper surface at the attachment of that ligament for about two-thirds of its extent; then it bent to the right and terminated at the anterior border of the liver, cutting off thus a small piece of the right lobe. The portion to the right of this band was fatty, the rest of the liver being cirrhotic. The fatty portion quickly decomposed and passed into the sponge-like condition so often seen in decomposition of the liver; the cirrhotic part did not decompose nearly so quickly. This opinion was confirmed by microscopical examination. The constricting band was probably due to the patient's wearing a belt; although it was not at all in the usual position, still it was extremely improbable that it was due either to disease or congenital malformation. From its position, and from the fact that the small piece of the right lobe which was nipped off by it was cirrhotic, it was certain that the cirrhotic condition of the left lobe as contrasted with the fatty condition of the right was due to the constriction; this view was confirmed by the fact that the vessels to the left lobe would have been compressed, whilst those to the main part of the right lobe would not, considering the position of the constriction.

Dr. J. K. FOWLER said the case closely resembled the constriction found after tight lacing.

Dr. NORMAN MOORE asked if the vacuolation was not always a *post-mortem* change; he had commonly observed it in summer, but not in winter.

Dr. HALE WHITE agreed that in the majority of cases it was a *post-mortem* change, but there was a true vacuolation occurring with vacuolation in other organs.

#### *Contracted Fingers.*

Mr. LOCKWOOD showed a series of specimens, dissections, and casts illustrating this subject. In one case all the joints contained urate of soda, and this was found in the contracted fascia and in one of the extensor tendons. He also showed a specimen of Dupuytren's contraction; there was no urate of soda anywhere in the body. It was difficult to assign a cause for the contraction in these cases.

Dr. ORD said he had examined many gouty joints and gouty kidneys; he had seen urate of soda simply crystallized in the cartilages without any attendant proliferation; in the kidneys, too, there was frequently no evidence of irritation around the crystalline deposits.

Dr. NORMAN MOORE agreed with Dr. Ord that urate of soda was often found in the sole of the foot or in the front of the neck without any evidence of irritation. It was rare not to find degeneration of cartilage with a deposit of urate of soda; some degeneration almost invariably preceded the deposit.

Mr. BLACK referred to a specimen of carpal bones with deposit of urate of soda, the bones being healthy.

Mr. ADAMS thought that fibroid degeneration of cartilage always preceded deposit of urate of soda. Mr. Lockwood's specimen was a typical one of Dupuytren's contraction; such specimens were very rare.

Mr. SUTTON thought Mr. Black's case might be one of cholesterine formation.

Mr. LOCKWOOD thought it was quite possible that contraction might occasionally be due to urate of soda, even though this generally did not set up irritation.

#### *Gummata of Liver in Boy.*

Dr. NORMAN MOORE said that the boy from whom the specimen was taken had been under Dr. Gee's care in St. Bartholomew's Hospital from December, 1883, to September, 1885, with enlarged liver and ascites. The liver and spleen could both be felt during life. The boy had well-marked Hutchinsonian teeth, but no other signs of specific disease. *Post-mortem.*—His liver, kidneys, intestines, and spleen were all found to show well-marked lardaceous change. The liver was very irregular on surface and outline. In its substance were many yellowish masses of irregular outline, and each surrounded by a red line of engorged liver substance. The intervening substance showed some lardaceous infiltration, but was otherwise natural. Microscopical sections showed these masses, each of which had some



puckering of the liver near it, to be gummata, and in their neighbourhood, and here and there on the liver surface, minute gummata with undegenerate cells could be seen. Very few cases of gummata had been recorded in children. These were certainly due to congenital syphilis.

#### *Iridescence in Calculi.*

Mr. SHATTOCK showed a group of fifty calculi of most varied form, having sharp facets. The largest were two centimetres in greatest measurement, the smallest about the size of a hemp seed. A remarkable iridescent, lustrous, yellow colour was evident in all. This property was confined to a distinct separable surface layer. The inner substance was phosphatic and composed of conical intersecting tufts of fine acicular crystals. The calculi were removed from the prostate of a man. Phosphate of lime and magnesia and ammonio-phosphate of magnesia formed, with carbonate of lime, the chief chemical constituents. A laminated nucleus was found in the centre. Renal and vesical calculi, pseudo-metallic in appearance, had been described in herbivora; these consisted of carbonate of lime. They were very rare in man. Thin sections of the prostatic calculi showed two kinds of structure. The iridescent thin layer was composed of a large number of closely apposed homogeneous concentric lamellæ of great tenuity and translucent. All the calculi examined had a distinct, compact, pale-brown, spherical, laminated nucleus; these were evidently identical with minute prostatic calculi.

Dr. ORD at first attributed the iridescence to defraction, but after examining the specimens and drawings he must give that view up. He agreed as to their mode of production, both with regard to the matrix being formed from colloid and as to the carbonate of lime as the inorganic constituent. These calculi had been formed very slowly: an important element in the case.

#### *Card Specimens.*

Dr. GULLIVER—Hæmorrhage into Supra-Renal Body.

Dr. HALE WHITE—(1) Melanotic Scirrhus of Liver; (2) Hæmorrhage into Long Bones in a case of Purpura Hæmorrhagica.

Dr. BEAVAN RAKE (by Dr. Hale White)—(1) Hand and Larynx from a case of Mixed Tubercular and Anæsthetic Leprosy; (2) Hand from a case of Anæsthetic Leprosy, showing Spontaneous Amputation and Arrest of the Disease; (3) Extreme Ulceration of Larynx with Perforation, from a case of Anæsthetic Leprosy; (4) Thickened Median Nerve from a case of Anæsthetic Leprosy.

Mr. HURRY FENWICK—Miliary Tubercle of Bladder.

Mr. HERBERT LARDER—Cancer of Œsophagus.

Dr. PERCY KIDD—Tuberculosis of Uterus and Fallopian Tube.

Dr. W. B. HADDEN—Ulcerative Endocarditis of Right Side.

Mr. D'ARCY POWER—Intra-Ossous or Central Necrosis of Femur.

## GENERAL MEDICAL COUNCIL.

### THIRTY-EIGHTH SESSION.

FIRST DAY—TUESDAY, NOVEMBER 17TH, 1885.

*President's Address—Cases of Goold, Clarkson, Millerchip, and Evans—The Case of the Queen's Colleges of Belfast, Cork, and Galway.*

THE PRESIDENT (SIR HENRY ACLAND) delivered his address, of which the following is a summary:—The subjects, he said, which would demand the attention of the Council were—1st, the removal of names from the Register; 2nd, the consideration of their Penal Bye-Laws; 3rd, the conditions for registering the Irish Students; 4th, the claims of the Colleges of Galway, Cork, and Belfast; 5th,

the Visitation of the Universities; 6th, a Report on the New Pharmacopœia; 7th, the Statistics which had been prepared by their Statistical Committee; and lastly, certain other questions of large import which they would be asked to bear in mind, even though no resolutions concerning them were formally brought forward. (1) It would be a failure of administration to continue to print in new volumes of the "Register" the names of persons convicted of crime in the previous year, and upon whose cases they had not given judgment. This, of course, pointed to a short meeting for judicial functions at the end of every year, the spring meeting being mainly educational, the other, generally a shorter one, for general and legal business. The Irish Branch Council, on September 11th, passed a special resolution on this subject. (2) The revised penal clauses of the Standing Orders would be laid before them, having been submitted to a keen scrutiny by their Solicitor and by Counsel. The great powers which the Council possessed implied a corresponding responsibility for caution in their use. It was satisfactory to believe that their course hitherto had been such as to call for little improvement, though it had been often criticised. The proceedings in the civil courts did not encourage them to think the decision, as to what is moral or professional misconduct, was in every case to be readily arrived at. It facilitated the work of the Council when it had been decided by a legal tribunal whether certain acts were or were not illegal. That question settled, it was easier to say whether their illegality implied professional misconduct, or their legality was inconsistent with professional rectitude. Professional men could often do what as honourable men they should leave undone. These questions would arise in future, as they had arisen in the past, and sometimes they would be easy, and sometimes difficult, of solution. (3) The Conditions for Registering Irish Students. The Resolution of the Council that an examination must be undergone in Mechanics previous to registration having taken many Irish students by surprise, the Executive Committee had directed that the registration of the applicants could take place whenever they passed, and the time of passing be antedated, so that they should not lose the year by a circumstance which, in many if not in all cases, was not the fault of the youths themselves. This was a typical instance of the inconvenience which might arise from changes which affected the teaching of the schools, and showed the necessity of avoiding as far as possible frequent alterations in details. After alluding to (4) The Claims of the Colleges of Galway, Cork, and Belfast, the President went on to speak of (5) The Visitation of the Universities. In 1883 the Council directed the appointment of Visitors to inspect the Examinations of all the Universities. At the commencement of the year the arrangements were completed. From England the laborious task was undertaken by Dr. Bristowe, Mr. Holden, and Dr. Barnes; from Scotland by Dr. Balfour, Dr. George Buchanan, and Dr. Leishman; from Ireland by Dr. Finney, Mr. Macnamara, and Dr. Kidd. The Visitors were distributed, so that England was visited from Scotland and Ireland, Scotland from England and Ireland, and Ireland from Scotland and England. Although most of the Visitors' Reports were nearly ready, none were yet complete; they would be forwarded to the several Universities, with an invitation for their remarks upon them. (6) The Chairman of the Pharmacopœia-Committee would communicate some details as to the completion of the Third Edition, and as to its reception in this country. The thanks of the Council were largely due to Dr. Quain, and to the editors who acted with him. (7) Mr. Marshall had presented his first Report on certain Statistics of the Medical Profession, compiled with much labour in conjunction with his colleagues and the Registrar. He would not anticipate any of the conclusions at which they arrived, further than to observe that it was an open secret that Students still migrated as they did in the Middle Ages—and as they did in Germany now—in quest of teachers whose reputation attracted them, and of other advantages they believed they obtained through this movement. This subject was entangled with various prejudices and fallacies into which they could not now enter.

In conclusion, The PRESIDENT said, "I will briefly allude in the last place to certain other questions of large import



which are in all our minds. I do not presume to refer directly to the political movement which begins to-morrow by dissolving a Parliament among the most powerful at its outset that has ever met, but nevertheless I must refer to some of the lessons which we may indirectly take to heart, from their bearing on our own work. In the fifteen years that have passed since Mr. Simon, then the Medical Officer of the Privy Council, addressed the Council in 1869 on behalf of the Lord President, successive Governments—as has more than once been remarked—have, with much good will and most friendly co-operation, sought to help the cause of Medical Education. Though every Medical Bill brought in by the Government has been withdrawn, yet the progress of Medicine in the twenty-seven years that have elapsed since you were constituted a Council has been unsurpassed at any period of history. There seems to be a lesson to be drawn from this, and the lesson is that this Council, and all the Licensing Bodies now empowered to put names on the Register, ought to be able to say that, although Parliament has been through all these years baffled, yet a State Examination, however expedient for State reasons, would not be more certain in its action, nor more practical to its end, than the Examinations for which this Council and they are responsible. Many of the best minds in our profession have wished, and still wish, that a State Examination should be instituted. The proposed substitute for it was to have been a voluntary combination of the several English, Scotch, and Irish Licensing Bodies. It must be acknowledged this substitute has failed. Neither in England, in Scotland, nor in Ireland, have all the bodies combined, notwithstanding the long-continued and earnest endeavours conscientiously bestowed upon the scheme. It has been most successful among the Corporations in Scotland. In Ireland it does not exist, though all the Licensing Bodies are situate in the Irish Metropolis. In England it has ended in the union only of two great Corporations, and the independence of all the others. The attempt of one English University to make a union with these Corporations met, unfortunately as I think, with such disfavour that it is known already that it must fail. The two Corporations themselves, it is commonly said, are seeking the power to grant “Degrees”—that is, “higher titles”—to those or some of those whom they license. The London Society of Apothecaries also asks that its testamur in Surgery should be accepted as a surgical qualification; and you will be called upon to say whether, on the merits, it be entitled thereto. The records of the London Medical Schools and Examining Boards would furnish a most interesting illustration of individual exertion as distinguished from State aid in the progress of England. From this and other causes there is now less chance than ever of a diminution of the number of Medical License-giving Bodies than before. This was the result that was expected by one of the chief supporters of the “conjoint” system of examination, and one of the best and truest of men, Dr. Parkes, not long before his death.

The practical conclusion that would seem for the present to follow from these circumstances is expressed in a Report of the Branch Council of Scotland to the effect that the General Council should establish a systematic inspection of each and all the Licensing Bodies every year. Whether this is preferable as a permanent arrangement to three State Boards in London, Edinburgh, and Dublin, with the resulting independence of all the Bodies, is open to argument. But it is in the power of the Council to make this inspection as often as it judges necessary, and to report definitely to the Privy Council any Body that fails in its duty, if there be any such. Fifteen years have shown that the Council must rely on its own powers rather than on the good will, great though it has been and is, of the Government of the day. We meet here to take counsel together how the Medical mind of the future may be most wisely trained in the complex relations of culture, of science, and of practice. We return to our several institutions to put into action, as best we may, the common consultative results, not only for our purposes, but for the good of the nation at large, and in various degrees and ways for the promotion of medical science, and the progress of human knowledge in its bearing on public and personal health. We ought to be in fact, and by the Act we are, to a great

extent, bound to be ourselves our own inspectors. It is true that every Licensing Body sends hither a representative to bring its experience to the rest, but it is as true that each representative is, on returning to his own institution, guardian of the conclusions arrived at by the majority of the institutions, and by the representatives of the Crown. He has the power under Clause 18 of the Act to attend any Examination related to any part of Medical Education, whether of his own, or of any other Medical Licensing Body, whether deputed by the whole Council or not. The truth is—and it is well to look it in the face—the vexed questions of Independent Licensing Bodies, Conjoint Boards, and State Examinations, are part of one of the great political problems of our time—*i.e.*, the relations of central control to Local Institutions. The failure, half a century ago, of the latter brought the power of the central authority more closely to bear on local details. But there is real risk, as seems to many statesmen, of Central guidance becoming so constant as to injure the manly independence which has created England. I confess to a doubt long felt whether the present Licensing Bodies, either Universities or Corporations, ought to give qualifications if they each need an Inspector to watch every examination. The course which this Council has taken with regard to its recommendations illustrates and confirms these views. Whereas the tendency was, and rightly, some years since to issue recommendations in more and more detail, the last revision, by common consent, and after the most careful consideration, has reduced them to a few general regulations resting on broad educational principles. All this being so, it would not become me to make more than passing allusion to the great educational movements which are being discussed in London, or to modes of teaching, or to the best way of utilizing the unequalled clinical opportunities afforded by this vast population. But I cannot wholly pass the subject by. It has become mixed up with two questions of much real import to this Council—the state of teaching, and the meaning of titles. I will to-day pursue neither subject. Though this Council has mainly to do with results, it is required to ascertain the methods of producing them. Though it is only to do with the testing whether men have the skill and knowledge necessary for their profession, it has to record, on its Register, titles that profess to represent more than this. It would be to close our eyes to a fact known to all, that part of the movement of Students is due to seeking these titles for their supposed social value. But it would be worse than blindness not to see that part of this movement is also because they believe that teaching is better organized in one place than another, and so their parents enable them to move accordingly. Why should they not do so? They adopt this course in Germany with manifest advantage. Are we sure that there is no narrowness and want of elasticity and power of combination in our views on this matter? I have thus ventured respectfully to give utterance to some thoughts of the present state of our functions and duties, and of the relation of the Medical Profession and its various Institutions in Great Britain, to the Legislature, because I feel that each time we meet it may be for me, and soon must be, the last. I wait only to feel sure that my earnest desire to carry out your wishes, in such ways as I am able, can no longer serve you, in order to retire from the most honourable and the happiest work that I have, and to make way for a younger and a stronger man.”

Mr. MARSHALL moved and Professor HUMPHRY seconded a vote of thanks to the President for his address, and that it be entered upon the minutes. This having been supported by the Reverend Dr. Haughton, was agreed to.

Mr. MARSHALL then moved that the qualification of M.R.C.S., formerly held by Francis Goold, be removed from the Register, he having ceased to be a member of the College of Surgeons in accordance with a resolution to the effect—“That, in the opinion of the Council, the criminal offence of which Francis Goold has been convicted is of such nature as to render him unfit to remain a member of the College, and that he accordingly be removed from being a member of the College.” He said that the felony of which he had been convicted was manslaughter, and the College of Surgeons had carefully investigated the case.

Dr. HUMPHRY seconded the motion.



Some discussion followed as to the powers of the Council in the matter, and Sir HENRY PITMAN pointed out that if a name was to be struck off for felony the felony must have been committed in the United Kingdom, which was not the case in the present instance.

The motion was then agreed to.

Mr. MARSHALL then said that Goold's name now appeared on the Register without a qualification at all, and therefore his name must, as a matter of course, come off the Register as he was no longer a qualified practitioner. He said that the College of Surgeons were quite satisfied that he was not a competent person.

Mr. SIMON thought that the action of the Council was a little unusual in this matter, seeing that the conviction had taken place in December, 1876. He held that the name did not of necessity go, when the qualification was removed, it required a separate resolution.

The motion was then agreed to, and the name ordered to be removed from the Register.

Mr. MARSHALL then drew attention to the following resolution of the Council of the College of Surgeons: "That, in the opinion of the Council, the advertisements issued by Mr. Thomas Clarkson are, in the terms of Clause 2, Section XVII of the By-Laws, 'prejudicial to the interests, and derogatory to the honour of the College, and disgraceful to the profession of Surgery'; and that, in consequence of the issue thereof by him, and his refusal to discontinue them, he be removed from being a member of the College." He said it was not a case of a legal conviction, but of issuing advertisements which had been described as scandalous. The Council had written to ask Mr. Clarkson if they had been inserted by his direction and authority, and he had, in reply, stated that he had been in practice for more than forty years, and that his remedy was not a secret one. He was then cautioned by the Council that if he would cease to publish his advertisements they would take no further proceedings against him. His answer was that he had paid for his advertisements until the end of the year, and that after that he would consider the matter, and that he considered the action of the Council arbitrary. Mr. Marshall then read the advertisement complained of, in which he announced a specific for bad legs. His diploma of membership was dated 1832. He asked the Council to remove from the Register his qualification of M.R.C.S. He had another qualification and therefore there was no question of removing his name from the Register.

Dr. QUAIN briefly seconded the motion. The College of Surgeons had removed his name, and that was enough for them, they need not go into the reason for it.

Mr. SIMON disagreed from the remarks which had just fallen from Dr. Quain, the Council had a discretion to exercise, and it was right they should have the facts before them.

After some remarks from Dr. Aquilla Smith, the motion was carried. As Mr. Clarkson was also a licentiate of the Society of Apothecaries, some conversation then ensued as to whether the Council should draw the attention of that body to them or leave the matter in the hands of the Society's representative; ultimately the latter course was adopted, Mr. Bradford undertaking to bring the case under their notice.

The case was then brought forward of a duly qualified practitioner (named Millerchip) who had been convicted of using an instrument with intent to procure abortion, and sentenced to ten years' penal servitude.

Sir HENRY PITMAN moved that his name and qualifications should be removed from the Register, stating that, though he was safe for the next ten years, it was important that they should purify their Register.

The motion was seconded by Dr. AQUILLA SMITH.

The PRESIDENT said that he thought this case would justify (if there was any need of it) his summoning the Council at this time. It would not do for them to issue the Register with such names upon it.

After a question from Dr. Lyons, the motion was agreed to.

Dr. AQUILLA SMITH then drew attention to the following resolution from the King and Queen's College of Physicians in Ireland. "The name of Dr. Robert Locke Evans, of Carrickfergus, was, by resolution of this College, October

2nd, ordered to be erased 'from the Roll of Licentiates in Medicine and Midwifery,' and moved that the two qualifications, which had been taken from him, should be removed from the Register; as he was also licentiate of the College of Surgeons, there was no question of striking his name off altogether.

This was seconded by Dr. BANKS.

The PRESIDENT observed that it had been the custom when a qualification had been removed in this way for the Council to direct their Registrar to remove such qualification from the Register.

Mr. SIMON said that the motion seemed hardly respectful to the Council, and he thought that Dr. Aquilla Smith ought to have stated some particulars to them as to the offence; it might happen that they would be asked to vote a man off the Register without knowing why they were to do so.

Mr. TEALE contended that they must know the reason for which they were to strike a man off, as the Act especially provided certain offences for which a man was not to be taken off the Register.

The Rev. Dr. HAUGHTON said that though a Fellow of the College in question he did not remember the nature of this man's offence, but he thought that the Council certainly ought to have information on the point.

Dr. QUAIN asked who was to regulate the morals of a corporation except the corporation itself, and he held that nothing could be more anomalous than that they should refuse to remove a qualification which another body had already taken away.

Mr. SIMON said he would put a hypothetical case and assume that this man did not hold any other qualifications than those which they were now asked to remove. Were they to strike the man off the Register, for that what was what it would amount to, without knowing what was against him. The Act provided that they might remove a man if they saw fit, but how could they see fit unless they knew what he was charged with.

Dr. AQUILLA SMITH said that he meant no disrespect to the Council, but that he would not give any explanation unless instructed to do so by his college; he might, however, state that the man had not been struck off their roll for any peculiar views of theory or practice.

Dr. BANKS said that he did not know the cause in this particular instance, but he was certain that this college never removed a man's name who did not thoroughly deserve it.

Dr. STRUTHERS contended that they could not remove a man from the Register simply because a corporation had struck him off its books.

Dr. QUAIN said that the position of affairs was this: this College told them that the man no longer held a certain diploma, and they could do as they pleased about it. They must not leave a falsehood on their Register. He contended that they had no right to sit in judgment on the corporations.

Dr. LYONS appealed to Dr. Smith to give a statement of the facts; he would not have the smallest hesitation in mentioning them if he knew them.

After a few words from Dr. Fergus in reference to the opinion of their solicitor which appeared on the agenda paper,

Dr. HUMPHRY said that it was clear that the Council had a duty to perform in this matter. A man was admitted to the Register when duly qualified in virtue of a right, but he was not to be removed unless the Council saw fit. They did not doubt the good grounds of a college in removing a man, but the Council must have some grounds for removing a qualification. The last section of the Act showed that they had a right to ask what had been the cause of the removal. In the case before them there was only one man round the table who knew the nature of the offence. He did not consider there was any falsehood in keeping the man's name on the Register provided he had been duly admitted.

The PRESIDENT read an amendment proposed by Mr. Simon, and seconded by Sir Henry Pitman, to the effect that the further consideration of this case should be postponed until the Council had information as to the nature of the offence.



The SOLICITOR to the Council having been referred to, said that if they allowed the qualification to remain, their Register would be incorrect. This was the only case in his experience in which the information had been withheld.

Sir HENRY PITMAN said he would put a hypothetical case to the Solicitor. Supposing a man had been struck off the roll of a licensing body without good reason, on the ground of holding some theory, for instance, and the fact became known to the Council, what ought they to do?

The SOLICITOR thought they were not bound to strike the name off, but they ought also to keep their Register correct.

After further remarks from Mr. Simon, Dr. Humphry, Dr. Quain, and Dr. Banks much to the same effect as those already given above,

Dr. MATTHEWS DUNCAN said that as to the allegation that their Register would be untrue, he did not admit it. They could leave the qualification on their Register, for all that would be implied would be that at a certain date he had belonged to such a corporation, and had been registered accordingly, and that he was still registered.

Dr. STRUTHERS said that this was not a matter of law, but of conscience.

The PRESIDENT admitted that there was a real difficulty in the matter, and he thought that they ought to get a careful legal opinion upon it. To some members it appeared that they had no right to give an opinion upon this matter without further information.

The amendment was then put and carried.

The amendment was then put as a substantive motion, when Dr. LYONS rose to move an amendment. He said that the matter was one of a general principle, and not a special question that had really been under debate, and he therefore moved as an amendment that the opinion of counsel should be taken as to whether the Council could insist upon the information being given them before removing a name.

Mr. SIMON said that he objected to the amendment; he should decline to be bound by the opinion of counsel on a matter of this sort; he would never vote blindfold on any question, but claimed the right to exercise his discretion.

Dr. HERON WATSON thought that they ought to get the opinion of counsel as to the legal definition of the word "members" in clause 28 of the Act. Did it include fellows and licentiates as well as members?

The PRESIDENT considered that this was an important public matter, and it was quite right that it should have been discussed.

The amendment was then put and lost, and the motion carried.

Communications were then read from the Queen's Colleges of Galway, Belfast, and Cork, referred from the Executive Committee.

The Rev. Dr. HAUGHTON said that there were two points to which he might call their attention, though he only intended to deal with one of them. The first, to which he should not further allude, was the question as to the right of the Executive Committee to order the Branch Councils to do anything. The other was as to the preliminary examinations of the three Queen's Colleges. At the last meeting of the Council, the subject of the preliminary examinations had been referred to a committee, of which he was the chairman, and, as they had received no returns from Galway and Belfast and only very incomplete ones from Cork, they were not in a position to judge of the examinations conducted by those bodies, and the Council had, therefore, on the recommendation of that committee, refused to recognise their examinations. Now, however, they had obtained returns from them, and he proposed that they should be referred to the committee, and he had little doubt but that their report in the morning would be favourable. He proposed Dr. Storrar and Dr. Watson as members of the committee.

Mr. TEALE seconded the motion.

Dr. STORRAR said that he was surprised at the claim of these bodies, as they had not a leg to stand upon; they were not universities or examining bodies, but merely colleges; their examinations were only such as would be held at schools. If they admitted their certificates, why not those

of University and King's Colleges in London; and if these, then why not those of the provincial colleges and medical schools. The admission of these three colleges was an entire abuse, and there was good ground for doubt as to whether the Council could look upon their examinations with confidence. They were originally accepted on the statements of Sir Dominic Corrigan, and later on when repeatedly pressed, he refused to give any information about them. He did not think the matter ought to be referred to a committee at all.

Dr. BANKS said that the Queen's Colleges had done much for higher education in Ireland, and their standard was higher than that demanded by the Council, for they insisted on Greek. He hoped they would restore them as fit and proper bodies to conduct the examinations. As to the Colleges not having answered the letters, he had been assured by each of the presidents that they had never received any communication from the Council. He thought that Dr. Storrar was disqualified from serving on the committee.

Dr. STORRAR said that the question was with him a matter of principle, and he felt that his views debarred him from being on the committee, and ultimately he declined to serve.

Dr. STRUTHERS said that these three colleges had had great difficulties to contend with, and had succeeded, notwithstanding opposition. They were important educational bodies and not mere examining bodies. These bodies thoroughly fulfilled their requirements, and why should they not recognise them. He would propose to replace them at once without reference to a committee.

The Rev. Dr. HAUGHTON said that they could not do this; it would not be just to the colleges themselves, as they had not yet examined their papers.

Dr. MATTHEWS DUNCAN said that Dr. Storrar had argued that they were subordinate bodies, but were they affiliated?

Dr. STORRAR said they were not, but could they give degrees? They were, in his opinion, analogous to the colleges at Oxford or Cambridge.

Dr. BANKS said that they not affiliated, but the majority of the students went to the Royal University of Ireland.

Dr. LYONS said they would not be in order in having a detailed discussion on these colleges now. He wished to ask what was the real power of the Executive Committee—could it override and nullify the decisions of the Council itself? At their last session they had arrived at a resolution, coerced into it by the strength of the speaker, cutting away the claims of many young men who had acted on the faith of what had already been promised them. If that resolution had been kept, these young men would have been seriously inconvenienced, but the Executive Committee had by a majority nullified that resolution. It seemed to him to be a bad precedent, and he wished to know whether it was competent for them so to act.

Dr. HUMPHRY observed that this speech was entirely out of order; they had a resolution before them, and Dr. Lyons' motion could be discussed afterwards.

Dr. Haughton's motion was then carried, Dr. Humphry's name being substituted for that of Dr. Storrar.

The PRESIDENT then said, that as it seemed to be the wish of the Council, he would make a short statement on the matter to which Dr. Haughton and Dr. Lyons had referred. At the conclusion of the last meeting the three colleges were struck off the list of recognised bodies on the recommendation of Dr. Haughton, who said that there were reasons for the step which he would give on another occasion. The result was that a remonstrance at once came from each of the bodies in question. The Executive Committee on behalf of the Council thought it their duty to say that they might remain as before until the matter could be again discussed in full Council; in this matter the Executive Council acted only for the Council, and not in any way in opposition to it. When the Council was not sitting it was the function of the Executive Committee to act for them, and when the Executive Committee was not sitting, the President had to represent the Council. If any examination was thought to be insufficient, it was part of the business of the Executive Committee to take it off altogether. The action of the Executive Committee had not



been to settle the matter, but only to defer it till another meeting of the Council. The decision was not fully taken on its merits on the previous occasion.

The Rev. Dr. HAUGHTON said, that on the former occasion he had no other reasons than that they were absolutely without information; they were not then in a position to go into the merits of the question.

The PRESIDENT hoped that the action of the Executive Committee would not be allowed in any way to prejudice their decision in the matter. The subject then dropped.

Some formal business having been transacted, the Council adjourned.

## SECOND DAY—WEDNESDAY, NOVEMBER 18TH, 1885.

### *Standing Orders as to Penal Procedure—Report of the Statistical Committee—Report of the Pharmacopæia Committee—The Surgical Qualification of the Apothecaries' Society.*

THE first hour and a half was occupied with the consideration of the proposed revision of the Standing Orders with regard to complaints against registered practitioners, and the removal of names from the Register. The Counsel who had advised the Executive Committee, Mr. Muir Mackenzie, was present throughout. He pointed out that the new rules had been very carefully considered, and made to accord with rules of procedure elsewhere, and he believed that no loophole was left which could be taken advantage of. The report was considered in Committee, the clauses being taken *seriatim*. After much discussion certain of them were referred back to Mr. Mackenzie for further consideration, the main objector being Dr. Heron Watson, who was not satisfied that sufficient provision had been made for dealing with cases of felony or misdemeanour committed out of the United Kingdom. Ultimately several of the clauses were agreed to, but those relating to the initial steps to be taken before any actual proceedings were instituted by the Council Mr. Mackenzie undertook to recast.

Dr. SCOTT ORR moved, and Dr. Aquilla Smith seconded, the following resolution, which was agreed to without comment or explanation: "That the list of names and qualifications erased from the *Medical Register* by order of the General Medical Council, for the reasons assigned in each case, be published annually as an *Appendix* to the *Medical Register*."

Dr. SCOTT ORR then moved the following resolution: "That intimation, by means of a registered letter, be made to those whose names are erased from the *Medical Register* by order of the Medical Council." He said that his reason for doing so was that a case in point had recently occurred in Glasgow. A practitioner, who had been removed from the Register in 1881, had continued to issue bills, stating that he was a registered practitioner. Eventually he was prosecuted by the Procurator Fiscal, when he pleaded in defence that he had had no notice that he had been struck off the Register. At the trial the minutes of the Council notifying the fact of his being removed from the Register were not admitted as evidence, and a verdict of not proven was returned on the ground that there was no evidence that he had ever been informed of his suspension. It was to prevent the recurrence of such a thing that he had framed the resolution now before the Council.

Mr. SIMON said that he entirely agreed with Dr. Scott Orr as to the desirability of some such proviso as that he proposed, but he wished to say a few words with reference to the former resolution, which had been put without his being aware of it. He considered it exceedingly inexpedient, and he doubted very much whether it was legally justifiable. That a man should be perpetually gibbeted year after year for an offence once committed was quite contrary to the spirit of the age. [At a later period of the day, Mr. Simon gave notice that he should move that the resolution be rescinded].

Dr. STUTHERS asked whether it was intended to make the announcement annually, to which Dr. Scott Orr replied that he intended all the names to be published every year.

Dr. QUAIN pointed out that the sending of a registered letter would not constitute sufficient evidence, and he hoped that Dr. Scott Orr would accept an amendment, to the effect that the Council should instruct their solicitor to serve personally formal notice of the decision of the Council on the culprit, in the event of his not having been present in person and heard the result.

The motion as thus altered was then agreed to.

Dr. SCOTT ORR then moved the following resolution: "That on the application of any of the medical authorities in the United Kingdom the Registrar of the Council be in future empowered to present such medical authority with a bound copy of the minutes of the Council as they are published," and in doing so said that formerly, some ten or twelve years ago, it had been the custom for copies to be given, but that it had been discontinued, and on a recent occasion in Glasgow one of the visitors of the Council had been put to much inconvenience by not being able to refer to a back number of the minutes.

The motion was seconded by Dr. QUAIN.

Dr. STRUTHERS said he quite sympathised with the motion and spoke of the hardship he had suffered himself on a former occasion by being obliged to purchase a copy of the minutes out of his own pocket. He moved, as an addendum, that the reference should be extended to back numbers if asked for within a year.

The motion so amended was carried.

After the usual adjournment for tea Dr. HERON WATSON gave notice of a question asking the intentions of the Branch Council for England as to the case of a registered practitioner (a member of the College of Physicians) who had given evidence in a recent criminal case and whose conduct had been condemned by the presiding judge in very severe terms.

The PRESIDENT then stated that he had received private notice of a motion to which he could not make any reference in the presence of strangers, and the latter were accordingly ordered to withdraw.

On their re-admission Mr. MARSHALL brought up the report of the Statistical Committee, composed of himself Dr. Haldane, and Dr. Aquilla Smith. He described it only as an *ad interim* report, and he did not then intend to speak as to its value, but he had strongly felt that it was the duty of the Council to undertake such work as this. At the commencement they decided to limit their enquiries to the years 1871 to 1880, and the following were the points to which they directed their attention: (1) The duration of the period of professional study, so far as this is indicated by the length of time allowed by different students to elapse between the date of their registration as students, and that of their acquisition of a registrable qualification, as shown by reference to succeeding editions of the *Medical Register*; (2) the relative numbers of those who obtain and register a complete or so-called double qualification at once; of those who, on the other hand, obtain and register at first only a so-called single qualification, which they afterwards supplement with another; and lastly, of those who appear to remain satisfied with a single qualification only; (3) The interval which is allowed by different students to elapse between the acquisition of a first or single qualification and of a second complementary qualification; and also, the different order and source in and from which such first and second qualifications are obtained; (4) the identity or difference which may exist between the place of registration of students and that of their registration as qualified practitioners; (5) A similar comparison between the locality at which given qualifications have been obtained, and that at which their registration has been effected." He said that the Committee had judged it best to lay before the Council such information as they had been able to gather rather than wait to present a full report with generalizations. He could not speak in terms of too great praise of the services rendered by the Registrar in connection with this enquiry; he had compiled no less than 198 tables or sheets extending over the whole period of ten years, and those sheets would ultimately form the basis of the full report. Up to the present time they had spent a sum under 200*l.*, but he did not think that the question of expense was one that they ought to lay much stress upon. He thought that this kind of enquiry



was a duty they ought to undertake in order that they might be able to answer any questions on the subject that might be put to them, and he believed it would prove of use both to the Council and to the profession at large. He moved that the report be received and adopted.

After a few observations from Dr. DUNCAN and Dr. STRUTHERS the motion was carried.

Dr. QUAIN then moved that the report of the Pharmacopœia Committee should be received, entered upon the minutes, and adopted. It contained the following provisions, which had been introduced with a view to the formation and publication from time to time of an addendum: "The Committee suggest the advisability of re-appointing the present Committee as a standing Committee, with power to appoint a Sub-committee, with the following duties:—(1) To superintend generally all matters relating to the Pharmacopœia; (2) to appoint one or more persons to report to the Sub-committee on the subjects of materia medica and therapeutics; (3) To prepare for publication, by way of appendix to the present Pharmacopœia, when necessary, such changes or additions as may be deemed desirable, for which purpose a sum, not exceeding 100*l.* per annum, should be placed at their disposal, for the payment of a reporter or reporters, and for conducting such enquiries as may be thought desirable; (4) to report annually to the General Council on their proceedings during the previous year." This having been seconded by Dr. Heron Watson, was agreed to.

The next communication was one from the Local Government Board, enclosing some correspondence relative to whether the newly instituted examination in surgery at the Society of Apothecaries constituted a qualification in surgery such as ought to be accepted for poor-law appointments.

Sir HENRY PITMAN moved, and Dr. STRUTHERS seconded, that the communication be received and entered upon the minutes.

Mr. SIMON thought that the contention raised in the correspondence was a just one. The licentiate who made the application had been examined in the three branches of professional knowledge that the Council insisted upon, and he saw no reason why the Local Government Board should not recognise him as duly qualified. The word qualification had two meanings, one referring to the skill of the individual, the other to his title to practise. The question was whether the title implied the required skill and knowledge. The Medical Act required no definite limitations and it specifically recognised half qualifications. So far as the examination extended, so far must it be regarded as evidence of skill. Last year they had passed a resolution requiring that a candidate should have passed in all three subjects before registration; when taken into conjunction with clauses 20 and 22 of the Medical Act, this was virtually a compulsory resolution. If the Society of Apothecaries had not acted in accordance with it, it would have been the duty of the Council to have cited them to appear before the Privy Council. The examination in surgery had been instituted, and it had not been impugned, and the Council must therefore answer that they saw no reason why the licence should not be understood to cover in equal degree all branches comprehended in the examination. It might be asked if the Society of Apothecaries had gone beyond their right in founding this examination, but the lapse of time that had occurred without their exercising such a right was no argument that they had not all along possessed the power; the term medicine, as used by the society in question, was a large one, and would include surgery, just as it had done in the case of the College of Physicians.

Mr. BRADFORD said that the Society of Apothecaries, having determined to extend their examinations, had relegated the surgical portion to persons belonging to the College of Surgeons, and he contended that the Society was perfectly justified in doing so. Candidates could not now receive the licence of the Society to practise unless they passed the examination in surgery, or had obtained a surgical qualification elsewhere. The number of men who were in practice with the licence alone, without any surgical qualification, had for years been very small, and was steadily diminishing.

Mr. TEALE believed that this was one of the most difficult questions that had ever come before the Council; it all turned on the meaning of the word qualification. They had resolved that imperfectly educated and imperfectly qualified men should not be put on the Register, and had endeavoured to secure that every one should be qualified in ability and knowledge. But having secured this, did this give the qualified man a legal right in all things? The Act alluded to persons qualified to practise medicine, or surgery, or both. He did not think that the meaning of the word qualification had ever been legally defined.

Dr. HERON WATSON thought that this was a very dangerous question for the Council to pronounce upon. In 1859 the question had been before the Council in a slightly different form, at the time when the members were choosing which branch they would represent, and on that occasion the representatives of the Apothecaries societies both chose to represent medicine. The Scottish Universities, when they felt this difficulty, had gone to the Privy Council and got permission to give a double qualification. He thought that the only safe thing to do would be to appoint a small committee to consider what answer should be returned to the Local Government Board.

Dr. STRUTHERS spoke as to the superiority of the Scottish examining bodies in this respect; they had recognised the necessity from the first of the double qualification and this had led to the formation of the conjoint boards.

Dr. STORRAR thought that the experience of the University of London in this matter might be of some assistance. When the Act was passed, they found themselves in great difficulties, because the degree of master in surgery ranked with that of bachelor of medicine, instead of that of doctor of medicine, and in order to remedy this, they had to get a new charter permitting of the establishing of the degree of bachelor of surgery.

Mr. SIMON referred to the case of the College of Physicians, and contended that medicine and physic were the same thing, and that if physic included surgery in the one case, it should do so in the other also.

Sir HENRY PITMAN reminded Mr. Simon of the charter of Charles 2nd, in which no one was allowed to practise surgery in London or its immediate precincts, unless he was a licentiate of the College of Physicians.

Mr. MACNAMARA wanted to know whether the M.B. degree of London University was not a registrable qualification, and whether the holders of it were not entitled to practise both medicine and surgery; he asked Dr. Storrar if it was his contention that they could not practise surgery. To this Dr. Storrar replied that he did not know whether they could recover fees in surgery.

Dr. CHAMBERS said that the M.B. degree at Oxford certainly entitled a man to practise all the three branches, and at present they had no degree in surgery there at all.

Dr. AQUILLA SMITH said that he should be very chary of expressing any opinion on the matter, and he doubted if they had a right to speak on it. He held that the Society of Apothecaries could not of their own free will create a licentiate in surgery.

Mr. COLLINS said that the Society of Apothecaries had been forced to do this by the Council, and he thought it would be very difficult for them to say that it was not a qualification in surgery.

The PRESIDENT said that it was clear that some sort of answer must be sent, the question was a very simple one, and they could not refuse to reply. The motion to enter the communications on the minutes was then agreed to, and Dr. Watson gave notice of a motion to refer the matter to a committee in accordance with his remarks.

The Council then adjourned.

THIRD DAY—THURSDAY, NOVEMBER 19TH, 1885.

*Standing Orders as to Penal Procedure—The Publication of a Black List—Dental Business.*

Dr. HERON WATSON put the following question in accordance with notice given on the previous day:—"Whether any action is proposed to be taken under clause 29 of the



Medical Act (1858) by the Branch Council for England, or by the General Medical Council, in connection with the case of a registered medical practitioner, a member of the Royal College of Physicians of London, whose name has recently been brought before the public as a witness in a criminal case, on whose professional conduct the Judge animadverted in very strong terms."

The PRESIDENT stated that he presumed there could be no doubt as to who was referred to in the question. The case was now under the consideration of the Royal College of Physicians, and a complete enquiry was being made by that body.

Dr. HERON WATSON said he presumed that this meant that the matter could not be brought up at once.

The PRESIDENT said that it would be for the Branch Council to determine whether the matter should be taken up or not. He presumed that the enquiry at the College of Physicians would be concluded before the next meeting of the Branch Council.

The consideration of the Standing Orders as to Penal Procedure was then resumed in Committee, but any detailed report of them is impossible. At the suggestion of Dr. Quain the resolution adopted on the previous day, relative to the serving a notice of his erasure on a person who had been struck off the Register, was, after a verbal alteration by the Solicitor to the Council, ordered to be added to these Standing Orders.

Mr. SIMON then proposed to rescind the following resolution which had been passed on the previous day, viz.: "That the list of names and qualifications erased from the Medical Register by order of the General Medical Council for the reasons assigned in each case be published annually as an Appendix to the Medical Register."

He said that the resolution had been adopted on the previous day without any debate, and even without the proposer of it having an opportunity of giving his reasons. It meant that the Appendix was to contain a record of all the names of those who had been struck off the Register. It would be keeping up an amount of punishment that would be utterly unjustifiable, and he was much inclined to doubt the legality of it. There were besides various reasons of convenience, which would be well known to the President and Registrar, why it would be inexpedient to adopt this course.

Mr. MARSHALL fully agreed with all that Mr. Simon had said. He thought it was quite enough for them to purge their Register; to go beyond that might lead them to an accusation of persecution, even if it were not absolutely illegal.

Dr. SCOTT ORR sympathised very much with what Mr. Simon had said, but he nevertheless felt that it was necessary to have some record of the kind published for the benefit of the profession generally. Such an appendix would be of use in a Court of Law. Perhaps it was not necessary that it should be published annually. Such a step might appear cruel, but the offenders were not entitled to much consideration.

Dr. AQUILLA SMITH said that he certainly should oppose Mr. Simon's motion, and he thought Dr. Scott Orr had given ample reasons for the resolutions. As a fact, they did already publish this list, and it would be quite in accordance with the Standing Orders.

Dr. HUMPHRY pointed out that the Register was intended to indicate who were licensed practitioners, and they were bound to keep it correct, but they were not bound to publish in it those who had been struck off. So far as the public and the legal profession were concerned it was quite sufficient that the man was not on the Register. To the medical profession it was also important that those who had been struck off should be known, and this was secured by the list which was printed and sent round to the licensing bodies and those to whom the information was of importance.

Mr. TEALE pointed out to Dr. Scott Orr that, even had this list been published in an Appendix to the Register, the man at Glasgow would have contended that he had never seen it.

Mr. COLLINS called attention to the fact that no provision had been made for removing from this Black List

those whose offences had been condoned, and who had been re-registered.

Dr. HERON WATSON thought that this last point was fully provided for in the Act. He considered it most unfortunate to open up the work done the day before. He had no doubt that the publication of this Appendix would be a great convenience, and it would be a great pity that it should not be included. It was important that the licensing bodies should be kept informed in this matter. The only difficulty that he saw in the matter was as to how this Black List was to be kept correct; that he admitted to be a practical difficulty.

Dr. STRUTHERS did not like gibbeting a man for all time; he was inclined to move an amendment limiting the publication of the names to those removed during the previous year.

Dr. PETTIGREW considered that it was very important to have the list always at hand. It was necessary that at least the licensing bodies should always know who had been struck off.

The SOLICITOR, having been asked his opinion, said that a confidential list of the kind could certainly be distributed to the licensing bodies, but he was doubtful whether it would be legally right to publish such a list in the Register. Such a course was not adopted in the case of barristers or solicitors who had been struck off.

The PRESIDENT observed that the present Black List was published at 6d. a copy, to which the Registrar replied that no copy had ever been sold, and he believed that the Council had never authorised its sale.

After some remarks from Sir Henry Pitman and Dr. Lyons, the President said he thought the arguments used by Professor Humphry were absolutely conclusive.

The amendment was then carried by 13 to 4, the names being taken down.

The Council next proceeded to the consideration of some dental business, the matter having been brought up at the instance of the Executive Committee, and concerned the withdrawal of a man's licence by the Royal College of Surgeons in Ireland, he having contravened their by-laws by issuing advertisements. Mr. Macnamara moved that his qualification be erased, and this was seconded by Dr. Scott Orr.

Dr. QUAIN said that, in order to raise the question, he should contend that advertising was no offence in a dentist, and that it was not a sufficient cause, therefore, to justify them in striking one off the Register.

Dr. MATTHEWS DUNCAN considered that his offence was that he had violated the regulations of his College.

Mr. MACNAMARA said that every licentiate on receiving his diploma undertook not to advertise, and if he did he was struck off their roll. His College had a right to make any regulations they pleased. The Council, it seemed to him, must erase the qualification.

Dr. AQUILLA SMITH said that this case was identical with the one he had brought forward. He drew attention to the fact that on three occasions the Council had erased the name and qualification of a man at the request of a licensing body without enquiry as to the nature of the offence. The Council must not put the corporate bodies on their trial.

After some unimportant observations from various members, Dr. HERON WATSON characterised the proposal as a dangerous one. It was evident from the wording of the Dental Act that the mode of action to be followed was not the same for dentists as for medical practitioners. He thought they had better refer the matter to the Dental Committee.

Sir HENRY PITMAN pointed out that the Act did not make any mention of the word qualification.

Dr. QUAIN urged that they could not leave upon their Register a qualification which did not exist. They must keep their Register correct.

Dr. HUMPHRY said there was no provision in the Dental Act for erasing a qualification. If they erased it the name must go also as a matter of course. This was the first case of the kind under the Act, and they had better have legal advice.

Mr. SIMON agreed with Dr. Duncan that an entry made in the Register was not necessarily vitiated by the qualifica-



tion being subsequently withdrawn. It did not follow that they should erase the qualification, as it was the ground on which the name was originally entered, and the entry was therefore everlastingly correct in that sense. In the Dental Act the qualification was not particularly referred to. He asked if a name was to remain on the Register without a record of the grounds on which it was placed there. Because a man entered into a particular contract, and did not keep it, was not a sufficient reason for striking him off the Register; this contingency had evidently been contemplated by the framers of the Act. The mere fact of his having lost his original qualification would not justify them in acting without enquiry. He should move that the matter be referred to the Dental Committee.

Dr. QUAIN had foreseen this great difficulty coming; they were practically enquiring into the conduct of the College of Surgeons of Ireland. What an anomalous state of affairs it would be if they enquired into the matter and left the man on the Register!

Mr. MACNAMARA said it was clear from clause 15 of the Dental Act that the matter must be referred to the Dental Committee.

Dr. BANKS considered that this case was precisely analogous to the one brought up by Dr. Smith.

Dr. STRUTHERS thought that on the face of it advertising seemed an innocent proceeding. It was a matter of public comment that there was too much advertising in the medical profession.

The SOLICITOR said they must take the name off if the qualification was gone. They ought, however, to summon the offender before them.

Sir HENRY PITMAN said that according to the opinion of the Solicitor the qualification would be removed by the Registrar on receiving due intimation, and the name would be taken off the Register without the matter ever coming before the Council at all.

Mr. SIMON, after some unimportant observations from other members, said he should move an amendment referring the matter to the Dental Committee. He denied any intention to interfere with the internal government of any bodies. The striking off of a qualification seemed to involve removal of the name. It was said they could not keep their Register correct without erasing the qualification. That seemed to him to be a separate question. It was to be remembered that under the Dental Act there was an appeal against their decision. Of course he acquiesced entirely in the decision of the College of Surgeons of Ireland, but the question of depriving a man of his means of livelihood must be treated separately on its merits. Was this such an offence within the meaning of the Act as to disqualify him from practising dentistry?

After a question from Dr. QUAIN as to the nature of the enquiry to be instituted by the Dental Committee, the amendment was put and carried.

[Left sitting.]

## SPECIAL CORRESPONDENCE.

### UNITED STATES.

(From Our New York Correspondent.)

*Prospects of the Washington Congress—The American Medical Association—Dr. Jacobi on the Code question, and on International Collective Investigation—The New York College of Physicians and Surgeons.*

New York, November 6th, 1885.

Apart from the affairs of the Ninth International Medical Congress, scarcely anything of a purely medical character has excited general interest here of late. Concerning the Congress but a languid feeling is now entertained, the profession having for the most part settled down into the belief that the supporters of the new organi-

sation have set themselves unalterably against any change in their peculiar ideas of how the affair ought to be managed, consequently it is generally felt that, notwithstanding the ample justification there would be for the Congress to withdraw its acceptance of our invitation, a gathering that will pass for an International Congress will take place in Washington at the appointed time. The prevalent conviction is, however, that the meeting will not be even decently representative of the American profession, to say nothing of its pretensions to an international character. Although the funds are likely to turn out small, as the result of the quarrelling that has taken place, and although the people of Washington bear the *gaucheries* of the last Washington meeting of the American Medical Association too fresh in their memories to be very prodigal in the matter of invitations to their houses, the slender resources of the concern need not be seriously taxed to satisfy the Jonathan Wilds who will make up the bulk of the assemblage. Of course, this disgraceful state of things is hard to bear, and the leading journals have done their best to prevent it. Much better would it be for us to submit to the seeming indignity of having the meeting of the Congress held in some other country, but the *sans culottes* who for a number of years past have been gradually getting possession of the American Medical Association are amenable to no considerations that run counter to their own insatiable greed for notoriety, at any cost, and the Association will probably be unable to say them nay, even if it would. But it is one of our national characteristics to bow to the inevitable with as much grace as we can command. The consolatory feature in the case is, that it is likely to result in the overthrow of the power so long wielded by the American Medical Association over a long-suffering profession, and by the editor of the Association's *Journal* over that body itself. Already a proposal to organise a new national medical society is being seriously talked of, and this undertaking, if properly carried out, will be immensely more advantageous to us than anything that could possibly happen in connection with the Congress.

The season of society meetings has now fairly set in, but it cannot be said that anything notable has yet occurred in the proceedings: there have been no absorbing debates like last winter's discussion on the management of lying-in women, which took up the time of several meetings of the New York Academy of Medicine. Nevertheless, the President's address at the opening meeting of the Academy has awakened considerable attention. Although it emphasised the undeniable victory of the Medical Society of the State of New York in having extorted from the American Medical Association such an "interpretation" of its code of ethics as practically justifies the New York code, still, even by "old code" men, the address is generally admitted to have been wise and conciliatory. On the whole, it dealt gently with code matters, and its author, Dr. Jacobi, passed to the consideration of the subject of the collective investigation of disease as proposed by your countrymen at the Copenhagen meeting of the International Medical Congress. It is doubtful if the project can be worthily worked in connection with the Washington Congress, but Dr. Jacobi's enthusiasm is none the less to be admired. It is noteworthy that, although he is a member of the committee on the subject appointed at Copenhagen, and therefore a recognised officer of the Congress, he is among those whose nomination to official positions in the forthcoming Congress the American Medical Association has so hardened its heart as to refuse to tolerate.

Side by side with the work of the societies begins that of the larger colleges. The leading New York college, the College of Physicians and Surgeons, nominally the medical department of that old and rich institution, Columbia College, but really a private corporation with Columbia available only as an ornament, is still condemned for a season to remain in its dingy and wholly inadequate quarters in Fourth Avenue; but there is reason to expect that its next annual course will be held with all the pomp and circumstance that Mr. Vanderbilt's generous endowment has made possible. For several years past the alumni association of the college has maintained an annual course



of lectures, somewhat after the plan of various annual courses given in England, styled the Cartwright Lectures. The first of these courses was given by Professor Bartholow, of Philadelphia; the second by Professor Dalton, of the college faculty, and the third by Professor Wilder, of Cornell University. It is understood that the forthcoming course is to be given by Professor Osler, formerly of Montreal, but now of Philadelphia, who lately gave one of the courses in London. Heretofore, the managers of the fund have contrived to provide respectable lecturers, but the work they have done has not been looked upon as very striking; consequently the foundation has not quite answered the expectations that were based upon its establishment. It is very generally felt, however, that an excellent course is to be looked for from Dr. Osler, and, in view of his success as a teacher in Montreal and in Philadelphia, and as a lecturer in London, that feeling must be held to be well-founded.

## MEDICAL NEWS.

### UNIVERSITY OF LONDON.—M.B. Examination, 1885.—Pass List.

*First Division.*—Charles Edward Adams, B.Sc., Charles Joseph Arkle, Lawrence Barnett, University College; Rayner Derry Batten, James Berry, St. Bartholomew's Hospital; John Irvine Boswell, Guy's Hospital; James Harry Ernest Brock, University College; James Calvert, B.A., B.Sc., St. Bartholomew's Hospital; John Walter Carr, University College; Edward John Cave, St. Bartholomew's Hospital; Letterstedt Frederick Childe, Guy's Hospital; William Tusting Cocking, University College; Arthur Frederick Davenport, University of Edinburgh and University College; Arthur William Dingley, University College; John Elliott, B.Sc., St. Bartholomew's Hospital; Willmott Henderson Evans, B.Sc., University College; Henry Holdrich Fisher, St. Bartholomew's Hospital; Edward Wilberforce Goodall, Guy's Hospital; Frank Hichens, London Hospital; George William Hill, B.Sc., St. Mary's Hospital; Frank Hinds, University College; Charles Barclay Innes, St. Bartholomew's Hospital; Arthur John Jefferson, Herbert Henry Lankester, St. Thomas's Hospital; John Marriott, Charing Cross Hospital; George Hyde Melson, Queen's College, Birmingham; Mary Elizabeth Pailthorpe, London School of Med. and Royal Free Hospital; Walter Pearce, B.Sc., St. Mary's Hospital; Herbert Wilson Pilgrim, University of Edinburgh and University College; Alfred Edward Price, Reginald Maurice Henry Randell, Guy's Hospital; Henry Betham Robinson, St. Thomas's Hospital; James Henderson Sellick, Guy's Hospital; Thomas Sydney Short, King's College; Alfred Martin Sutton, Guy's Hospital; James Swain, Westminster Hospital; Philip Dymock Turner, University College; John James Dean Vernon, Guy's Hospital; Philip Percival Whitcombe, St. Mary's Hospital; Richard Thomas Williamson, Owens College; William Alfred Wills, Westminster Hospital.

*Second Division.*—Richard William Brogden, Guy's Hospital; Augustus Henry Cook, University College; Joseph George Harsant, Frederick Lever, B.Sc., Edward Paine Mourilyan, Guy's Hospital; Edmund Cleaver Pettifer, St. Bartholomew's Hospital; Frank Tratman, Frank Joseph Wethered, London Hospital; Patrick Watson Williams, Bristol Medical School; Louis Edmund Wood, St. Mary's Hospital.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentleman passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise on Thursday, November 12th, 1885:—

Walter George Earle, 12, Rothwell Street, N.W.

The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise:—

Gustavus George Gidley, Honiton, Devonshire; John Eugenie St. George Queely, Ingham, North Queensland; Samuel Edwin Lambert Smith, General Hospital, Birmingham.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—An extraordinary meeting of the Council was held on Tuesday last, the 17th inst. The minutes of the previous meeting having been read and confirmed, the Council proceeded to discuss the statements prepared by the President and Vice-Presidents which is to be submitted to the next meeting of the Fellows and Members. It was approved and adopted, and after its confirmation at the next meeting of the Council will be published. It was agreed that the meeting of the Fellows and Members shall be held on Thursday, Dec. 17th, at 3 p.m. It was resolved that the report of the Committee of Delegates

from the two Colleges concerning the bestowal of the title of Doctor be deferred to another extra-ordinary meeting of the Council, to be held on Tuesday next, the 24th instant; at which also Mr. Hutcheson's motion (which was seconded by Mr. Thomas Bryant) is to be further considered. The Council voted 50% towards the repairs of Holy Trinity Church in Little Queen Street (the parish church of the district). The Council then adjourned.

**DR. COLLIE AND THE EASTERN HOSPITALS.**—At a meeting of the Council of the Medical Defence Association, held on Saturday last, the President, Dr. Richardson, in the chair, the following memorial was drawn up, and ordered to be signed by the President and Secretary, for presentation to the President of the Local Government Board and the Asylums Board:—“Sir,—We are directed by the Council of the Medical Defence Association to present to you the following memorial on the case of Dr. Collie, medical superintendent of the Eastern Hospitals in London. Your memorialists, who are constantly having under their consideration evidence relating to public medical duties and offices, have carefully studied all the points of evidence in the above case, and beg, with much respect, to submit the following conclusions:—1. That Dr. Collie, appears to have been at fault in four directions—(a) In regard to the supervision of the diet sheets of the hospital; (b) in failure of keeping the records of cases; (c) in neglecting the record of destroyed clothing; (d) and in supervision of expenditure relating to the above. 2. That much of this error was due to the circumstance that at the time of its committal Dr. Collie was being subjected to a degree of physical and mental strain which was unexampled, and sufficient to account for and excuse a large amount of the omissions with which he was charged. The facts that he personally attended 15,000 cases of fever and small-pox during his residence at Homerton; that he was engaged in the inspection of sites and buildings, which constantly took him away from the immediate sphere of his proper duties; that his daily work for a long time included the imposition of attendance at three hospitals, one of which was five miles away; and that he has had to organise at briefest notice other hospitals—are sufficient, as all medical men will keenly feel, to account for the inevitable neglect of duties purely clerical in favour of distinct professional work and responsibility. 3. That, in regard to the charges themselves, the Council are forced to the conclusion that, while many other persons are deeply at fault, Dr. Collie is the only person upon whom any punishment has been directly visited. 4. That in no instance can any moral or professional charge be brought against Dr. Collie during the whole period of his tenure of office, nor up to the close of fourteen years any charge whatever. 5. That the previous labours of Dr. Collie have been of extreme value in various professional and public directions; that his medical duties—as the Local Government Board has stated—have been efficiently performed, and that he has successfully exerted and distinguished himself in ambulance organization for the conveyance of infectious cases to hospital ships and hospitals. From all these considerations, we are of opinion that to throw Dr. Collie out of office and make a wreck of his career would be a hardship altogether out of proportion to faults which we would not for a moment extenuate, but which we feel were the necessary results of a bad system rather than errors pertaining to one particular and grievously overtaxed medical officer. We pray, therefore, with the greatest respect, that Dr. Collie's suspension may be removed. Signed, on behalf of the Council of the Medical Defence Association, Benjamin W. Richardson, M.D., F.R.S., President, Geo. Brown, M.R.C.S., Hon. Sec.”

**THE PROFESSION AT NOTTINGHAM AND THE ANTI-VACCINATIONISTS.**—A very numerous meeting of the medical profession was held on Saturday at the instance of the Nottingham Medico-Chirurgical Society, “to consider if any and what steps should be taken by the medical profession of Nottingham in view of the persistent attempts which are being made to impair the efficiency of the Vaccination Laws.” The following resolution was adopted, with the request that it should be signed by the President on behalf of the meeting:—“That the medical practitioners of Nottingham, being convinced that vaccina-



tion is the only security against small-pox, and that the evils incident to the operation are, as compared with the immunity against the disease which it confers, so slight as to be practically of no importance, are of opinion that the only way in which small-pox can be eradicated is by vaccination being universally adopted. — Signed, JOSEPH WHITE, President of Nottingham Medico-Chirurgical Society."

**THE BRITON'S ADVANTAGES.**—In concluding his opening address to the Statistical Society on the 17th instant, the President, Sir Rawson Rawson, said that the result of the comparison of the vital statistics, the demographic elements, of the several countries of Europe had been very gratifying. Great Britain—our sister kingdom, Ireland, being in this as in many other matters an exception—had been shown to occupy a coign of advantage in most of those elements which constituted the strength and growth of a population. Among these might be noted the smallness of its departure from a normal condition, considering the adverse influences of a very large advance in the corrupting ways of modern civilization, its high marriage-rate, its large proportion of early marriages, its moderate birth-rate, its low rate of illegitimacy, its low and decreasing death-rate, indicated alike by the saving of infant life and by increasing longevity; and lastly, to these might be added the advantages which England enjoys in the possession of the necessary means of expansion for its rapidly increasing population.

**UNIVERSITY OF LONDON.**—Two seats on the Senate of the University, lately occupied by Sir Henry Maine and Dr. W. B. Carpenter, are vacant. The filling up of these vacancies falls to the Crown. The Brown Professor—Professor Horsley—the only teaching professor that the University at present possesses—will deliver his annual course of lectures in the University theatre about the middle of December.

**GUY'S HOSPITAL.**—The students' refreshment-room at Guy's Hospital has been completely redecorated, and now presents a most pleasing effect. One of Morris and Company's most beautiful papers has been used to paper the wall, round which a new wooden dado has been placed. This change will render the Guy's refreshment-room doubly attractive to the students, with whom it has always been very popular. The authorities have found in many ways it is a great convenience and advantage to the students to be able to obtain their meals within the building.

**PHARMACEUTICAL SOCIETY OF IRELAND.**—Dr. George T. Duffey, late Vice-President of the King and Queen's College of Physicians, has been appointed by His Excellency the Lord Lieutenant and Privy Council of Ireland, on the nomination of the President and Council of the Pharmaceutical Society of Ireland, a Visitor of the Examinations for the license of that body. The office of Visitor has been now for the first time instituted.

**EDINBURGH MEDICO-CHIRURGICAL SOCIETY.**—At a meeting held on the 4th instant the following office-bearers for the ensuing year were appointed:—President, Prof. Grainger Stewart; Vice-Presidents, Dr. J. Batty Tuke, Dr. John Duncan, Dr. Peel Ritchie; Councillors, Dr. Rattray, Dr. A. Moir, Mr. J. Symington, Dr. Macbride, Dr. John Smith, Dr. Littlejohn, Dr. Troup, Dr. Allan Gray; Treasurer, Mr. A. G. Miller; Secretaries, Dr. James, Dr. Cathcart; Editor of "Transactions," Dr. William Craig.

**PARIS SOCIETY OF SURGEONS.**—At the meeting of the Society, held on November 11th, M. Arthur Heulhard showed the surgical instruments and appliances invented by Rabelais. It was known that Rabelais was for a long time Professor of Medicine at the University of Montpellier, but little appears to have been known concerning the part he played in the development of that science in the sixteenth century. In a learned paper read to the Society M. Heulhard sought to throw light on that point.

**SMALL-POX IN MONTREAL.**—It is reported from Montreal that 2,641 deaths from small-pox have occurred there since the scourge began, 2,404 of these being French Cana-

dians. Sixteen hundred of the number were children under five years of age.

**ERRATUM.**—On page 662, first column, line 25 from the bottom, for "lunary" read "nonary."

## VACANCIES.

**BINGHAM UNION.**—Medical Officer to the East District, in succession to Mr. W. W. Morris, resigned. Area, 19,122 acres. Population, 4,109. Salary, £30 per annum.

**BIRMINGHAM, PARISH OF.**—Medical Officer to the First District, in succession to Mr. T. B. Gould, resigned. Salary, £4 4s. per week.

**BRISTOL GENERAL HOSPITAL.**—House Surgeon. Salary, £120 per annum; board, lodging and washing, will be provided in the house. Candidates will be required to possess a registered Medical and Surgical qualification, and produce testimonials of good moral character and ability, and must send certificate of registration. A copy of the rules will be forwarded on application. Applications to be addressed to the Secretary before December 2nd.

**CHILDREN'S HOSPITAL, BIRMINGHAM.**—Assistant Resident Medical Officer. Salary, £40 per annum, with board, washing, and attendance in the Hospital. Candidates must be duly registered. Certificates of Registration with testimonials to be sent to the Secretary not later than December 1st.

**ISLE OF THANET UNION.**—Medical Officer to the Ramsgate District, in succession to Mr. W. Curling, resigned. Area, 3,552 acres. Population, 23,073. Salary, £95 per annum.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, QUEEN SQUARE, BLOOMSBURY.**—House Physician. (For particulars, see Advertisement.)

**PWLLHELI UNION.**—Medical Officer to the Aberdaron District, in succession to Mr. J. E. Jones, deceased. Area, 17,874 acres. Population, 3,479. Salary, £50 per annum.

**ST. MARYLEBONE GENERAL DISPENSARY, 77, WELBECK STREET, CAVENDISH SQUARE.**—Resident Medical Officer. Salary, £105 per annum, with furnished apartments, attendance, coals, and gas. Candidates must be registered and hold a Medical and Surgical qualification. Applications and testimonials to be forwarded not later than 30th November, and Candidates must attend at the Dispensary, on 2nd December, at 4.30.

**WINDSOR ROYAL INFIRMARY.**—House Surgeon. Salary, £100 first year, £120 after, with residence and attendance, but not board. Candidates must be qualified and unmarried. Applications, with testimonials, to be sent to the Secretary on or before Nov. 25.

## DEATHS.

**BLAND, GEORGE, L.R.C.P.,** late of Minster, at Grays, on Nov. 14.  
**CAMERON, SURGEON-MAJOR JOHN, M.D.,** Bengal Army, at Adelaide, South Australia, on September 27.  
**CONRY, THOMAS, Staff-Surgeon R.N.;** of Clonryn, co. Longford, at Melville Hospital, Chatham, on November 15, aged 45.  
**OLUGIN, JOSEPH, M.R.C.S.,** at 45, Albany Villas, Brighton, on October 10.  
**PIGOTT, PETER, M.R.C.S., L.S.A.,** at Davos Platz, on November 11.

## NOTES, QUERIES, AND REPLIES.

### REFORM AT THE ROYAL COLLEGE OF SURGEONS.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—The letter by a "Junior Fellow" in your impression of the 7th inst. is quite in accordance with what might be expected from one holding that Diploma. At the same time it is an imperfect answer as to the position the Members should hold with regard to the College. Rules and regulations that answered in the past, are not always consistent with the advancements made to the present date. It is difficult to accept the assurance of the liberality of the College, when it is well known that no College or University can be found to charge so high a fee for a simple licence, and then only a partial one, as it excludes the practice of Medicine and Obstetrics. I think the College should have applied for a supplementary Charter to include the wanting parts of its Diploma. Failing, or declining to entertain that suggestion at the time of its union with the Royal College of Physicians, it should have shown some consideration for its members, and arranged with that body to grant the L.R.C.P. on no examination or on a very modified one. Some may be disposed (as they have a Medical Diploma) to reject that suggestion. But when it is remembered that in 1815 any horse or cow doctor, herbalist, quack or chemist who could assert that he had practised medicine on his fellow man, was allowed to register as Physician, Surgeon, and Obstetrician, and at a more recent date the University of St. Andrews allowed Surgeons to take the M.D. on such easy terms, that each train arrived crowded with Surgeons, and the examination, though an examination, was arranged in such a manner, that each Surgeon returned home with the desired Degree: surely if the University acted so liberally, and I am sure its graduates have never disgraced their Alma Mater, a somewhat similar arrangement could have been made with the Royal College of Physicians. But no, the College had from the members all it could get, and they might go to Putney with their half diploma, for all the Lincoln's Inn people cared! Though late in the day, it is not too late for them to give the above their consideration. The "Junior Fellow" states it is the best diploma, and asks, if not satisfied, why did you take it? It is the most expensive, and in actual general practice the least useful of all the British Diplomas. Why did I take it? Well, because in the Colonies the M.R.C.S. was considered the best English qualification. We knew nothing about



"double-barrelled doctors," poor law appointments, Hospital and other appointments, requiring a "double-shotted" Doctor. In mighty ignorance I passed by the cheaper and better L.R.C.P., and went for the M.R.C.S. A Medical or Surgical Diploma ought to be so worded as to be inclusive of all subjects coming under the designation of Physic, and a fee of 5*l.* to 10*l.* is enough for any licence. 50*l.* or 100*l.* might be charged for an M.D. Before closing my letter, I may make a few observations regarding the proposed M.D. by the Royal College of Physicians and Surgeons. Abroad the practice of a Medical College granting the Degree of M.D. has been tried, but in practical working it is found that socially it takes an inferior place to the M.D. bearing the University stamp. So much so, that not a few of the better men have subsequently repaired to a University in order to obtain the distinctive M.D. stamp. The Examining Boards now demand very heavy fees for their licences; and in the case of the Scotch Colleges they thrust on the unwilling candidate two Surgical Diplomas. Of what use is the extra one? If this practice continues, the student may turn the tables very suddenly on the various Medical Corporations and seek out of England a *Registerable* Physician and Surgeon's Diploma and University M.D. at about a fourth of the cash of the British. It may not be generally known, but at Kingston, Ontario, Canada, there is the Queen's University, and the Royal College of Physicians and Surgeons. I was informed by an M.D. (Montreal) that the opinion of a leading Canadian Q.C. was taken, regarding the Registrar of the College of Physicians and Surgeons of Kingston, and he gave as follows: "The Kingston College has a *Royal* Charter, and as such carries with it the power to register and practise in Great Britain and Ireland and the Colonies." Registration in England is *not a grace*, but can be demanded by *legal right*. This College is the only Canadian body, granting degree or diploma, that can exercise that privilege. A cabin, 1st class, passage to Canada is 10*l.*, under \$100, or 20*l.* would cover fees, diploma from \$5 to \$10. Board and residence from \$2.50, or 10*s.* 6*s.* per week to \$5. Of course \$2.50. is a low figure, but board and lodging can be obtained for that; but for \$4 to \$5 very good board can be obtained. Say that the student desires to study close economy, the following may be given as a rough statement:—

Passage out and home	...	...	...	\$	100
Board for 4 years, at \$3 per week	...	...	...	...	624
Fees	...	...	...	...	100
Diploma, say	...	...	...	...	10
					\$834

In rough calculation £160 for 4 years' study and board and lodging. Clothing about same as in England (?) Pocket money (?) Books (in my Canadian student days) were reprints of British works, cheaper than the originals.

With an apology for so great a trespass on your space,

I am, Sir, yours, &c.,

FOREIGN AND COLONIAL GRADUATE,  
AND M.R.C.S., England.

#### REFORM AT THE ROYAL COLLEGE OF SURGEONS.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—It was with the greatest indignation that I read in your last number of the decision of the Council of the College of Surgeons not to allow Members of the College to take part in elections to the Council. I have made up my mind to a course which I hope will commend itself, and be initiated by every Member who has the real interests of the College at heart. From this day forward, I shall not call in consultation or send another patient to any single Member of the Council who passed that resolution. In fact I shall "boycott" them all.

I am, Sir, yours, &c.,

A PRACTITIONER OF FIFTY-TWO YEARS' STANDING.

[We trust our esteemed correspondent will do no such thing.—EDITOR M. T.]

#### COMMUNICATIONS RECEIVED—

Dr. HUGHINGS JACKSON, F.R.S., Lond.; Dr. MORELL MACKENZIE, Lond.; Dr. ALLCHIN, Lond.; Dr. NORMAN CHEVERS, Lond.; Mr. GEORGE MEADOWS, Hastings; Mr. F. E. GREEN, London; Mr. T. G. USHER, Sunderland; Mr. J. B. SUTTON, London; Dr. MAXWELL, Woolwich; Dr. SHELLY, Hertford; Mr. WYNTER BLYTH, London; Dr. DONKIN, London; Dr. HERMAN, London; THE SEC. OF THE WEST LONDON MEDICO-CHIRURGICAL SOCIETY; THE SEC. OF THE APOTHECARIES' SOCIETY, Lond.; THE SEC. OF THE OBSTETRICAL SOCIETY, London; Mr. GORDON STUART, Edinburgh; Mr. R. CLEMENT LUCAS, London; Dr. J. GASON, Rome; THE SEC. OF THE MEDICO-CHIRURGICAL SOCIETY, Edinburgh; Mr. T. P. TEALE, Leeds; THE REGISTRAR-GENERAL, Edinburgh; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; Mr. W. G. BARTON, Hereford; THE REGISTRAR-GENERAL, Edinburgh; THE REGISTRAR-GENERAL, London; Mr. WHITE, Nottingham; Mr. W. H. WHITE, London; Mr. GEO. BROWN, London; Mr. LOGAN RUSSELL, Liverpool; Dr. RAYNER, Hanwell; THE SEC. OF THE UNIVERSITY OF LONDON; THE SEC. OF THE SANITARY INSTITUTE OF GREAT BRITAIN, London; THE SEC. OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY, London; THE SEC. OF THE CLINICAL SOCIETY, London; THE SEC. OF THE MEDICAL SOCIETY OF LONDON; Dr. DOUGLAS POWELL, London; Dr. STRETCH DOWSE, London; Dr. A. GABB, London.

#### BOOKS RECEIVED—

Transactions of the Ophthalmological Society of the United Kingdom, Vol. V.—Manuel des Injections par M. le Dr. Bourneville—Report on the Health, Sanitary Condition, etc., of Kensington

from October 11th, to November 7th, 1885—Die Krankhaften Erscheinungen des Geschlechtssinnes, von Dr. Med. B. Tarnowsky—Report, Etc. of the Protestant Italian Hospital in Rome, 1884-5—Report on the Sanitary Condition Etc. of the Parish of St. Matthew, Bethnal Green, for the year 1884—A Guide to Medical Case-Taking, by John Williams, M.D.—Notes on Anæsthetics, by A. S. Underwood, M.R.C.S., L.D.S.—Traité de Zoologie Médicale par Raphaël Blanchard.

#### PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—The Hospital Gazette—Revue Médicale—Journal of the American Medical Association—The Detroit Lancet—L'Indicateur de Cannes—Journal of Cutaneous and Venereal Diseases—The American Eagle—Revue de Médecine—Revue de Chirurgie—Archives of Neurology—The Chemist and Druggist—El Monitor Medico—Annales Medico-Chirurgicales—The Ophthalmic Review—The Journal of the British Dental Association—The New Orleans Medical and Surgical Journal.

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and the Colonies	{ 6 "	0	11	0	"	0	10	6
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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

#### SUMMARY OF CONTENTS, NOVEMBER 14.

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Dr. W. H. Allchin: Clinical Lectures on Case Taking. Lecture V.  
Dr. W. H. Spencer: Lectures on the Principles of the Practice of Medicine. Lecture II.  
Mr. Edmund Owen: Remarks upon Injuries to the Epiphyses.  
Dr. James Robinson: On the Therapeutic Value of Blood-letting.

##### HOSPITAL REPORTS:

Royal Southern Hospital, Liverpool.

##### EDITORIAL NOTES.

##### LEADING ARTICLES:

The Armstrong Case.  
Result of the Homerton Hospital Enquiry.  
The Control of Speech.

##### ESSAYS ON MEDICAL CLASSICS:

XIII. Huxham.

##### REVIEWS:

Small-pox and Vaccination in England; Minor Notices.

##### ABSTRACTS AND EXTRACTS.

##### REPORTS OF SOCIETIES:

Royal Medical and Chirurgical Society, Society of Physicians of Vienna, Harveian Society, Liverpool Medical Institution.



## A circular library stamp from St. Mary's Hospital, Radford, Virginia. The text "ST. MARY'S HOSPITAL" is curved along the top inner edge, "RADFORD" is in the center, and "LIBRARY" is curved along the bottom inner edge. The year "1914" is stamped in the center, partially overlapping the word "RADFORD". The stamp is slightly faded and has a textured, aged appearance.

LONDON, SATURDAY, NOVEMBER 28, 1885.

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SPASM OF THE SPHINCTER ANI AND ITS  
TREATMENT BY FORCIBLE DILATATION.<sup>1</sup>

“If a patient complains of piles, the chances are three to one that it is not piles from which he is suffering.” Such are the words with which it has been my custom to commence a clinical lecture on affections of the rectum and anus.

To this let me add a second statement. "There is hardly any affection of the anus or lower end of the rectum in which spasm or hypertrophy, or irritability of the sphincter ani, does not play an important and leading part, either as the main cause of suffering, or as a secondary complicating factor with which the surgeon has to reckon if he is to command a thoroughly satisfactory result." In other words, in any complaint of "piles," though hæmorrhoids may be absent, there will be, almost invariably, an irritable or hypertrophied sphincter, which must be set at rest if the patient is to be cured.

To these two statements may be added a third. "During the last 20 years I have only once used the knife for the cure of fissure of the anus, or of spasm of the sphincter ani. In every other instance I have used 'forcible dilatation.'"

In surgical works dealing with affections of the rectum and anus the sphincter is referred to rather as playing a subordinate or accidental part, nay sometimes is entirely ignored. In this lecture I wish to lay stress on the fact that the sphincter ani is nearly always an important and is very frequently the leading factor in rectal ailments, and to tie together a series of such ailments by this common bond of their dependence on a disturbed sphincter.

In so doing, I have somewhat narrowed the scope of my lecture. In fact, one of my colleagues wondered how I should manage to fill up the time with such a slender theme. And yet what a large share in the troubles of humanity do sphincters take, and how much of surgical attention do they command; nay, what an increasing attention, since of late years dilatation has filtered more and more into the surgical mind to the supersession in some instances of treatment by the knife! Do we not dilate the neck of the bladder, not only for diagnostic, but also for curative purposes, both in the male and in the female? Do we not dilate the os uteri internum in hæmorrhages and in some forms of endometritis? Do we not sometimes treat vaginismus by dilatation of the sphincter vaginae? And, if I may digress from sphincters strictly so-called,

<sup>1</sup> One of a series by the Consulting Staff of the Leeds Infirmary, Session 1884-5.



do we not treat spasmodic strictures of the circular fibres of the œsophagus by dilatation by bougies? The medical man, be he physician or surgeon or family attendant, who has learned to appreciate the degree in which perverted action of the sphincters can disturb the balance of the healthy working of the cavities which they command, has acquired the key to a very numerous class of bodily ills and discomforts.

As the type of perverted sphincteric action, let us take the instance of "fissure of the anus." Commencing, perhaps, in a slight tear or scratch of the mucous membrane, just within the grip of the sphincter, it is continued as an abrasion, or a crack, or a fissure, or even as a definitely excavated ulcer. Becoming irritable and painful, and suffering from the grip of the sphincter, the ulcer acts upon the sphincter, provoking it to spasm, and in time induces even hypertrophy. Meanwhile, the strangling grasp of the sphincter reacts upon the raw surface, and deprives it of the physiological rest needful for its recovery. Surgery has recognised the mutual interdependence of a sore within the anus and irritability of the sphincter, and has perceived a two-fold line of treatment. "Heal the sore, and the irritability of the sphincter will cease," "destroy the undue activity of the sphincter, and the sore will heal." Attempts to cure the sore by soothing and caustic applications have often been made, sometimes with success. Failing such local remedies, the surgeon attacks the sphincter itself, and by division of more or less of its fibres sets it at rest and cures the disease. Such was the standard method of dealing with the sphincter and for the cure of fissure in my student days and during the earlier years of my professional life, and I believe it lingers as the orthodox treatment in the minds of some of our surgeons. It is now some twenty years or more since I first heard of the then new method of forcible dilatation of the sphincter and as a substitute for division by the knife. Brought out in Paris by, I believe, M. Verneuil, it was introduced into this district by Mr. Jonathan Hutchinson, who, when meeting my father in consultation, suggested and performed dilatation as a substitute for the knife. From that time my father abandoned the knife, and I followed his example.

This introduction of forcible dilatation has proved an inestimable boon to surgery. In the first place it has introduced a more exact and, as it seems to me, a more scientific method of dealing with the variable conditions of sphincter which are found in such cases. The educated dilating fingers of the surgeon have a far better consciousness of the amount of resistance to be overcome, and of the degree of the relaxation to be demanded and attained, than can be attained in using the knife. Failure to cure is, in my experience, and I believe in the experience of my colleagues, extremely rare. The main object aimed at is attained far more effectively and satisfactorily by the use of the fingers than by the knife or even by the three-branched dilator. There are, indeed, rare instances in muscular men in which a mechanical dilator, such as the ordinary three-branched dilator of the female urethra (Weiss), or a special short-branched modification of it devised by my colleague Mr. Jessop, is of use when the power of the surgeon's fingers or thumbs proves insufficient for the purpose.

But it is not in fissure alone that this beneficial result of dilatation is to be found. We have learnt to appreciate its value as an aid in other operations.

I have spoken of "fissure" as a cause of spasm, in which there can be detected by the finger an actual breach of surface of mucous membrane, be it in the form of abrasion, crack, or ulcer. There is, however, a class of cases in which, without such tangible reason, the sphincter is too powerful, resisting the introduction of the surgeon's finger, and is the cause of habitual

constipation, long delay at the water-closet, retention of flatus in the colon, and colicky pains in the left loin. Such pains are often attributed to disturbance of the kidney or to rheumatism. Whenever a patient has pain in the left lumbar region, accompanied by constipation and tedious visits to the water-closet, and above all, if there are occasional streaks of blood on the evacuations, suspect spasm of the sphincter, and examine the anal aperture with the finger.

A third class of cases is most deceptive and may easily escape detection. There are present some of the symptoms of fissure, obstinate constipation, colicky pains in the loin, and great difficulty and pain in defœcation, and yet examination of the anus discloses neither fissure nor ulcer, nor spasm of sphincter. Should, however, the surgeon, relying upon the presence of the general symptoms of a tight sphincter, determine to test the point by examination under ether, he will find, on introducing the forefinger of each hand, that the sphincter yields readily, *up to a certain point*, just sufficient perhaps to admit the two fingers, and to allow the escape of a soft or a solid evacuation of small calibre, but that beyond this it is absolutely rigid, like a ring of cartilage, far more unyielding than the ordinary sphincter in fissure, and needing all the power of, sometimes proving almost too much for, the surgeon's fingers to break through.

Another class of cases in which dilatation of the sphincter proves of great value is to be found in *slight internal bleeding piles*, which may often be cured thereby. This fact was first taught to me by my father some twenty years ago, when, in accordance with his suggestion, I cured, by forcible stretching of the sphincter alone, a gentleman who was suffering from considerable hæmorrhage from internal piles. My father probably deduced the principle of treating bleeding piles by reducing the power of the sphincter from the late Professor Syme, substituting dilatation for the incision recommended by Syme. Professor Syme, in his "Observations on Clinical Surgery," p. 85, under the heading Hæmorrhage from the Rectum, says:—"Another source of hæmorrhage from the rectum, which could not have been readily anticipated, is spasmodic stricture of the anus. The fissures and ulcers which are so frequently connected with this condition usually discharge a little blood, although hardly so much as to constitute a prominent feature in the case; but, independently of any such complication, a mere contracted state of the sphincter may occasion the most profuse and serious bleeding." In a case related "I found that the external part of the sphincter was tightly contracted, and, knowing that this might be the cause of the bleeding, I made a division of the tight muscular fibres. No blood was subsequently discharged, and the patient soon regained his healthy aspect." From that time it has been my practice to treat moderate hæmorrhoids by dilatation in the first instance, reserving further operation by ligature for those cases (a small minority) in which mere dilatation did not prove adequate.

Let us enquire what has been the history of this question:—

In 1877 M. Verneuil, the originator of dilatation, brought the subject of the cure of hæmorrhoids by dilatation before the Surgical Society of Paris, and was supported by hardly a single speaker, many of those who spoke betraying the most profound ignorance of the subject and a complete inability to grasp the principles of dilatation.

Mr. Bryant, in the last edition of his work on Surgery, published so recently as 1884, after condemning "forcible dilatation, as practised abroad, as a barbarous treatment," speaks of this method of treating internal piles as follows:—"In Paris a plan of treatment has been successful which claims attention, as it receives



the support of M. Verneuil," but he does not seem either to have used it or to approve of it.

Mr. Allingham, in his work on the rectum, published in 1882, describes more fully the views of M. Verneuil and M. Fenton, both of whom arrived independently at the same conclusions about the sphincter and its relation to hæmorrhoids.

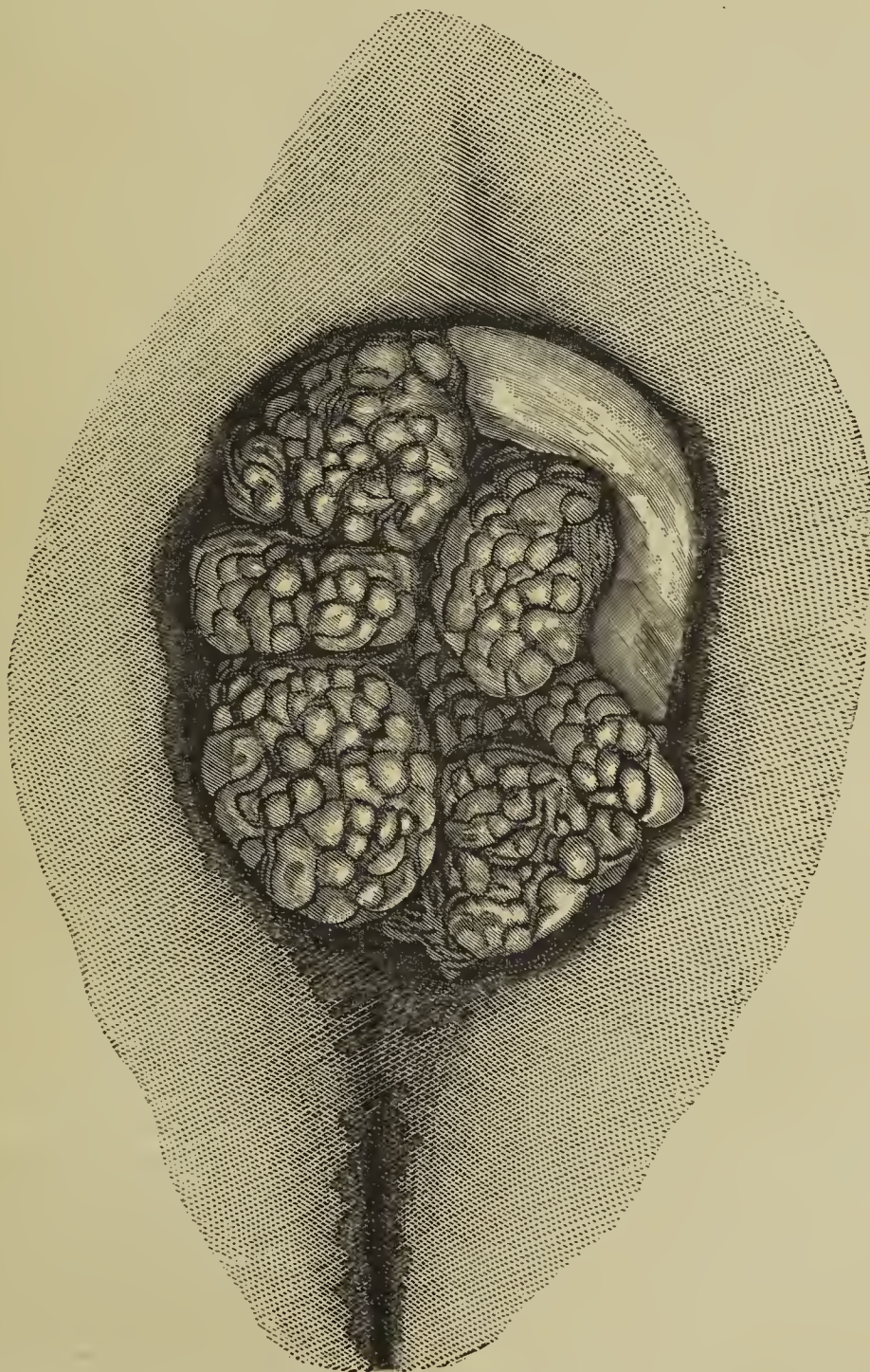
Leaving now the cases in which dilatation of the sphincter is the sole or chief means of cure, let us consider other cases in which it becomes a very important accessory to treatment.

First and foremost in any removal of piles, whether by ligature, cautery, or nitric acid, undoubtedly the first step to be taken by the surgeon should be to produce thorough relaxation of the sphincter by forcible stretching.

Much is gained thereby. In the first place internal

piles, previously out of sight, within the anus, are brought to view, and are entirely at the command of the surgeon to work his will upon. In the second place, by reducing for a time the power of the sphincter, the parts are set at rest during the earlier days after the operation, when an untamed sphincter would be roused to abnormal activity, and severely grasp and worry the wounded bowel. In fact, we secure by dilatation greater facility for dealing with the bowel during the operation, and physiological rest in the early painful days which follow the operation.

The accompanying sketch *ad naturam*, made by my dresser, Mr. Herbert Child, vividly shows the result of stretching in a case in which, previous to the dilatation, the anus appeared normal, no piles being visible.

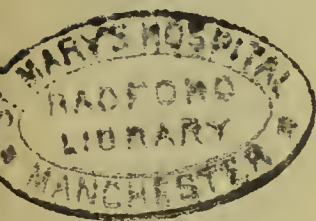


Mr. Allingham (p. 134) says that in operating on piles "I gently, but completely, dilate the sphincter ani."

Contrast with this the old-fashioned plan of making a patient sit "for half-an-hour on a bidet over hot water," struggling to force his piles down through a recalcitrant sphincter, as a preparation for operation.

*Vide* Erichsen, vol. ii., p. 89, and Bryant, vol. i., p. 805.

In another class of cases I have found dilatation of great value. Whenever, in deeply extending fistula, free division into the rectum would involve a risk of permanent incompetence of the anus, I have been enabled by dilatation of the sphincter to rest content with but partial slitting up of the fistulous sinus, and





have found that the enforced quiescence of the sphincter has allowed the rectal end of the sinus to heal. In attempting this, it is necessary to make the skin opening large, like the base of a triangle of which the rectal end of the fistula forms the apex, care also being taken to vigorously scrape away all granular lining of the fistulous track by Lister's scraper or Volckman's spoon.

Again, dilatation sometimes enables us to pass the fingers or portion of the hand much higher up the rectum and thus to discover a stricture or cancer not otherwise to be detected by an ordinary digital examination.

Lastly, on two or three occasions, moderate dilatation has proved to be of infinite value in children suffering from obstinate constipation resulting from soreness or cracks within or near the anus.

In one instance a child about three years old was brought to me on account of faecal incontinence. The bowel seemed to be incessantly acting. On examination I found a sore at the anus, and the sphincter in painful spasm. Examined under anæsthetic, the rectum proved to be loaded with a large soft faecal mass, rigidly guarded by a resentful sphincter. Dilatation of the sphincter set free the mass, restored healthy action of the bowel, and cured the patient.

In conclusion let me state my belief—

(1) That spasm of the sphincter ani, as a cause of constipation, suffering, and ill-health, is often overlooked, and patients are allowed to suffer for years who might be cured in five minutes.

(2) That spasm of the sphincter can be arrested by forcible dilatation more satisfactorily, more certainly, more scientifically, and with greater safety, than by division by the knife.

(3) That in all operations on the rectum and anus dilatation of the sphincter is an essential, almost an indispensable, element in the treatment.

## TWO CASES OF RECTUM TROUBLE, COMPLICATING OTHER AILMENTS.<sup>1</sup>

By J. W. TEALE, M.A. (Oxon.), F.R.C.S. Eng.

THE two cases which I propose briefly to bring before the members of the Society present, I think, some features of interest, and may be considered as supplementary to a series of cases related by Dr. Myrtle, of Harrogate, about two years ago in the *British Medical Journal*. In April, 1884, a young man, æt. 30, the active partner in a large manufacturing business, consulted me. I had previously attended some members of his family. His sister died of phthisis following a pneumonic attack, and one of his brothers who developed phthisical symptoms had twice made a voyage to Australia and back by my advice. Mr. W. had had a succession of colds with cough during the winter, had been losing weight, and had had night perspirations. He looked thin and haggard; examination revealed nothing more than slight dulness at right apex, and a somewhat prolonged expiratory murmur.

As many interests were involved in the opinion I might give, I advised Mr. W. to see Dr. Clifford Allbutt of Leeds with me. Dr. C. Allbutt soon came upon the weak spot, and feared with me that the case might be one of threatened phthisis. We ascertained

that Mr. W. had suffered for years from obstinate constipation, with painful defæcation, for which he had been in the habit of taking powerful cathartics.

On returning to Scarborough, I examined the bowel and found a painful fissure and an extremely tight sphincter.

I advised that the trouble should be removed by operation and at once; and, having put him under ether, I stretched the sphincter ani freely, and kept him in bed for ten days on slop diet. In a fortnight the results were both striking and satisfactory. The bowels acted naturally and painlessly, the cough was nearly well, and the night sweats had gone; and it was difficult to detect any difference in the breath-sounds of the two apices. I sent him to Ilkley for a month, after which he had so completely recovered, that I allowed him to return to business cautiously. He has remained well up to the present time.

CASE No. 2.—About the same time, March, 1884, I was called to see a clergyman from the West of England, who had been sent to the seaside to brace up his shattered nerves. His nerves were shattered, and his body also. The wreck of a fine, powerful man, æt. 50, he lay in bed, haggard, lacrimose, irritable, and wretched. He said he could not walk for excruciating pains in the feet. He complained of constant diarrhoea, accompanied by severe hæmorrhage and excruciating pain. Whisky and water was his chief solace, and his red-tipped tongue and enlarged liver showed that this was doing its work effectually. To make any satisfactory diagnosis as to the bowel condition was under these circumstances simply impossible.

Not without great difficulty, I persuaded him and his friends that relief was out of the question unless I could make out the nature of his ailments under ether, with permission to operate, should it prove necessary. Mr. Teale, of Leeds, was sent for to meet me. On examining him when fully under ether, we found the sphincter in a state of intense and acute spasm, and some inflamed internal piles tightly grasped by it. There was no evidence of malignant disease, to the possibility of which the severe hæmorrhages pointed. We stretched the sphincter freely, leaving the piles to shrivel when the constriction was removed.

In the first three motions after the operation there was a little blood, and then no more. Then formed motions were gradually passed without pain, a thing unknown for years. Stimulants were at once and entirely stopped. For a long time our patient remained very low and depressed, and, though relieved as to his bowel pains, yet complained much of his feet, and made no attempt to walk.

By the aid of the massage, however, and hot salt-water baths, he at last, and by degrees, began to walk about. Six months after the operation he returned to his duties strong and in good health, able to walk ten miles a day, and to enjoy a good day's shooting on the moors. He continues well.

Remarks.—(1) These two cases illustrate, I think, the advantage of grappling with and relieving any surgical trouble that may exist, irrespective of the medical aspects of the case.

(2) When once the question of operation is mooted, or, what amounts to the same thing, an examination under ether for purposes of diagnosis, the sooner it is done, the better. Patients rarely improve whilst waiting for an operation, and, although in feeble health at the time, often do well afterwards, better perhaps than when they are in rude health at the time. A few days' complete rest in bed on light diet often has a most salutary effect in giving rest to the overtaxed vital organs.

I do not enter into any details as to the operation itself, as Mr. Teale has fully described this in his

<sup>1</sup> Paper read before the Members of the Leeds and West Riding Medico-Chirurgical Society, October 9th, 1885.



lecture. I usually perform it with the fingers. It requires some practice to know what amount of stretching is required. I have once had some temporary anxiety from over-stretching, but have more than once had to repeat it, from its not having been done freely enough at first.

HÆMORRHAGIC AMBLYOPIA CURED BY DILATATION OF THE SPHINCTER ANI.

By ROBERT N. HARTLEY, B.S. (Lond.),  
Hon. Surgeon to the Leeds Public Dispensary, &c.

THE following case seems to me to well illustrate two points, first, the serious amount of amblyopia liable to be produced by frequently recurring hæmorrhages extending over a long period of time, and second, the value of the surgical procedure of free dilatation of the sphincter ani under ether. A man holding a responsible position in one of the large leather factories of this town consulted me in June last on account of a gradual loss of sight. He thought he was "going blind," and that he should be obliged to resign his situation. As a matter of fact, there was very serious visual defect, the distant vision of each eye being only equal to  $\frac{2}{7}$ o, while no type smaller than No. 14 Jaeger could be read. There was nothing in the appearances of the eyes (ophthalmoscopic or other) to account for so much defect, except a slight pallor of the discs. From his appearance I suspected that he might be suffering from loss of blood in some way, and a little close questioning elicited the following facts.

For ten years he had suffered from repeated bleedings from the anus. The bowels were never moved without great pain, and seldom without bleeding, sometimes slight, but often profuse, and the last three months he had frequently to leave his work and go home on account of severe bleeding, which saturated his clothes, etc. He was constantly taking either purgatives or astringents. Introduction of the finger into the bowel caused such intense pain that a thorough examination was impossible without an anæsthetic. I told him that I thought the failure of sight was due to the bleeding, and advised that this should be treated. Accordingly, in a few days, he was put under ether, and I found an enormously powerful sphincter ani, the internal fibres being especially marked as rigid rings extending for some distance up the bowel. I freely and thoroughly stretched with the fore and middle fingers of each hand the rigid sphincter until all sense of resistance had ceased, and all the fingers of one hand in the form of a cone could be easily pushed into the rectum. The congested and swollen mucous membrane now protruded, and the surface of it was seen to be here and there marked by irregular ulcerated patches, which had no doubt been a chief source of the hæmorrhages. Nothing more was done except the swabbing of the parts with carbolised glycerine. After three days' rest in bed the bowels moved spontaneously for the first time since the operation, with little or no pain, and with no bleeding.

Six weeks afterwards he came into my consulting room and said, "I feel a new man, I have never bled once since I had the ether; I have never had a dose of medicine, and my bowels act every morning without pain or difficulty."

He still remains (October 1885) in the same happy condition, and his acuity of vision is now perfectly normal— $\frac{2}{20}$  and J. 1.

ON THE INFLUENCE OF AGE AND SEX UPON THE DEATH-RATE FROM PHTHISIS.

By H. HANDFORD, M.D., M.R.C.P.,  
Physician to the Nottingham General Hospital.

HIPPOCRATES<sup>1</sup> says the years 18-35 are most affected with phthisis. Celsus<sup>2</sup> also considers the same period most liable. Aretæus<sup>3</sup> says "the old seldom suffer from this disease, but very rarely recover from it." Lacunec<sup>4</sup> considered that tubercle was distributed very widely even among persons of very advanced age. Trousseau<sup>5</sup> gave as his opinion that the greatest number of deaths from pulmonary phthisis occurred during the first year of life.

The best way to ascertain the influence of age and sex on the incidence of phthisis, in the absence of copious statistics of non-fatal as well as of fatal cases, is to take the death-rate from phthisis for each sex and at the different groups of ages for equal numbers of each sex living at each group of ages. This has been done for Prussia by Würzburg<sup>6</sup>, and the following tables, except the last (1871-80, England), which I have worked out from the Registrar-General's returns, are taken from his article.

DEATH-RATE from PHTHISIS per 10,000 living at each group of ages.

Groups of Years.	UNITED STATES.— 1870.			PRUSSIA.— Average of 5 years 1875-9.		
	Male.	Female.	Together.	Male.	Female.	Together.
0-1	19.1	18.0	18.5	24.9	21.9	23.4
1-2	9.9	11.1	10.5	20.2	20.5	20.4
2-3	5.8	6.1	5.9	12.0	12.9	12.5
3-5	3.0	2.8	2.9	6.4	7.1	6.8
5-10	1.9	2.1	2.0	4.0	5.2	4.6
10-15	2.1	4.5	3.3	4.3	7.3	5.8
15-20	8.8	16.7	12.8	17.8	18.8	18.3
20-25	21.5	26.9	23.7	34.7	25.9	30.2
25-30	25.8	30.0	27.9	40.0	33.5	36.7
30-40	26.5	27.9	27.2	44.2	38.1	41.1
40-50	27.6	25.3	26.4	57.1	40.1	48.4
50-60	31.3	27.8	29.6	82.3	54.4	67.9
60-70	46.3	42.6	44.5	112.2	76.0	93.1
70-80	71.8	64.8	68.3	75.2	50.0	61.7
Over 80	106.4	87.2	96.8	31.7	21.0	25.8
All ages.	17.4	18.8	18.1	35.4	28.5	31.9

Death-rate, &c.—continued.

Groups of Years.	COPENHAGEN.— Average of 20 years 1860-79.			SWEDEN (Towns).— Average of 10 years 1861-70.		
	Male.	Female.	Together.	Male.	Female.	Together.
0-5	17.1	16.2	16.7	34.5	33.4	33.9
5-10	9.0	10.0	9.5	9.6	11.5	10.5
10-15	5.7	11.8	8.8	4.8	9.2	7
15-20	18.3	21.8	20.1	15.3	14.0	14.6
20-25	27.5	20.7	24.1	29.5	17.8	23.6
25-35	35.4	27.0	31.2	36.8	21.9	29.4
35-45	48.6	32.2	40.4	50.0	28.8	39.4
45-55	72.1	37.2	54.7	59.2	32.2	45.7
55-65	81.6	39.7	60.7	70.5	41.1	55.8
65-75	97.7	51.4	74.5	—	—	—
Over 65	—	—	—	68.3	44.1	56.2
Over 75	53.7	50.9	52.3	—	—	—
All ages	35.3	26.1	30.7	34.0	25.0	29.5

<sup>1</sup> Aphor. v. 9. τῶν δὲ ἡλικιῶν ἐπικινδυνόταται πρὸς φθίσιν ἀπὸ ὀκτωκαίδεκα ἐτεῶν μέχρι πέντε καὶ τριήκοντα.  
<sup>2</sup> Celsus, Lib. iii., cap. 22. Cum hic morbus ætate firmissima maxime oriatur, id est ab anno duodevigesimo usque ad annum quintum et trigesimum.  
<sup>3</sup> ΧΡΟΝΙΩΝ ΠΑΘΩΝ ΒΙΒΛΗ Α' Κεφ. η'. Γρηαιοὶ μὲν οὐ ξυνεχῆς πάσχειν· διαδιδρῆσκουσι δὲ ἡκιστα.  
<sup>4</sup> Traité de l'auscultation médiate etc. Paris, 1831.  
<sup>5</sup> Phthisie Pulmonaire. Clinique de l'Hôtel Dieu. T. i., 1865.  
<sup>6</sup> Ueber den Einfluss des Alters und des Geschlechts, &c. Mitth. a. d. Kaiserl. Gesundheitsamte. Berlin, 1884.]



Death-rate, &c.—continued.

Groups of Years.	ENGLAND— Average of 10 years 1851-60.			ENGLAND— Average of 10 years 1861-70.			ENGLAND— Average of 10 years 1871-80.		
	Male.	Female.	Together.	Male.	Female.	Together.	Male.	Female.	Together.
0-5	13.2	12.8	13.0	9.9	9.4	9.7	7.7	7.4	7.6
5-10	5.2	6.1	5.6	4.3	4.7	4.5	3.3	3.7	3.5
10-15	7.6	12.9	10.2	6.0	10.4	8.3	4.7	8.3	6.5
15-20	23.0	35.1	29.0	21.8	31.1	26.5	16.3	23.6	20.0
20-25	40.5	42.8	41.6	33.8	39.6	39.3	30.0	30.9	30.5
25-35	40.4	45.7	43.0	40.9	43.7	42.4	35.7	34.9	35.3
35-45	40.0	41.7	40.8	41.6	39.0	40.3	39.7	33.4	36.4
45-55	33.3	31.1	34.7	38.6	28.5	33.6	37.2	24.1	30.4
55-65	33.3	23.7	28.5	32.9	20.6	26.8	30.8	17.2	23.7
65-75	23.8	16.3	20	20.2	12.3	16.3	18.3	10.4	14.0
75-85	9.8	7.5	8.6	6.9	4.7	5.9	6.0	4.0	4.9
Over 85	5.4	4.7	5.0	3.4	2.6	3	2.4	1.4	1.7
All ages	25.8	27.7	26.7	24.6	24.8	24.7	21.4	19.9	20.6

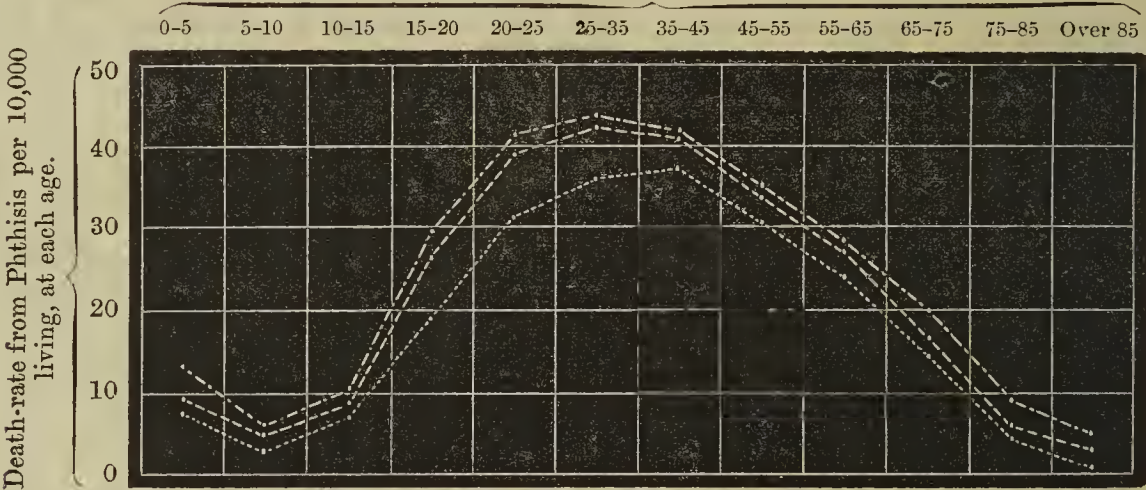
If these figures are represented in a graphic manner as charts, it will be evident at a glance that the liability to phthisis is much greater at advanced ages than is generally supposed.

The statistics of the different countries vary much. This is probably owing very slightly to race, rather more to climate, largely to occupation, mode of life, food, the sanitary condition of dwellings<sup>7</sup>, the proportion of town to country dwellers, and somewhat to the prevailing views of pathology of the medical profession of the country. It is very possible that many of the cases at the more advanced ages which are returned as phthisis in some of the continental tables would be returned under a different heading in the English tables, preconceived views influencing the diagnosis. It is not otherwise possible to explain the very great

<sup>7</sup> The continental plan of living in flats, and so crowding a large number of people under one roof, is supposed by Würzburg and others to favour the production of phthisis.

ENGLAND.

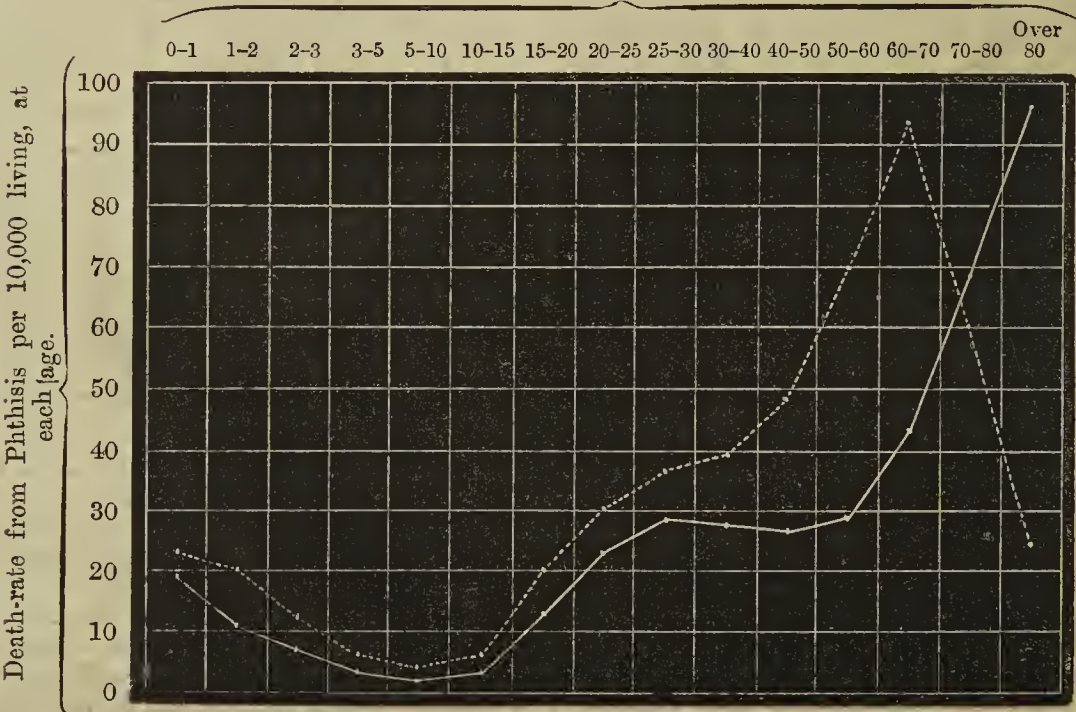
Age in years.



The line - - - - - represents death-rate in the years 1851-60.  
The line - - - - - represents death-rate in the years 1861-70.  
The line . . . . . represents death-rate in the years 1871-80.

UNITED STATES AND PRUSSIA.

Age in years.



The continuous line represents the death-rate in the United States in 1870, the broken line the death-rate in Prussia 1875-79.



difference in the percentage of deaths at the ages beyond 50 in the tables of Prussia, Sweden, and the United States on the one hand, and of England on the other. The progressive fall in the death-rate from phthisis in England in both sexes and at all groups of ages in the three decennial periods 1851-60, 1861-70, 1871-80, is most striking. This decline,<sup>8</sup> moreover, appears to have been real and not only apparent; for though, doubtless, the term phthisis is often used in certificates with considerable looseness, yet there has been no corresponding increase of mortality under those headings which might be confounded with it. Indeed, coincidentally with the decline in phthisis, there has been a decline in the deaths ascribed to other forms of tuberculosis and to those from diseases of the respiratory organs. This fall in the death-rate from phthisis has been due, no doubt, partly to improved hygiene, whereby the number of attacks has been diminished, but also largely to more rational treatment by means of which some recover absolutely, and an increasing number have the disease partly or entirely arrested and die of other maladies. The prolongation of life by modern treatment in cases of phthisis was clearly pointed out by Williams,<sup>9</sup> and his views are in some measure supported by the death-rates of the last three decades. The maximum rate, which in the two previous decades had fallen in the group 25-35, was removed in the last decennial period to the group 35-45. It is more probable that this change has been brought about by a prolongation of the lives of those attacked, so that they die at a more advanced age, than that the attacks have occurred at a later period, for which there would appear to be no reason assignable.

The percentage of deaths at the early ages is very fairly constant in the different countries, and there is a remarkable agreement showing that *the period from 5-10 is that of least liability*. In Sweden and Copenhagen, however, it is 10-15. The death-rate during the first year of life, as shown in the United States and Prussian tables, is large, and it does not reach the same figure again till about the period 15-20 or rather later. The limit of 18-35 set by the ancients as the period of special liability is too narrow. According to the English tables, 1851-70, the period should be at least 20-45, or better, 15-65, before and after which ages there is a sharp falling off. The table for 1871-80 gives as the period of *greatest* and nearly uniform liability 25-45, and still of great liability 20-55, before and after which there is a rapid decline, though not till after the age of 75 is passed does the rate become comparatively insignificant. In all the tables, except the English, there is an *increasing* rate up till 70 or later. In Prussia the liability diminishes after 70, but in the United States it goes on increasing up to 80. One explanation of this divergence from generally accepted opinion lies in the fact that the number of individuals living at each age diminishes rapidly as the age advances, and consequently the total number of deaths from phthisis at the more advanced ages is small, though the proportionate number to those living at that age may be very high. That, however, will not explain the great difference on this point between the English and the United States tables.

In the Prussian statistics the death-rate from phthisis among the town and country dwellers was compared, and was found to be rather higher among the former, but the difference was very much less than would be supposed.

As regards sex : in Prussia, Sweden, and Copenhagen the deaths of males exceed those of females very

markedly, while in England and the United States the female deaths are very slightly in excess, except in the decade 1871-80 in England. These are the total results, but when we examine the rate at the different groups of ages we see that there is a very general agreement in all the tables.

During the first year of life there is a preponderance of male deaths. For the next years, up to ten, the proportion remains very equal, but eventually the female deaths are slightly in excess. *At the age-period 10-15 in all the tables the female deaths are nearly double the male.* The home and school life and the employment of children between these ages are not sufficiently different in the two sexes to account for such a sudden change. The years 10-15 embrace the period of puberty, the establishment of which produces a greater disturbance, and causes a more rapid general development in the female than in the male. At this time, and at no other, the female, inferior to the male in stature and weight from birth onwards, *rapidly catches him up and surpasses him; so that between the ages of 12½ and 15 or 16 females are both taller and heavier than males.* It is probable that this

The average WEIGHT and STATURE of both sexes, from birth to 21 years of age, of the General Population of the United Kingdom.

Age in years.	Lbs.		Inches.	
	Male.	Female.	Male.	Female.
0	8	7	19	18¾
1	24	22	28	27¾
2	28	26	32	31½
3	32	30	35	31½
4	35	33	37¾	37
5	39	37	40½	39½
6	43	41	42½	41½
7	48	45	44½	43½
8	53	49	46¾	45½
9	58	54	49	47½
10	64	59	51	49¾
11	69	64	52½	52
12	74½	70½	54	55
13	79	82	55½	57½
14	86	92	58	59
15	95	102	60½	60½
16	110	109	63	61½
17	125	114	65	62½
18	135	118	66½	62½
19	139	121	67	62½
20	142	122½	67½	62½
21	144	123	67½	63

Stature without shoes. Weight including clothes.  
From "Life History Album," by Francis Galton,  
F.R.S., pp. 84-5.

excessively rapid growth, together often with some drain upon the strength from the menstrual flow, renders the female sex an easier prey to tubercle than the male. A high state of nutrition seems inimical to the growth of tubercle, and Koch expressed the opinion at the first Wiesbaden Medical Congress that "The human body does not at all times offer an equally suitable nutrient medium to pathological micro-organisms." This applies to the tubercle bacillus very specially. I have noticed clinically that the children of phthisical parents, and those with a well-marked phthisical family history, frequently menstruate at an unduly early age—viz., 12 or 13 years—and often profusely or too frequently. It has seemed to me that the drain on the nutrition thus set up renders the body a more suitable soil for the growth of tubercle, and the above statistics, failing any other explanation, would appear to strengthen that view.

From 15-20 the female deaths are double the male

<sup>8</sup> Forty-fifth Annual Report of the Registrar-General, p. xix.  
<sup>9</sup> "Pulmonary Consumption." 1871.



in the United States, half as many again in England, slightly in excess in Prussia and Copenhagen, and slightly below the male in Sweden. From 20-40 or 45 the female deaths still remain in excess in England and America, except in the decade 1871-80 in England. Here the male deaths are very slightly in excess, but the difference is remarkably less than after the year 45 is passed, when the male deaths are, as a rule, nearly half as many again as the female. In the other countries the great excess of the male deaths shows itself at this period 20-45 also, though the difference is much less than at more advanced ages.

Here again, then, the simplest explanation seems to be the drain put upon the strength and general nutrition by child-bearing and lactation. It is difficult to find any condition in the occupation or habits of women between the ages of 20-45 which should render them more liable to phthisis than men at the same age, and which would not be equally operative from 45 onwards, when in all the countries there is a very marked predominance of male deaths.

The predominance of male deaths after the age of 45, and in Prussia, Sweden, and Copenhagen after the age of 20, has been attributed to the fact that the male is, as a rule, the bread-winner, suffers more from hard work and the struggle for existence, and is more exposed to the weather.

Professor Humphry,<sup>10</sup> however, attributes to the female sex a greater inherent vitality than to the male, and considers this view strongly supported by the fact that of 89 persons who had reached the age of 100 years, and who died during the year 1873, only 10 were males and 79 females. In the year 1881 the deaths of 91 persons were registered in England and Wales, and returned as aged 100 years and upwards: of these 25 were males and 66 females. In 1882, of 71 such deaths, 17 were males and 54 females.

It should be remembered, too, that the male general death-rate is considerably higher than the female,<sup>11</sup> but the disproportion in the death-rate from phthisis of the two sexes in Prussia, Sweden, and Copenhagen is *much greater* than in the general death-rate. In England and the United States, on the contrary, the fact that the female deaths exceed the male is of all the more significance, inasmuch as the usual proportion for the general death-rate is reversed. In England the mean annual general death-rate for the decennium 1872-81 was 22.4 male and 19.8 female deaths per 1,000 living of each sex. This difference is, perhaps, more readily appreciated by putting it in this way: out of equal numbers living of each sex there died 1,131 males to 1,000 females. How much of this increased vitality is due to greater temperance in alcohol and tobacco, more moderate diet, and less laborious work, it is impossible to say.

<sup>10</sup> *Lancet*, May 9th, 1885.

<sup>11</sup> The deaths from accident in the male are about balanced by the periperal deaths of the female.

**SMALL-POX IN MADRID.**—There is generally more or less small-pox in Madrid about this time of year. Just now, however, the disease is said to be assuming rather alarming proportions in St. Bernard's Asylum and in some districts of Madrid, and compulsory vaccination has actually been suggested, but this comparatively simple measure is considered to be too much of an interference with the liberty of the subject for our Spanish friends to endure. They would rather apparently have the small-pox. Some of the medical men have written to the Medical Press, describing the serious character of the epidemic; no deaths seem, however, to have been reported at present, though some of the cases in the Asylum are said to have been confluent.

## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

### CUMBERLAND INFIRMARY, CARLISLE.

OVARIAN TUMOUR—PARALYSIS OF RIGHT ARM AND LEG—HEMIOPIA—BRONCHITIS AND PHLEBITIS—OVAROTOMY—RISKS ENCOUNTERED ON TABLE—RUPTURE OF WOUND ON FOURTH NIGHT—PROTRUSION OF BOWELS—SLOW GRANULATION OF WOUND—RECOVERY.

(Under the care of Dr. LEDIARD.)

MRS. W. was sent into the Cumberland Infirmary on June 24th, 1885, by Dr. Sanderson, of Penrith; she came from Morland, was 43 years of age, married, and had four children, the youngest being six years old. The abdominal tumour had been noticed for one year. Suddenly, four months ago, she was paralysed in the right leg and arm; there was no loss of consciousness, the attack commencing with anæsthesia in the left hand, but it all came on in a few hours. She states that the face was unaffected. For eight months there had been hemiopia, affecting the left eye, the right remaining good.

On examination it was found that the tumour rose from the pelvis on the left side, was nearly centrally placed, and freely mobile; a sound introduced into the uterus showed that there was no connection with that organ, and no adhesion, whilst the peritonæum was free from fluid. During breathing, coils of distended gut were invariably noticed in the middle line, midway between the pit of the stomach and the navel; these coils always moved up and down, and seemed to point to some omental or intestinal adhesion to the tumour. I will explain subsequently to what this symptom was due.

A needle of fair size attached to an aspirator was used to the tumour, but the result seemed to point to the mass being solid.

The patient was very thin, was unable to raise the right arm to the mouth, although able to walk slowly.

The pupils were unequal, and the appearances in the fundus of the left eye were strongly suggestive of some antecedent embolism of the central artery, resulting in the hemiopia complained of. The left radial artery was felt with difficulty, whereas the right radial, although very feeble and rapid, was easily distinguished. The pulmonary state was one of considerable doubt and anxiety, for there was more or less constant cough and expectoration. At one time dulness at the left base and a suspicion of fluid was present; occasionally there were curious attacks of dyspnoea lasting some hours, pointing to embolism. The patient was obliged to keep her bed for the most part, and the temperature was variable.

There was no cardiac murmur heard, but the heart's action was very feeble.

After keeping Mrs. W. under observation for two months, and after an attack of phlebitis affecting the left lower extremity, a consultation was held. The nature of the tumour was one doubtful point, and the general condition was such as to render operative interference probably disastrous. In two months no fixation of the tumour had occurred, and very little increase in size, whilst the peritonæum was still free



from fluid. The tumour was probably not of malignant origin. It was decided to explore the abdomen and remove the tumour if possible.

*Operation.*—Chloroform was considered "*hors de lieu*" on account of the heart, whilst ether seemed equally objectionable from the bronchial trouble. That the patient nearly died on the table under ether was not surprising to me, but the amount of bronchial mucus churned up was the cause of this; twice all operative manipulation was arrested, in order to restore the respiration and blackened visage, whilst the pulse, feeble at the commencement, was thought to have ceased beating. As rapidly as possible the tumour was tapped and found semi-solid, the hand was then gradually thrust into the mass, and cyst after cyst broken down with the fingers and their contents evacuated, until the remaining portion was sufficiently reduced to enable the enveloping cyst to be withdrawn. The pedicle was ligatured with silk and dropped into the abdomen.

The incision of three to four inches in length was now sewn up with some dozen catgut sutures, both deep and superficial.

The tumour proved to be an ordinary multilocular semi-solid growth, which was absolutely non-adherent and gave no trouble whatever to remove. The appearance of the distended coils of gut, before mentioned, was due to great laxity of the abdominal wall in the middle line, which admitted of the abdominal contents lying next to the subcutaneous cellular tissue.

The patient rallied well enough, but for a few days her cough was not only extra troublesome, but she had occasional vomiting.

Upon the fourth night the house surgeon was called to find that during coughing all stitches had given way, and that a large protrusion of bowel had occurred, causing great collapse. Silk sutures were re-applied, and the dressing, which had been strictly Listerian, was readjusted. Notwithstanding this drawback, the patient held on, coughing night and day, but taking all nourishment given.

The wound again caused fresh trouble, for, although the peritonæum united and shut off the abdominal cavity, yet no union of muscle and skin ensued, and granulation slowly went on. The patient was reduced more than ever; it would be impossible to achieve success under greater disadvantages, except disadvantages connected with operative detail.

Subsequently the progress of the case was more or less even, the temperature fluctuated, but never rose above 101°, whilst the abdomen kept free from pain and distension.

The right arm became more powerless, but not from further brain mischief, but from increased muscular weakness.

The patient was lifted to a couch with an unhealed wound at the end of a month, but even then a return of strength seemed as far off as ever, and on the 17th of September a large amount of pus welled up from the lower end of the wound; and a long drainage tube was now inserted with an idea that the source of the pus was not far from the pedicle. This tube was shortened from time to time, until it was pushed out of the wound on October 14th, whilst the long expected improvement began.

*Remarks.*—The record of this case, given without any varnish, will be read with interest by those who may have had unpromising patients of a like nature to deal with, whilst to myself the lessons are many. That the dangers were not overlooked, there is ample evidence to show, and my feelings of gratitude to those who had the immediate charge of Mrs. W. prior and subsequent to operation are not wanting. I wish to lay stress upon the opening up of the wound on the fourth day;

this accident caused the patient intense alarm, and even after the sutures were put in afresh she could not be reassured that the disaster would not be repeated. It is to be recollected that in this instance the dressings were Listerian, and that the sutures had not been touched or even once removed; yet catgut was found unable to bear the strain of coughing. I trust that surgeons in the country, who are undertaking ovariotomy as readily as they would a herniotomy, will bear this case in mind.

Fishing gut or silk suture will hold where catgut will not. I have sewn up with all three materials, but this is not the first time that I have found catgut untrustworthy.

That the accident is necessarily fatal, no one with any experience will declare, and, if all the cases in which it happened were recorded, in many it would be found that recovery was scarcely retarded. Too early removal of stitches would invite the catastrophe, but with stitches untouched I am taught that there may be danger in using catgut.

I must conclude my remarks without alluding to the origin of the emboli, but the hope that Mrs. W. will be in some unexplained manner less liable to recurrence of them without her tumour than with it is not perhaps unreasonable.

Mrs. W. began to stand on October 23rd, to walk on October 26th, and went home November 21st. This will indicate her general condition better than any description.

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## APPOINTMENTS FOR THE WEEK.

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*Friday, November 27 (this day).*

CLINICAL SOCIETY, 8.30 p.m.—Mr. Barwell, "A Case of Gastrostomy"; Mr. Dent, "A Case of Gastrostomy"; Mr. John Morgan, "A Case of Gastrostomy"; Mr. Golding Bird, "Jejunostomy in Cases of Cancer of Pylorus." Living specimens: Dr. Felix Semon, "A Case of Congenital Malformations (Web between Vocal Cords, and Coloboma of Eyelid)"; Dr. C. R. Walker, "A Case of Myxœdema"; Dr. T. D. Savill, "A Case of Myxœdema."

*Monday, November 30.*

MEDICAL SOCIETY, 8.30 p.m.—Dr. Stephen Mackenzie, "On Ulcer of the Stomach"; Mr. A. Boyce Barrow, "On the Treatment of Varicocele."

*Tuesday, December 1.*

PATHOLOGICAL SOCIETY, 8.30 p.m.—Dr. Gulliver, "Stricture of Small Intestine, and Hæmorrhage into Adrenals"; Mr. D'Arcy Power, "Two Cases of Osteitis Deformans"; Dr. Norman Moore, "New Growths in the Heart and Viscera"; Dr. Carrington, "Malignant Disease of Thyroid Body"; Mr. Arbuthnot Lane, "Pressure Changes in the Joints and Extremities"; Mr. Hutchinson, jun., "Subperitonæal Lipoma"; Mr. Stonham, "Two Specimens of Lipoma of the Spermatoc Cord"; Dr. Haig, "Aneurysm in Wall of Left Ventricle"; Dr. Hadden, "Two Cases of Joint Affection in Locomotor Ataxy"; Dr. Silcock, "Syphilitic Ulcerative Tracheitis"; Mr. Shattock, "Perforation of the Palate [by Hypertrophied Upper Incisor in the Rat] (Card)"; Mr. Fenwick, "Ulceration of the Bladder after Fracture of the Spine" (Card); Mr. Battle, "Portions of Thumb, with Vessel and Nerves, amputated by String" (Card); Mr. Battle (for Mr. Croft), "Bullet flattened by Frontal Bone"; Mr. Bruce Clarke, "Early Puberty" (Living).



*Wednesday, December 2.*

OBSTETRICAL SOCIETY OF LONDON, 8 p.m.—Specimens will be shown by Dr. Lewers and others. Papers: Dr. Arnold W. Thomson, "A Case of Protracted Pregnancy"; Drs. Matthews Duncan and Thin, "On the Inflammations and the Histology of Lupus of the Pudendum"; Dr. H. Roxburgh Fuller, "A Case of Spurious Labour."

*Friday, December 4.*

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, 8 p.m.—Mr. H. Percy Dunn, "Sae and Adjacent Parts of a Large Omental Hernia," "Pendulous Growths from Mucous Membrane of Stomach," "Tubercular Disease of Testes," "Tubercular Disease of Kidney"; Mr. C. B. Keetley, "Osteotomy of Hip," "Case of Complete Obliteration of One Nostril by Syphilis (Congenital)," "Case of Removal of whole of Lower Lip for Epithelioma"; Mr. Leonard Mark, "Drawing of above Case before Operation"; Mr. J. R. Lunn, "Drawing of a Case of Epithelioma of Lip." Papers: Mr. Dunn, for Surgeon Harold Hardley, I.M.S., "Some Cases of Interest from the late War in the Soudan"; Mr. C. B. Keetley, "Antiseptic Surgery at the West London Hospital"; Dr. Sinclair Thomson, "Suez as a Health Resort, with Notes by the Way."

## Medical Times and Gazette.

SATURDAY, NOVEMBER 23, 1885.

THE General Medical Council concluded their session on Saturday last, having, probably to the surprise of all of them, managed to spin out their business for five days. The results, so far as the three points for which they were summoned are concerned, may be soon told. Two decisions arrived at during the last session have been under consideration: one of them has been reversed, the other tacitly evaded; in both these respects the action of the Executive Committee has been practically confirmed, notwithstanding the indignation which many members displayed at this body's daring to override the decisions of the General Council. So that, as far as these two points are concerned, the sitting was altogether superfluous, as matters would have remained precisely as they are now, in consequence of the action of the Executive Committee, until next session. The other reason for having an extra meeting at this time was in order to bring the Black List up to date. In this respect the session has been of real benefit; not only have those offenders who deserved it been removed from the register in time to disappear from next year's volume, but, thanks to Mr. Collins, the names of those whose offences have been condoned, and who have been restored to the Register, have been wiped off the Black List; and further, the names of those who are known to be dead are to be removed. Thus a grievous wrong which has been done to the memory of a deceased man will be remedied; for a few sessions ago a practitioner who had been removed from the Register for

felony contrived to get himself re-registered under the name of another person who had died in the Colonies; the fraud having been found out, the assumed name was ordered to be removed from the Register, but, as it was entered in the Black List, it has ever since been made to appear that a man who had never been guilty of any offence whatever had been struck off the Register—a great hardship on his relatives, if, indeed, the publication of the name was not absolutely libellous. A great part of the last two days was occupied with the question whether the examination in Surgery, which the Apothecaries' Society, in their endeavours to conform to the wishes of the Council, have instituted, gives a legal qualification to practise surgery; this is so obviously a question for the lawyers that we can hardly understand how the Council ever came to discuss it. There is nothing in the Medical Act which gives them the slightest authority to decide such a matter, and, although the debate was introduced in an admirable speech, quite the best of the session, by Dr. Heron Watson, and drew from Mr. Simon a bit of very fine special pleading, we regret to say the whole discussion was sheer waste of time.

Two interesting papers were read and discussed at the Royal Medical and Chirurgical Society on Tuesday last. The first, by Mr. Barker, on the Distribution of the Bacillus Anthracis in the Human Skin in Cases of Malignant Pustule, was intended to show the value of local treatment by excision or cauterisation, or both, and to explain this on the ground that the bacilli displayed a remarkable predisposition for the more superficial parts of the skin, and that they only penetrated to the deeper parts slowly and in small numbers. Mr. Davies-Colley, while admitting the general accuracy of these observations, pointed out that in some cases there were no external signs of the disease, and that the chief lesions occupied either the lungs or the intestines. He inclined to think that the severity of malignant pustule depended on some special qualities of the bacillus originally infected, and that the secondary colonies derived from these were less active and less dangerous. The second was by Dr. John Harley. He read a carefully prepared paper on a case, recently under his care in St. Thomas's Hospital, of what he called "Acute Tubercle of the Liver," agreeing completely with the so-called "Actinomycosis." In fact, this case had already been described as one of the latter disease. Dr. Harley's arguments were well sustained; and, even if they failed to convince the "organised opposition" which was directed against them by some of our rising younger pathologists, it must be admitted that they were of such a nature as will necessitate a renewed study of the disputed facts. Neither party had a complete case, and each admitted a resemblance in some points, more or less, the one to tubercle, the other to actinomycosis. We can only hope that ultimate victory may be on the side of scientific truth.

At the Medical Society on Monday evening last, Mr. Gould read notes of three cases of malignant



disease arising in connection with traumatism, and then raised a discussion on the supposed relation between the two. He quoted from current literature similar cases which had been recorded, and the views held by the various authors of these cases. Was there a tumour diathesis, and did the injury simply serve to wake up latent potentialities dependent on this diathesis, or was the injury *per se* the cause and origin of the malignant growth? Mr. Gould rather favoured the latter view. Mr. Harrison Cripps commented on the subject, expressing his own conviction that malignancy was an accidental condition due to the presence of organisms in the blood or juices of the body. So long as these remained within their proper channels, no harm came, but when, as the result of injury, these juices were extravasated, at first a local and then a general malignant infection resulted. Mr. Lawson supported Mr. Gould's views; there could be no sort of doubt that injuries constantly gave rise to malignant growths, both sarcomatous and epithelial, Mr. Barwell propounded his known views on "traumatic malignancy." Mr. Parker believed in a constitutional tendency, and thought the accident merely precipitated events; patients seldom died of the local manifestations, but of the secondary deposits, which took place quite apart from the injury. Mr. Sutton showed that there existed among animals a similar tendency to develop malignant disease after injury, and in parts most liable to injury.

THE first ordinary meeting of the Society of Medical Officers of Health was one of no little interest. Dr. Heron read a paper, an abstract of which will appear in our usual reports on the cholera bacillus, and others resembling it in form. He exhibited not only specimens of Koch's, Finkler's, Miller's, and Flüggé's under the microscope, but a number of tubes containing pure cultivations of Koch's, Finkler's, and Flüggé's bacilli, showing their characteristic differences, which he maintained were so marked and so constant as to absolutely establish their specific difference, and to afford a means of distinguishing mild cases of cholera from severe diarrhoea, in which Finckler's form only is found.

AT the last meeting of the Council of the College of Surgeons (as will be seen elsewhere in our columns) the terms of the advertisement conveying a general meeting of the Fellows and Members on the 17th proximo, and the object of the meeting, were agreed upon, viz., "to receive a statement from the Council in reference to the resolutions carried at the meeting of Fellows and Members on October 29th ult. The meeting cannot, therefore, in any sense be regarded as a continuation of the discussion of the resolutions submitted at the former meeting; speakers will do well to bear this fact in mind, for by the rules of the College, not less than of the usage which obtains at all public meetings, no other subject than that before the meeting can be discussed. We would commend to all who may contemplate being present at this meeting the remarks we made on the subject in our last issue.

THE sixth session of the Edinburgh Health Society was inaugurated a few days ago by an introductory

address from Dr. Byrom Bramwell on the causes and prevention of disease. Dr. Bramwell duly impressed on his hearers the absolute importance of the correction of sanitary defects, both as regards the individual and the community at large. The avoidance of some of the more important exciting causes of disease by a careful attention to personal clothing was duly insisted upon, nor did he omit to lay proper stress upon the vital necessity of precaution against the spread of infectious diseases. Edinburgh is undoubtedly one of the healthiest cities in the United Kingdom, and the interest displayed by the public in these lectures in great measure serves to explain this fact.

It is a matter of great satisfaction to the friends of Professor MacLagan, of Edinburgh, that he seems to have almost entirely recovered from the ill-health under which he laboured during the summer session. We understand that a considerable number of men have taken advantage of his recently completed laboratory for the study and teaching of matters relating to public health. The institution of this laboratory provides for a want much felt by men studying for Health appointments.

OUR Paris correspondent writes:—An action for manslaughter has been brought against the celebrated dentist, M. Duchesne, for having caused the death of one of his patients by the inhalation of nitrous oxide. The patient was a gentleman of fifty, who came to have a tooth drawn. He was anæsthetized by M. Duchesne himself, but without the assistance of a doctor; the tooth was drawn without difficulty, and the whole scarcely lasted ten minutes, but the patient never revived, and in all probability he was dead before the tooth was drawn. M. Duchesne is prosecuted for having used an anæsthetic without the assistance of a legally qualified practitioner. A physician, Dr. Rivet, was usually in attendance, but on this occasion he was absent. M. Duchesne states that patients are usually accompanied by their family physician, but in this case the family doctor declares that, had he been consulted, he would have opposed the operation, as he considered his patient to be labouring under disease of the heart. There was, however, no evidence of this at the *post-mortem*. The verdict has not yet issued, but the scientific interest of the case resides in the fact that nitrous oxide, so freely used as an anæsthetic by many surgeons and by nearly all dentists, is quite as dangerous as chloroform, and ought never to be administered without proper precautions and a preliminary examination into the state of health of the subject.

M. PASTEUR still pursues the course of his experiments, and nearly 70 persons bitten by mad dogs have been inoculated at his laboratory. There has been some talk of creating a "clinique" for M. Pasteur and his rabid patients. The proposal, however, has been hitherto non-suited upon the ground that the celebrated bacteriologist is not a medical man, and, holding no diploma, has no legal right to practise. It might also be said that, before lending the weight of official authority to the system of inoculating hydrophobia, it might be as well to let the matter be well



tested, the proposition in itself being at least rather startling, to say nothing more. At all events, the friends of "progress," who are always ready to cry loudly against persecution, cannot in the present instance inveigh against Government, which has certainly allowed more liberty to M. Pasteur for the prosecution of his experiments than he would have found on this side of the Channel.

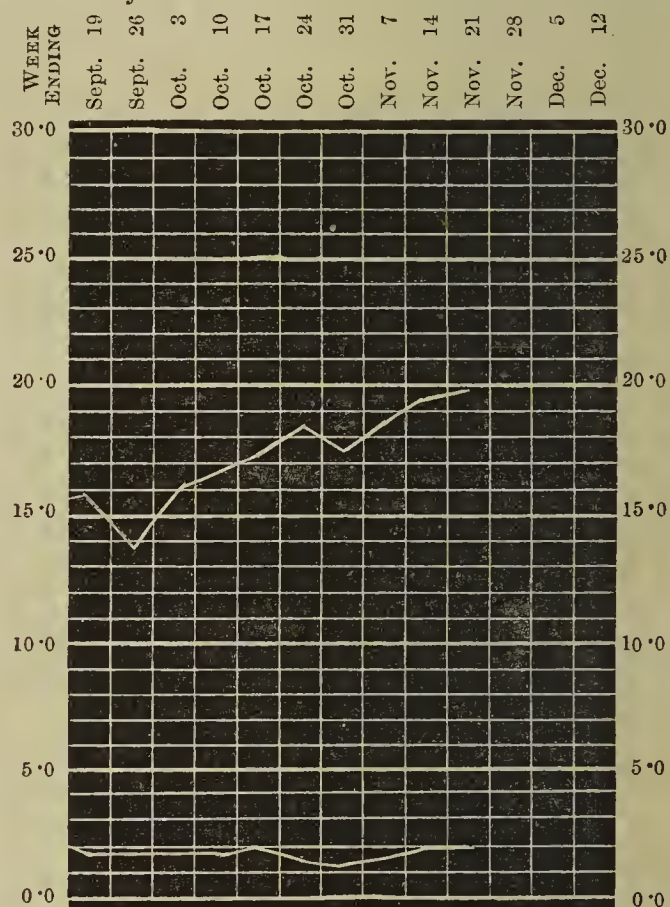
THE *Gazette Hebdomadaire* states that, since M. Pasteur's announcement, the prophylaxis of hydrophobia has occupied the attention of all Paris, in the press, the societies, and the salons, the impressions varying from enthusiasm to scepticism. Fortunately the most prudent and the wisest of all who occupy themselves with M. Pasteur's investigations is M. Pasteur himself, as shown by his statement of his views before the Conseil d'Hygiène. In possession of a method which at all events has been very successful among animals, he has believed himself authorised to extend its application to man, but he is the first to admit that time must be given to form a final judgment upon the matter. In the meantime, patients are arriving from all parts, including Algeria; and, in spite of the length of time that may have elapsed since the bite, M. Pasteur undertakes the cases, in the hope that the inoculation may be still effective five or six weeks, and perhaps longer, after the accident. Experience can alone decide this point. In the meantime there is a sufficiency of virus in the laboratory, and this is kept up by daily inoculations; but if the present eagerness continues a special institution will become indispensable.

SIR WILLIAM GULL has recorded the following supplementary note, to prevent any possible misconception of the purport of his remarks in the Transactions of the India Office Cholera Committee, upon which we commented last week—"It appears to be abundantly proved that cholera is not an infectious or contagious disease. The soil and other local conditions of the place in which it prevails are responsible for it, and not the sick who suffer and die of it. It is by sanitary measures, and not by isolation of the sick, that its occurrence and spread can be prevented."

MEDICAL baronetcies and knighthoods are as sour grapes to many members of the profession, possibly because they have sometimes fallen into unworthy mouths. Few, however, will fail to be gratified at the honour which has been bestowed by the State on Dr. Sawyer of Birmingham. Dr. Sawyer has never laid himself out, as many do, for titular reward. His reputation has been won solely by steady and conscientious work on behalf of his hospital, his school, and his town, and the bestowal of a knighthood upon him is a happy recognition of the claim of the medical profession in our growing provincial towns to a share of the honours hitherto mainly confined to practitioners in London, Edinburgh, and Dublin. Sir Peter Eade and Sir James Sawyer should be the forerunners of a long line of provincial medical knights.

The death-rate in London for last week shows a slight further rise, but is still considerably below the

average of previous years. Under the head of zymotic diseases 160 deaths were recorded, exactly the same number as that given in the returns for the preceding week. Of these, measles and whooping cough were by far the most numerous, 44 and 42 deaths respectively having occurred from these maladies. Enteric fever caused 24 and diphtheria 20 deaths, whilst scarlet fever is only credited with 11 victims. There were



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past ten weeks.

but 2 deaths from small-pox, and only 74 patients remaining under treatment at the end of the week in the Metropolitan Asylum Hospitals. The deaths of 9 women were registered as resulting from puerperal fever. A further rise in the deaths from diseases affecting the respiratory system brought the total up to 454. The most striking feature in the weekly return, however, is the statement that the denizens of the metropolis enjoyed 23.2 hours of sunshine, a marked contrast to the 0.0 recorded in the preceding week.

THE Scottish Registrar General's return for the third quarter, which has recently come to hand, gives the total death-rate for the quarter as 16.2, or 1.8 below the average for this particular quarter, in this respect, therefore, closely approximating to the results recorded in England and Wales. In the different districts the death-rate varied between wide limits; thus in the principal town districts it was 18.4, in the large town districts 16.3, in the small town districts 15.8, in the insular rural districts 13.9, and in the mainland rural districts it was 13.6. Of the eight principal towns, Paisley heads the list with a death-rate of 23.3, Glasgow following close behind with 22.0, whilst Edinburgh and Aberdeen share the honours of lowest mortality with 13.8. Seeing that these eight towns contain about 32 per cent. of the whole population, it



is the usual practice to assume that the diseases prevalent in them prevail to a like extent throughout the rest of the country. We notice that the deaths from measles and whooping cough progressively declined as the quarter advanced, whilst those from scarlatina increased. The weather during August and September seems to have been unusually cold, which perhaps accounts for the large number of deaths from diseases of the respiratory organs that took place during those months.

At a recent meeting of the Society of Physicians of Vienna, Dr. Paltauf showed some microscopical specimens illustrating the pathology of swine-erysipelas. The specimens had been prepared from organs which he had received from Styria in 1882, and Dr. Paltauf had, in 1883, detected in the skin, lungs, and spleen, as well as in their capillaries, a considerable number of bacilli, as slender as tubercle bacilli, but somewhat shorter. As but little was known at the time of the affection in question, Pasteur being then the only investigator who had shown that the "mal rouge" had its specific organism, viz., the figure-of-eight microbe, and as Dr. Paltauf had no fresh material whereon to repeat his observations, he was unable to deduce any results of importance from his discovery. But the recent investigations of Löffler and Schütz, described in the Reports of the German Sanitary Board, and the observations made in the spring of the present year by Lydtin and Schottelius in connection with the protective inoculations in the Grand Duchy of Baden, showed that there were present in cases of swine-erysipelas bacilli subtiles which resembled those found in the septicæmia of mice, and which were to be regarded as the specific cause of the disease. These microbes had been submitted to pure cultivations, and swine, rabbits, pigeons, and mice had been successfully inoculated with them, guinea pigs and fowls proving "refractory." Löffler, however, in a case which appeared to be a typical one of swine-erysipelas, had discovered another variety of microbe, which behaved quite differently both on cultivation and inoculation. He proposed, therefore, that the disease caused by these bacilli should be termed swine-plague, or swine-septicæmia, in contradistinction to swine-erysipelas. Prof. Schottelius had proved that the "mal rouge" and the swine-erysipelas of Germany were the same disease, and the inoculation liquid of Pasteur had been shown to contain the same bacilli that had been described by Löffler and Schütz as characteristic of swine-erysipelas. Schütz, Schottelius, and Lydtin had all confirmed the success of the protective inoculations of Pasteur. Dr. Paltauf, therefore, as the result of his investigations in 1883, was able to recognize the Austrian epidemic as identical in nature with those of France and Germany. He strongly recommended experiments in protective inoculation in Austria, as the disease was very fatal in that country, as many as 1,500 animals having died of it in 1883 in the province of Carinthia alone.

At the meeting of the same Society on the 23rd October, Professor Kaposi showed a young girl affected with the rare disease, "Xeroderma pigmentosum," which he had been the first to describe in 1870. The

affection was characterised by the appearance towards the end of the first year of life or the beginning of the second, of brown patches, which might be mistaken for freckles, on the face, hands, and back. After a certain time these patches increased, and later on, in severe cases, the skin beneath them became atrophic, and ectatic vessels appeared in it. At a later stage, carcinomata, sarcomata, flat epitheliomata or papillomata developed, and at last the patient died. When he wrote about the disease in the "Medizinische Jahrbücher" for 1882, he had collected eight cases, and it was only since then that other physicians, as Geber, Taylor, Neisser, Pidal, &c., had published cases of it, so that it was evident that the disease had not before been diagnosed. The girl whom Professor Kaposi showed the Society was the sole sufferer out of a family of nine children. Her face presented pigmentations and several wart-like growths, which had been removed a year ago and had subsequently returned. Professor Kaposi added that these pigmentations did not always warrant one in believing that the case was of a dangerous nature; he knew many persons with such pigmentations, who presented no trace of carcinoma. A second case shown by Professor Kaposi was one of "Idiopathic Multiple Pigmentary Sarcoma." He had described this disease in 1870 as an affection which has to be distinguished from other malignant forms by the fact that it appeared from the very first on both hands and feet at once, and sometimes resembled syphilis and sometimes lepra tuberosa. Kaposi had since then observed 25 cases, and all agreed in their characters. On the parts above-mentioned there appeared infiltrations, and later on extravasations of blood, which resulted in pigmentation; at a later period nodules formed, which either disappeared entirely or left dark patches; the skin of the hands became thickened so that the fingers could not be flexed. The nodules sometimes appeared also only on one of the extremities or on the face, sometimes also in internal regions, as the lungs, the liver, and the spleen, and in this event they had the character of a cavernous tumour. Professor Kaposi proposed to treat the patient with arsenic.

THE subject of Cocaine Intoxication was introduced to the Berlin Medical Society at one of its last meetings by Dr. P. Heymann. It would appear that hitherto there have been but few instances noted, and in these the manifestations have been limited to giddiness and a peculiar feeling of weakness and loss of control over the lower limbs. In a few cases there have been hallucinations and even fits of maniacal excitement. The case which Dr. Heymann records (*Deutsche Medicinische Wochenschrift*, No. 46) was that of a boy suffering only from a small papillomatous growth in the larynx, which had recurred again and again after its removal, once under cocaine, in many sittings. The patient required the use of a very liberal application of the solution to the pharynx and larynx before anæsthesia could be produced. The little tumour was quickly removed, but not before the patient began to show signs of intoxication. On being placed on a sofa, he lay for five hours in an apathetic half-sleepy condition, with open eyes. He had no



hallucinations, or could recollect none, and when able to speak did so in a hesitating, but nevertheless intelligent, manner. There was considerable difficulty in walking, the gait being very uncertain. He did not complain of hunger or of any special pain, only of general feelings of discomfort. The pupils were not dilated, but reacted normally to light. Pulse, temperature, and respiration appear to have been all slightly increased, but both the heart and lung movements were otherwise normal and regular. At a rather later stage the difficulty of walking was increased, owing to an apparent inability to control the movements of the legs. The symptoms did not pass off until ten hours after their onset, the patient then for the first time obtaining sleep, from which he awoke but little the worse, apparently, for his experiences of the previous day.

UNCONSCIOUS guile is touching, even when met with in our own ranks. A recent instance was recently brought before the Société de Chirurgie of Paris by a surgeon who wished to prove that antiseptic precautions afford no safeguard against the occurrence of erysipelas. He stated that thirteen cases of this disease had been under his treatment during the year, of which five had developed within the wards, and six had been brought in (two remaining without explanation). This candid avowal is very striking, but a different deduction might possibly be drawn.

It is announced that Dr. B. W. Richardson will deliver a course of Cantor Lectures at the Society of Arts in May next on "Animal Mechanics." Dr. Meymott Tidy will shortly give a lecture at the same institution on "The Treatment of Sewage." The opening lecture of the first series of the Cantor Lectures was given on Monday by Mr. J. Mayall on "The Microscope." The portion of the subject treated of was the early history of the microscope, and much interest was added to the account given by there being a collection of some 200 old microscopes shown. This collection will remain for inspection till next week, while in the library will be found a collection of modern instruments. No such opportunity of studying the history of the microscope has been offered before.

As far as the elections have yet gone, only two members of the new Parliament can be claimed by the medical profession, viz., Sir Guyer Hunter, whose election for Central Hackney will cause wide satisfaction, and Mr. Vanderbyl, the new Liberal member for Portsmouth. Sir Guyer Hunter brings to the House of Commons a special knowledge, and an administrative ability, and an energy which will be extremely valuable. Men with experience of India always hold a peculiar position of authority in the House, but when to that experience is added, as in Sir Guyer Hunter's case, a sound knowledge of medical and sanitary science, the collocation becomes unique.—Sir Guyer Hunter, who is a K.C.M.G., received his medical education at Charing Cross Hospital. He entered the Indian Medical Service, Bombay Presidency, in 1850, and served throughout the Burmese War and the Indian Mutiny. In 1876 Sir Guyer

Hunter was appointed Principal of the Grant Medical College, and in 1879 Vice-Chancellor of the University of Bombay. He retired in 1880, and on the outbreak of cholera in Egypt was despatched by the Government on a special mission to that country, the incidents of which will still be in the memory of our readers. Mr. Philip Vanderbyl, the member for Portsmouth, was born at the Cape in 1827. He was educated at the Edinburgh University, where he graduated with honours in medicine and obtained a gold medal. He subsequently became a member of both the Royal College of Physicians and the Royal College of Surgeons. He has been President of the Royal Medical Society of Edinburgh, and was subsequently a lecturer on anatomy and histology at the Middlesex Hospital. He retired from practice in 1858, and is now an Australian merchant and banker, and a director of the East and West India Dock Company. We hope that by next week this list will be considerably increased. Besides the well-known candidatures of Mr. Erichsen, Mr. Ernest Hart, Dr. Alfred Carpenter, and Dr. Herbert Watney, the medical candidates include Dr. Balthazar Foster (Cheshire), Dr. Danford Thomas (West Islington), Dr. P. Royle (South Manchester), and Dr. Macdonald (Ross and Cromarty), and Dr. Finlay, Q.C. (Inverness Burghs); though the last two have forsaken medicine for the law. If a fair proportion of these candidates are returned, and the old medical M.P.'s re-elected, we ought to have a compact little phalanx in the Lower House which will have much weight in medical and sanitary affairs.

WE learn from our Bombay Correspondent that much disappointment and discontent are felt in the Indian Medical Service at the manner in which its members have been neglected in the distribution of State honours after the recent Soudan campaign. No department of the public service which took part in that miserable *fiasco* did their work better than the Indian Medicals, and yet only one of them is mentioned in the *Gazette*, and he the principal medical officer, whom not to have mentioned would have amounted to little short of insult to the service; so that the profession view the mention of his name and the trifling honour awarded him as merely perfunctory. It was anticipated that this injustice would have been remedied in a supplementary *Gazette*, but nothing of the sort has appeared. The services of members of the sister service have been recognised, for no fewer than 29 of them have been either decorated as Companions of the Order of the Bath, promoted, or otherwise rewarded. It has been publicly reported that, without the assistance of the Indian Medical Service, British troops could never have taken the field in the way they did. Surgeon-Major Boustead (of the Bombay Establishment), who was present, lent the British Medical Department 50 odd dholies and 250 men fully equipped, in order to enable the Army Medical Officers to go into the action of Hasheen, their own transport for the sick and wounded, &c., not having arrived in time. Further, there were five times as many wounded amongst



native troops as British troops after each engagement, at Hasheen and Tamai. What is the excuse, then, for the invidious distinction between the two services? Are Indian medical officers inferior in professional skill, qualifications, and status to their brethren in the Army Medical Department? There were four very senior medical officers who accompanied the Indian contingent, and all did their work, arduous and trying as it was, to the entire satisfaction of the authorities. Yet not one of them has been even named in the *Gazette*. Contrast this with the way in which rewards have been showered on the sister service. Several junior members of the British Medical Service have been promoted from Surgeons to Surgeons-Major, while many Surgeons-Major have been raised to Brigade-Surgeons. If such distinctions are to be drawn, the Government would do well to proclaim the fact, which would enable intending candidates to know beforehand what sort of treatment they may expect.

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### THE BOWMAN LECTURE.

DR. HUGHLINGS JACKSON has once more taken occasion to bring his favourite subject, the philosophy of epilepsy, before the profession: for this, in truth, is the gist of the profound and suggestive lecture which is entitled "Ophthalmology and Diseases of the Nervous System." In reading this lecture with its manifold illustrations and the evidences of minute observation which it contains, all who are sufficiently acquainted with Spencer's thinking to understand the value of its application to the higher neurology must earnestly desire to see the whole of Dr. Jackson's work in a less fragmentary form than it has hitherto assumed. It is nothing less than deplorable that the results of all the thought and observation which Dr. Jackson has given to this subject, in such measure as to entitle him to be regarded, by the medical mind at least, as the promulgator of a new philosophy, should be discoverable to the student only in the back numbers of periodicals and dissipated or buried in not very attainable volumes. Interesting and important as are the many clinical points that Dr. Jackson raises in this lecture, and deserving of the closest study, we think that we may be doing better service to the profession by emphasising here the statement we have just made, than by attempting a criticism or even a *résumé* of the material before us which was printed at length in our last issue. It cannot be denied that this lecture, or, indeed, almost any lecture by Dr. Jackson, is intimately dependent on his previous utterances; nor that every reader who is to profit by anything fresh that Dr. Jackson has to say must first have possessed himself of a neurological "Grammar of Assent" as an introduction to the higher teaching set before him from time to time. There are doubtless very many who desire to understand, for instance, among other points, the theory of Epilepsy as put forward and periodically amplified by Dr. Jackson; and it is equally certain that many have lost the key and consequently fail to solve the difficulties which present themselves in the highly condensed papers and sketchy lectures of the author. We do not urge

that the neurological subjects which Dr. Jackson deals with should be treated in such a manner that he who runs may read; they will always, from their intrinsically complex character, require close study. But they are of sufficient scientific and practical importance, and quite intelligible enough in themselves, to make it very desirable that the intelligent medical man shall be able to inform himself of Dr. Jackson's views without having necessary recourse to the several libraries where Spencer's books and Dr. Jackson's papers may be rather laboriously found. To the scientific neurologist wholly devoted to his work Dr. Jackson's teaching is of course well known throughout the world; but we would plead for others who would certainly be benefited could the result of this teaching become more common property than it now is. We will not say that Dr. Jackson's writing needs a commentator; but this much we would urge that the medical world would be the wiser were every line of this writing a paragraph, every paragraph a page, every page an essay, and every essay a book. This, with a greater attention to consecutive arrangement, and possibly a little more sympathy with what is called average intellect, would not only make Dr. Jackson's finished work one of the most valuable treatises on scientific neurology in existence, but would also gain for him the sincere recognition of many practical physicians and earnest students.

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### THE MOVEMENT OF OUR STUDENT POPULATION.

In his periodical reports the Registrar-General used to sum up some of his most interesting statistics under the head of "Movement of the Population." In the elaborate report which Mr. Marshall presented to the Medical Council last week, as Chairman of their Statistical Committee, we have similar statistics with regard to our young medical population. What exact practical lessons the Council hope to derive from these laborious investigations, and whether they will prove worth the time, thought, and money spent upon them, are questions which we do now feel called upon to consider. It is evident, however, that, if the enquiry were worth making at all, it was worth making in a thorough and scientific manner, and it cannot be denied that, with the enthusiastic co-operation of the Registrar, Mr. Miller, assisted by an expert statist and skilled clerks, selected and instructed by himself, the Committee have been able to present to the profession a most complete and interesting summary of the careers of the students whose names appear in the Students' Register of 1871, and an equally interesting, though necessarily less complete, account of the careers of the students who joined the profession in the decennium 1871-1880. Everything has been done to render the report easily intelligible, the charts which are appended to it enabling the reader to grasp at a glance the main results of the enquiry. The object of the enquiry was to discover (1) the period of professional study occupied by the students of each year; (2) the proportion of students who took a double, two single, and one single qualification re-



spectively ; (3) the interval allowed to elapse by the second class of students between taking their first and their second qualification, and the source of such qualifications ; (4) statistics as to the place of registration as students and the place of registration as practitioners, and (5) statistics as to the source of the respective diplomas and the place of final registration. In addition to these points the enquiry gives us the means of answering several important and interesting questions—such, for example, as relate to the supply and waste of the student element in the profession ; the supply and waste of the registered practitioners ; the destination of the singly and of the doubly qualified ; the migration, distribution, and settlement of the several kinds of medical practitioners ; their increasing or decreasing ratio to the population in various districts, and in urban and rural localities, &c.

We can only here deal with a few of the results arrived at by the enquiry, the most salient of which may be thus summarized—(1) great waste of student life ; (2) gradual increase in the period of medical study ; (3) increased prosperity of the Scottish and Provincial Schools as compared with those of London ; (4) extensive immigration to England of Scottish and Irish licentiates ; (5) excessive proportion of English students taking Scottish diplomas ; (6) great increase of late years in the proportion of students commencing their medical studies as pupils of private practitioners. Of the 1,253 students who appeared on the Students' Register of 1871, at least 30 per cent. have failed to qualify, while 8·78 per cent. have taken only a single diploma, which, in nearly half the cases, was the Membership of the English College of Surgeons. It would be interesting to learn something of the 376 students who never became practitioners. How many were of weak health ? how many of weak brains ? how many forsook medicine for more attractive careers, and how many were driven from it into less exacting ones ? But for the answers to such enquiries we must go rather to the Deans of the medical schools than to Mr. Miller. The figures, however, show an appalling waste of life, and should make one hesitate in recommending a young man to brave a struggle from which only two out of every three emerge victorious. It is somewhat satisfactory to find that the proportion of unsuccessful students was less in England than in either Scotland or Ireland. But in the case of the singly licensed the position of affairs is reversed, the proportion of English students who seek or obtain only this qualified amount of success being much larger than that of either Scottish or Irish students who content themselves with an incomplete diploma. As to the time of medical study before qualification, we find that in the case of the singly qualified it was 5·04 years, and in the case of the doubly qualified 4·767 years. Of the diplomas registered by the students of 1871, nearly 40 per cent. were conferred by the English College of Surgeons, over 22 per cent. by the Edinburgh College of Physicians, and nearly 18 per cent. by the London Apothecaries' Hall. The London University comes, as might be expected, nearly at the bottom of

the list with a percentage of 1·48, or exactly the same as the Dublin Apothecaries' Hall. The table from which we take these figures contains some very startling intelligence as to the number of English and Irish students who qualify in Scotland. The Edinburgh College of Physicians, for instance, gave its diploma to nearly three times as many English and Irish students combined, as to students of its own country. As many as ninety-two, or over 16 per cent. of English students, took its diploma ; while no fewer than 160 English and 111 Irish students took one or other Scottish qualification. In spite of the indignant protests, invariably made by Scottish members of the General Medical Council when this extreme favour of their corporations to the students of other countries is pointed out to them, we cannot help saying that these figures, above quoted, show a scandalous disregard on the part of those corporations for the efforts made by the English licensing bodies to keep up the pass standard. The same success, though possibly a success which justifies greater pride, in tempting the English student over the border, is seen in the table which gives the proportion of practitioners who registered at the different branch offices. As many as 508 of the successful students of 1871 registered themselves as practitioners in England, whereas only 409 had registered as English students. In the case of Scotland and Ireland the proportion is reversed, 237 and 231 of the successful students having registered as Scottish and Irish students respectively, while only 187 and 182 registered themselves respectively as Scottish and Irish practitioners. These figures show what a large proportion of doctors practising in England have either been born or licensed in one of the sister kingdoms.

The facts given in the Report concerning the great increase in the numbers of Scottish and Provincial students, and the very slight increase in the number of London students, are only too well known, but they are brought out with especial clearness by means of charts showing the curves of variation from 1871 to 1880. Between those years the total annual entry in the three kingdoms increased from 1253 to 2106, and the curve representing this increase in the chart makes an angle of over 45° with the horizon. The curves representing the Scottish and Irish increase are close together and absolutely parallel, forming a gradient of 2 in 9. The English curve forms a gradient of double that incline, but when we break it up into constituent curves, representing respectively the provincial and the metropolitan increase, we see that the former has a gradient of 3½ in 9, while the gradient of the latter is only a little over 1 in 9. In other words, in the ten years under consideration the annual entry of provincial students increased from 175 to 520, while that of London students only increased from 388 to 476. A great deal of this increase is, no doubt, apparent rather than real, for with the year 1877 there seemed to set in a return to the old fashion of pupilage, and many of the students thus credited to the provinces have, no doubt, received the essential portion of their education at some London hospital. This change in the manner in which a considerable proportion of our



English students commence their acquaintance with medicine is one of the most striking facts brought out in the report. It is a change which is also seen, though to a much slighter extent, in the case of Irish students, but not at all in the case of the students of Scotland, of whom all but about one per annum register themselves as commencing their studies at an established medical school. In England, between the years 1871 and 1876, only about 50 students a year were registered as receiving their earliest medical training away from a recognised school or hospital. In 1877 this number increased to 75 and in the following year to 169, while in 1879 and 1880 as many as 280 and 262 students respectively were registered under the heading "other places of study and pupilage." Whether this change is a change for the better, is a very open question, but it is evidently due to a reaction against the excessively scientific training now given at the recognised schools, and perhaps to the discovery that many of the practitioners turned out by those institutions have but a very slight practical acquaintance with the art which they have chosen to practise. The few points which we have picked out for comment from Mr. Marshall's report will serve to show the great interest it presents to all who are concerned in medical education, but we are still doubtful whether the Medical Council are justified in spending their revenues on enquiries the practical usefulness of which is, to say the least, problematical.

## REVIEWS AND NOTICES OF BOOKS.

### AN EDINBURGH PROFESSOR.<sup>1</sup>

IN reading an old man's reminiscences of the celebrities of his youth, it is always somewhat difficult to distinguish the *Wahrheit* from the *Dichtung*, in other words, to know what correction, if any, to make for errors in refraction. The "self-esteem of generation"—that special form of egoism which is loath to concede to other generations any special pre-eminence in character, ability, beauty, grace, or virtue—would persuade us that the necessary correction is often very considerable—considerable in direct proportion to the degree of excellence claimed for our dead rivals. According to this view the excellence is often rather in the biographer than in his models. He has read into them, and reproduced for us traits which we, if we had lived at that time, should never have recognised, just as bygone portrait painters show us men and women, the like of whom we have never the good fortune to meet with in this commonplace age. (The same reasons, to quote a modern instance, will perhaps account for Mr. Randolph Caldecott's always finding himself among people worth drawing.) It is not impossible that fifty years hence some aged romancer may throw the glamour of his imagination over the most ordinary of our present contemporaries and get them credit for finer character and wit than we know them to possess. For, be it noted, it is mainly in respect of those qualities that distance lends enchantment, the actual talent of the men with whom we are concerned being more exactly assessable from what they have left behind them. We can tell from a man's

writings and discoveries what ability he had; but of his finer shades of character, and of his immediate influence on other men, only tradition, and often a lying tradition, tells us. Yet, let our conceit make what deductions and qualifications it may, it is not to be denied that the men described in the book before us, and still more flatteringly portrayed in other volumes dealing with the same place and period—Edinburgh in 1820–50—were remarkable for a vitality and force of character not common in the men of to-day. The Edinburgh school is not now deficient in teachers of power and ability, but even they would probably admit that, in everything that goes to make men memorable, they are far outshone by the rich array of teachers and practitioners who flourished in the early part of the century. Gregory, Abercrombie, Alison, the Hamiltons and John Barclay; Leslie, Playfair, Pillans, John Wilson; Syme, Liston, Fergusson, Lizars, the Bells, Simpson, Goodsir, John Brown, and Christison himself, formed a series of remarkable personalities, who would have made any centre of learning famous, and whose appearance in a small city within the short space of half a century constitutes one of those freaks by which Nature shows what she can do when circumstances allow her. But, as we have said before, it is not so much in the matter of sheer ability—though the ability of some was world-famed—that these men were most memorable; it is rather their abundant vitality, their character and their originality that impress us. Almost every one of them was, according to their biographers, a man worth studying. Their jests and their mannerisms, their boon-companionships and their pugnacities, their lecture-room quips and their social cranks, their prejudices and their kindlinesses, their hot tempers and good hearts, their oddities and their sound sense, were abundant enough to furnish forth ten times their number of ordinary mortals. They and their personal traits are excellently described in Sir R. Christison's autobiography, with much of the crispness, though with none of the acridity, of Carlyle. The author brings their portraits before us in a few well-chosen words. Dr. James Hamilton, the Professor of Midwifery, "was a little man, frail-looking, but strong; uncommonly fair, not at all comely, and undeniably wigged. He had a quick, short, nervous step, and a slight stoop and downward look, as if his eyes took account always of what his feet were doing. His voice was harsh, and his intonation Scotch, pure and unsophisticated. . . . As a critic, he seemed to be in his favourite element; and a searching, unfair, unfeeling critic he was." This propensity brought down upon him the great Dr. Gregory and the stout cane which he always carried, "which never touched the ground, but was held over the shoulder or 'at the trail,' as if ready for action and significant of combativeness." Principal Baird is brought before us as "a portly man of middle stature, of great weight, but of strength suitable for carrying it easily; with a round, plump, benignant countenance; of kindly disposition, conversing ever with a dominant smile on his visage; a good scholar, of polished manners and winning address." Little vignettes of this kind, sketched with a few apt lines, are scattered throughout the volume, and add greatly to its interest and value as a record of past times and men. The word-portraits of the great Frenchmen—Laplace, Guy-Lussac, Thenard—whom he saw when studying in Paris in 1820, are equally vigorous; much more so than the meagre descriptions of Dr. C. J. B. Williams, who visited the French capital a few years later, though the youthful pencil sketches reproduced by the latter author in his "Memoirs" do much to make up for his inadequate letter-press.

But it is more for his unconscious portrait of himself than for his pictures of his teachers and colleagues that

<sup>1</sup> The Life of Sir Robert Christison, Bart. Edited by his Sons. Vol. I. Autobiography. Edinburgh, William Blackwood and Sons, 1885.



Sir Robert Christison's autobiography will be valued. We see him growing from an active, restless, studious boy, fond of games, and yet studying with avidity the most diverse subjects, into an enthusiastic student, and then, at an early age, sobered down into a hard-working conscientious professor and expert, with sound sense and good judgment for his leading characteristics. And yet, all through, we catch gleams of the joyous vitality and humour which kept him from becoming what he, a professor's son and himself a professor before the age of 25, might have so easily become—a learned prig. Dr. C. J. B. Williams, who was one of Christison's earliest pupils, hardly does justice to his character or abilities in the brief mention made of him in the "Memoirs." He describes him as "an industrious and careful compiler," who "made his lectures useful by the amount of information which they contained." But to Dr. Williams he seemed to have "little capacity for original research or to be profound in either physiology or medicine (*sic*). Yet he held his ground steadily among colleagues more talented and turbulent than himself, and fulfilled a long and honourable career." Dr. Williams is perhaps hardly the author to go to for a just and sympathetic estimate of his contemporaries, but the above sketch of a man, who was not less celebrated in his own line as a successful investigator than Dr. Williams was in his, cannot have commended itself to anyone who knew Christison and his scientific powers. When the second volume of the present work appears, with a chapter on Christison as a physician by Professor Gairdner, and a chapter on his scientific career by Professor T. R. Fraser, it will be seen by all how inadequate is Dr. Williams' estimate of him. Christison was no doubt greatly favoured by circumstances, just as Dr. Williams was. As young men they both went to Paris, then the scene of the greatest scientific activity, and they both brought home with them an acquaintance with new methods of investigation, which at once raised them to a somewhat fortuitous pre-eminence over rivals who had not enjoyed their advantages. But they showed that they were able to make the most of their opportunities, and both Christison, as the expert in chemical and toxicological analysis, and Williams, as the expert in stethoscopy, did much, not only to further their respective branches of enquiry, but to popularize them amongst their pupils. An equally interesting parallel might be drawn between their characters—of Christison's temperateness in the midst of pugnacity, and Williams' pugnacity in the midst of moderation—but we forbear to press it. Their autobiographies, however, may be most instructively read side by side, and we do not think that there will be much difference of opinion as to which makes the pleasanter reading.

There are several points of medical interest raised in Sir R. Christison's life, upon which we have less space to touch than we could wish. Take, for instance, the case of blood-letting in fevers. In his recent address Dr. Wilks contended that "If there be any difference of treatment from past times, it is not due to any change in the constitution of human beings. There is not a single fact to support so preposterous a supposition; the only suggestion for it being that some senile doctor found that his patients did not necessarily die under his old treatment any more than they do under his new." We do not think that anyone who reads Sir R. Christison's statement of the case for blood-letting in fever, not now, but in the Edinburgh epidemic of 1817-20, will admit that that is a fair representation of the "senile" view. During the first half of his life he tells us "acute local inflammations were attended with a violence of arterial action unknown in the latter half. . . . The younger generation of physicians may follow their leaders by denying the

occurrence of any such change in the constitutional character of disease. But they can be no fit judges who were not practical observers of both phases of the case; and all my professional brethren, old enough to have seen both, agree with me that for a long time past they have never met with such pulses, for force and hardness, in pneumonia, pleurisy, nephritis, rheumatism, &c., as they constantly encountered in their earlier days." That seems to us to represent a position which, if not unassailable, is certainly deserving of respectful treatment, and we cannot help thinking that Christison, in leaving the question to be settled by posterity, errs less on the side of dogmatism than Dr. Wilks, of whose address we have shown our general appreciation so heartily already that we may perhaps be forgiven this slight drawback. In conclusion, we must once more give expression to our sense of the value and interest of Sir Robert Christison's autobiography, which we believe is destined to take a very high place amongst the rare *obiter dicta* of our professional leaders.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 24TH, 1885.

Dr. GEORGE JOHNSON, F.R.S., President, in the Chair.

#### *On the Distribution of Bacillus Anthracis in the Human Skin in Malignant Pustule.*

MR. BARKER related the notes of a case of malignant pustule in which excision on the tenth day after the appearance of the first pustule was followed by rapid and complete recovery. The case was that of a young, healthy man, a brush-maker, who noticed a small pustule on his neck on May 28th, 1884, which he squeezed with his nails. This became very sore and increased rapidly in size, while at the same time he began to feel very ill with insomnia, thirst, malaise, pains in the bones; later on, he experienced rigors, anorexia, and headache. On admission to University College Hospital on June 7th, he was found to be suffering from a large so-called malignant pustule on the left side of the neck. This consisted of a central dark-brown eschar surrounded by a zone of flattened pustules, and outside these a hyperæmic zone; beyond the latter the whole side of the neck was cedematous, with an intensity of hardness rarely seen. The treatment consisted in excision of a portion of skin about  $3\frac{1}{2} \times 2\frac{1}{2}$  inches, including the whole area of vesiculation and a margin outside this of about half an inch broad. The base of the wound was cauterised freely with the actual cautery, dressed with iodoform, and covered with iodoform wool. The recovery was rapid and complete. The distribution of the bacilli in the skin about the centre of inoculation was then discussed, the main conclusion arrived at regarding this point being that the organisms displayed a remarkable predisposition for the most superficial parts of the dermis, and only penetrated into the deeper parts very slowly and in relatively small numbers. Enormous colonies were found spreading over the surface of the papillæ, causing vesiculation of the epidermis, while in the bodies of the papillæ and in the deeper parts of the cutis only a few scattered bacilli were found; none could be detected in the vessels of the skin anywhere; under the eschar the active growth of the organisms appeared to have been arrested. That the disease remained essentially local for a considerable time appeared to the author a justifiable opinion from these observations, while the history of the case, together with the result of operation, pointed to the same conclusion.



Mr. DAVIES-COLLEY was pleased to have heard the paper, and that it had been brought forward, for it would serve to draw attention to the occasional occurrence of this form of disease. He was not quite so sanguine as Mr. Barker appeared to be as to the effects of the removal of the local disease; for fatal cases occurred notwithstanding. The characteristic bacilli were found in other organs and tissues away from the wound, and also in the sputa, the fæces, and the urine of affected patients. Nevertheless, local removal was advisable; for, in his own opinion, the secondary colonies were far less malignant than those in the first direct inoculated pustule. He remarked also on the differences presented by cases among themselves, and in those originally reported in Bradford, where lung and intestinal lesions predominated over external ones.

*A Case of Acute Tubercle of the Liver agreeing completely with the so-called Actinomyces.*

Dr. JOHN HARLEY related the case of a man, aged 30, who was under his care, and died, after a year's illness, of abscess of the liver, secondary abscess in the right loin, and lobular pneumonia. The liver abscess, which formed a prominent projection of the left hypochondrium, was incised and remained open up to the time of his death, ten weeks after admission. Very small quantities of thick creamy pus were constantly discharged. The patient presented the usual aspect of tubercle, and the tongue became aphthous soon after admission. He died of exhaustion, but experienced only slight pyrexia throughout. The incised abscess communicated with a large pale shreddy mass about the size of an orange, in the left lobe of the liver; and scattered throughout the gland were numerous more or less spherical masses of pale, almost white, deposit. Two were of the size of oranges, and had begun to soften at the centre. The incised tumour was but little diminished; it was purulent, but the pus could not be evacuated, being retained in a remarkable felt-like close-woven stroma. The smaller masses were formed of aggregations of a few yellow tubercles, seen on the surface to be surrounded by congested liver tissue, and resembling caseous tubercle in hepatised lung. The lungs were similarly affected, but to a very limited extent. There were evidences of a previous attack of pericarditis. On examining sections of the liver, it was found that in the morbid areas the lobules were wholly replaced by leucocytes and central granular masses, which exhibited very distinctly the characters described as *actinomyces*, a development, as it was stated, of *Actinomyces bovi*, a hyphomycetous fungus. The stroma of the tubercular tumours was shown to be formed of the interlobular vessels and the connective tissue surrounding the lobules, the latter being completely excavated and converted into sacs  $\frac{1}{25}$  to the  $\frac{1}{5}$ th of an inch in diameter, communicating with the interlobular network by many apertures. These cavities in the general network were occupied by the radiated granules. After giving a full description of the morbid products, and describing the formation of the tubercles, the author concluded by referring to the question of its vegetable origin. He unhesitatingly answered this in the negative. "I am bound," he said, "to admit that the case which I have described agrees in every particular with most of the typical cases of actinomyces that have been recorded, and my figures correspond exactly with those of Lebert, Israel, and others, and yet I am perfectly satisfied, and hope to prove to the Society, that there is no fungus whatever associated with my case. If this be so, then much, if not all, of the so-called actinomyces must be relegated to its old and, as I believe, its proper place, namely tubercle." The author gave a full account of the concretions which had been described as *Actinomyces*, and he claimed to have shown by microscopical, physical, and chemical processes that the striations which were assumed to be the asci of the plant were nothing more than the earliest indications of that calcareous degeneration to which tubercular deposits were so liable, and which had no more connection with fungus growth than a gall-stone had.

Dr. SHARKEY began by admitting that he represented "an organised opposition" to the view just propounded in Dr. Harley's paper. Against the tubercular view was the size of the "tubercles" present in this case; the latter were

usually very minute. At the *post-mortem* examination he had been unable to say what the case was, nor would Dr. Bristowe express any opinion, so unusual were the appearances. Dr. Harley, on the contrary, at once expressed the opinion that they were tubercles. Something had been said about the absence of caseation; was not this fact itself an argument against the tubercular view? He was at a loss to explain Dr. Harley's micro-chemical tests, for his own results had been entirely different. He found that soaking in acetic acid only made the mycelial threads the more clear, while soaking them in liq. potassæ had no effect at all. In one place there was adhesion through the diaphragm with the lung, and in the latter there was the same fungus growing as luxuriantly as in the liver. Whether studied clinically, pathologically, or micro-chemically, he felt fully justified in regarding the case as one of an actinomyces—a radiating fungus—not perhaps the *A. bovis*, for this one differed in some respects from those occurring in animals.

Dr. ACLAND described a series of specimens which were on view, and which, in his opinion, pointed very clearly to the real nature of the case. He admitted that the crucial test was wanting, viz., pure cultivations, but the reasons were obvious. The disease was certainly a fungus, and not tuberculous.

Mr. SHATTOCK supported the fungoid as opposed to the tubercular view.

Mr. WATSON CHEYNE spoke to the same effect.

Dr. HARLEY replied; he maintained his own views with great plausibility.

The Society then adjourned.

## OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

THURSDAY, NOVEMBER 12TH, 1885.

JONATHAN HUTCHINSON, F.R.S., President, in the Chair.

Dr. SEYMOUR SHARKEY showed a case of partial ophthalmoplegia externa and interna, with locomotor ataxy. The patient was a man, aged 37, who had had *tabes dorsalis* for three or four years. There was ataxy (without paralysis), loss of knee-jerk, and some loss of sensation in the legs. He had had rheumatic fever twelve years previously, but not syphilis. The optic discs were normal; there was practically no ptosis. The left eye retained a fair degree of downward movement, and some downwards and outwards. There was no movement in other directions. The right eye had a fair degree of movement inwards, and inwards and upwards, and downwards, but hardly any outwards, or downwards and outwards. Mr. Nettleship had found that the left pupil measured 4.5 millimètres, and the right 4 millimètres, but neither acted to light or accommodation. A slight transient diplopia was noticed by the patient when any sudden movement was made. Vision was  $\frac{6}{12}$  in both eyes; there was hypermetropia. The patient had perfect vision for colours. In reply to the President, Dr. Sharkey said that the man denied all history of syphilis, but, as had been noticed in other cases, there was a history of rheumatism.

Dr. W. A. BRAILEY showed a case of retinal detachment, which had much the appearance of a sarcoma of the choroid. The man, fourteen years ago, whilst in a stooping posture under a tunnel, felt that something had happened to his eyesight, and, on coming into the light, one half of each field of vision was noted to be blind. Owing to the presence of iritis in the left eye, the fundus on that side could not be properly examined. As the detachment might have been due to hæmorrhage, he had made a large iridectomy upwards, and subsequently the field of vision and acuity had improved. French observers had noted great improvement after iridectomy in cases of detachment of the retina. In reply to Mr. Nettleship, Dr. Brailey said that the hemiopia was noticed as soon as the man left the tunnel, and that the iritis came on about Christmas, 1884, and apparently had no relation to the hemiopia.



Mr. BRUDENELL CARTER showed a pair of scissors specially made for the division of the capsular bands or iris after cataract-extraction.

Mr. J. B. STORY showed an instrument for irrigating the lids in severe ophthalmia. The instrument consisted of a length of fine india-rubber tubing stiffened with wire where introduced beneath the eyelids. He also showed a young man who presented aneurysms of the retinal vessels. A drawing of the retinal vessels, by Mr. A. H. Benson, had been exhibited to the Society in 1883, and published in the Society's *Transactions*. At the present time it was possible to see five or six aneurysms scattered about the fundus of the eye, some connected with arteries, others with veins. In reply to the President, Mr. Story said that the retinal aneurysms did not now exactly correspond with those observed at the time the drawing was made.

Mr. HENRY POWER showed a case of severe retinitis in a boy, who had also paralysis of the left sixth nerve. There had been some headache, slight nausea, and constipation. There was no albuminuria and no evidence of syphilis, but some history of rheumatism, and a systolic *bruit* at the left apex of the heart. Possibly a cerebral tumour was the cause, but it was curious that no further symptoms were present.

Dr. ANGEL MONEY said the boy's voice was nasal, and the knee-jerks could not be readily got, if at all. The boy said his throat had been sore. Was there any reason to suspect a post-diphtherial disease?

Mr. BRUDENELL CARTER enquired how long the boy had been under observation. He related a curious case of identification in a man who had optic neuritis three years before his death; a necropsy showed that a cerebellar tumour was the cause.

Mr. POWER, in reply, said there was no albuminuria; diphtheria might have been present, but there was no definite history of it. The boy had been under observation since October 23rd.

#### *Pemphigus of Conjunctiva.*

Mr. LANG read a paper on this subject. Mr. White Cooper had recorded the first case of this disease in vol. i. of the *Royal London Ophthalmic Hospital Reports* in 1858. No other case had been published in England. Campbell in America had described one. The remaining twenty cases had been described by continental writers. Stellwag, in 1870, described a disease called "Syndesmitis degenerativa. Von Gräfe, in his *Archiv* for 1878, described the same disease as "Essentielle Schrumpfung der Bindehaut." Steffan had also written on the subject. The first case of Mr. Lang's was a woman, aged 52, who had been subject to ulcerated sore throat since childhood. In the spring of 1883 the white of the eye became red, the lids drooped, and there was a discharge, accompanied by pain and heat. The case was described in the Ophthalmological Society's *Transactions*, vol. iv., p. 20. For the last seven months the disease had remained stationary. The right palpebral fissure was much shorter and narrower than normal, both lids being completely adherent to the globe. The eyelashes were unaltered. The conjunctiva was replaced by a dry, black, opaque membrane. At only one point was the cornea moist and transparent. The left eye was in much the same condition. The globes were almost motionless, but the lids could be completely closed. The mouth and throat were normal, except for a small round grey patch on the soft palate. The second case was that of a young woman, aged 24. In the spring of 1871 the left cervical glands began to enlarge. In 1876 the ends of the fingers gathered, and blisters came on the backs of the hands and the front of the body; since then she had never been free from the eruption. The same year the eyelashes turned in, and the whites of the eyes became red. A vigorous shake of the hand would produce a blister. The condition had not altered during the last three years. There were several thin large scars in the neck, and the palms of the hands and fingers were smooth, thick, and contracted. The toes and the backs of the hands were in the same scarred condition. The mucous membrane of the lips, mouth, and tongue was considerably altered. There were vesicles, filled with clear yellow fluid, on the left side of

the tongue. Three years ago Mr. Adams performed Burow's operation for inverted lashes.

Mr. ADAMS FROST said there was a case of xerophthalmia of one eye only at St. George's Hospital, during the previous year, which closely resembled the cases described by Mr. Lang, but no pemphigus occurred on the body. Transplantation of rabbit's conjunctiva had improved the vision.

Mr. NETTLESHIP had seen a somewhat similar case, though he had not at the time recognised that the case was one of pemphigus. A man, aged 45, was referred to him by his colleague Dr. Semon; he had had some trouble about his nose for two years, it being sore and raw, and scabs forming in it from time to time. When he came to him there was muco-purulent conjunctivitis of the right eye, but no inversion of the lashes. Two months later the lower cul-de-sac was retracted and the eyelashes were giving trouble, and the man was getting worse. On drawing the lid out, one or two aphthous-looking patches were seen, similar to those observed in Mr. Lang's cases. The man had had syphilis and presented a scaly eruption of one palm. He thought that the mucous membrane of the nose might be going through the same condition as that of the eye.

Mr. JULER thought that the collateral evidence of pemphigus in Mr. Lang's second case was very slight. He had had under his care a case of a dry condition of the conjunctiva, in which there was no definite eruption, and during his absence the house-surgeon had made free incisions, after which the eye did badly.

The PRESIDENT said that, though he had seen many cases of pemphigus, he did not remember ever to have seen it upon the conjunctiva.

Mr. LANG, in reply, said that he had seen two other cases of this affection: one was many years ago, in a man aged 70; the eye-lids were thin and the cornea seemed to be covered by a thin skin; and the other was in a man who died of general pemphigus, and who had one on his conjunctiva; the cornea of this eye afterwards sloughed.

Mr. SPENCER WATSON said that, having just examined the nostrils of Mr. Lang's patient, he found them obstructed by a shining body which he took to be probably a polypus.

#### *Pupillary Movements associated with Extrinsic Movements of the Eyes.*

Mr. W. H. JESSOP showed a patient who presented a peculiar anomaly of the movements of the pupils. The patient was a man, aged 33, who, when 14 years old, was admitted into the Great Northern Hospital with fracture of the skull; a depression in the skull, the result of this injury, was still apparent. For the last ten years he had suffered from gout, probably connected with his occupation (painter). Four years ago he had left hemiplegia, and the face was still paralysed; there was no affection of the eye-lids; there was no wrist-drop or perversion of the reflexes. With all movements of the eyeball with which the external rectus was associated, the pupil dilated to 7.5 millimètres, while, with all movements inwards, the pupil contracted to 3.5 millimètres; this was the case with both eyes. On convergence and accommodation the pupils contracted to 3 millimètres. The pupils did not react to light or sensory irritation; the contraction of the pupil occurred much more quickly than the dilatation. When the external rectus was in action, the dilatation was like that produced by sympathetic irritation; when the movement was inwards, the contraction was like that produced by stimulation of the third nerve. With regard to the situation of the lesion, Mr. Jessop remarked that the loss of the light-reflex and of the sensory reflex, combined with good action on accommodation and good conjugate deviation, rendered it probable that the lesion was in the nervous path beneath the aqueduct of Sylvius, and below the anterior part of the corpora quadrigemina.

Dr. BEEVOR said that he had ascertained from the patient that when he had the attack of hemiplegia there was also hemianæsthesia, and it seemed to him that this would throw the lesion further back than Mr. Jessop had suggested, and place it probably in the posterior third of the internal capsule.



Dr. ORMEROD said that, if the centre was where Mr. Jessop placed it, how was it that in cases of tabes dorsalis, where the light-reflex was often gone, but that of accommodation preserved, this condition was not found; as far as he knew, it was unknown.

Mr. LANG mentioned a case, which had lately been recorded by Mauthner, where, with ophthalmoplegia externa, the pupil was observed to dilate when the eye was moved outwards. He had seen a case in which the reverse condition was present.

Mr. GUNN said that in a case of sixth nerved paralysis he had seen the pupil at first contract and afterwards dilate on outward movement.

Mr. JESSOP said that his patient had no paralysis of the rectus externus. He could not give any answer or explanation to Dr. Ormerod's question.

Dr. BEEVOR wished to add that, since the last meeting when the man was exhibited, he had tested several ataxic patients, but had not found this pupillary reaction present.

#### *Is Cocaine ever harmful?*

Mr. NETTLESHIP said that he wished to know whether any member of the Society had reason to be dissatisfied with cocaine or with cocaine discs. During the last six months at St. Thomas's Hospital he had had a run of cases of panophthalmitis after iridectomy or cataract, and he had largely used cocaine discs. Cocaine was very hygroscopic, and the discs were therefore apt to be moist, and so might favour the development of organisms. He also wished to ask whether cocaine itself ever did any harm in solution. Kaeser, of Philadelphia, had lately expressed a belief that a three per cent. solution caused panophthalmitis, and Graefe, of Halle, had seen interstitial keratitis follow its employment. Mr. Hurry Fenwick had thought that it produced a discharge from the urethra when injected into the bladder.

Mr. MCHARDY said that he had had a run of panophthalmitis after using cocaine in solution, and after careful enquiry he had come to the conclusion that it was because the cocaine was not fresh; he had then made it a rule not to use any that was twelve days old, and none of his cases had gone wrong since. He used an eight per cent. solution in camphor water.

Mr. EDGAR BROWNE (of Liverpool) said that he had suspected cocaine for some months, as he had had a run of ill-luck since he used it. He always had the solution made up with camphor water, and kept a lump of camphor in it, and his solution was almost invariably prepared fresh just before use.

Mr. STORY said that at St. Mark's Hospital they used a two per cent. solution of cocaine, made up with a saturated solution of boracic acid, and they had never had any bad results from it. All of them could remember preceding epidemics of panophthalmitis without any obvious cause, and he did not see why cocaine should cause it any more than atropine. He doubted whether micrococci would grow in cocaine discs at the temperature at which they were ordinarily kept, and it seemed to him perfectly probable that the cocaine was guiltless. The last epidemic of panophthalmitis that had occurred at his hospital had been two years previously, and the first case on that occasion was one where the cause could not be known; the same instruments immediately afterwards had been used for a second case of cataract, which had perfectly recovered.

Mr. GUNN suggested that solutions of atropine were not always fresh, and might sometimes have been the cause of epidemics.

Mr. LANG said that in the only case of panophthalmitis he had met with in his own practice it was proved that the cocaine was not fresh; in fact, a fungus could be seen flourishing in the bottle.

Mr. NETTLESHIP said that he had learnt that there was this difference between his practice at Moorfields and St. Thomas's that at the former the cocaine solution was made up with a saturated solution of boracic acid. He said that of course he had seen epidemics of panophthalmitis before, but he had never known anything like so bad a batch as that to which he was now referring, for he had lost seven eyes in eight months.

#### *Deep-Seated Foreign Bodies, with Preservation of Sight.*

Mr. SIMEON SNELL (Sheffield) referred to three cases of pieces of steel in the retina, which had come under his observation. One was recorded in the *Royal London Hospital Reports* for 1879, and sight remained perfect when the patient, a young man, was lost sight of many months after the accident. The fragment lay in the retina near the disc, and had passed through the sclerotic. The second was in a man, aged 42, and the chip passed through cornea and lens, lodging in the retina, near the periphery; for some time vision was excellent (1 J.), cataract then formed, underwent absorption, and good vision returned. At the end of five years the eye remained quiet so far as the foreign body was concerned. The accident in the third case, a man, aged 26, occurred in May, 1883; the chip penetrated the sclera, just external to the cornea, lodged in the outer and lower part of the retina. When first seen in August, 1883,  $V = \frac{2}{3}0$ ; fragment looked black and lustrous, and surrounded with whitish exudation, as in the other cases. November 27th.—The situation of foreign body was obscured by a patch of whitish exudation. On February 22nd, 1884, he came with iritis and great pain; the condition became rapidly worse; and on February 25th the sclerotic was punctured between the internal and external recti, and the piece removed with the electro-magnet; cataract was developed, but at the present time perception of light was excellent, and so was tension, and with extraction (iridectomy had already been done) sight would, it was hoped, be restored. Mr. Snell discussed the question as to whether or not the chip had left its place in the retina and fallen into the vitreous, as he supposed at the time of the operation; no foreign body was, however, at any time clearly seen with the ophthalmoscope in the vitreous, and the foreign body was coated on one side and not on the other, and the position of scleral wound brought the chip well within the field of the magnet. He inclined to the view that the piece remained in the retina, and was removed therefrom by the magnet. The fragment weighed four milligrammes. Reference was made to the cases collected by Knapp, thirteen in number, and to other recorded cases. Experience taught how frequently these particles were tolerated in the back of the eye, but reference was made to those cases which were more easily accessible, and in which the use of the electro-magnet would be serviceable. Generally speaking, however, it appeared that they might be left alone, and interference would be fraught with more danger. Galezowski and Stevens (New York) had each reported a case of removal of a splinter from the retina with a magnet. Mr. Snell also related an instance of a small particle of shell, tolerated, with perfect sight, in the vitreous for twelve months; it had passed through the cornea and lens. There was also paralysis of accommodation, the cause of which was not certain; the injury seemed insufficient; the patient and others of the family had not long before suffered from sore throats, but their medical attendant did not allow that it was diphtheria, nor were there any other marked sequelæ.

#### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOVEMBER 4TH, 1885.

J. B. POTTER, M.D., President, in the Chair.

THE following specimens were shown:—

- (1) Dr. LEWERS—Unusually Large Vein in Wall of Uterus.
- (2) Dr. LEWERS—Malignant Disease of Sigmoid Flexure invading Uterus.
- (3) Dr. W. S. A. GRIFFITH—Broad Ligament Cyst with Septa in its Interior.
- (4) Dr. HERMAN—Drawing of Chancre on Cervix Uteri.

#### *Suppuration and Discharge of Pelvic Dermoid Cysts.*

Dr. HERMAN read a paper on the above subject, of which the following is an abstract. The author first said that, while under ordinary conditions, pelvic



dermoid cysts were best treated by laparotomy, yet that, when such a cyst had suppurated and burst into one of the pelvic mucous tracts, there would usually be extensive pelvic adhesions, making the operation for the removal of such a cyst more than commonly difficult and dangerous; and, on the other hand, the suppurative process offered some prospect of cure without extirpation. The object of the paper was to assist in the treatment of these cases by offering as complete an answer as could be given to the following questions. (1) When a pelvic dermoid cyst suppurates and bursts, what may be the course of such a case? (2) What prospect of cure does this event offer? (3) Is this cure complete? (4) How can the cure be best promoted by treatment? It was commonly believed that so long as any part of the lining of a dermoid cyst remained the cavity would not close. He thought there were sufficient cases to show that either this did not always hold good, or that suppuration usually so altered the character of the lining membrane as to make it capable of contracting and closing. The author had had under his own care three cases in which dermoid cysts had suppurated, in two of them bursting into the vagina, in one into the bladder. He had collected from various sources a large number of other cases, and from examination of them he drew the following practical conclusions:—(1) The suppuration of a dermoid cyst is sometimes a favourable event, leading to its cure; (2) This is especially likely to be the result if the cyst be small and unilocular, and if it have opened into the vagina. (3) An originally very small cyst may, when it suppurates, rapidly attain a very large size. (4) When the cyst is small it may become inverted through the aperture of discharge, become polypoid, and be spontaneously expelled or easily removed by the surgeon. (5) This process may be imitated by the surgeon, but it is not safe unless it can be very easily done. (6) When a suppurated dermoid cyst has been emptied, it contracts, and its cavity either becomes obliterated or remains as a small sinus which causes no trouble. (7) The first indication in the treatment of a cyst which has burst, is to empty it, for cure by suppuration depends upon the cyst being emptied. (8) The opening of the cyst should be enlarged as much as can be safely done, the cavity explored, and its solid contents removed as completely as can be done without violence to the integrity of its wall. (9) If the cyst have discharged into the bladder, its cavity should be reached by vaginal cystotomy, not by dilatation of the urethra. (10) If the cyst be multilocular, or if, after having been emptied as thoroughly as possible, it do not rapidly contract (from which it may be inferred that it has not been completely emptied), it is likely that it will discharge indefinitely and exhaust the patient's strength; and therefore it should be removed by abdominal section without long delay.

Mr. KNOWSLEY THORNTON said he would refer to a few points only. First, as to cysts which opened into the bladder, the evidence must be very clear that they were ovarian, for dermoid cysts occurred in the utero-vesical cellular tissue. Second, unilocular dermoid cysts were very rare: most dermoid cysts were multilocular, or associated with ordinary multilocular ovarian tumours. Third, the pathology of dermoid cysts was against cure by suppuration, though it might happen from the violence of the putrid inflammation entirely destroying the skin, &c., lining the cyst. Unless the lining membrane was entirely removed or destroyed, they did not heal. The fact that they were occasionally malignant was against attempting a cure by incision and drainage. He had treated a case in which the tumour burst into the bladder. He attempted to remove it by abdominal section, but found it impossible. He then attempted to cure by drainage, but after many weeks the patient died worn out by discharge. He thought abdominal section was the better treatment, where possible, than lingering suppuration. With regard to the side issue of cystotomy *versus* rapid dilatation of urethra, he entirely agreed with Dr. Herman.

Mr. ALBAN DORAN said that many dermoid cysts of the abdomen which had been described as non-ovarian were really ovarian cysts which had become separated from their pedicles. Pelvic dermoid cysts were undoubtedly non-ovarian in some cases.

Dr. BRAXTON HICKS thought that many of these dermoid cysts were of the nature of the tumours called *foetus in foetu*. In one case which he tapped, six weeks after, he attempted removal, but found it impossible.

Dr. ROUTH thought most of them were in reality *foetus in foetu*. If a whole *foetus* might be enclosed, a portion might be. So far as he knew, no cyst containing teeth could have other than ovarian origin.

Dr. PLAYFAIR rose to endorse what had been said by Dr. Herman as to the advisability of not attempting to operate through a dilated urethra. Rapid dilatation of the urethra was very far from being as simple and safe as it was generally considered to be. His results from vaginal cystotomy had been so satisfactory that he was quite disposed to agree with Dr. Herman that in the class of cases he referred to it was likely to be preferable to urethral dilatation.

Dr. GALABIN thought that Mr. Doran's views, if confirmed, might throw light on the mode of origin of these growths. Dermoid cysts, due to inversion of epidermis only, produced pain and fat. Growths due to attachment of one ovum to another were generally found at some external part. Cysts producing teeth or bones were hardly ever found where they could not be derived from the ovary. If it happened that a liberated unimpregnated ovum became implanted on the peritonæum and there grew, this explained why such growths were found in the pelvis and not in other parts. He was strongly of opinion that vaginal cystotomy was far preferable to dilatation of urethra for the removal of any growth. He had been struck with the facility of the operation, the rapid recovery of the patient, and the ready closure of the opening.

Dr. HERMAN said that, although many dermoid cysts were multilocular, cases given in his paper showed that some were unilocular and might be emptied. He agreed with Mr. Thornton that intentionally to treat a dermoid cyst by incision was not good practice; but his paper dealt with cysts that had already burst or could not be distinguished from abscesses. The case mentioned by Mr. Thornton, in which he had been unable to remove a suppurated cyst, showed the utility of considering the questions raised in the paper.

*A Case of Obstructed Labour in which Spontaneous Version followed an Unsuccessful Attempt to deliver by the Crotchet after Perforation.*

Mr. S. D. HINE (Ilminster) read a paper on the above subject. The patient had been in labour 30 hours, liquor amnii had escaped 21 hours. The cord was prolapsed, the head presented in first position, os uteri dilated, uterus in state of tonic contraction; conjugate diameter of brim under three inches; head immovable above it. After ineffectual attempts to deliver with forceps, the skull was perforated, and for about an hour endeavours were made to deliver with the crotchet, but in vain. A consultation was then held, which lasted about ten minutes, and on examination at the end of this time the head presentation was found changed into a breech, a foot was then brought down, and the child thus delivered.

Dr. ROBERTSON asked why turning was not done before.

Dr. BARRACLOUGH thought that turning might have been done after perforation. Art ought to have anticipated nature.

Dr. AUST LAWRENCE preferred forceps to turning in cases of contracted brim. He did not think that a living child could here have been brought through by turning.

Dr. PLAYFAIR thought the practice followed in this case was correct. There were two reasons why turning should not have been done: (1) the long prolapse of the cord, (2) tonic contraction of uterus. Turning was a valuable occasional resource after craniotomy, but he did not think it should be the rule.

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THE Library of the College of Surgeons will be closed on Friday and Saturday, and on Monday at 4 o'clock, for the purposes of the Final Examination for the Fellowship, 29 candidates having entered.



## GENERAL MEDICAL COUNCIL.

## THIRTY-EIGHTH SESSION.

THIRD DAY—THURSDAY, NOV. 19TH, 1885—*continued.*

Permission was then given by the Council for the prosecution of a dentist at Sheffield for an alleged infringement of the Dentists' Act.

The Report of the Committee on Preliminary Examinations was next brought up, in which the Committee stated that they had examined the papers of the Queen's Colleges of Belfast, Cork, and Galway, and considered the standard of percentage of pass marks, and were of opinion that these examinations ought to be restored to the list of those which they recognised. The Report having been received and entered upon the minutes, it was, upon the motion of Dr. Humphry, seconded by Dr. Banks, resolved that the examinations of these bodies should be replaced in the list of recognised preliminary examinations.

The rest of the day was taken up with the discussion of the subjoined motion by Dr. LYONS, who, at the close of the debate, by permission of the Council, withdrew his motion, stating that sufficient had been gained by the discussion: "That this General Medical Council expresses its regret that the Executive Committee considered itself compelled to overrule a decision arrived at by the General Medical Council on a subject of importance in regard to certain Colleges in Ireland; that, while disposed to condone this act in view of the urgency of the questions involved, they trust it will not be drawn into a precedent which would be of evil example in the future and likely to lead to much inconvenience and irregularity."

FOURTH DAY—FRIDAY, NOVEMBER 20TH, 1885.

*The Improved Ventilation of the Council Chamber—A Complete Qualification—Report on the Standing Orders as to Penal Procedure—The Local Government Board and the Surgical Examination at the Society of Apothecaries.*

After the minutes had been confirmed, Mr. COLLINS drew the attention of the Council to the fact that there remained on the so-called Black List the names of some persons whose offences had been condoned, and who had been restored to the Register; the fact of their restoration to the Register was duly indicated, but he contended that they ought altogether to have been taken off the Black List. The Registrar explained that the present practice had been adopted on the advice of the late solicitor to the Council, Mr. Ouvry, who thought it would be the safest course to adopt.

Dr. MATTHEWS DUNCAN said that he would be very glad to second the motion; not that the Register was in any way inaccurate; it was not erroneous that these names should be in the Black List, but they were to be removed because it was the pleasure of the Council that they should be removed.

The PRESIDENT said that it was a matter of which notice should have been given. He said that, if it should be referred to the Executive Committee, it would be carefully considered by them.

Sir HENRY PITMAN thought that the best plan would be to give notice of it at once and deal with it later in the day if possible; it ought not to be referred to the Executive Committee, as it was important it should be settled at once. A new list would have to be prepared, and be in the hands of the Members of Council and licensing bodies within one month, and it was important, therefore, that there should be no delay. Mr. Collins accordingly gave notice of a motion to the above effect.

Dr. QUAIN, as Senior Treasurer, then made a report as to the structural alterations that had been made in the room

with a view to the better warming and ventilation. He said that originally it had been the lecture-room of the Chemical Society, which perhaps accounted for the bad smells that had been noticed. On taking up the floor, they had found a quantity of old rags and a large pool of water beneath, which no doubt explained why the room had always been so unhealthy; a complete layer of concrete had been laid down, and a pipe from the front area laid under the floor to act as a ventilating shaft. Means had been adopted to secure the admission of fresh air and to properly warm it, and a powerful extracting ventilating shaft had also been added.

Dr. BANKS and Mr. TEALE having added their testimony as to the improvements that had been effected, Dr. HERON WATSON proposed that a special vote of thanks should be put on record to the Treasurers in recognition of the greatly improved ventilation and comfort of the Council.

Dr. CHAMBERS commented on the improvements, and observed how the Council were now cheerful and joyful, and would be quite sorry when the session was ended instead of rejoicing at getting away. He thought that not only their own thanks, but also those of their wives, were due to Dr. Quain in an especial manner for his services in the matter.

The vote of the Council having been accorded, Dr. QUAIN briefly expressed his thanks for the compliment paid him.

Dr. MATTHEWS DUNCAN, in pursuance of a notice he had given, then asked the President to state how far in the different divisions of the kingdom arrangements had advanced with the object of securing that all registered qualifications were complete and not partial. He said that it had been lately stated that during the past 25 years medical affairs had made more rapid progress than had ever been made before. Many Bills had been introduced, but, he was glad to say, had not passed, and he was pleased to hear that there was no prospect of further legislation. It was therefore their duty to attend to further improvements, and none was of more importance than that a man should not be able to get on to the Register without a complete qualification. It would, he held, be a great omission on the part of the Council if they did not from time to time take steps to secure this, the most important, point in medical education.

The PRESIDENT then read the resolution of the Council of the previous year, relating to this subject, and said that that resolution had been sent by circular letter to each of the licensing bodies, of which only four had sent any answer. These were the Royal University of Ireland, the Apothecaries' Society of London, the University of Dublin, and the University of Durham. All the licensing bodies, he said, were well aware of the desire of the Council in this matter.

Dr. STRUTHERS thought that it would be better to ask the rest of the bodies, as a matter of form, to send in a reply.

Mr. COLLINS said that immediately after the passing this resolution in May last he had brought the subject under the notice of the Apothecaries' Hall in Ireland, and they had endeavoured to conform to the wishes of the Council. They had instituted three examinations, whereas previously they had only two, and they had also insisted on a five years' course of study, of which the first year must be spent with a general practitioner, whilst two years and nine months were to be spent at a medical school and hospital, leaving fifteen months throughout the whole period for holidays.

He was about to move that the amended regulations of the Apothecaries' Hall be laid on the table, when the PRESIDENT intervened and could not allow any speech, as there was no subject before the Council.

Professor HUMPHRY pointed out that there was no reply necessary to the circular which the Council had sent to the various licensing bodies, and Dr. HERON WATSON expressed the belief that the required information could always be obtained from the reports of the visitors.

Mr. MACKENZIE (the Counsel) and Mr. FARRAR (the Solicitor to the Council) being present, the consideration of some of the clauses of the Standing Orders relating to Penal Procedure, which had been reserved for Mr.



Mackenzie's opinion, was resumed in committee. The chief point under discussion related to the mode of commencement of proceedings against a man who had been convicted out of the United Kingdom. Mr. Mackenzie said that the clause had better be left as drafted, as it would then have a general application, for the proceedings were initiatory to the infliction of a penalty, and they must give the accused the opportunity to be heard. It was just possible that a case of misdemeanour might arise in which there was a question of mistaken identity.

Dr. HERON WATSON pointed out that the words "and to attend" were used; if he was in prison, he could not personally do so, and he might come over afterwards and object to the decision on this ground.

Mr. MACKENZIE said that the notice would reach him, and he could be represented or write. The Council could not do more than give him notice and invite him to attend; there was a special proviso leaving the matter of the notice in the hands of the President to meet cases occurring out of the Kingdom.

Dr. HUMPHRY said that hitherto the Council had gone on the principle laid down in the Act that, where a conviction had taken place, no enquiry was necessary; was it not better that they should continue to do so?

Mr. MACKENZIE thought that all proceedings of this kind should be taken in accordance with the practice in the Courts of Justice; it was both wiser and safer to give notice.

Some other minor points having been settled, the Council resumed, when the Report of the Committee was brought up and adopted.

The SOLICITOR then, at the instance of the President, made a statement with regard to his written opinion on the case of the dentist, which had been before the Council on the previous day. He admitted that generally the Council had known the reason why they were asked to remove a man's name from the Register. He was clearly of opinion that, when a qualification had ceased to exist, they were bound to remove it.

Some desultory conversation then took place for some time on the much-vexed question of whether the Council were bound to remove a name at the invitation of the licensing body, which ultimately the President put a stop to, saying the question was evidently far too difficult to be settled off-hand, and that they could not expect Mr. Mackenzie to give an opinion without consideration.

Dr. HERON WATSON then rose to move that the letter of the Local Government Board be referred to a committee for report at the next meeting of Council. He said it was not the first time in the history of the Council that the Local Government Board had asked them to solve exceedingly difficult questions. In this case the question put was a very simple one, but the answer was not so simple. He had looked the matter up with a view to finding precedents, and he proceeded to read a great many abstracts from the first two volumes of Minutes, all bearing more or less closely upon the question in hand. They mostly consisted of applications from the Poor Law Board to know whether such and such a qualification entitled the holder to practise medicine or surgery, as the case might be, and there were several communications from the War Office to the same effect. Several eminent legal opinions had been obtained; in most of the instances the answer came to the same, that the Council declined to have anything to do with the matter, and regretted that they were not able to give a definite answer to the question. Mr. Simon's amendment in the shape of a letter he characterised as not giving a plain straightforward English answer, and he held that the matter was much more intricate and required much more consideration than that letter would seem to imply. The records from which he had quoted had been called antediluvian, but they contained precedents, and weighty ones, in his opinion. In those early days the Council had displayed the most singular care in the consideration of these difficult subjects; they had appealed to the best legal advice, and they had often given either an evasive answer or replied that the question was merely a legal one, and that they could have nothing to do with it. The only way in which the matter could be attended to efficiently and thoroughly sifted would be by means of a

committee, thus alone would they walk in paths of safety; they must take care that they should not be confronted with results which they might have to go back upon. If they accepted this as a qualification in surgery, they ran the risk of having a fight between the corporations, each one claiming the right to give a complete qualification. No conjoint scheme existed in Ireland, and the bodies there would all claim the right at once. The mode in which the Scottish Universities had dealt with the matter by appealing to the Privy Council and the University of London by getting a fresh charter was much to be preferred to this attempt to get in by a side wind. The Poor Law Board had constantly come before them to fight these battles, and the Army Medical Department had also done so frequently, but, curiously enough, the Admiralty had never done so. They ought to be able to give a satisfactory answer to a plain question in a straightforward English manner. There were a large number of precedents, and the question implied serious legal difficulties. If they did answer the letter straight off, it should be to respectfully decline to give an opinion upon a purely legal matter.

Dr. SCOTT ORR seconded the motion.

Mr. SIMON, who had an amendment upon the paper, then said that he thought there was a very good reason why it should not be referred to a committee. Were they going to leave a letter dated last May a whole year without answer? Seeing that they were now sitting, it would be trifling with a Government department and with their own position to postpone their reply. He should certainly be willing that they took the letter into consideration for the purpose of answering it, and he thought the Registrar should be directed to write in a particular way; the letter which he had put as an amendment was undoubtedly as direct as the Council could make it. Dr. Watson had nevertheless called it ambiguous and roundabout. For himself alone, he would not hesitate to reply to the Local Government Board that the contention was well-founded. But there might be differences of opinion, and he had endeavoured in his draft to give the arguments and construct his letter in the most conciliatory form. Besides divisions of opinions, there might be divisions of interests between the different bodies represented round the table. He had borne in mind the antecedent circumstances in which contentious questions were involved. They must put before the Local Government Board the circumstances under which the Society of Apothecaries had acted in *inevitable* obedience to the resolution of the Council. He appealed to each member of the Council to know how the Society could have given effect to it in any other way. The Society had *vainly* sought to be admitted into co-operation with the other bodies; this was an essential element in the case, and the only way left to it of complying with the requirements of the Council was to extend the examination so as to include surgery. If it had not done this, the Council would have been bound to cite it before the Privy Council, and he asked if the Society of Apothecaries was to accept annihilation; surely the Council did not wish to "boycott" it. Its examination was now complete in form and not impugned in substance, it had not yet been revisited, and therefore, *primâ facie*, in the absence of condemnation, they were bound to assume it to be sufficient. The first part of his letter to the Local Government Board merely stated facts; he thought they could not do less than this. It ran as follows: "To bring under notice of the Local Government Board the resolutions passed by the General Medical Council on 10th October, 1884 (as reported in Section III of the minutes of the meeting of that day), and that those resolutions have to be read in connection with Section XVIII and Sections XX-XXII of the Medical Act," and "to state that the Society of Apothecaries, in having added the subject of surgery to the previous subjects of examination for the Society's Licence, and in having thus caused the examinations to cover all three branches of professional practice, has acted in conformity with those resolutions of the Council." Next, as to the legal aspect; he would first express his own personal convictions. He thought that without doubt the Society of Apothecaries was fully entitled to enlarge the scope of its examination, and that with scope of examination went scope of legal qualification, except where otherwise provided by



law. In the Medical Act no limitation was made on the right to practise except such as went with scope of examination. An authority to examine in medicine with a view to practise must be held to include surgery except where such exclusion was made. That medicine included surgery was obvious from such expressions as "the Medical Council," "the medical profession," and the like. If there were any doubt on the matter, the statute of Henry 8th made it quite clear that physic included surgery, the word physic there used having precisely the same meaning as medicine. The Society of Apothecaries had a right to constitute medicine as inclusive of surgery. The Council had decided that a man had not the requisite skill and knowledge which they deemed necessary for admission into the profession unless he had been examined in medicine, surgery, and midwifery, but if they looked at the Medical Act they would see that no limitation was imposed upon any authority. This was his private opinion in the matter, and he did not ask the Council to affirm as much in his draft letter, but merely "to say that the Council is not aware of any illegality in the extension thus given to the Society's examinations, or of any legal reason why the surgical branch of the examinations, as now conducted, should not be regarded as on the same footing with the other branches." Would anyone say that he was aware of any enactment or judicial sentence contrary to the opinion that he had there expressed? Next he proposed "to point out that in those respects the claim of the Society of Apothecaries at the present time is akin to that which was recognised in the case of the Royal College of Physicians in the year 1862, when the College first adopted the subject of surgery among the subjects of examination for its licence, and moved the Poor Law Board thenceforth to recognise the licence of the College as comprising a qualification in surgery, and that the course then adopted by the Poor Law Board towards the licence of the College of Physicians seems a precedent applicable to the question now raised before the Local Government Board as to the licence of the Society of Apothecaries." He had reason to believe that on a former occasion reference was made to the Act and to the position that medicine included surgery. Some years previously the Local Government Board, being satisfied that the examination at the College of Physicians was satisfactory, accepted their licence as a valid qualification in surgery. In the next paragraph he called the attention of the Local Government Board to the supervision conducted by the Council, to which all the examining bodies were subject, in the following terms—"to observe finally that, as regards those relations of the question which are of most concern to the public, the surgical branch of the Apothecaries' examinations, equally with the other branches of those examinations, and equally with all examinations of the other Licensing Authorities, is subject to the supervision of the Medical Council under Section XVIII of the Medical Act, and that, if the examination should prove inadequate to its professed purpose of securing the requisite knowledge and skill for the efficient practice of surgery, it would (under Sections XX-XXII of the Act) be the duty of the Council to represent it in that light to the Privy Council, with a view to the making of such order by the Privy Council as might in the circumstances be judged right." If the examination was sufficient, why should it not be accepted; if there were any legal difficulties, let the Local Government Board settle them; all they could say was they were not aware of any illegality. If it was not legal, why was the examination instituted; but if it was satisfactory, then, in the name of common sense and justice, unless there was some legal exclusion, on what ground was a man to be excluded from practising that in which he had properly proved his skill and knowledge? Mr. BRADFORD seconded the amendment.

Dr. MATTHEWS DUNCAN observed that the difference between the two speakers was not so great after all; one wished to refer the matter to a committee, the other to say that, so far as they could see, it was not illegal; this amounted to nothing, in effect. But the difference between the speeches was enormous. He thought that nothing could be more out of harmony with the intentions of the Council than Mr. Simon's speech. Was it to be in the power of everybody to assume the power of giving a

licence? If the Society of Apothecaries had this power, why had they gone to Parliament a few years previously to get power to amalgamate with the other bodies? The resolution of the Council referred to competency; the examination might be sufficiently good, but that did not imply a licence to practise in that subject. It was felt that the resolution when it was passed did constitute a very real difficulty to the Society of Apothecaries; that it might mean annihilation. He had, however, very great sympathy for the Society, and he hoped it would find a way out of the difficulty, as it deserved well of the profession. The College of Physicians had claimed to give a licence in surgery, but they had since repudiated that action by the conjoint scheme, if, indeed, it ever was valid; it was never admitted as a licence in surgery except by the Poor Law Board. However, they had nothing to do with that. Mr. Simon's contention could not be proved valid by any existing document. The analogy of the Universities was misleading, as they did not give a licence, but an honour which carried a licence. To say that there were interests of bodies involved was a repetition of a scandal and an unjust scandal; there was no truth in the suspicion that they were actuated by unworthy motives.

Sir HENRY PITMAN said that he was only able to agree with one point in Mr. Simon's remarks, and that was that it was their duty to reply to the letter, and that it would be discourteous to postpone doing so. They certainly ought to send an answer. He took objection to Mr. Simon's statement that the College of Physicians only began to give a licence in surgery when the Poor Law Board applied to them. The power had been conferred upon them in the reign of Henry 8th on account of the cunning of the surgeons, who charged very high fees and did their patients very little good, and for many years their licentiates did practise surgery and dispense medicines; he supposed that they ceased to examine in surgery when the College of Surgeons obtained their charter. But it was to be remembered that omittance was no quittance, and so they resumed their examination in surgery, and applied to the Poor Law Board to recognise their licence in surgery. The Medical Act expressly used the words "licensed to practise medicine or surgery, or medicine and surgery," thus clearly recognising that a single qualification might cover both. The letter certainly ought to be answered, but they were not the proper body to determine the question; it was too delicate a matter for them to entertain the idea of being able to define the legal power of any of the licensing bodies. It was a purely legal question, and it was no part of their duties to interpret the value of qualifications. As to the rights of the matter, the College of Surgeons had added an examination in medicine, but they had not claimed, in consequence, to give a licence to practise medicine; it was open to the Society of Apothecaries to institute examinations in any subject they pleased, but that was very different from giving a right to give a licence.

Mr. COLLINS, referring to the Apothecaries' Hall in Ireland, said they had proved their claim to give a license to practise medicine in the United Kingdom, they did not claim to give a licence in surgery. They had done this legally for at least three hundred years.

Mr. MACNAMARA thought that if they accepted either the motion or the amendment they would get into a false position. The motion was merely putting off the evil day, and he agreed with Sir Henry Pitman that they ought to send a courteous answer, declining to have anything to do with the matter; nothing would be gained by referring it to a committee: Dr. Heron Watson had already done all that a committee could possibly do. He strongly objected to Mr. Simon's proposal, it tended in the direction of constituting another authority for the purpose of conferring medical and surgical diplomas; it was contrary to their whole tendency, which had been to consolidate and not to multiply. He regretted that this consolidation had not already been carried out in Ireland as yet, but he hoped they would have a conjoint Board there one day. The contention that a medical society should confer a qualification in surgery was a step most seriously to be deprecated; it raised the question of competing bodies and seemed to convey an endorsement of the Society of Apothecaries,



He would like to meet it with a direct resolution that the Council felt a difficulty in recommending the Local Government Board to accept as a complete qualification that of any body not hitherto legally possessed of that right. The Colleges of Physicians and Surgeons had given up their right to give separate qualifications, and was the Apothecaries' Society now to have the right to give the same qualification by itself? If they granted it to that body, at the next meeting of the Council the College of Surgeons of Ireland would demand the same for itself.

Mr. TEALE moved the adjournment of the debate.  
The Council then adjourned.

FIFTH DAY.—SATURDAY, NOVEMBER 21ST, 1885.

*The Local Government Board and the Surgical Examination of the Apothecaries' Society — Elementary Mechanics—The Black List—The Curriculum of the Apothecaries' Hall in Ireland.*

MR. MARSHALL, in resuming the debate, said that he would rather not have referred at all to the subject of corporate interests, but, as allusion had been made to it, he could not pass it over altogether. They would all remember the attempt on the part of the seven bodies in England to unite—three Corporations and four Universities; it had dragged on a long time and had at last fallen through. In such a matter there must be opposed interests, and it was perfectly right for each of them to endeavour to protect the legitimate interests of the body to which they belonged. Long before the attempt to unite the Universities, there had been an attempt to unite the three Corporations, and before that an attempt to amalgamate the Colleges of Physicians and Surgeons. The attempt to unite the three Corporations fell through because of the desire of some to include the Universities. That did not look as if the College of Surgeons was anxious to exclude the Society of Apothecaries. After the failure of the larger conjoint scheme, great pressure was brought to bear upon them to effect a consolidation. They proceeded on an invitation from the College of Physicians to unite with that body; in the face of the previous failure, ought they to have tried to include the Society of Apothecaries? Ought the College of Surgeons to have rejected the invitation, was it not rather their duty to co-operate, both in the interests of the public and the profession? Would the conjunction of the Society of Apothecaries have added anything, either in the way of utility, stability, or dignity, to the two bodies combined? Could such a union have improved their curriculum or examinations? Would it have added to the strength, power, force, credit, judgment, or knowledge of the conjoint body? Would it have added to the strength of the double diploma? The answer to all these questions was that the union would have added nothing. It would have added to the expense to the student, as three sets of examiners would have had to be paid instead of two, and the student would not have benefited by the addition to his title. Speaking merely for the interests of the College of Surgeons, he contended that the junction with the College of Physicians was not entirely to their advantage; they ran the risk of losing a certain number of candidates who would have come to them for a surgical diploma from the Society of Apothecaries. Moreover, it was a much easier matter to arrange the union of two bodies than of three. Turning to the question more immediately before the Council, he held that they would be travelling out of the lines of their duty if they attempted to deal with a legal qualification. Only two qualifications were mentioned in the Act, and they clearly did exist. It was not for the Council to say what were qualifications and what were not; they could neither give nor take away a qualification, and they had better decline to give an opinion or even attempt to guide opinion on the point. In passing the resolution which had been so often alluded to, the Council never contemplated giving a claim to anybody to an extended qualification; he very much doubted whether the Society of Apothecaries could give a man a right to practise surgery. They required only such an amount of surgery

as was necessary to the practice of medicine. The analogy that Mr. Simon had drawn with the College of Physicians was altogether false and futile. Mr. Simon said that the cases of the two bodies were akin; that might mean a very wide separation: they certainly were not identical or like, or even similar. It was absurd to contend that modern medicine included surgery; the old use of physic did, but it did so no longer. He objected to the last clause in Mr. Simon's amendment in regard to the threat, as he did not believe they could carry it out; all that they could demand from the Society of Apothecaries was the most meagre and perfunctory examination in surgery. He had known many cases where licentiates of the Society were not allowed to recover fees in a court of law for treating a case of fracture or other surgical case.

Dr. HUMPHRY hoped that the Council would not diverge into all the matters to which Mr. Marshall had referred. The question asked them was perfectly simple, viz., was an L.S.A. entitled now to practise surgery as well as medicine? He reminded his hearers that in 1860 the Local Government Board issued regulations regarding the qualifications they required from those holding office under the Poor Law Board; they required a qualification in medicine and one in surgery; for the latter they announced that they would recognise the diploma of the College of Surgeons, for the former either the licence of the Society of Apothecaries or that of the College of Physicians. At a subsequent date the College of Physicians represented that they were entitled to give a licence in surgery as well as in medicine, and their claim was allowed. At a still later date the College of Surgeons had instituted an examination in medicine in connection with their diploma, but they had never claimed the right to give a licence to practise medicine, and they did not intend to do so. Now the Society of Apothecaries had added an examination in surgery, and then applied for recognition before the Local Government Board. The Local Government Board, not feeling clear on the matter, had consulted the legal advisers of the Crown, who had advised them to take the opinion of the Medical Council upon it; so that the position they were now in was whether they were to venture to interfere where the lawyers had been unwilling to give an opinion. The case of the Universities was somewhat different, for since the time of Queen Elizabeth the University of Cambridge had had the power to grant licences to practise surgery. But in all cases that had arisen since the Medical Act there had been required a special Act for the purpose. Surely it could not be contended that under the Medical Act medicine included surgery, for there were distinct references to the fact that qualifications in both were to be obtained from distinct bodies. The resolution which they had passed in the previous year did not mean that they would have a legal qualification in both subjects, and it would be a serious step for the Council to take to recognise a new qualification by a licensing body.

Dr. QUAIN said that the matter was very simple; a licentiate of the Apothecaries' Society when registered was a duly qualified medical practitioner. Last year the Council had expressed an opinion that he ought to prove his competency in surgery, but that did not make him legally qualified to practise surgery. He was a competent practitioner, and it was open to anyone to take him as such or not. The College of Surgeons had for years been flooding the country with very imperfect practitioners, men with a little knowledge of anatomy and surgery, and nothing else, but that was all at an end now, as they had joined with the College of Physicians.

Mr. COLLINS said a few words in defence of the Society of Apothecaries, which he said the College of Surgeons had intentionally tried to "boycott," as he was in a position to state positively. The Society was one of the most ancient medical corporations, and next to the College of Surgeons the largest constituency in England. It was quite ready to combine with the other bodies, but was not allowed to do so.

Dr. STRUTHERS observed that they had been condensing and strengthening the examinations, and Mr. Simon's amendment would undo it all; the bodies would all fly asunder again. He considered that Mr. Simon was introducing a new medical Bill by a side wind. He could not



see where the grievance of the Apothecaries' Society was; the resolution was an old one of the Council, and was not addressed to that Society in particular. He asked whether the Society had within itself the means of conducting an examination in surgery, and proceeded to quote an unfavourable report on the examination in Anatomy at the visitation. He had no sympathy whatever with the Society on account of its behaviour towards himself and other Scotchmen before the passing of the Medical Act.

Dr. CHAMBERS said that they had heard a great deal about the interests of the bodies in the course of the debate, but very little about the interests of the public. The Universities had from very early times given a licence to practise surgery, and he had no doubt this was a charitable institution for the benefit of the poor, as it was especially stipulated that they were to charge small fees. Lately, this demand of the public had been supplied by the Society of Apothecaries, who had provided men to practise amongst the poor, men who did not mind doing counter-work. The other licensing bodies could not supply in sufficient numbers attendants on the poor in the same way, and, if the Apothecaries' Company was prevented in the future from doing this, some other body would have to be instituted to carry on the work. What was wanted by the Local Government Board was attendance upon the poor, and the Society of Apothecaries was best qualified to supply men to fill such posts.

Dr. HERON WATSON said that Mr. Simon had made several interesting abstract propositions in his amendment, to which, taken by themselves, there was perhaps not much objection, but in giving such an answer to a definite question they ran the risk of creating a dangerous precedent. Mr. Simon had said that it was monstrous to delay nearly a year before giving an answer to a Government department, but there was no reason why they should not defer their answer. On a previous occasion, in the early days of the Council, when the matter had been referred to a committee, nearly two years had been allowed to elapse before an answer was sent. The amendment did not satisfy any of the requirements; they had not had official information that the examination in surgery had been established, and it had not been visited. Then he objected to the proposal to state "that they were not aware of any illegality . . . . and saw no legal reason why;" i.e., they were to state that they regarded the Society of Apothecaries as having a legal right to give a qualification in medicine and surgery. The case was not akin to that of the College of Physicians, who had a charter. It might be said that it was not the Society who brought this forward, but only one of their licentiates. They were being asked to extend the legal rights of the Society; he had much sympathy with it, but this they were not entitled to do. He considered that the best plan was to adopt the course taken on a former similar occasion and refer the matter to a committee, and write in the meantime to the Local Government Board to that effect.

The amendment was then put, and lost by 3 votes against 15.

Mr. MACNAMARA then said that he could not agree with Dr. Watson as to the desirability of this being referred to a committee, he did not see what a committee could possibly find to do. He agreed that some answer ought to be sent, and he suggested the following by way of an amendment:—"That this Council, in accordance with widely diffused public and professional feeling, having devoted its best attention to consolidating professional examinations, feel a difficulty in recommending the Local Government Board to accept as a complete qualification in medicine and surgery the licence of any single corporation not hitherto legally possessed of such right." He thought that he had treated the Society of Apothecaries with great consideration, as he had placed them on the same level as his own college. He held that it would be exceedingly wrong of them to let the Local Government Board believe that they adopted the examination when they had not visited it; not even had the curriculum as to surgery been stated to them; in fact, they did not know whether the Society had followed out their recommendations or not. When they did know all these things it would be time enough to take the matter into their consideration.

Mr. COLLINS seconded the amendment.

Dr. AQUILA SMITH said that he accepted the principle of the amendment, but he took objection to the words "feel a difficulty," they ought to say "will not" or "cannot."

Dr. HUMPHRY also took objection to the wording; they ought not to commit themselves to a positive statement as to what a body possessed a legal right to do.

Mr. SIMON contended that this was more ambiguous than his own amendment; it had been his contention throughout that the Society had this right claimed, but that it was a matter which could be tried elsewhere. He was primarily anxious that some answer should be given, and the amendment did not help matters forward; it implied a legal opinion which they were not prepared to give. It was for the Society of Apothecaries to go before the Local Government Board and state their view of the facts.

Mr. MACNAMARA's amendment was then put and lost.

Some conversation then took place as to whether Mr. Teale and Dr. Struthers, who had each given notice of amendments, should be allowed to fuse theirs into one. This having been done, Mr. Teale said that the matter seemed to involve two distinct points, one a legal one as to the meaning of the word qualification, and the legal power of the Society of Apothecaries to enlarge their licence; and to this, in his amendment, the Council said that they could not express an opinion. They did not know the nature of the surgical examination, and so his amendment proposed merely to state the fact that an examination in surgery had been added, but they would not be justified in adding a shade of expression of opinion as to it without further visitation, especially in view of the unfavourable opinion expressed in the Visitors' report as to the clinical examination.

Dr. STRUTHERS seconded the amendment.

Dr. HERON WATSON objected to anything being said about the examination in surgery by the Council: they had no proof that it was a competent examination, such as would suit their requirements. The Council ought not to be rash in this matter: they should either refer the subject to a committee or decline to have anything to do with it.

After some remarks by Mr. BRADFORD and Dr. SCOTT ORR, the amendment was by leave withdrawn, and Dr. STORRAR proposed an amendment to the effect that the Council begged to inform the Local Government Board that hitherto the certificate granted by the Society of Apothecaries had only conveyed a licence in medicine, and that the fresh point raised by the Board involved matter upon which the Council respectfully declined to give an opinion. This was agreed to, and on being put as a substantive motion was also agreed to.

Dr. STRUTHERS had a motion upon the programme on the subject of the visitations, but asked leave to withdraw it, the PRESIDENT stating at the same time that the report on the visitation of the Universities would be ready in a few weeks, and would be sent confidentially to the members of the Council before the next meeting.

Mr. MACNAMARA moved the following resolution, "That the operation of Resolution 8, passed on the 15th October, 1884, viz., 'Elementary Mechanics to be passed before registration,' be suspended for the present, and that it be referred to the several Branch Councils to enquire and report to the General Medical Council at its next meeting upon the feasibility of enforcing at the present time this regulation in the several divisions of the kingdom." He said that both in Ireland and Scotland there had been felt to be a difficulty about this matter. The Executive Committee had, in direct contravention of the resolution of the General Council, suspended the resolution, but the Irish Branch Council had refused to follow the guiding of the Executive Committee, and had preferred to abide by the decision of the Council itself. The Scottish Branch Council had deliberately disobeyed the General Council. The matter ought to have been first submitted to the Branch Councils, and these difficulties could have been obviated. His college had passed a resolution to the effect that it was impossible to carry it out, for the simple reason that the subject was not taught in the elementary schools in Ireland, and the University of Dublin, as was well known, did not intend to obey the Council in this matter.

Dr. HERON WATSON seconded the motion, though he had



voted for the resolution on the former occasion, but in Scotland the preliminary examination was not held till the middle of October, whereas registration was required to take place by the first of the month, thus making it impossible for the student to have previously passed in elementary mechanics.

Dr. FERGUS said the subject was by no means a new one, ample warning had been given; there was no subject which had so often been before them, or on which they were so unanimous, and their conclusions had not been arrived at suddenly. After referring to the former resolutions, he asked, if a student was allowed to register without having passed in this subject, how were they to obtain any guarantee afterwards that he did so.

Dr. STORRAR deprecated dealing with the subject at all at so late a period of the session; they had no time to discuss it, and it had better be deferred till the next session. He strongly objected to the idea of striking out a subject because it was said that it could not be taught; it was the business of the examining bodies to find some means of teaching it.

Mr. TEALE said that the Executive Committee had provided a temporary method of meeting the difficulty by allowing a student to commence his studies without registration, and when he had passed in mechanics his registration could be ante-dated.

Mr. SIMON protested against legislating on this subject any more, they had considered it again and again; they could not suspend this subject without embarrassing their whole scheme of education.

Mr. MACNAMARA said that the Executive Committee had already thrown doubt on the action of the General Medical Council. He wanted to impress upon them the impossibility of securing any instruction in this subject in Ireland, except in the four chief centres. Dr. Fergus seemed to think that the Council could reform the schools in Ireland. His proposition seemed to him a most reasonable one. If they agreed to the ante-dating scheme, they secured a thorough education; if they did not, they could only get cramming.

Dr. HUMPHRY said that, although he had been the mover of the resolution on the former occasion, yet he thought they ought to be very cautious; he had reason to know that certain important authorities were beginning to recoil at the annoyances imposed upon them by the Council. It was no doubt a great difficulty; at present mechanics were not taught in schools, but he hoped they soon would be.

After a few further observations, Mr. Macnamara's motion was agreed to, the words "be suspended for the present, and that it" being omitted, so that things are left just as they were before this session, and the *ad interim* suspension of the Executive Committee is still in force.

Mr. COLLINS then moved the following resolution, which was carried after a few minor observations had been made, "That names which, after erasure from the Medical Register, have at some subsequent time been by order of the Council restored to the Register, and also the names of those of whose death sufficient evidence has been obtained, be not in future included in the Erasure Lists issued by the Council, and that the title of future Erasure Lists be adapted to this intention."

Mr. Collins then moved to lay a copy of the curriculum of the Apothecaries' Hall on the table, and that it be entered in the minutes with a view to show how that body had endeavoured to give effect to the wishes of the Council. But on its being pointed out to him that it would be inconvenient if all the other bodies were to do the same, and that it was quite sufficient if a copy of the regulations was accessible in the office, he withdrew his motion.

This terminated the business of the Session.

## MEDICAL NEWS.

### THE DUBLIN HOSPITALS COMMISSION.

THE Dublin Hospitals Commission have held several further meetings for the reception of evidence. On Tuesday, the 10th instant, the Rotunda Lying-in Hospital engaged the attention of the Members of the Commission, and it was put in evidence that the hospital was founded in 1745 for the relief of poor lying-in women in Dublin. It is governed by a Board limited to sixty members, of whom eleven are ex-officio, and the administration is conducted by a Board of Directors. The hospital receives an annual grant of 700*l.* from the Government, which was originally given because the institution had constantly received grants from the old Irish Parliament when in need of funds. After 22,500*l.* had been thus contributed, the Commission of 1854 recommended the continuance of the grant, as the teaching given in the hospital was considered of national importance. The average daily attendance of students during the past three years has been from 50 to 60. During the twelve months ended the 31st March, 1885, the total number of intern patients was 1,774 and of extern 10,869. The professional staff comprises a consulting physician and a consulting surgeon, non-resident, and a Master, with two assistant physicians and a clinical clerk, all resident. The total income last year was 4,288*l.* 3*s.* 8*d.*, and the total expenditure 4,326*l.* 3*s.* 11*d.* The gross average annual cost per bed was 84*l.* 16*s.* 6*d.*, which included 18*l.* 14*s.* 4*d.*, cost of maintenance, 36*l.* 19*s.* 8*d.*, cost of establishment, and 5*l.* 4*s.* 4*d.*, cost of management. The witnesses examined were Dr. Arthur Vernon Macan, the present Master of the hospital, who gave his evidence in a manly, straightforward, manner which commanded general admiration, and Mr. Joseph Mullen, the Secretary to the hospital.

At the next sitting of the Commission, on Saturday, the 14th instant, evidence was received regarding the Westmoreland Government Lock Hospital. The hospital was founded in 1872, during the Viceroyalty of the then Earl of Westmoreland, and is governed by a Board of Governors. The Members of the Board are appointed by the Lord Lieutenant for the time being, and they hold office for life. The hospital receives an annual grant of 2,600*l.* of the sum annually voted for "Hospitals and Infirmarys, Ireland" in the Civil Service Estimates, to which has recently been added a grant of 250*l.* from the War Department for support of ten extra beds at 25*l.* each, the War Office undertaking to pay 25*l.* for every extra bed occupied above ten, but not exceeding 20 extra beds in all, or 500*l.* No specially organised system of nursing has been adopted. Up to 80 beds can be maintained with the funds provided by the ordinary Government grant and the grant of 25*l.* per bed occupied at the expense of the War Office. There is space for 100 or 150 beds if there were funds to keep them up. During twelve months ending 31st March, 1885, the number of patients treated as extern patients, including dispensary, accident, and midwifery cases, was 828. The professional staff consists of one resident surgeon, apothecary, and accoucheur, and two visiting surgeons. All the members of the staff received remuneration from the funds of the hospital—two visiting surgeons 120*l.* and 110*l.* respectively as salary per annum; one resident surgeon 100*l.* salary and 1*l.* 1*s.* for each midwifery case. The witnesses examined were Mr. Donnelly, the resident surgeon, Dr. Henry Fitzgibbon, one of the visiting surgeons, and Mr. Edward Fottrell, one of the governors. Mr. Donnelly expressed himself as unfavourable to the introduction of clinical teaching in the hospital, while Dr.:

CHARITABLE BEQUESTS.—Miss Margaret Strachan, of Clematis Cottage, Broughty Ferry, has bequeathed legacies to the following local institutions:—To the Dundee Royal Infirmary, 1,500*l.*; Convalescent Hospital, 1,000*l.*; Deaf and Dumb Institution, 500*l.*; Institution for the Blind, 500*l.*; the Brechin Infirmary, 1,500*l.*; and the Forfar Infirmary, 1,000*l.*



Fitzgibbon considered that such teaching would be most useful to senior students with proper safeguards and restrictions. Evidence was then gone into regarding the Hospital for Incurables at Donnybrook, founded in 1743. Government grant, 250*l*. Not being a clinical hospital, there are no students attending the hospital. The number of intern patients treated during the twelve months ending 31st March last was 216 incurable patients, who had been elected for life by the vote of the governors. Mr. Wharton, the Visiting Surgeon, Mr. David Drummond, J.P., Chairman of the Board of Governors, and Mr. William Watson, the Honorary Treasurer, were the witnesses examined. On Monday last evidence was received relative to St. Mark's Ophthalmic Hospital, founded by the late Sir William R. Wilde in 1844, and also to the Coombe Lying-in Hospital. Mr. John B. Story, Sir James Mackay, and Mr. Hughes, the Registrar, were examined on behalf of the former institution, of the position and prospects of which they gave a very good account.

At the sitting of the Commissioners on Tuesday, November 17th, evidence was first given with reference to the City of Dublin Hospital. It was stated that the hospital is utilised for purposes of medical education, the daily average number of students actually attending during the last three years being 76. The professional staff comprises two visiting physicians, three visiting surgeons, one gynæcologist, one ophthalmologist, two consulting physicians, one consulting surgeon, a resident consulting house surgeon, two surgical residents, and one medical. The total income last year was 4,741*l*. 15*s*. 8*d*., and the expenditure 4,240*l*. 8*s*. 3*d*. The average daily number of beds occupied throughout the year was 70, at a gross average cost of 60*l*. 11*s*. 6*d*. Mr. W. I. Wheeler and Mr. H. G. Croly, surgeons to the hospital, were among the witnesses examined on its behalf. The next hospital with reference to which evidence was given was the Mater Misericordiæ, founded in 1861 by Sisters of Mercy, who commenced the work by a donation of 10,000*l*. out of their own funds. The hospital does not receive any grant from Parliament. Its total income last year was 8,238*l*. 2*s*. 5*d*., and the total expenditure 7,981*l*. 6*s*. 5*d*. The average daily number of beds occupied throughout the year was 160, the gross average cost of each being 49*l*. 17*s*. 8*d*. During the year 2,722 intern patients and 23,000 extern patients were relieved. The professional staff comprise three clinical physicians, three surgeons, one assistant physician, one assistant surgeon, one obstetric surgeon, one dental surgeon, and six resident pupils. Thirty-four beds are on an average under the control of each of the three physicians, 30 under each of the three surgeons, and 10 under the obstetric surgeon. Dr. C. J. Nixon, senior physician, and Mr. P. Hayes, one of the surgeons, were examined on behalf of this institution.

The Commission again met on Saturday, November 21st, when evidence was first received regarding the Jervis-street Hospital, founded in 1718 by six surgeons practising in Dublin. The annual grant from Parliament is 50*l*. Irish, a continuance of which is claimed, as the funds of the hospitals are insufficient to maintain the patients who daily seek admission. The hospital is used for the purposes of medical education, the average number of students on the books during the last three years being twenty-five. This does not represent the attendance of pupils in ordinary years, as the re-construction of the hospital has necessarily greatly diminished the number. The nursing is undertaken by sisters of mercy, having under their control ward-maids. The average number of beds in daily use is 25. The number of intern patients during the previous twelve months was 622, extern about 20,000. No member of the visiting staff

receives any remuneration. Mr. Arthur Chance, one of the surgeons, and Honorary Secretary to the Medical Board, and Dr. S. M. MacSwiney, were the principal witnesses examined.

Evidence was then gone into regarding the National Eye and Ear Infirmary, Molesworth Street, Dublin, founded in 1814. It receives no Government grant. The total number of beds is 28, and the average daily number of beds in use 22*·*61. Both Dr. Fitzgerald and Dr. Swanzy tendered evidence in favour of an amalgamation with St. Mark's Ophthalmic Hospital, the surgeons of which institution, however, did not wish for amalgamation on the ground that there was a healthy and useful competition between the two hospitals. The Commission then received evidence regarding the Dublin Orthopædic Hospital.

The sittings of the Commission were resumed on Monday, November 23rd, when evidence was received respecting Sir Patrick Dun's Hospital, the hospital attached to the School of Physic in Ireland. This hospital, which receives no Government grant, was specially founded for the purpose of medical education in 1800. The average number of students on the books is 86, and there are 80 beds. During the past twelve months there were 912 intern and 9,234 extern patients; and the total income amounted to 4,309*l*. and the expenditure to 5,083*l*., there being a balance against the institution at the end of the year of 773*l*. 14*s*. 2*d*. The gross average annual cost per head was 73*l*. 13*s*. 6*d*. The Rev. Samuel Haughton, M.D., F.R.S., Senior Governor of the Hospital, gave some very interesting evidence in his own amusing style. He thought that there should be two central hospitals for fever—one on the north, the other on the south side of the city. Dr. E. H. Bennett, Senior Surgeon, and Dr. J. M. Purser, Senior Physician, were also examined, and expressed themselves in favour of having large hospitals in lieu of numerous small hospitals, as at present.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN extra-ordinary meeting of the Council was held on Tuesday last, November 24th. The minutes of the last meeting having been read and confirmed, a report from the President and Vice-Presidents, dealing with the resolutions passed at the late meeting of Fellows and Members, was presented and confirmed. The report concluded with the following Statement, which had been prepared by the President and Vice-Presidents, in reference to those resolutions, and in explanation of the views of the Council.

"With reference to the first resolution of the meeting,—The Council have carefully considered the question which some Members of the College have recently raised, and it does not appear to the Council that the main argument which these Members advance to support their claim, that all the Members should be entitled to vote in the election of Members of the Council, is a valid one. It is founded on the analogy which is assumed to exist between the payment of a fee for examination and the diploma and the payment of taxes. The statement is in effect this: that, inasmuch as the payment of taxes by an individual confers on him the right to a vote in the choice of a representative, so the fee which is paid by a candidate to the College, when he receives from it a diploma which gives him the legal right to practise, also carries with it a right to a vote in the election of the Council. The Council are of opinion that the two cases are not alike. The only advantage which the taxpayer secures by the payment of taxes is derived from the outlay of the money which is thus raised, and it is therefore reasonable that he should have some voice in the manner in which it is spent. But for the fee which a candidate pays in becoming a Member of the College, he receives the full value in his diploma. Nay, it must be said that in his diploma he receives far more than



the equivalent of his money in the rights, privileges, and immunities which he thereby acquires. Moreover, there can be no doubt that the Membership of the College carries with it, beyond the right to practise, professional and social advantages which are directly derived from the College itself. The argument that the Members of the College, being more numerous than the Fellows, are consequently entitled to vote in the election of the Council, is to be met by referring to the charter of 1843, by which a constituency of Fellows only was provided. The Council would point out (1) that Members of the College, prior to the date of that charter, are eligible for election as Fellows; (2) that Members of a later date can become Fellows by passing the required examination; and (3) that the Council already possess the power of electing annually two eminent Members of twenty years' standing to the Fellowship—a power which has been, and may at any time be, exercised. The College of Surgeons has of late been often spoken of as if it were only a corporation, and the Council had no responsibility or relation except to its Fellows and Members. It is a corporation, but it is something more; and the Council are not only the representatives of the Fellows, and have not only responsibilities to the Fellows and Members, but the College holds an important relation, and its Council have grave responsibilities, to the whole profession, the general public, and the State. The Council cannot regard the Members of the College as mere taxpayers to a corporation, and they cannot discover in this view, which appears to them inadequate, any support to the claim which is now urged by some Members. Moreover, this claim could not be conceded without serious interference with the privileges of the Fellows. The exclusive rights of electing Members of the Council, and of being eligible for a seat on the Council, are among the chief advantages which the College itself confers on the Fellowship. It appears to the Council neither wise on behalf of the College, nor just to the Fellows themselves, to deprive them of this distinction. The Council passed the resolution unanimously, as they are strongly of opinion, not only that the existing rights of the Fellows should be preserved, but that their rank in the College of Surgeons should be fully recognised; for they are anxious, in the highest interest of surgical education, to encourage Members of the College to obtain the Fellowship.

"In reply to the second resolution of the meeting, the Council regret that they cannot assent to the terms of the second resolution of the Fellows and Members. In their opinion the conduct of the business of the College would be liable to serious hindrance if, for instance, no change in a by-law or ordinance could be effected without the consent of a general meeting of the Fellows and Members. This would often create inconvenient delay, and, in the event of any great difference of opinion between the meeting of Fellows and Members and the Council, lead to complete obstruction. For the Council cannot admit that the Fellows and Members in general can be such competent judges of what is required, in this respect, for the welfare of the College as the Council themselves, who, from their opportunities and experience of the business of the College, must be much better qualified to consider such questions when they arise. Moreover, it is certain that any general meeting convened for the purpose would consist only of a small fraction of the whole body of Fellows and Members, and neither by this, nor by any other means which could be devised, would the Council be able to obtain satisfactory information as to the opinion of the majority of the Fellows and Members. It may be added that no by-laws can be made and ordained or abrogated and annulled without recourse to a most deliberate process (see Section III. of the By-Laws), involving several references to a committee, not less than four meetings of the Council, consultation with the legal advisers of the College, submission of the formulæ to the Secretary of State, and, under recent enactment, in special cases, to the Privy Council for approval, and finally, ratification by two of Her Majesty's Judges. With the larger questions which more rarely arise, such as those which concern the constitution of the College, the case would be different. On these questions the Council will always be glad to have an opportunity, so far as practicable, of consulting the Fellows and Members."

The terms of the advertisement to be issued, convening a meeting of the Fellows and Members (at which the foregoing statement will be presented) were then discussed, and the following agreed to:—"To receive a statement from the Council in reference to the Resolutions carried at the meeting of Fellows and Members on October 29th ultimo."

The question of granting the title of Doctor was then entered upon. The following Report of the Committee of Delegates of the two Colleges was received, and ordered to be entered on the Minutes, as also the Resolution of the Royal College of Physicians, adopted by them on October 22nd (that it is desirable that persons examined by the R.C.P. Lond. and the R.C.S. Eng. conjointly, and found duly qualified either by the ordinary or by an additional examination, should have a degree in medicine and surgery conferred on them). "The Committee have to report that they have fully considered the question referred to them, viz., the advisability and practicability of granting the title of Doctor to persons who have obtained the diplomas of the two Colleges. They have also considered the memorial, signed by more than 600 teachers, practitioners, and students in medicine, and referred to them, advocating the amalgamation of the two Colleges into one Royal College of Medicine, for the purpose of granting Degrees in Medicine and Surgery. After careful deliberation the Committee have unanimously agreed to the following Resolutions as expressive of their opinion on the subject:—i. That it is desirable that persons examined by the Royal College of Physicians of London and the Royal College of Surgeons of England conjointly, and found duly qualified, should, in virtue of that examination, have a degree in Medicine and Surgery conferred upon them. ii. That the curriculum of study and the examinations to be undergone for the Licence of the Royal College of Physicians of London and the Diploma of the Royal College of Surgeons of England are equal to those required by most of the Universities for degrees in Medicine and Surgery. In conclusion, the Committee are of opinion that, should the two Colleges approve the foregoing Resolutions, means could be found for giving effect to them."

Thereon came a motion by Mr. Marshall (seconded by Mr. Durham) to consider and report to the Council whether it be desirable that persons who have become qualified under the conjoint examination of the two Colleges should after an additional examination have conferred upon them, either by the two Colleges or by a graduating body in London (of which the two Colleges shall form an essential part), a degree in Medicine and, subject to further consideration and ultimate approval of the Council, a degree in Surgery also. To this an amendment was moved by Mr. Smith, and seconded by Mr. Macnamara, That the Report be approved, adopted, and entered on the Minutes, which was lost. Sir Joseph Lister then moved, and Sir Spencer Wells seconded, a further amendment, which was carried (and also as a substantive motion): "That it be referred to a Committee to consider and report to the Council on the question whether it is desirable, and if so under what conditions, that degrees in Medicine and Surgery should be given by the two Colleges in combination." The following Committee was then appointed:—Sir James Paget, Mr. Marshall, Mr. Hutchinson, Sir Joseph Lister, Mr. Hulke, Mr. Durham, Mr. Macnamara. Mr. Hutchinson's resolution concerning the Fellowship was deferred to the next ordinary meeting of the Council on December 10th. Mr. Macnamara gave notice of the following motion: "That it be referred to the Court of Examiners to consider and report to the Council whether any, and if so what, measures would best be calculated to extend the scope of the examinations for the M.R.C.S. in Clinical Surgery."

The Council then adjourned.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology for the Diploma of Fellow at a meeting of the Board of Examiners on the 23rd instant, and when eligible will be admitted to the Pass Examination, viz.:—

David Philip James, St. Bartholomew's Hospital; Percy Wm. McDowall Howse, Henry Cropley, William Henry Kelson, Lon-



don Hospital; John McLachlan, Edinburgh University; Ernest Kenneth Campbell, Edinburgh, St. Bartholomew's, and Dublin.

Passed in Anatomy and Physiology on the 24th inst. :

John Lloyd Roberts, Guy's Hospital; James George Ernest Colby, Oxford and St. Bartholomew's; Hugh Cameron Kidd and Knankai Totsuka, St. Thomas's Hospital; Ernest Charles Arnold, St. George's Hospital; John Edward Barnett, Charing Cross Hospital; Alfredo Anates Kantback, Liverpool Infirmary; James Edwin Thompson, Manchester; Cecil John Davenport, St. Bartholomew's Hospital.

29 candidates presented themselves for examination, of whom 14 were referred for 6 months.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentlemen passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on Thursday, November 19th, 1885 :—

Charles Delamark Freeman, 218, Marylebone Road, N.W.; Percy John Rendall, 20, Ladbroke Square, W.

The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise :—

John Augustus Bradbury, Claude Villa, Love Walk, Denmark Hill.

**KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.**—At the usual monthly examinations for the Licences of the College, held on Monday, November 9th, 1885, and following days, the undermentioned candidates were successful :—

*For the Licence to practise Medicine—*

Alfred Brown, Horwick, Lancashire; John Poul Cavenagh, Dublin; William Frazer, M.D. Univ. Dubl., Bournemouth; Cathleen Honoria Graham, Cheltenham; James Henry Halpin, Wicklow; Godfrey William Hambleton, Forest Hill; Samuel Henry Nazeby Harrington, Liverpool; Cyril George Hutchinson, Osmarton Rectory, by Derby; Michael Colville Kennedy, Dublin; William Archer Mahon, Clonskeagh, Dublin; John L'Estrange McGrane, Banagher, King's Co., Guy Percival L'Estrange Nugent, M.B. Univ. Dubl., Dublin; Henry Pollen, M.B. Univ. Dubl., Gisborne, New Zealand; John Nalton Robson, Edinburgh; Robert John Sheperd, Dublin; Robert Stopford, Wigan, Lancashire; Ernest Hastings Tweedy, Dublin; Catherine Jane Urquhart, Grange, Edinburgh; Hugh Whelan, Limerick.

*For the License to practise Midwifery—*

Alfred Brown, Cathleen Honoria Graham, James Henry Halpin, Samuel Henry Nazeby Harrington, Michael Colville Kennedy, Robert Stopford, Robert Thomson, M.D., R.U.I., Bangor, Co. Down, Ernest Hastings Tweedy, Catherine Jane Urquhart.

At a special Examination for the License to practise Midwifery, held on Wednesday, November 4th, the following candidate was successful :—

Thomas Walton Dwyer, M.D., R.U.I., The Ovens, Co. Cork.

**THE CITY OF DUBLIN HOSPITAL.**—The financial exigencies of this Institution have rendered it imperative on the Board to issue an urgent appeal for public aid. It states that "the applications for admission are so numerous that 80 beds at least ought to be kept up; but, if this appeal does not bring in the required amount, the directors will reluctantly be obliged to reduce the number to 50, or probably a lesser number, and a corresponding reduction will be made in the amount of help that would otherwise have been afforded to our poor brothers and sisters in their distress, many of whose lives have been saved by the skill of the medical and surgical staff and the excellent system of nursing the hospital affords, besides aids and comforts to many more than it does if the public will only supply it with the funds to do so." While the management has, as much as possible, economised the expenses, the directors state that the annual yearly expenditure has been in excess of the regular income by upwards of 500*l.*, and, but for legacies and other exceptional receipts (not come to hand this year), they must have reduced the number of beds.

**METROPOLITAN ASYLUMS BOARD.**—At the last meeting of the Board it was stated that the returns from the fever asylums showed that 58 acute cases had been received in the fortnight, as against 71 in the previous fortnight; four had died, and 57 had been discharged, leaving 346 cases under treatment, as against 339 a fortnight ago. Of the whole number, 296 were cases of scarlet fever. The two wards of 30 beds each, of the North-Western Asylum,

lately used for small-pox cases, had been disinfected, cleansed, and painted, and were now available for fever cases. With respect to small-pox, 28 acute cases had been received from the parishes and unions, as against 32 in the previous period. Two had died, as against six in the previous period, and 44 had been discharged recovered, leaving 81 under treatment, as against 93 in the previous fortnight, and 80 of these were in the hospital ships, the others being in the South-Eastern Asylum.

**ST. THOMAS'S HOSPITAL APPOINTMENTS.**—The following gentlemen have been selected as House Officers from Tuesday, 1st December :—Resident House Physicians, J. S. Hutton, L.R.C.P., M.R.C.S., L.S.A., E. D. Ritchie, M.R.C.S., L.S.A.; Non-Resident House Physician, F. M. Haig, M.R.C.S., L.S.A.; Assistant House Physician, F. D. Crowdy, M.B. Oxon., M.R.C.S., L.S.A.; House Surgeons, R. Lawson, M.R.C.S., L.S.A. (Extn.), B. Relton, M.R.C.S., L.S.A. (Extn.); Assistant House Surgeon, Cameron Kidd, L.R.C.P., M.R.C.S.; Resident Accoucheur, H. H. Lankester, M.B., M.R.C.S., L.S.A. Lond.; Ophthalmic Clinical Assistant, G. D. Johnston, L.R.C.P., M.R.C.S. (Extn.); Clinical Assistant in the Skin Department, A. A. Brockatt, L.R.C.P., M.R.C.S.; Clinical Assistant in the Throat Department, S. Plowman, L.R.C.P., M.R.C.S., L.S.A. (Extn.); Clinical Assistant in the Ear Department, A. E. Godfrey, L.R.C.P., M.R.C.S.

**HOSPITAL SATURDAY FUND.**—The Board of Delegates met on Saturday, when Mr. R. Frewer, the secretary, reported that the workshop and street collections combined then amounted to 10,700*l.*, which was slightly in excess of the entire sum realised last year. After payment of all expenses, 9,500*l.* was divisible among the hospitals, dispensaries, convalescent homes, and surgical appliance societies of the metropolis, being 500*l.* more than was awarded in 1884. The distribution committee reported, concerning complaints which had been preferred as to the nursing staff of University College Hospital being limited to one particular religious sect, and other matters, that they had instituted a thorough enquiry into the allegations made. The result was (1) they had no reason to doubt the efficiency of the nursing staff; (2) they found that the expense of that staff was not greater than that at other metropolitan general hospitals; (3) that persons wishing to be taught nursing at University College Hospital were not subjected to religious tests. Hence the right of this hospital to participate in the awards of the fund was not in any way affected by the result of the committee's enquiry.

**THE LATE SURGEON-MAJOR WOODROFFE.**—We have to record the death of Surgeon-Major Charles William Woodroffe, A.M.D. He entered the service in 1851, being appointed Assistant-Surgeon to the 13th Light Infantry (Prince Albert's), and in 1858 was promoted Surgeon to the 2nd Battalion 1st Foot (Royal Scots), having been previously employed on the staff at the Ionian Islands. Afterwards, as Surgeon of the 88th Royal Irish Fusiliers in 1866, he was subsequently engaged on the staff at Cork and Dublin. He served in China from 1858 to 1861 (medal and two clasps for Taku Forts and Peking), and retired in 1870.

**ANONYMOUS CHARITY.**—A mysterious package was on Thursday night handed to the Secretary of the Swansea Hospital. On being opened it was found to contain 500*l.* Two years ago a cheque for 1,150*l.*, and last year a cheque for 1,000*l.*, were given in the same mysterious manner. All attempts to ascertain the name of the donor have hitherto been futile.

**CHARITABLE BEQUESTS.**—Mr. Abraham Altham, late of Burnley, Lancashire, bequeaths 500*l.* towards erecting a children's ward to the Victoria Hospital, Burnley, and 500*l.* to the endowment fund of the said hospital.

**A DRAMATIC RECITAL** will be given on Saturday, Dec. 12th, at the Steinway Hall, by Mrs. Newton Phillips, in aid of the funds of the Samaritan Free Hospital.

**UNIVERSITY MEDICAL STAFF CORPS.**—On Nov. 18th a well-attended meeting of medical students was held in the surgery class-room of the University of Edinburgh, to hear an address from Surgeon-Major Evatt, of the Army Medical



Department. Professor Annandale presided, and was accompanied by the Lord Advocate, Professor Chiene, and Surgeon-Commandant Cantlie of the London Volunteer Medical Staff Corps. Each student was supplied with a plan of an army in the field, and the various arrangements for the treatment of wounded were explained by the lecturer, who referred to improvements which had been effected in this direction since the time of the Crimean War. The present army medical service, he said, consisted of only 800 men, and what was wanted was a proper Red Cross organisation. In London there were 366 medical students under the command of Dr. Cantlie, and if the civil doctors would take up this question of army hospital administration it would, he thought, be for the interest of England. If they had ambulance corps attached to all the Volunteer corps they would get more men to volunteer their services in time of war. Dr. Cantlie, in the course of some remarks, said the Volunteer army in England was at present almost a sham, because it had no medical service. The Volunteer doctor was an absolute sham. It was just as noble to carry a stretcher as to carry a rifle. It was probable the Government would allow two companies to Edinburgh University some time in spring, and perhaps Aberdeen and Glasgow would supply the other two companies of sixty men each. The Lord Advocate was of opinion that what they wanted was an arrangement by which Volunteers could carry out an engagement in time of peace very much as they would do in time of war. If such a company as had been referred to was formed in the University and attached to his brigade he should be glad to lend them the necessary apparatus. On the following day Surgeon-Major Evatt and Surgeon-Commandant Cantlie addressed a meeting of students in the surgery class-room, Marischal College, Aberdeen, in connection with the proposal to form a branch of the Volunteer Medical Staff Corps. Professor Alexander Ogston presided. The proposal was taken up by the students with great enthusiasm.

**SANITARY INSTITUTE.**—The Sanitary Institute has just completed the preparation of a volume which will be of great interest to the statistical world, containing selections from the reports and writings of the late Dr. W. Farr. The selection of the papers and reports and the editing of this work have been undertaken by Mr. Noel A. Humphreys, of the Registrar-General's office. The volume consists of 550 pages, and is divided into six parts. Part (1) Population; (2) Marriage; (3) Births; (4) Deaths; (5) Life Tables; (6) Miscellaneous. It has long been the source of much regret among students of vital statistics and others practically interested in that branch of sanitary science that from the form and manner of the publication of Dr. Farr's valuable papers on statistics they have not been generally available, being scattered over a long series of blue books and other reports. The object of the Institute in publishing the selection is to give those interested in the subject a ready means of studying the valuable writings and tables of that eminent statistician.

**THE CHOLERA IN FRANCE IN 1884.**—From a document issued by the Sanitary Bureau of the Ministry of Commerce it appears that the cholera epidemic of 1884, commencing 30th June in the department of the Var, ceased 10th January, 1885, in the department of Vendée, having traversed thirty departments and attacked 477 communes, and giving rise to a mortality of 7,820 deaths. Moreover, there were 800 deaths from the disease in the province of Constantine, in Algeria, between 19th September and 8th of January. The epidemic of 1884, having produced only 7,820 deaths in France, was a benign one compared with that of 1832 with its 102,735 deaths, that of 1849 with 100,661 deaths, and that of 1854 with 143,468 deaths. No returns of the deaths from the epidemic of 1886 have been published. If the epidemics of 1832 and 1849 have made a much stronger impression than that of 1854, which is much less spoken of, this arises from the fact that the first two epidemics were chiefly manifested in the towns, while that of 1854 principally ravaged the rural populations.—*Journal de la Société de Statistique*, November.

**THE LATE PROFESSOR HAESER.**—The *Berliner Klinische Wochenschrift* (September 23th), speaking of the death of

Professor Haeser, the senior among the Medical Faculty at Breslau, observes that his importance in relation to the study of the history of Medicine is now well demonstrated by the impossibility of finding a suitable occupant for the chair which his death has rendered vacant. With him disappears the last professorship of the History of Medicine in Germany. This must be regarded as a misfortune for the coming medical students, for, just as the history of a State can be but ill understood without a knowledge of its commencement in antiquity, so our medical art cannot be comprehended in its various phases without a knowledge of their origin and gradual development. How much Haeser did as an historian and as an epidemiologist, and the influence of his teaching will never be forgotten; and, if he had never done anything beyond writing his *Lehrbuch der Geschichte der Medicin*, he would have raised to himself a *monumentum aere perennius*.

**RESECTION OF THE MASTOID PROCESS IN OTITIS.**—In cases of otitis media Professor Studgaard, of the General Hospital, Copenhagen, has had considerable success from resection of the mastoid process. He cuts through the soft parts, and then, with a chisel, chips off portions of bone and opens up a passage to the seat of the disease, scraping away any granulations that may have formed with the sharp spoon, thoroughly draining the ears, and applying a sublimate bandage. Ten cases have been operated on in this way. Of these, seven recovered the power of hearing completely, or nearly so. The other three very imperfectly. Erysipelas occurred once; once the labyrinth separated as a sequestrum. In one case, where there had been cerebral symptoms, they temporarily disappeared after the operation, though subsequently an intracranial abscess supervened. The general and local symptoms were in all cases much improved. In one case the transverse sinus was wounded, but the bleeding was controlled by tampons, and no bad results followed. The ages of the patients varied from 2 to 66, and they were of both sexes. A similar operation has been resorted to by one of the Professor's colleagues in the General Hospital, Dr. Tscherning.

**RAPIDITY OF FLIGHT OF CARRIER PIGEONS.**—The distance of Paris from Versailles is 20 kilometres, and the Paris pigeons in 1873 conveyed the minutes of the Académie des Sciences in 10 minutes, which is at the rate of 2,000 metres per minute. The same rapidity has been attained between London and Dover; the distance being 113 kilometres, as the bird flies, from Paris to Moulins (290 kilos), a rapidity of from 1,600 to 1,700 metres has been attained. These figures, however, are maxima; and for distances up to 500 kilos in clear weather the mean flight scarcely exceeds 1,000 metres, while in stormy weather it only reaches 600 or 700 metres.—*Revue Scientifique*, November 14th.

**THE CONGRESS OF CRIMINAL ANTHROPOLOGY.**—The *Semaine Médicale* of the 18th November has commenced the publication of the proceedings of this Congress and that on Penitentiaries, which were held in Rome simultaneously from the 16th to 20th November. The Congress was almost exclusively attended by French and Italian *savants*, and seems likely to furnish some very interesting facts. A preface precedes the report, giving a good account of the scope of the enquiries which have undergone discussion, and the physical conditions which so often characterise the perpetrators of crime.

**YELLOW FEVER IN PERU.**—Some months ago, several cases of yellow fever having occurred in Lima and its port Callao, the Lima Academy of Medicine nominated a Commission consisting of Drs. Macedo, Villar, Salazar, Barrios, Roca, Artola, Becera, Bignon, and Ullon, to investigate yellow fever in general and this epidemic in particular. These gentlemen have now presented a report which consists entirely of a statement of their views as to their functions, with a string of questions to be propounded to medical men who may be able to give information, and to which questions the Academy is asked to give its authority.

**PORRO'S OPERATION IN JAPAN.**—In the *Berliner Klinische Wochenschrift*, October 19th, is published a successful case of Porro's operation by two Japanese, Drs. Omori and Ikeda, of Fukuoka, being the first instance of



this operation being performed in that country, where, however, ovariectomy has been performed. The infrequency of Cæsarian section in Japan is explained by the rarity of true rickets and especially of osteomalakia in that country. The authors of this communication acknowledge how much they owe to their German teachers of surgery.

**HÆMORRHAGE AFTER EXTRACTION OF A TOOTH.**—Dr. Blackwell relates an instance of this occurring in a young man who was a "bleeder" (*Philadelphia Medical Reporter*, October 10th), and which he succeeded in arresting, after the failure of various remedies, by placing powdered plaster of Paris in the socket and repeating the application until a clot was formed.

**MONUMENT TO RUSSIAN SURGEONS IN SOPHIA.**—The two chief Russian medical weeklies, the *Vrach* and the *Russkaya Meditsina*, just received, present their readers with pictures of a large stone "Memorial" which has been erected to the memory of 531 medical officers who fell in the war with Turkey during 1877-78. The site of the monument is the Alexander Place, Sophia. It is stated that a similar erection is contemplated in the Caucasus.

**THE SENSIBILITY OF THE TELEPHONE.**—M. D'Arsonval has shown that the nerve of the frog, hitherto regarded as the most perfect of galvanoscopes, is 200 times less sensitive than the telephone. In consequence of this property several physiologists now employ this instrument in their researches.—*Revue Scientifique*, November 7th.

**MALA PRAXIS.**—Dr. Kühner, of Frankfort, who is engaged on a work on Mala Praxis, asks us to invite our readers to send him notes of any cases that may have come within their knowledge, and any other information on the subject they may possess.

### APPOINTMENTS.

**BAINBRIGGE, WILLIAM P. Y., M.B., C.M. Glas.**—Medical Officer to the Hanbury District, Droitwich Union, *vice* Mr. R. Holyoake, resigned.

**BARCLAY, WILLIAM B., L.R.C.P. Edin., L.R.C.S. Edin.**—Medical Officer to the Bacup District, Haslingden Union, *vice* Mr. John Snell, resigned.

**BRISTOW, WILLIAM MOSS, M.R.C.S., L.R.C.P. Edin.** (late House Surgeon), re-appointed House-Physician to the Liverpool Royal Infirmary.

**BUSH, JAMES PAUL, M.R.C.S., L.S.A.**—Surgeon to Out-Patients, Bristol Royal Infirmary, *vice* Harsant, appointed Surgeon.

**BUTTERY, GEORGE B., L.R.C.P. Edin., L.M. Edin., L.F.P.S. Glas.**—Medical Officer to the First District, Parish of Birmingham.

**CAIRD, F. M., M.B., C.M. Edin., F.R.C.S.**—Assistant-Surgeon to the Royal Infirmary, Edinburgh.

**COLLINS, A. WARD, L.R.C.P. Lond., M.R.C.S.**—House-Surgeon to the Liverpool Royal Infirmary.

**COOPER, CHARLES B., L.R.C.P. Lond., M.R.C.S., L.S.A. Lond.**—Assistant House Surgeon to the Liverpool Northern Hospital.

**CORRY, WALTER W. S., L.R.C.S.I., L.A.H. Dub.**—Medical Officer to the Lasingham District, Pickering Union, *vice* Mr. Arthur Wood.

**CULHANE, FREDERICK WILLIAM SLATER, M.R.C.S. Eng., L.S.A. Lond.**—Medical Officer to the Third District, Hastings Union, *vice* Mr. W. G. Jones, resigned.

**DAYMAN, BARNFIELD, L.R.C.P. Lond., M.R.C.S. Eng.**—Medical Officer to the Fourth District, Romsey Union, *vice* Mr. H. Dayman, deceased.

**DICKINSON, JONATHAN, M.R.C.S. Eng., L.S.A., L.M. Lond.**—Medical Officer to the Workhouse, Stepney Union, *vice* Dr. Robertson, resigned.

**DWYER, Dr. C.,** re-elected House Surgeon to the Mater Misericordiarum Hospital for the ensuing year.

**EMMERSON, WILLIAM L., M.D.**—Analyst for the Liberty of Peterborough.

**GEMMELL, J. E., M.B., C.M. Edin.**—House Physician to the Liverpool Royal Infirmary.

**GOULD, THOMAS B., M.R.C.S. Eng., L.M. Edin., L.R.C.P. Edin.**—Medical Officer to the Third District, Parish of Birmingham.

**HAIRSINE, HUDSON, L.K.Q.C.P.I.**—Medical Officer to the North-East District, Patrington Union, *vice* Mr. T. R. Johnson, deceased.

**HARE, F. W. E., M.B. Dur., M.R.C.S.**—Assistant Resident Surgeon to the Brisbane Hospital.

**HARRIS, VINCENT D., M.D. Lond., F.R.C.P.**—Assistant Physician, City of London Hospital for Diseases of the Chest, Victoria Park, has been appointed a Physician, *vice* Dr. J. B. Berkart, resigned.

**HARSANT, W. H., F.R.C.S., L.S.A.**—Surgeon to the Bristol Royal Infirmary, *vice* Cross, resigned.

**HAY, WILLIAM HENRY, M.D. Aberd., M.R.C.S. Eng., L.S.A. Eng.**—Medical Officer to the Second District, Bridport Union, *vice* Mr. J. F. H. Ellerton.

**HUGHES, S., M.B., C.M. Edin., M.R.C.S.**—Re-appointed House Surgeon to the Liverpool Royal Infirmary.

**KAYE, JAMES R., M.B. Glas., C.M. Glas.**—Medical Officer to the Second District, Parish of Birmingham.

**KEMP, JOHN R., L.R.C.P. Lond., M.R.C.S.**—Assistant-Surgeon to the Central London Ophthalmic Hospital.

**LAWSON, JOSEPH, M.B. Dub., L.R.C.S.I., L.M.I.**—Medical Officer to the Hebden Bridge District, Todmorden Union.

**LEES, W., M.R.C.S., L.S.A.**—Visiting Surgeon to the General Infirmary, Chester.

**LLOYD, HENRY, M.R.C.S. Eng., L.S.A. Lond.**—Medical Officer to the St. Asaph District, and to the Workhouse, St. Asaph Union, *vice* Mr. F. L. Heaton, resigned.

**MCDUGALL, HERBERT A. H., M.R.C.S. Eng., L.R.C.P. Edin., L.S.A. Lond., L.M. Edin.**—Medical Officer to the Pontesbury District, Atcham Union, *vice* Mr. A. A. Gillitbi, deceased.

**NASH, WILLIAM G., M.R.C.S. Eng., L.S.A.**—Medical Officer to the Fifth District, Lutterworth Union, *vice* Mr. C. Hedley, deceased.

**RACKHAM, ARTHUR RICHARD, M.R.C.S. Eng., L.R.C.P. Edin.**—Medical Officer to the North Elmham District, Mitford and Launditch Union, *vice* Mr. R. L. Mosley, resigned.

**ROBERTSON, ROBERT, M.D.**—Assistant Physician to the Royal National Hospital for Consumption and Diseases of the Chest at Ventnor, Isle of Wight.

**SAUNDBY, Dr. ROBERT, M.D. Edin., M.R.C.P. Lond.**—Consulting Physician to the Birmingham and Midland Counties Eye Hospital, and Consulting Physician to the Birmingham Dental Hospital.

**SIMMONS, HAROLD, M.R.C.S., L.S.A. Lond.**—House Physician to the Royal Hospital for Diseases of the Chest, City Road.

**SKENE KEITH, F.R.C.S.**—Special Assistant in Dr. Thomas Keith's Ward, Edinburgh Royal Infirmary.

**STADDON, JOHN H., L.R.C.P. Edin., M.R.C.S. Eng.**—Medical Officer to the Workhouse, Ipswich Union, *vice* Dr. W. A. Elliston, resigned.

**STEER, WILLIAM, M.R.C.S. Eng., L.S.A. Lond.**—Medical Officer to the Workhouse and to the Infirmary, Parish of St. George-in-the-East, *vice* Dr. M. J. O'Connor, deceased.

**THOMPSON, JAMES, A.B., M.D., M.B., C.M. Glas.**—Medical Officer to the Brailes District, Shipston-on-Stour Union, *vice* Mr. T. H. Hitchins, resigned.

**THOMPSON, WILLIAM.**—Analyst for the Borough of Stockport, *vice* Mr. O. Wilkinson.

**THYNE, THOMAS, M.D. Edin., M.R.C.S. and F.R.C.S. Eng.**—Medical Officer to the First District, and to the Workhouse, Barnet Union, *vice* Dr. J. Livingston, deceased.

**WEIGHTMAN, A. E., L.R.C.P. Edin., L.R.C.S. Edin.** (late House Physician).—Re-appointed House Surgeon to the Liverpool Royal Infirmary.

**WILSON, REGINALD W., M.R.C.S. Eng., L.R.C.P. Edin.**—Medical Officer to the Workhouse and Infirmary, Croydon Union.

**WOODHEAD, GERMAN SIMS, M.D., F.R.C.P. Edin.**—Pathologist to the Royal Infirmary, Edinburgh, *vice* Byron Bramwell, M.D., F.R.C.P. Edin., resigned.

### VACANCIES.

**BRACKLEY UNION.**—Medical Officer to the Second District, in succession to Mr. R. J. King, resigned. Area, 14,901 acres. Population, 1,984. Salary, £60 per annum.

**BRISTOL GENERAL HOSPITAL.**—House Surgeon. Salary, £120 per annum; board, lodging and washing, will be provided in the house. Candidates will be required to possess a registered Medical and Surgical qualification, and produce testimonials of good moral character and ability, and must send certificate of registration. A copy of the rules will be forwarded on application. Applications to be addressed to the Secretary before December 2nd.

**CHELSEA HOSPITAL FOR WOMEN, FULHAM ROAD, S.W.**—Honorary Assistant Physician. Candidates must be Graduates in Medicine of a recognised University, or Fellows or Members of one of the Colleges of Physicians of London, Edinburgh, or Dublin, registered, and not practising Pharmacy. Form of application to be obtained of the Secretary, to whom they must be returned by Nov. 30.

**CHILDREN'S HOSPITAL, BIRMINGHAM.**—Assistant Resident Medical Officer. Salary, £40 per annum, with board, washing, and attendance in the Hospital. Candidates must be duly registered. Certificates of Registration with testimonials to be sent to the Secretary not later than December 1st.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA PARK, E.**—Assistant Physician. Candidates must be Fellows or Members of the Royal College of Physicians of London. Applications, with testimonials, to be sent to the Secretary's Office, 24, Finsbury Circus, E.C., on or before December 7th.

**DORE UNION.**—Medical Officer to the Kentchurch District and to the Workhouse, in succession to Mr. John Powell, resigned. Area, 23,368 acres. Population, 3,048. Salary, £60 per annum. Salary for Workhouse, £20 per annum.

**LINCOLN UNION.**—Medical Officer to the Twelfth, in succession to Mr. F. Hall, resigned. Area, 12,398 acres. Population, 1,74. Salary, £15 per annum.

**NEWMARKET UNION.**—Medical Officer to the Fifth District, in succession to Mr. R. Lucas, deceased. Area, 15,157 acres. Population, 3,377. Remuneration by Fees.

**ST. MARYLEBONE GENERAL DISPENSARY, 77, WELBECK STREET, CAVENDISH SQUARE.**—Resident Medical Officer. Salary, £105 per annum, with furnished apartments, attendance, coals, and gas. Candidates must be registered and hold a Medical and Surgical qualification. Applications and testimonials to be forwarded not later than 30th November, and Candidates must attend at the Dispensary on 2nd December, at 4.30.

**STIRLING DISTRICT ASYLUM, LARBERT, N.B.**—Assistant Physician. (For particulars, see Advertisement.)

**TORBAY HOSPITAL AND PROVIDENT DISPENSARY, TORQUAY.**—Junior House Surgeon and Dispenser. Salary, £90 per annum, with board, lodging, and attendance. Candidates must be qualified in Medicine and Surgery, registered under the Medical Act, and unmarried. Testimonials to be sent to the Hon. Secretary, W. H. Kitson, Esq., Torquay, not later than January 1, 1886.

**WESTERN GENERAL DISPENSARY, MARYLEBONE ROAD.**—Ophthalmic Surgeon. Applications to be sent to the Hon. Secretary, from whom particulars can be obtained, by December 7th.

**WHITECHAPEL UNION.**—Assistant Medical Officer to the Infirmary, in succession to Dr. M. Davies, resigned. Salary, £150 per annum.



## DEATHS.

EVANS, EDWARD CHARLES, M.R.C.S., at Tirphil House, Tirphil, on November 19th, in his 42nd year.  
 LEREW, F. W., M.B., at Sandhurst, Australia, on October 15th, aged 27.  
 LISTER, JOHN, M.R.C.S., of Halifax, on November 22nd, in his 90th year.  
 MANGET, E. A., M.D., at Barbadoes, on November 2nd, in his 71st year.

## NOTES, QUERIES, AND REPLIES.

## REFORM AT THE ROYAL COLLEGE OF SURGEONS.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—Looking over a recent report of one of the Canadian Universities, I find that the class fees are now at a much higher scale than when I studied there, and as stated by myself in your No. of 21st instant. The fee for M.D. and M.C. is \$20. I shall be obliged if you will permit me to correct my error.

I am, Sir, yours, &c.,  
 FOREIGN AND COLONIAL GRADUATE,  
 AND M.R.C.S., England.

## LIFE AT PORT ELIZABETH.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—Would any of your readers kindly inform me of the prospects, fees, &c., of a general practitioner who wishes to commence in Port Elizabeth or Cape Town. I should be greatly obliged for the above information.

I am, Sir, yours, &c.,  
 J. M.

## COMMUNICATIONS RECEIVED—

Dr. W. H. ALLCHIN, London; Mr. J. MAUGHAN, Liverpool; Dr. DOUGLAS, Hounslow; THE SEC. OF THE SOCIETY OF APOTHECARIES, London; Dr. WARD COUSINS, Southsea; THE SEC. OF THE INDIA OFFICE, London; Mr. GEO. RENDLE, London; Mr. ROBT. OPPENHEIM, Berlin; OUR VIENNA CORRESPONDENT; Dr. J. J. PRINGLE, London; THE MANAGER OF THE ROYAL AQUARIUM, Westminster; Dr. MACASKIE, Balmuir; FOREIGN AND COLONIAL GRADUATE, London; THE SEC. OF THE OBSTETRICAL SOCIETY, London; THE SEC. OF THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, London; THE REGISTRAR-GENERAL, Edinburgh; THE HON. SEC. OF THE WEST LONDON MEDICO-CHIRURGICAL SOCIETY, London; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; THE REGISTRAR-GENERAL, London; THE SEC. OF THE PATHOLOGICAL SOCIETY, London; THE SEC. OF THE MEDICAL SOCIETY OF LONDON; Mr. SCRAGG, London; Mr. W. G. BARTON, Hereford.

## BOOKS RECEIVED—

Die Electrolyse als Mittel zur radicalen Beseitigung an abnormer Stelle gewachsener Haare, von Dr. P. Michelson—Gonorrhoea in the Female, by Andrew F. Currier, M.D., New York—Bericht der K.K. Krankenanstalt Rudolph-Stiftung in Wien, vom Jahre 1884—The Turkish Bath, by Richard Metcalfe—Katalog des Medicinischen Verlags von F. C. W. Vogel, Leipzig—The Transactions of the Edinburgh Obstetrical Society, Vol. X.—Transactions of the Academy of Medicine in Ireland, Vol. III.

## PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—The Hospital Gazette—Revue Médicale—Canada Medical and Surgical Journal—National Church—Nordiskt Medicinskt Arkiv—The Canada Lancet—The American Journal of Obstetrics—Night and Day—Weekblad—The Medical World—The Alienist and Neurologist.

## HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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 Dr. W. H. Allchin, Clinical Lectures on the Method and Data of Medical Diagnosis. Lecture VI. Case Taking—Personal History—Age (concluded).

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 The Indian Cholera Enquiry.

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Researches on Disinfection.

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Clinical and Pathological Societies.

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Thirty-eighth Session.—First, Second, and Third Days.

## SPECIAL CORRESPONDENCE:

United States.

## MEDICAL NEWS, &amp;c.



# MEDICAL TIMES

AND GAZETTE.

No. 1849.

LONDON, SATURDAY, DECEMBER 5, 1885.

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## INTRODUCTORY ADDRESS TO THE DISCUSSION ON THE CLINICAL ASPECT OF GLYCOSURIA.<sup>1</sup>

By F. W. PAVY, M.D., F.R.S.  
Senior Physician to Guy's Hospital.

IN the remarks which I am about to make, I shall, in accordance with the intention of those who have framed the course of procedure at this meeting, confine myself strictly to the clinical aspects of diabetes or glycosuria, and of these I propose to take up more particularly certain points.

In the first place, as to the age at which the disease begins. The table presented shows the ages in decennial periods at which diabetes in 1,360 cases set in. The table is compiled from the reports contained in my consulting-room case books.

Some years back I commenced to keep a systematic record of all the cases that came before me in my consulting-room practice, and it is from this source that the figures are derived. The cases, therefore, belong exclusively to the class of patient seeking advice at the physician's residence. The age expressed is that at

which the disease commenced as far as by careful enquiry I could ascertain. .

TABLE showing the Ages in 1,360 Cases of Diabetes at which the Disease set in.

Ages.	Actual Number.			Ratio to total number per cent.		
	Males.	Females.	Males and Females.	Males.	Females.	Males and Females.
Under 10 years ...	3	5	8	0·22	0·36	0·58
From 10 and under 20...	35	22	57	2·57	1·61	4·19
" 20 " 30...	69	28	97	5·07	2·05	7·13
" 30 " 40...	154	70	224	11·32	5·14	16·47
" 40 " 50...	260	79	339	19·11	5·80	24·92
" 50 " 60...	281	137	418	20·66	10·07	30·73
" 60 " 70...	138	44	182	10·14	3·23	13·37
" 70 " 80...	25	9	34	1·83	0·66	2·49
Over 80 ...	1	—	1	0·07	—	0·07
Total ...	966	394	1,360	71·00	28·97	100·00

On inspecting the table, it will be noted that 30·73 per cent., or nearly a third of the cases, occurred between 50 and 60 years of age, and 24·92 between 40 and 50. For these two periods taken together, the cases amount to 55·65 per cent. of the whole. Between 40 and 60, therefore, represents by far the most common period of occurrence of the disease. From this period there is a sharp and increasing fall in both

<sup>1</sup> Delivered in the Section of Medicine at the Annual Meeting of the British Medical Association in Cardiff.



directions. I have no private record of the cases that have come before me in my hospital practice, but my impression is that the statistics would come out differently, and that the great bulk has consisted of patients of from 15 or 18 up to 35 or 40 years of age. My hospital experience certainly does not supply me with the number of cases at a comparatively advanced period of life that I am meeting with in private practice.

Of the eight cases enumerated in the table under 10, two occurred at two years of age, one at 3, one at 5, two at 7, and two at 9.

Of the cases between 70 and 80, ten occurred at 70, seven at 71, five at 72, three at 73, two at 74, one at 75, two at 76, three at 78, and one at 79. The case over 80 was at 81.

I have the particulars of a case not included amongst the above, in which the patient was 12 months and 3 weeks old at the time of my seeing it. I was called to the case by Dr. Finch, of Blackheath, in June, 1879. The history given was that, for the past few weeks, the infant had been rapidly wasting, had shown great greediness after fluids, and was passing an excessive quantity of urine which saturated the articles worn, and rendered them stiff on drying. This circumstance had attracted the attention of the nurse before the nature of the case was recognised. From a letter subsequently received from Dr. Finch, I learnt that the patient continued to grow worse, and died about a month after I saw it.

As regards the family history, there are some interesting points to be noted. There can be no doubt that the disease runs in families. Of this I am enabled to bring forward some remarkable instances. A lady, aged 50, came to me for the first time, in June, 1873, suffering from diabetes. In April of the preceding year, her sister, also then 50 years of age, had already consulted me for the same complaint, and in March, 1879, the elder sister, 57 years of age, applied to me under similar circumstances. All three patients are living at the present time. I have seen them within the last few months. Both their parents were the subjects of the complaint and had been seen by me, so the daughters told me, a long time previously in consultation. A gentleman, aged 56, came to see me in August, 1872, with a recent attack of diabetes. He informed me that his brother, aged 60, was suffering from the disease, and that one of his sisters had died of it, aged 41. In January, 1876, a surgeon, aged 32, residing in London, came to me with sugar in his urine; he, too, had lost a sister, aged 10, and a brother, aged 25, of the disease. This gentleman still continues in good health.

Another striking case was that of a lady, whom I saw for the first time in March, 1876, and who had recently become the subject of diabetes. On questioning her, I ascertained that two aunts, on her father's side, and one on her mother's side, had died from the disease. The patient herself was one of a family of five. Of these five, a sister died of diabetes, aged 21, and a brother aged 28, and she had one brother living, aged 35, the subject of the disease, so that four out of five members of the family were diabetic. The remaining sister was healthy herself, but she had lost a child, aged 2 years, of diabetes. I have notes of the case of a lady, aged 56, who consulted me for the first time in May, 1877. She was one of twins, and both she and her twin sister were diabetic, the latter coming under my care in May, 1879. A boy was brought to me, November 14th, 1884, aged 14, just having become the subject of diabetes. He belonged to a family of eight. In 1882, a sister died of the disease, aged 4 years. In 1883, a brother died, aged 11 years, of the disease. Thus diabetes had shown itself in three out of the eight. There was no history of the disease in the family of

either of the parents. In April, 1878, a boy of 16 was brought to me, by his father, for diabetes. The patient died towards the latter end of 1879, and in October, 1880, the father, then aged 44, became the subject of the disease. Thus the complaint first showed itself in the son, and not till afterwards in the father. Another instance of a similar nature is presented by the case of a lady, aged 42, whom I first saw in May, 1882, and who had then been suffering from diabetes for nine months. A sister became the subject of the disease shortly afterwards, and during the present year the mother has presented symptoms of the complaint, and has been discovered to be suffering from it.

The liability of several members of a family to become the subjects of the disease is strikingly shown by the instance of a patient, aged 46 years, whom I saw for the first time in October, 1878. He belonged to a family of twelve, and five out of the twelve, including the patient, were the subjects of diabetes. Another patient, aged 37, who consulted me in February, 1885, for diabetes, belonged to a family of eight. Three of his brothers had died of the complaint, aged 15, 27, and 43 years respectively. The most remarkable instance touching family history that I have come across is the following. The mother of five children (four girls and one boy) had died of diabetes, which had carried off her own mother before her. In May, 1877, having occasion to see one of the children with reference to diabetes, I at the same time examined the urine of four of them. In the other, the opportunity did not present itself. The urine of the eldest girl, aged 16, had a specific gravity of 1043, and contained 58·76 per 1,000 of sugar. That of the second girl was free from sugar, but the fourth girl's urine contained 31·61 per 1,000, and the brother's 29·89 per 1,000. Three, therefore, out of the five in family were, from my own knowledge, passing saccharine urine, one was not doing so, and in the case of the fifth I had no knowledge of what existed. In February, 1884, this fifth case, which consisted of the third girl, was brought to me; she was then aged 19, and her urine was loaded with sugar. She died shortly afterwards. I was informed, on that occasion, that the other members of the family were then in a fair state of health, and that the eldest sister was just about to be married.

A curious instance with regard to family history, not falling under my own observation, was communicated to me by a medical practitioner living in the Canary Islands, who himself formed one of the subjects of the disease. The father suffered, not from "diabetes, but from shaking palsy," diagnosed by Dr. Lassègue, of Paris, as due to disseminated sclerosis. This person had three sons, *a*, *b*, and *c*, born of different mothers: *a* became diabetic at 53, *b* at 55, and *c* at 43. There was no history of diabetes on the side of either of the mothers, who all died late in life of complaints of quite a different nature. There was another child of the same father, of whom, from social reasons, nothing could be ascertained. The fact of all three sons, of one father, becoming diabetic, though born of different mothers, is very remarkable.

From what I have seen of this disease, I think there is reason to believe that it is distinctly more common amongst members of the Jewish race than amongst others, and that it is, moreover, with them, according to my experience, more amenable to treatment.

Now as to the mode of onset of the disease. In one set of cases this takes place gradually and insidiously; in another, quite suddenly. I do not doubt that in many instances it may exist for some considerable length of time without exciting any suspicion of its existence. I have occasionally been enabled to prove this in patients living in the country, especially in clergymen and persons who wear clothes of black



cloth, through the white stains which are left, on drying, from the urine which has splashed over the trousers while micturating against a wall or on the ground. Such stains are very troublesome to remove by brushing, and when found on trousers which may have been put aside and not worn for a few years, as sometimes happens, we are at liberty to assume that the urine at that time contained sugar. I have heard of hotel servants, whose duty it is to brush the clothes, recognising diabetic patients from the difficulty experienced in brushing out these stains. I have noticed that it is especially in elderly people that we find this gradual onset.

I will now refer to instances where the disease has come on suddenly. In December, 1876, I was consulted by a lady, aged 35, in whom diabetes had supervened quite suddenly four weeks previously. She was, at the time of the attack, nursing a two months' old infant, when her supply of milk ceased all at once, and, contemporaneously with the cessation of the lacteal secretion, she noticed that she became very thirsty, and passed an abnormal quantity of urine. Four years previously she had sustained a severe nervous shock, with injury to the spine, in a railway collision, which led to her being bed-ridden for a period of eight months. She was, however, supposed to have recovered perfectly from this accident, and I am, of course, quite unable to say whether it had any bearing on the production of her subsequent illness.

Another instance of the disease coming on suddenly occurred in a lady, who dated her illness from one evening when she had dined out with friends. Previous to this, her health had been in all respects good. In the course of the evening she became very thirsty, with a thirst that nothing could quench, and she was at once afterwards recognised to be suffering from diabetes. Here the history was very clear, nothing unusual had been remarked during the day, until in the evening the thirst manifested itself.

Then, as to its duration; this varies within very wide limits. It may go on for years without seriously impairing the patient's general health, or it may terminate very speedily in death. Let me first refer to cases where the result is rapidly fatal, such, for example, as that of a gentleman, aged 46, whom I saw in 1870, and in whom the diabetic condition had only been definitely recognised on the previous day. His symptoms were now marked and urgent, and the patient assured me that certainly nothing unusual had existed a month previously. Two days later, I was summoned to Croydon to see him by his medical attendant, and found him dying from diabetic coma.

Again, in July, 1883, I was consulted by a gentleman, aged 39, whose diabetes dated, as far as it was possible to ascertain, from a week previously (he had already lost a sister from the disease); three weeks later, I heard that the patient, who had returned to Liverpool, where he resided, was dead. From the description given me of his illness, I gather that what was in all probability a carbuncle had formed over the parotid gland, which had determined the fatal result.

The most acute case I think I have ever known was that of a gentleman, aged 55, whom I saw on April 24th, 1884, at Blackheath, in consultation with Mr. Moore and Mr. Roper. The patient had been under the care of my neighbour, Dr. Russell Reynolds, on account of epileptic attacks, to which he had been subject during the last few years. Albumen had been known to be present in his urine for five or six years past. It happened that his urine was examined, both for albumen and sugar, three weeks previous to my visit, and found free from sugar. It may, therefore, be assumed that no diabetes existed at that time. When I saw the patient the diabetic symptoms were severe in the extreme; the thirst was most urgent,

and his tongue, mouth, and fauces were of that bright red colour which so often goes with a severe form of diabetes. Three days later I was again called in, only to find the patient in a state of diabetic coma, which soon terminated fatally.

The cases which go on for years, the patient meanwhile enjoying a fair state of health, are, as I have already stated, most commonly met with in elderly people, although a similar chronicity is occasionally met with in younger people. I remember a lady, whom I saw for the first time in November, 1871; she was then 48 years of age, and had been suffering from diabetes for ten years. In September of last year she was still in very fair health, which makes upwards of twenty years that she has been the subject of diabetes. I may state that it is by no means out of the way for elderly people from time to time to tell us that they have been diabetic for twenty or twenty-five years past.

With reference to young people, a gentleman, aged 22, fell under my care on June, 1874, having already been diabetic for three years. He continued in quite a satisfactory condition until May 30th, 1876, all the time passing saccharine urine, but the disease otherwise appearing dormant, when suddenly active symptoms declared themselves, and death rapidly supervened.

Another case of long duration occurred in a lad of 17, who was brought to me from Wellington College in April, 1874. I saw him off and on until December, 1879. I have not heard nor seen anything of him since, but he was in a fair state of health when I lost sight of him.

Another case is that of a young lady of 19, first seen by me in January, 1881, whose mother had died diabetic, and whose aunt, the wife of a medical practitioner, has come to me with diabetes during the last six months. The patient herself had been suffering from the disease for four years previously, but has been doing exceedingly well up to the present time. Here, then, is a case in a young subject, where the disease has been existing for eight and a half years. The patient still passes a large quantity of sugar in her urine; but I saw her only a few days ago, and there is nothing in her appearance which would lead one to suppose that she had anything the matter with her. She is plump instead of presenting the emaciated appearance of the disease. She married some two years since, and her first pregnancy terminated in a miscarriage; she subsequently gave birth to a child at term, which only lived a short time, though whether the diabetes had anything to do with this I cannot say, as there was a history of syphilis on the father's side, and the infant had a rash soon after birth.

Although diabetes, when once developed, generally persists, cases occur where it has disappeared. I have, from time to time, met with these cases in my practice; I do not allude to a mere control of the disease under dietetic management, but a complete eradication. For instance, in May, 1881, I saw a gentleman, aged 41, who was the subject of the disease, and was passing a large quantity of sugar in his urine, which had a specific gravity of 1036 and contained 57 per 1,000 of sugar. This patient was highly neurotic. My last recorded observation about him is dated March 13th, 1884, at which time the sugar had entirely disappeared from the urine, although the patient was not dieting himself in the least, and ate of anything that came before him. Curiously enough, his wife has become the subject of the disease. She consulted me on that account in January, 1884, and I rather apprehend that it will not disappear with her in the same manner that it has disappeared with her husband.

Again, sugar may be only temporarily present in



the urine. I referred just now to the red or injected condition of the mouth and fauces that is frequently met with in diabetes; and, some time ago, I was led to examine the urine of a patient because of the intensely red colour of the interior of the mouth, which was also tender; the lips, moreover, were intensely injected, as were also the hard and soft palate. The result of the examination of the urine was that on one occasion I found 4.84 per 1,000, and on another occasion 8.91 per 1,000 of sugar. It was, however, only a passing condition; I have seen the patient many times since, and can state that he is not diabetic. About the same time, a gentleman whom I had seen on several previous occasions, and knew not to be the subject of diabetes, called on me, and I had some urine examined with respect to the question of phosphates. As is customary, a full analysis was made, and the result showed, to my astonishment, that sugar was present. I immediately asked the patient what he had taken for breakfast, the urine examined being passed at the time of consultation in the morning, and he informed me that he had indulged freely in marmalade. To this, no doubt, the sugar in the urine was due, the sugar taken with the food having been beyond the assimilative power existing, since none was found on subsequent occasions, and there was really nothing to lead me to suspect diabetes in him.

It is worthy of notice that diabetes insipidus and mellitus may exist together, and you can prove their co-existence in the following manner. Take, for example, a patient who is suffering from thirst, and is passing a large quantity of urine containing sugar, but in whose case, as shown by the specific gravity and quantitative examination, the amount of urine is out of the usual proportion to the sugar present. Put him upon the ordinary restricted diet for diabetes, and the sugar may entirely disappear, whilst the quantity of urine keeps up. I have seen cases in which, with a disappearance of sugar, the quantity of urine has nevertheless kept up to eight, nine, or ten pints in the twenty-four hours, with a specific gravity of from about 1,005 to 1,007. The diabetes mellitus has been got under by the dietetic management, but the other has remained. Where the two conditions co-exist, the quantity of water passed is, as I have said, out of proportion to the amount of sugar present. In the ordinary form of diabetes, the amount of urine voided stands in relation to the amount of sugar to be eliminated, the sugar, in escaping, carrying off water from the system with it. A patient whom I saw with Dr. Eustace Smith, in 1876, passed ten pints of urine in twenty-four hours. The specific gravity was 1,013, and the amount of sugar 19.10 per 1,000. The case affords an illustration of a great excess of urine without a correspondingly large elimination of sugar.

I will now give the history of a case where diabetes mellitus was followed by diabetes insipidus, the latter ultimately disappearing in its turn. A lady, aged 55, the wife of a clergyman in Wiltshire, consulted me in October, 1881, for diabetes mellitus. It was the ordinary form of the disease, and, under dietetic and medicinal treatment, she so far improved that on December 5th, 1881, her urine no longer contained any sugar. On August 4th, 1882, I received a letter from the patient, asking for an appointment, as she was again suffering from thirst and passing an excessive quantity of urine, and feared the disease had returned. The urine brought for examination, to my surprise, presented the following characters. Night urine, specific gravity 1007, no sugar; morning urine, specific gravity 1005, no sugar. This lady was at the time upon a restricted diet, but, seeing that no sugar was present, I desired her to take four ounces of ordinary bread *per diem*, and this was unattended with the return of sugar in the urine. In August, 1882,

her night-urine was of specific gravity 1015, and her morning-urine specific gravity 1013, no sugar in either specimen. She was now taking pretty nearly an ordinary diet, so that both diabetes mellitus and insipidus had disappeared. On a subsequent examination (November, 1883), the night-urine was of specific gravity 1031, and the morning-urine 1010, no sugar in either.

In bringing these cases before you, I abstain from offering any exposition of my own ideas as to causation because that would be trespassing on the domain of pathology; but, in connection with the association of diabetes insipidus with diabetes mellitus, I may refer to a certain other collateral condition which I have occasionally met with. I have seen cases, for instance, where the subjects of diabetes perspired only on one side of the body. One of my patients, a gentleman, presented this peculiarity in a remarkable degree. Large drops of perspiration stood out upon one thigh, whilst the other was quite dry. Another patient, a gentleman of 48, whom I saw in November, 1876, said to me, "I don't know why it is, but I find that slight mental exertion causes profuse perspiration on the right side of my head, and very little upon the left." I cannot refrain from simply saying, in passing, that I believe the disordered nerve-conditions which may cause these phenomena have some connection with the pathological state at the foundation of diabetes mellitus.

With regard to the physical condition of organs in diabetes, I have, in several instances, found a hypertrophic state of the liver associated with the disease, sufficiently often, in fact, to warrant the supposition that there is some connection between the two. The enlargement of the liver is marked, but I cannot say whether it is the ordinary form of hypertrophic cirrhosis; and, in any case, a patient so affected may go on satisfactorily for years. Some patients presenting this condition of enlargement only pass a moderate amount of sugar, even with some latitude in diet, and, in harmony, do not manifest the ordinary symptoms of diabetes to any marked extent.

Next, as to abnormal conditions of the nervous system. I am perfectly satisfied that certain symptoms of disordered nerve-action, especially spinal, are very apt to accompany diabetes. I have seen so many cases of ataxia associated with this disease that I have been for some time past led to consider that there is some connection between the two. They sometimes come on together, and sometimes the ataxia precedes the diabetes, or, on the other hand, the diabetes may have existed long before the ataxia shows itself. A patient, a lady, aged 48, whom I saw for the first time in 1871, and who had then been diabetic for ten years, presented no symptoms of nerve-disorder till February, 1880. She then began to complain of pains in her limbs, and, by April of that year, she was decidedly ataxic.

The usual account given by these patients of their condition is that they cannot feel properly in their legs, that their feet are numb, that their legs seem too heavy—as one patient expressed it, "as if he had twenty-pound weights on his legs, and a feeling as if his boots were a good deal too large for his feet." Darting or "lightning" pains are often complained of. Or there may be hyperæsthesia, so that a mere pinching up of the skin gives rise to great pain, or, it might be, the patient is unable to bear the contact of the seam of a dress against the skin, on account of the suffering it causes. Not unfrequently, there is deep-seated pain, located, as the patient describes it, in the marrow of the bones, which are tender on being grasped; and I have noticed that these pains are generally worse at night. With this, there is the usual loss or impairment of the patellar tendon-reflex.



Sometimes pains and manifestations of perverted sensibility are noticed without ataxia. It is not always the legs that are affected; the arms may suffer, as happened in the case of a gentleman who had been to see me several times for diabetes. This patient had done very well—better, indeed, than might have been expected, for he had not exercised the care that prudence would dictate he ought to have shown in the matter of diet, having frequently indulged in champagne, sweets, and such-like articles. Within the last year or so, however, he has had these nerve-troubles in one arm. It was put down by the local practitioners to gout; but the skin and flesh were tender, and the bone was painful. There was, moreover, some wasting of the limb. Under the circumstances, I sent him to Dr. de Watteville, to see what galvanism would do for him.

Another disease which I have seen in connection with diabetes is exophthalmic goitre; but I am not in a position to insist on the relationship in this case, as I do with ataxia. A patient, a lady, aged 60, whom I saw in August, 1877, and who was then suffering from moderate diabetes, also presented a distinct systolic *bruit*, a large and throbbing thyroid, and some amount of exophthalmos. Another lady, whom I saw in August, 1883, and who had just arrived from Montreal, was the subject of exophthalmic goitre and diabetes, which had developed concurrently.

Now, with regard to what has been called "acetonæmia," I may say at once that I do not believe in the theory involved in the term "acetonæmia." Of course, the coma is not a matter for belief; we all know that patients are very apt to die in a comatose state—a fact I mentioned in my work on *Diabetes*, the second edition of which was published in 1869; and the same observation had been previously recorded by our countryman, Dr. Prout. Why, therefore, it should now be called "Küssmaul's" coma, I cannot conceive, seeing that he only described it in 1874. So far as I am enabled to judge, this comatose state arises from a deprivation of power in certain nerve-centres; and thus fatigue, or anything which tends to throw the patient off his balance, will tend to produce it. I have often met with it in patients who have undertaken a long journey to see me. They were buoyed up by hope on their way to London; but, when they presented themselves in my consulting-room, I have been enabled even then to recognise the first indications of the advent of coma, and the patient has died in the course of a day or two.

I am inclined to consider that the coma depends, as I have said, rather on the exhaustion of certain nerve-centres than on the action of any direct poison in the blood. A simple attack of vomiting may lead to it in a diabetic patient who has not been able to eat anything for a day or two. It is usually ushered in by a rapid pulse and a peculiarity in the breathing. There is a breathlessness, or out-of-breath condition, not dependent on any impediment to the entrance of air into the chest, but simply as though the patient were unable to get sufficient for his requirements in the peripheral parts of the system. He becomes drowsy, and this deepens into a comatose state, terminating in profound coma and death.

It has long been known that a fatty condition of the blood is frequently observable in diabetics, and this has been suggested as a possible explanation of the coma, through the production of fatty emboli. But I maintain that this fatty condition of the blood is a purely physiological state. Fat shows itself normally in the blood after the ingestion of a meal containing much fatty matter. When formerly lecturing on physiology, I used to demonstrate this in the blood collected from an animal shortly after the free ingestion of fatty substances, and which, after standing for a little time,

presented a well-marked cream-like layer on its surface from the aggregation of the fatty particles. It is, I repeat, only a physiological condition; and its presence in the blood of diabetic patients may be accounted for by the great amount of food they take, and especially from the fatty nature that frequently occurs of a large proportion of it.

Albumen is sometimes present in the urine in diabetes, and may continue for years without being accompanied with any serious results. Not unfrequently, a decided quantity of albumen at the commencement of treatment may decrease and disappear as the patient improves. When present in small amount, I do not attach any significance to it. Other cases, however, exist which pass on to well-marked Bright's disease, and it is to be noticed that, generally, as this condition becomes established, the diabetes shows a tendency to subside. I remember a lady with diabetes who became the subject of Bright's disease, and the sugar entirely disappeared from her urine in a manner that permitted her taking any kind of food without passing sugar.

I trust I have not wearied you with the length of these remarks. They have been founded exclusively upon the information derived from the experience which has been thrown in my way in connection with the disease, and the points touched upon have been those which appeared to me to be the most worthy of being brought forward.

## CLINICAL LECTURES

### ADDRESSED TO STUDENTS ON THE METHOD AND DATA OF MEDICAL DIAGNOSIS.

By W. H. ALLCHIN, M.B., F.R.C.P.,

Physician to the Westminster Hospital, and Joint Lecturer on the Principles and Practice of Medicine and on Clinical Medicine.

#### LECTURE VII.—CASE TAKING.

##### *Personal History.*

##### *Sex.*

DOES sex of itself confer any peculiar liability to disease, or does it exert any influence upon disease when once established? The answer to these questions will demonstrate the assistance to be derived from the knowledge of a patient's sex in forming a diagnosis of such patient's malady. It is almost impossible, on entering on this enquiry, to avoid the consideration arising, is there or is there not any essential difference between the sexes beyond such as is connected with the manifestly distinct part they play in the reproduction of the species? Is there besides the differences in the structure and functions of the organs of generation some intrinsic difference either of degree or kind in their vitality? The subject is one that has given rise to much speculation and wordy disputation; but, without debating with Van Helmont the theme *propter uterum est mulier*, we shall, I think, see some reason to believe that there is *ab initio* a difference in the constitution of the sexes—a difference that is not appreciably recognised in every individual, but which in the aggregate is very apparent.

Insomuch as in the case of age, with which indeed sexual influence is at many points closely allied, most of our information is to be derived from statistics, it becomes necessary to commence with a statement of the relative numbers in which the two sexes exist before considering any circumstances which affect



either separately. The following table, from the 46th Annual Report of the Registrar-General for 1883 (published 1885),<sup>1</sup> shows the distribution of the sexes at different age periods in England and Wales per 1000 persons.

Ages.	Persons.	Males.	Females.
At all ages .. ..	1,000	487	513
Under 5 years .. ..	135	67	68
5—10 „ .. ..	121	60	61
10—15 „ .. ..	108	54	54
15—20 „ .. ..	98	49	49
20—25 „ .. ..	90	43	47
25—35 „ .. ..	145	70	75
35—45 „ .. ..	114	55	59
45—55 „ .. ..	84	40	44
55—65 „ .. ..	59	28	31
65—75 „ .. ..	33	15	18
75 and upwards ..	13	6	7

That is, of 1,000 persons living there are 487 males and 513 females, and it will be noticed that at all ages females are either equal in number to the males or exceed them.

Turning, however, to the annual number of births, we find that every year a greater number of males are born than females, and, to take the year 1883 as an example, of a total of 890,722 live births 453,076 were males and 437,646 females. That is, for every 100 females 103·5 males were born. The average for the preceding decennium was 103·8 males, the maximum being 104·3 in 1874 and the minimum in 1883. It would seem, therefore, that the greater proportion of males born over females is slightly declining.

But if, notwithstanding that there is this excess of males born, they at all subsequent ages number the same, or less than the females, it is clear that the male mortality must be considerably above that of females, and this the following figures show. In 1883, of the 522,997 deaths registered 269,262 were males and 253,735 females, or for every 1,000 persons living 19·5 persons died, in the ratio of 20·67 males and 18·46 females. (Since registration began, the maximum death-rate per 1,000 living of both sexes was 25·1 in 1849 and the minimum 18·9 in 1881, as contrasted with 19·5 in 1883.)

In my fourth lecture I gave you a table of the rates of mortality of the two sexes at twelve different age periods, from which it will be seen that the higher death-rate of males over females as estimated for all ages collectively equally prevails at each different age, and, this especially within the first year of life and after 60 years of age. It is indeed the excessively high rate of mortality among male infants which soon reduces the excess of males born below the number of females living. As still further emphasising the higher liability to death among males, I may refer to the supplement to the 45th Annual Report of the Registrar-General, which has been issued within the past few days. From it we learn that, whilst the mean annual death-rate in England and Wales for the decennium 1871–80 was 21·27 per 1,000 and was lower than in any previous decennium, the decline in the mortality was not equally divided between the two sexes, that of the female having fallen 6·02 per cent.

<sup>1</sup> Civil registration commenced in 1838, and an Annual Report (with a decennial supplement) has since been published by the Registrar-General. It deals with the Births, Deaths, and Marriages of *England and Wales only*, and this should be understood in respect to any figures quoted in the text, unless otherwise stated.

and that of the male only 4·24 per cent. since the immediately preceding decennium. And further that, whilst the rate has risen for the later periods of life and fallen for the earlier periods, as seen in the great diminution in infant mortality, the death-rate was higher than in the previous ten years at each age period after 35 in males, but that it did not rise until after 45 in females. It follows as a corollary to this that the expectation of life among women at any age is greater than among men, and the life table that I gave you in a previous lecture fully bears this out, and the new life table published within the past few days supplies additional confirmation of the same.<sup>2</sup>

The following table, as showing the number of deaths in the two sexes in 1883 from different causes (using the group-terms of diseases employed by the Registrar-General), will be of interest and sufficiently explains itself. It may be remarked, however, that the actual mortality from the various diseases does not exactly correspond to the sexual prevalence of the maladies, as will be seen from what follows<sup>3</sup> :—

Disease.	Males.	Females.
1. Zymotic .. ..	34,453	36,101
2. Parasitic .. ..	536	503
3. Dietetic .. ..	1,155	608
4. Constitutional .. ..	44,621	46,582
5. Developmental .. ..	20,893	22,812
6. Local .. ..	137,413	127,264
7. Violence .. ..	13,229	4,824
8. Not specified .. ..	16,787	15,041
All causes at all ages =	269,262	253,735

From all which it would appear that fewer females than males are born; that at every age, and consequently at all ages collectively, the death-rate is lower among girls and women than among boys and men; that the difference is most perceptible in the first years of life; that in both sexes an improvement (*i.e.*, a diminished death-rate) is taking place; that this is more marked in females than in males at all ages, up to 45 in the former and only to 35 in the latter; and lastly, that the mean expectation of life of a male child at birth is 41·35 years and of a female 44·62 years. No doubt, in attempting to explain this lessened mortality in the female sex, much importance must be ascribed to the more protected circumstances of their life, and in many respects the more favourable condition in which they live. But it cannot be this entirely, since the environment of infant life is the same for both sexes, however much it may vary among different social classes. It is not easy to see what in the surroundings determines that far more male infants should die than females, even when due allowance is made for the greater liability to injury at birth in males, from their average larger size, a circumstance which is not without an effect, as seen in the greater proportion of still-born males. We cannot, I think, resist the conclusion that inherently in the female organism the death tendency is not so strong as in the male, and the very much larger number of women than men who live beyond a hundred gives support to the idea.

<sup>2</sup> In the fourth lecture, where the English Life Table as prepared by the late Dr. Farr is given, I expressed the belief that a table constructed on the recent Census and Annual Reports would show a higher expectation of life at almost all ages. In the recently published Supplement to the Registrar-General's 45th Report a new life table is given, which justifies this anticipation, and should be compared with that printed at page 630.

<sup>3</sup> 45th Annual Report of the Registrar-General, p. 138, where may be seen the mortality from the different diseases comprised within these group-terms.



The data for calculating the annual expectation of sickness in the sexes are admittedly meagre, and the results are far from conclusive, but, so far as they go, they would tend to show that the degree is about the same. In Mr. Sutton's tables, referred to in my fifth lecture, it is estimated that—

Ages.				Annual Expectation of Sickness.	
				Male.	Female.
From 15—20	..	..	..	·666	·666
„ 20—25	..	..	..	·737	·737
„ 25—45	..	..	..	·995	·995
„ 45—65	..	..	..	2·736 weeks	2·751 weeks
From 15—65	..	..	..	1·314 week	1·334 week

If, however, these figures are only so far correct as to show that the amount of illness is about equal, it would certainly strengthen the view that the female vitality is more resistant if, with an equal amount of sickness, the mortality rules higher in males.

The foregoing remarks deal rather with any influence sex may exert upon disease when once established, either in determining its duration or in favouring a fatal result. There remains the more interesting and more practically important enquiry, does sex of itself influence the causation of disease; which is met by investigating any special prevalence of disease that may exist among males or females. It will be at once apparent that the difference between the sexes as regards the occurrence of disease is both absolute and relative; that there are some maladies peculiar to each, and some common to both, though perhaps varying in the frequency of their appearance in one or the other.

The affections comprised within the former group are manifestly those connected with the organs special to each sex, which for the most part are those concerned in the function of reproduction. Inasmuch as, when considering the subject of age, I pointed out to you that it was particularly at those periods of life when organs take on a special activity or cease from the same that the liability to disease is greatest, it would follow that at puberty and the menopause the special sexual diseases are of most frequent occurrence. The establishment of the reproductive process in the male is of far less importance in the causation of disease than it is in the female, and, as there is no epoch in the life of men that can be fairly regarded as corresponding to the "change of life" in women, the activity and development of the reproductive function scarcely predispose them to disease. But in the woman the evolution of the generative organs reacts on the body generally, and establishes a liability to illness which asserts itself in a large number of cases. "On the approach of puberty," says Dr. Emmett, "the nervous system becomes dominant in the female organisation and is as susceptible to external influences as the barometer is to atmospheric changes. But the simile is not applicable later on, since an impression for good or evil, once made upon the nervous system, especially while in the adolescent period, is permanent. It may lie dormant in the after-life of the individual, but will almost surely be transmitted to future generations. At this period of life, when natural laws are disregarded, the young girl lays the foundation of a defective organisation. The boy develops imperceptibly from youth to manhood, his generative function

is perfected without special nervous disturbance and even stimulates his growth; moreover, defects in his physical condition can be remedied in after-life to a much greater extent than is possible in the female. On the contrary, with her, the transition to womanhood is rapid; her organs of generation acquire a preponderating influence in her complex organism, and her nervous system is fully taxed to secure and maintain that general harmony of function which constitutes health. The slightest defect in her sexual organs may through the medium of the sympathetic nerves produce functional derangement elsewhere." The specially feminine maladies will be those connected with the onset, occurrence, and cessation of menstruation, with pregnancy, parturition, and lactation. Of these functions, which may be performed in a perfectly normal manner, each, so far as it goes, adds a fresh liability to disease on the part of the female. And yet with these additional risks there is no increase in the mortality in women during the child-bearing stage of their life over men during the same period; and the ages of 40 to 50, when the maladies of the climacteric occur in women, are less fatal to them than to men.

I am not concerned to give you a detailed description of the special diseases associated with these different functions peculiar to women; enough if I point out their general characteristics. The slight systemic disturbance which almost invariably precedes the first appearance of the catamenia may in some cases attain considerable proportions and result in the establishing such a disturbance of the harmonious co-ordination which should prevail among the various bodily functions as to constitute the affection we designate hysteria; or it may be that some more definite neurosis is established such as epilepsy, which, I may add, occurs also in boys with great frequency for the first time at puberty. The onset of menstruation, and indeed very commonly its maintenance for some few years, is singularly liable to be associated with a simple anæmia or chlorosis to a very marked extent, and it is easy to see the various ailments of malnutrition which may follow from such a state. The periodic recurrence of the menstrual flow is the cause in many women of illness of all degrees of severity; the imperfect performance of the function itself, a too scanty discharge, even to suppression, or an excessive flux, will determine both local and general discomfort, the latter in the form of neuralgias, perversions of digestion, and all forms of mental disturbance, with perhaps a general malaise that absolutely prevents the performance of any ordinary duties. The condition of the woman during the menstrual period is also one that frequently renders her specially liable to contract disease due to that complex factor designated "catching cold," or still more to the subtle poisons of the acute specific fevers. The very distinct influence that menstruation exerts over the general health of the woman is often to be well seen in the course of these specific fevers, when, if the flow should occur during the attack, a very distinct inclination towards the typhoid type is manifested, to be passed out of when the catamenia have ceased. Another very frequent malady associated with disordered menstruation is leucorrhœa, which intensifies the injurious effects of the anæmia which it usually accompanies. Throughout the period of the highest functional activity of the generative organs their liability to disease is greatest. Most uterine and ovarian affections occur within this time, and this apart from the special dangers of pregnancy or the menstrual disturbances which I have just mentioned.

But it is in association with the loss of the reproductive power in women, and the cessation of the catamenia, that the greatest imminence to disease is met with. Frequently, as with the establishment of

\* "Principles and Practice of Gynæcology," 1884.



the function, no appreciable departure from health is observed, but in many other cases appear the first indications of that malady which will sooner or later become the fatal illness. The nervous affections which are apt to predominate at this epoch are chiefly of a neuralgic and hysterical character, occasionally even hypochondriasis or melancholia. Epilepsy rarely occurs for the first time at this period, thus offering a marked contrast to puberty. Other neuroses, as indeed most other ailments which have prevailed in previous years, are liable to be exaggerated at the climacteric. The flushings and perspirations so characteristic of this stage may be so violent and profuse as to claim recognition as disease, as in a minor degree they may be regarded as normal. Plethora of various organs are frequent, with occasional attendant hæmorrhage from mucous surfaces, or the congestion may, from the character of the organ so affected, become of serious import, as is seen in cerebral plethora. Sometimes it has been observed that there is a revival of ailments that had ceased with puberty, and the woman suffers from skin eruptions or otorrhœa, which had been in abeyance since her girlhood. On the other hand, it cannot be denied that the change of life, followed, as it very usually is, by a period of sound health, actually exerts in many instances a sanative influence upon the entire organism, and abolishes for ever many maladies, both mild and severe, which have rendered existence almost a burden for many years. With the atrophic and degenerative changes which take place in the uterus and ovaries at the change of life, the liability to the development of homologous new growths in these organs almost entirely ceases, as on the contrary heterologous neoplasms appear with marked frequency.

That pregnancy, parturition, and lactation each confers a proclivity to disease is well known. Many of the resulting maladies are to be attributed to the direct mechanical effect of the gravid uterus or the actual process of delivery. The peculiar condition of the blood in this state favours some, whilst others are brought about in a reflex manner. Thus perversions of appetite, such as complete anorexia, heartburn, flatulence, and other signs of dyspepsia, constipation and vomiting, are some of the affections of the digestive organs. Dyspnoea and palpitation illustrate cardio-respiratory disturbance. Anæmia from insufficient nourishment or floodings represents the general perversion due to pregnancy, and albuminuria and eclampsia the less common maladies. Probably the nervous system exhibits the greatest frequency, as also the greatest variety of disturbance, from mild headaches to epilepsy, chorea, and mania. Notwithstanding, however, the increased risk to illness which pregnancy renders women liable to, as a cause of death it holds but a low position in the scale. In 1883 there were registered in England and Wales 4,508 deaths from puerperal fever and child-birth, being in the proportion of 5.1 to every thousand children born alive, which is about the same rate that has been maintained for some years past. The mortality in childbed and from such conditions as may supervene within four weeks from delivery has, however, been estimated by Dr. McClintock at nearly 1 per cent.<sup>5</sup> There is a great difference, however, between primiparæ and multiparæ in regard to the dangers of parturition. Dr. Allen, of New York, published in 1872 the following results bearing upon this point. Among 10,382 primiparæ there were 168 deaths, being 1 in every 62, whilst in 26,394 multiparæ there were 213 deaths, being 1 in every 124, or exactly half the risk.

Again, the pregnant and puerperal states exert a powerfully modifying effect upon many diseases which

the patient may have acquired. Speaking generally, the whole groups of specific fevers are so gravely intensified in their severity that recovery is the exception. On the other hand, pulmonary tuberculosis, which may have proceeded to a considerable extent, is frequently in abeyance whilst gestation proceeds, to re-start with accelerated energy within a few weeks after confinement. The liability to death, however, would not seem to be excessive, since only 55 pregnant women were registered in 1883 as having died from other causes than those associated with parturition.

(To be continued.)

## PRACTICAL NOTES ON THE ORDINARY DISEASES OF INDIA.

By NORMAN CHEVERS, C.I.E., M.D., F.R.C.S. Eng.,

President of the Health Department, Social Science Association.

(Continued from page 501.)

### DISEASES OF THE RESPIRATORY SYSTEM.

For *Influenza* in India, see vol. for 1884, p. 761. For *Croup* and *Diphtheria*, ib., pp. 625 and 760. For *Pertussis*, ib., p. 761.

*Hay Asthma*, or rather *Hay Fever*. I have already mentioned<sup>1</sup> that this affection does not appear to have been observed in India. I then alluded to the case of an aged civilian, long retired, who told me that he was subject to hay fever before he went to India, and lost it there. In one of his valuable notes on Indian disease the late Dr. Hogg wrote—"At Umballa, quite recently, a young officer, a martyr to hay fever at home, wondered why he enjoyed such entire immunity in India." A lady, a patient of my own, first went to India in middle age; she never had hay fever until she returned to England. On going back to India, the affection left her. Four other ladies of my acquaintance, three of whom were born in India, have become painfully subject to the malady in England. All suffer from coryza, one of them is asthmatic.

*Asphyxia*.—At pp. 645-652 of my "Medical Jurisprudence for India" I combated the then generally accepted opinion that the essential and invariable characteristic evidence of death by Asphyxia is the accumulation of blood in the right heart and in the lungs. I adduced evidence in proof of the fact, which I felt confident would thenceforward be generally accepted, that, although in many cases of asphyxia the muscular power of the right ventricle is overcome, and its cavity is found gorged after death, there is a set of instances in which, the action of the heart continuing after the cessation of respiration, the right ventricle is found well-contracted and nearly empty, the lungs being congested in an extreme degree; and I urged that, unless this fact be admitted, it may, in certain cases, be found difficult to substantiate our opinion that death has resulted from asphyxia.

After my work appeared Dr. Alfred Taylor added his own authority to the principles which I then advanced.

I subsequently noted the following characteristic observation by Dr. Packard, of Philadelphia.<sup>2</sup> It is given as "an instance of pure suffocation by hanging." A very strongly-built and muscular man, ætat. 37, hung himself to a banister with a piece of picture-cord wrapped with soft cotton to give it bulk; it was so

<sup>5</sup> "Death-rates in childbed."—*Brit. Med. Journal*, Aug. 10, 1878.

<sup>1</sup> Vol. i. for 1884, p. 78.

<sup>2</sup> *American Journal of Medical Science* for July, 1870.



short that he could scarcely have had more than six inches fall; he could not have been hanging more than a very few minutes when he was discovered, but death had already occurred. In the autopsy, 48 hours after death, the body having been in ice, it was found that there was strong *rigor mortis*; the upper surface was very pale, but hypostatic congestion of florid hue was present except where the body had pressed on the bottom of the box. There was considerable cerebral congestion with some ecchymosis and slight extravasation of blood. "Lungs, healthy and deeply congested, especially at their posterior parts. Heart, well-developed, *strongly contracted and empty*." [The italics are mine.—N. C.] "On its surface a somewhat unusual amount of fat; valves all healthy. Blood dark-coloured and perfectly fluid. Abdominal viscera healthy. Liver full of blood, although its surface was rather paler than normal."

*Edema Glottidis*, in Syphilitic disease. In a strong European, suffocating apparently from this cause, I waited as long as possible by the bedside, it being the rule of our hospital that surgical cases, occurring in the physicians' wards, should be made over to the surgeon of the day. At last, the patient fell over, and I opened the trachea. I could scarcely adjust the canula when, as frequently happens, the patient, tired out by long-continued dyspnoea and unrest, fell asleep. He recovered without a bad symptom.

*Polypus*.—During convalescence in the above case, the canula, having been long kept in, brought away a growth of mucous membrane about as large as a pea, which had not produced any evident obstruction.

*Laryngitis*.—Sir Joseph Fayrer has placed on record<sup>3</sup> the case of a delicate-looking native man, æt. about 28, in whom he performed tracheotomy at the moment when the patient was on the point of death from acute laryngitis. Writers on tracheotomy will find that the details of this case are replete with valuable suggestions.

I had an undoubted case of *Acute Idiopathic Laryngitis* in a youngish native woman under sentence of death in the jail at Howrah. It yielded to treatment without much difficulty. I had a case of Laryngitis, and more, in the person of a very powerful Greek, whose strength had qualified him to keep a drinking shop in Lall Bazar, the chief resort of sailors in Calcutta. Overlooking the fact that he had become old and fat, this man had a fight with a sailor stronger than himself, was very severely beaten, and fell into ill-health. He was admitted to my ward with very characteristic symptoms of acute laryngitis. Respiration was markedly more interfered with than it usually is in simple laryngitis; and he, with great difficulty, got rid of large quantities of thin mucous froth. I was with him when he suffocated, and did not lose a moment in opening the air passage, but without effect. We found that the laryngitis was caused by an aneurysm of about the size and flattened rounded shape of a child's toy watch, which, arising from the cross of the aorta, grew upwards, and was closely adherent to the bifurcation of the trachea, where it was about to open, having raised a swelling of the mucous membrane very like a small red currant. Under the head of *Mumps*<sup>4</sup> I have described the cases of two little European brothers who were attacked, one fatally, with acute laryngitis [diphtheria?] in the course of that disease.

While in India, I regarded uncomplicated idiopathic laryngitis as one of the rarest diseases of that country. Except in one very questionable specimen, Prep. 719, the condition is not represented in Ewart's

Catalogue of our Medical College Museum. The returns of the Sanitary Commissioner for the four years ending 1883, however, display what must be regarded as a very extraordinary prevalence of this disease. Thus—

#### *Laryngitis.*

Year 1880	European Soldiers	4 deaths
	European Women	3 admissions
	Native Troops	317 admissions
	with	56 deaths
	Prisoners	46 admissions
	with	16 deaths
" 1881	European Soldiers	3 deaths
	" "	4 invalided
	European Women	1 admission
	Native Troops	105 admissions
	with	8 deaths
	Prisoners	38 admissions
	with	8 deaths
" 1882	No deaths from Laryngitis among the European soldiers, of whom 2 were invalided for this disease.	
	European women, one was admitted and died.	
	Native Troops, 90 admissions, 5 deaths.	
	Prisoners, 22 admissions, 2 deaths.	
" 1883	No death from Laryngitis among the European soldiers; one man was invalided.	
	No case occurred among the European women.	
	Native Troops, 91 admissions, 2 deaths.	
	Prisoners, 38 admissions, 4 deaths.	

As Croup and Laryngitis are taken together in the four years' returns of European Children, I do not cite the figures.

At first sight, it might appear that this disease was laryngeal diphtheria, prevailing in Upper India not only among the sepoys on field-service, but among the inmates of the jails; but this supposition is disallowed by the fact that the returns of the four years give only four admissions for diphtheria among the native troops and prisoners in the three Presidencies, and these only in the years 1880 and 1883.

In 1883 the designation of the disease, as it occurred among the Native Soldiers and Prisoners, is changed from "Laryngitis" to "Laryngitis and Laryngeal Catarrh." This appears to be indicative of a change of type in the malady.

As I think that these statistics can only be satisfactorily explained by medical officers in whose hospitals this disease has been prevalent, I shall refrain from merely speculative comment upon them.

I saw a case of Sir Joseph Fayrer's in which [Syphilitic?] *Necrosis of the Thyroid Cartilage* proved fatal by pyæmic deposits in the lungs, &c. In July, 1881, Dr. McLeod noticed, at the Calcutta Medical Society a case of necrosis of the left ala of the thyroid cartilage in a case of chronic laryngitis in which laryngo-tracheotomy was performed. The necrosed fragment occupied a gangrenous abscess cavity, which communicated with the cavity of the larynx. The patient died of lung disease after a lingering illness.

At the same time Baboo O. L. Mookerjee exhibited a preparation of *Necrosis of the Cricoid Cartilage* from a Hindoo who was admitted moribund, suffering from very urgent dyspnoea. He was unable to speak, but pointed to his throat as the seat of his malady. The cricoid was in a state of necrosis and was surrounded by an abscess. The lungs were hepatized.

In November, the same gentleman reported another very similar case. A Hindoo was admitted with

<sup>3</sup> "Indian Annals of Medical Science," No. 3, p. 427.

<sup>4</sup> Vol. i. for 1881, p. 761.



double pneumonia, from which he recovered. Sponginess of the gums was subsequently noticed. In about three weeks, pain in the throat was complained of, the temperature rose, the voice became laryngeal, and dyspnoea set in. He died a week later. The cricoid cartilage was bare, and lay in a sloughy abscess.

I sent Preparation 727 to the Medical College Museum—"Abscess between the Thyroid and Cricoid Cartilages, and œdema of the laryngeal mucous membrane of the right side, also implicating the glottis."

In my "Medical Jurisprudence" (page 584) I have noticed a case, mentioned to me by the late Dr. Duncan Stewart, in which an aged woman, who was found dead in her bed, had one of the wings of an ossified thyroid cartilage broken and forced inwards, causing suffocation.

Preparation 713 in the Calcutta Medical College Museum represents "Ossification of the epiglottis and all the cartilages of the larynx, and fracture of the anterior portion of the ossified cricoid cartilage. The rings of the trachea are also ossified, and there is calcareous deposition in the elastic ligamentous material connecting the rings to each other; from an aged Armenian woman."

(To be continued.)

## APPOINTMENTS FOR THE WEEK.

*Friday, December 4 (this day).*

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, 8 p.m.—Mr. H. Percy Dunn, "Sac and Adjacent Parts of a Large Omental Hernia," "Pendulous Growths from Mucous Membrane of Stomach," "Tubercular Disease of Testes," "Tubercular Disease of Kidney"; Mr. C. B. Keetley, "Osteotomy of Hip," "Case of Complete Obliteration of One Nostril by Syphilis (Congenital)," "Case of Removal of whole of Lower Lip for Epithelioma"; Mr. Leonard Mark, "Drawing of above Case before Operation"; Mr. J. R. Lunn, "Drawing of a Case of Epithelioma of Lip." Papers: Mr. Dunn, for Surgeon Harold Hardley, I.M.S., "Some Cases of Interest from the late War in the Soudan"; Mr. C. B. Keetley, "Antiseptic Surgery at the West London Hospital"; Dr. Sinclair Thomson, "Suez as a Health Resort, with Notes by the Way."

*Monday, December 7.*

UNIVERSITY OF LONDON, 5 p.m.—Mr. Victor Horsley's First Brown Lecture.

ODONTOLOGICAL SOCIETY, 40, Leicester Square, 8 p.m.—Casual Communications: Messrs. W. St. George Elliott, Felix Weiss, and George Cunningham. Paper: Mr. F. S. Eve, "Some Points in the Pathology of Cystic and Encysted Solid Tumours of the Pelvis."

MEDICAL SOCIETY, 8.30 p.m.—Clinical evening. Living specimens at 8 p.m. Mr. J. Astley Bloxam, (1) "Case of Trephining," (2) "Case of Compound Comminuted Fracture of the Skull"; Mr. A. Boyce Barrow, "Cases of Radical Cure of Varicocele"; Dr. C. E. Beever, "Case of Amyotrophic Sclerosis"; Mr. E. H. Fenwick, "Case of Descending Testis in an Adult"; Dr. Maguire, "Case of Mixed Paralysis of Ocular Muscles"; Dr. J. K. Fowler, "Case of Diffuse Lipoma."

*Tuesday, December 8.*

ROYAL COLLEGE OF SURGEONS, 4 p.m.—Professor John Wood, F.R.S., The Bradshawe Lecture: "On Antiseptics."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 p.m.—Mr. Savory, "A Case of Destruction of a Portion of the Axillary Artery by Sarcoma"; Mr. T. Bryant, "Amputation at the Knee-joint by Disarticulation, with Remarks on Amputation of the Leg by Lateral Flaps."

UNIVERSITY OF LONDON, 5 p.m.—Adjourned debate on the Reconstruction of the University.

ANTHROPOLOGICAL INSTITUTE, 8 p.m.—Mr. H. H. Johnston, "Exhibition of Portraits of Africans"; Mr. W. Seton Karr, "Exhibition of Photographs of North-American Indians"; Mr. E. H. Man, "The Nicobar Islanders."

*Wednesday, December 9.*

UNIVERSITY OF LONDON, 5 p.m.—Mr. Victor Horsley's Second Brown Lecture.

EPIDEMIOLOGICAL SOCIETY, 8 p.m.—E. J. Edwardes, M.D., M.R.C.P., on the "Report of the German Vaccination Commission."

*Thursday, December 10.*

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 p.m.—Living specimens at 8 p.m. E. Nettleship, (1) "Diabetic Retinitis," (2) "Removal of Chip of Iron from Vitreous by Magnet"; W. A. Brailey, (1) "Case of Haemorrhagic Glaucoma unaccompanied by any Increase of Tension," (2) "Retinitis from Lardaceous Disease," (3) "Peculiar-looking Retinal Detachment relieved by Scleral Puncture"; G. Hartridge, "A Patient with Small Lenses (Congenital)"; W. H. Jessop, (1) "Case of Retinal Haemorrhage," (2) "Case of Detachments of Retina." Communications, &c.: Dr. Samuel West, "A Case of Double Optic Neuritis after a Fall—Perfect Vision throughout—Recovery"; E. Nettleship, "A Case of Fatal Meningitis after Excision of the Eyeball"; C. Higgins, "Neuro-paralytic Ophthalmia"; W. H. Jessop, "Note on the Fields of Vision in a Case of Diphtheria."

PARKES MUSEUM OF HYGIENE, 8 p.m.—Lecture by Mr. Eric S. Bruce, on "Health and the Electric Light."

*Friday, December 11.*

UNIVERSITY OF LONDON, 5 p.m.—Mr. Victor Horsley's Third Brown Lecture.

CLINICAL SOCIETY, 8.30 p.m.—Sir Andrew Clark, Bart., "On a Case of Desquamative Prostatitis accompanied by the Discharge of Hyaline Tube Casts"; Dr. de Havilland Hall, "Aneurysm of the Ascending and Transverse Portions of the Arch of the Aorta, Pressure on the Trachea and Bronchi on the Left Recurrent Laryngeal Nerve and (?) the Vagus"; Dr. Barlow and Mr. Rickman Godlee, "On a Case of Perforation of the Vermiform Appendix treated by Operation." Living specimens: Dr. T. D. Savill, "A Case of Myxoedema"; Dr. Stephen Mackenzie, (1) "A Case of Symmetrical Morphoea," (2) "A Leprosy-like Syphilide."

## Medical Times and Gazette.

SATURDAY, DECEMBER 5, 1885.

THERE has been great execution during the past week amongst the medical candidates for Parliament. Mr. Ernest Hart has been badly beaten in Mile End, and will now, it is to be hoped, return to the management of his journal, which has sorely missed him of late. At Greenwich, Dr. Herbert Watney has gone by the board (no pun intended). In Surrey, Dr.



Alfred Carpenter has been thrown out by a large majority, but, as his successful opponent, Sir Trevor Lawrence, is himself a doctor, and has been very useful to the profession in Parliament, this is the less to be regretted. As we could not have both, and as Dr. Carpenter is as yet an untried Parliament man, there is no reason to regret the result. The same may be said of the result of the election for South Manchester, where Mr. Peter Royle, a local practitioner, was beaten by Sir Henry Roscoe, the distinguished chemist. Professor Roscoe's entry into Parliament is a notable gain. Sir Lyon Playfair and Sir John Lubbock have both been elected without much difficulty, and they, with Sir Henry Roscoe, will form a scientific trio whom it would be difficult to match. Amongst the other medical defeats is that of Dr. Danford Thomas, the Middlesex coroner, who stood for West Islington. Dr. R. D. Lyons, who sat for Dublin in the last Parliament, and whose face and voice are familiar to the rare visitors to the meetings of the General Medical Council, is apparently also left out in the cold, as he was not even nominated for the division of Dublin, for which it was understood that he was standing. Glasgow has succeeded in returning two doctors amongst its Liberal seven, viz., Dr. Cameron and Mr. Mitchell Henry. The contest, however, in which medical men are most interested, that in which Mr. Erichsen is engaged, will not come off until all the other elections have been decided.

AMONGST medical successes we are glad to chronicle those of Dr. Farquharson in West Aberdeenshire and Dr. Balthazar Foster in Cheshire, both of the Liberal persuasion. Dr. Farquharson's easy victory will be heartily welcomed by his many friends. He is aptly described by an evening journal as a physician who has looked after his own health and is of jovial appearance. Dr. Balthazar Foster's success will somewhat make up to the lovers of the British Medical Association for the defeat of their other champion, Mr. Hart. It is a curious, and perhaps not altogether creditable, fact that the greatest number of successes scored by medical candidates will be in Ireland, amongst the Parnellite tail. Of these only Dr. O'Doherty and Mr. Tanner have yet been elected. Dr. O'Doherty has had a chequered career; while yet a medical student, he was arrested for sedition, sentenced to ten years' transportation, and shipped off to Tasmania. Subsequently pardoned, he completed his studies in Paris, and took his diplomas in Ireland in 1857. He practised for some years in Dublin, and then emigrated to Queensland, where he practised at Brisbane, and became a member of the colonial administration. He has only lately returned to his native country. To sum up, the medical practitioners as yet elected to Parliament, including Members who have forsaken medicine after graduating, are as follows:—

Cameron, Charles, M.D. (*Glasgow*).

Farquharson, Robert, M.D., F.R.C.P. (*West Aberdeenshire*).

Finlay, Robert Bannatyne, M.D. Edin., Q.C. (*Inverness Burghs*).

Foster, Balthazar Walter, M.D., F.R.C.P. (*Cheshire*).

Henry, Mitchell, F.R.C.S. Eng. (*Glasgow*).

Hunter, Sir Guyer, M.D., F.R.C.P., K.C.M.G. (*Hackney*).

Lawrence, Sir J. J. Trevor, Bart., M.R.C.S. Eng. (*Surrey*).

Macdonald, R., M.D. Durham (*Ross and Cromarty*).

O'Doherty, Kevin Izod, F.R.C.S.I. (*North Meath*).

Tanner, L. J. N., L.R.C.P., L.R.C.S. Edin. (*Mid-Cork*).

Vanderbyl, Philip John, M.D. Edin., M.R.C.P. (*Portsmouth*).

So far there is a very distinct improvement in the new Parliament, so far as the medical profession is represented.

THE work done at the last meeting of the Clinical Society, although entirely confined to one subject, was of a kind at once interesting and useful. The operative measures for the relief of incurable stricture of the upper parts of the alimentary canal have been considerably added to of late, and the four papers contributed respectively by Messrs. Barwell, Dent, Morgan, and Golding-Bird formed the basis of a discussion in which the relative merits of these measures were keenly criticised. Several points of importance were raised, and amongst them the question of the real efficacy of gastrostomy in prolonging life. Statistical evidence was brought to bear upon this matter, and seemed to show that the average length of life after the operation was but short. It was not, however, made equally clear that the relief to the patient was but slight, and, although it is perfectly well recognised that the operation is only palliative, it is equally probable that patients who are given the choice of death from cancer and death from starvation will unhesitatingly choose the former. The advantages of the cesophageal tube were not universally admitted, only a few cases being mentioned in which the tubes had been well tolerated by the patients.

THE operation of jejunostomy recorded by Mr. Golding-Bird may fairly take rank as a surgical novelty. The idea is not a new one, but no account has hitherto been published in which it has been put in practice. It possesses certain advantages over similar operations upon the parts immediately above the jejunum, but it is attended with certain dangers, as Mr. Golding-Bird's case exemplifies, which can only be avoided by the close personal attendance of the surgeon in charge of the case. Excision of the pylorus, now known by the very cacophonous title of pylorotomy, has not gained for itself in England the reputation which the successes of Billroth and Wölfler have given to it in Vienna, and this operation of "jejunostomy," although merely palliative and not curative, may, not improbably, supplant it in the practice of English surgeons.

THE chief paper of the evening at the last meeting of the Pathological Society was undoubtedly that by Mr. Arbuthnot Lane on the changes which take place in the joints and extremities as a result of pressure. His very careful study in the dissecting-room and elsewhere enabled him to bring out several points of interest, and notably the way in which the dislocations are produced by long-continued impaired range of movement in the joints of the aged, and the



manner in which the extensor tendons are apt to obtain a new insertion into the phalanges. Dr. Hadden showed the joints from two cases of Charcot's disease, and demonstrated the existence of disease of the posterior columns of the cord as well as of certain groups of motor cells in one of them; the changes in the shoulder joint in this case were very extensive. The case was rendered additionally interesting, inasmuch as the patient was already renowned for the severity of his gastric crises, for which he had some years previously been the object of treatment by Dr. Buzzard, and examination of the medulla afforded some support to the theory as to these crises having a central origin on the medulla, which Dr. Buzzard suggested some few years ago. Mr. J. Hutchinson, jun., read a short paper on sub-peritonæal lipomata, drawing attention to the various points of interest in connection with them, the discussion which followed turning chiefly on the relationship of lipomata to the spermatic cord. Dr. Carrington communicated a case of cancer of the thyroid gland, which turned out to be by no means so rare an occurrence as he had supposed. Mr. D'Arcy Power showed two well-marked cases of osteitis deformans, and Dr. Gulliver communicated an interesting case of stricture of the small intestine, in which, however, there had at no time been any symptoms of obstruction.

THE usual monthly meeting of the Obstetrical Society was held on Wednesday evening last. Dr. John Williams presented a specimen, the only one, we believe, ever publicly exhibited, of corroding ulcer of the uterus. A paper by him on the subject was published in the last volume of the Transactions; and in that paper he detailed three cases of that rare disease. One of those patients has since died, and Dr. Williams was thus enabled to exhibit her pelvic organs. All present could thus convince themselves of the accuracy of Dr. Williams' clinical description. Microscopical sections of the diseased structures were displayed upon the table. Some other interesting specimens—ruptured pyo-salpinx, extra-uterine gestation, and conjoined twins—were also shown. The major part of the evening was taken up, first, with a short paper by Dr. Arnold Thomson on a case of protracted pregnancy; then with a detailed essay on the inflammations and strictures of lupus of the female genitals, by Dr. Matthews Duncan, being the last of three papers which complete his description of the clinical character of this disease. To this was appended on account of the histology, by Dr. Thin. This paper excited but little discussion; and the evening was finished with a good account of a case of spurious pregnancy and labour, by Dr. Roxburgh Fuller. Many speakers related similar cases; from which it would seem that the disease is not so rare as the paucity of well-observed cases might make one think.

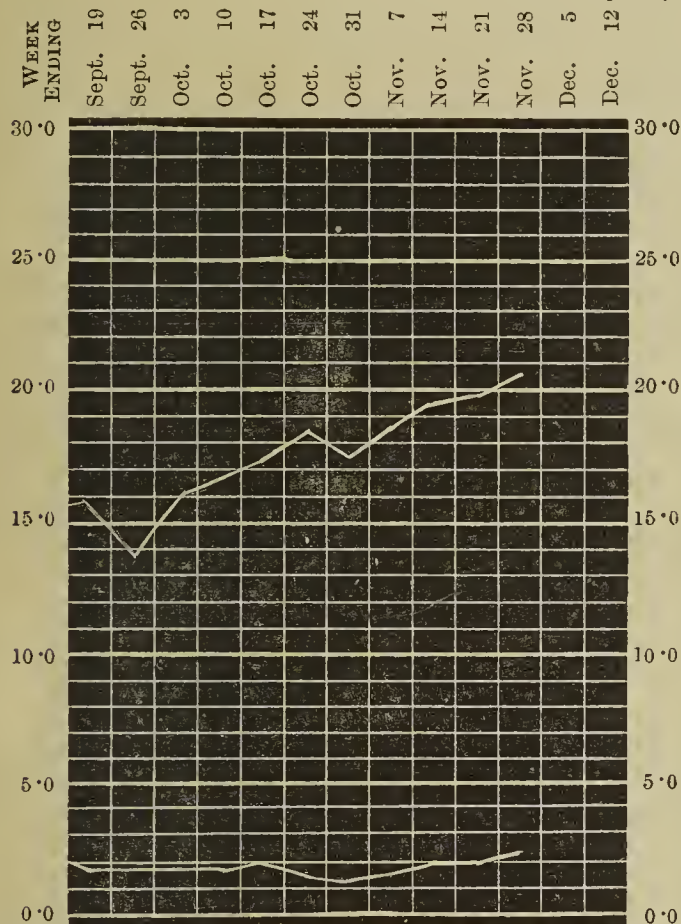
THE movement for providing a Teaching University for London moves slowly, but still it moves. The Association which has taken the movement under its special charge held its annual meeting on Wednesday, under the Presidency of Mr. John Marshall, and com-

missioned its committee to open communications with the governing bodies of the University of London, University College, King's College, and other institutions. The Association still adopts an expectant attitude with regard to Convocation of the London University, which body again meets on Tuesday next. It looks very much, however, as if that body, by rejecting Lord Justice Fry's scheme, has practically decided that the London University shall not reform itself in such a manner as to meet the aspirations of the Association. Mr. Magnus, who led the majority which rejected Lord Justice Fry's proposals, has drawn up a skeleton scheme which certainly seems little calculated to convert the present university into a Teaching University. If adopted, it may convert it more or less into a Teacher's University, but it does not appear to contemplate any real co-operation of the teaching bodies under the control of the University. What most teachers seem to mean when they talk about a Teaching University is a university in which the teachers shall be able to control the examinations. They are not opposed to the idea of professorships being attached to the University, but that forms a very subordinate part of their proposals. In our view, a university which could not rearrange and economise the teaching of the metropolis, and provide for senior students something higher in the way of teaching than they get now, would not be worth fighting for. The exact constitution of a university, whether it shall have Boards of Studies or Councils of Education or faculties, is an entirely minor matter, which ought to be kept subordinate to the main object of providing London with a central university which shall take in hand and direct the higher teaching throughout the metropolis.

THE deaths in London last week reached a figure, 1610, which has not been attained for many weeks past, but which is still 122 below the average; the death-rate for the first half of the present quarter is more than 2.0 per mille below the average. As regards the zymotic diseases, we find there was a serious increase in the deaths from measles, which rose from 44 during the preceding week to 62 last week; with seven exceptions, the deaths occurred in children under five years of age. There was a slight rise in the number of fatal cases of whooping-cough, which amounted to 47, or 12 more than the average; scarlet fever caused 12 deaths, the average for the week being over 70, and the high death-rate recorded from diphtheria in the preceding week was unfortunately maintained, there having again been 20 deaths from this disease. Enteric fever only claimed 14 victims as against 24 during the preceding week, and there were but two deaths of Londoners from small-pox. A further rise in the deaths from diseases of the respiratory system brought the total number up to 480, which is slightly in excess of the average for the past ten years, but which is not bad when the fact is known that we only had one hour's sunshine and nearly an inch and a half of rain during the week. Ten women died from puerperal fever, and 14 infants from suffocation, facts which show that there is work yet for our sanitarians and—shall we say—humanitarians.



The unusual number of three deaths were attributed to hydrophobia, bringing up the total for the year, so



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past eleven weeks.

far as concerns the metropolis, to 25. It is worth noting that neither Glasgow nor Dublin furnished any deaths from measles during the week.

WE are going to say something that may not be quite palatable to some of our readers, but we cannot help that. It seems to us our plain duty to say it. No one can suspect us of any wish to justify the act by which Dr. Heywood Smith has brought down the wrath of the profession on his head, or of any secret sympathy with the *Pall Mall Gazette*, so that we can say what we have to say with less fear of misconstruction than either of our contemporaries. It is this. We fear that the profession, and especially its leaders, are inclined to act towards Dr. Heywood Smith with too little regard to wisdom, justice, or charity. We fear that, led away by their disgust at the theatrical indecencies of the *Pall Mall Gazette*, they are inclined to mete out a punishment to the only victim within their reach out of all proportion to his offence. Dr. Heywood Smith, by a most grave error of judgment, was led to commit an act which no sane man can justify or extenuate. That he should be shown, by the unhesitating voice of its leaders and organs, that the profession utterly reprobates that act, was only natural and proper. But that he should be drummed out of the profession, that he should be turned out of his appointments and expelled from the scientific societies as a moral leper, whom no respectable man can comfortably assort with—that, in a word, he should be utterly broken—is a punishment which will be admitted by all of us, when we are able to think of it coolly, to be ridiculously disproportionate to his offence.

To our minds the solemn words of the judge, supplemented by a censure from the College of Physicians, would have been a fair and equitable punishment; so equitable that there would then have been no prospect of Dr. Heywood Smith's being able to earn that crown of martyrdom which will undoubtedly be pressed upon him by sentimental enthusiasts if the profession does not hold its hand. To a man in Dr. Smith's position the censure of an English judge means a terrible punishment, and that alone almost rendered it unnecessary for any medical body to take further action. We know it has been contended that the profession cannot afford to let it be supposed that it is less tolerant of the irregularities of its members than the laity. That feeling has, no doubt, largely influenced the position of our leaders towards Dr. Smith. In our opinion, however, it is an unworthy motive. We ought to do what we think just and right, without any regard whatever to the opinion which the public may form of our actions. If the medical profession and press had only shown less disposition on previous occasions to close in around their accused brethren, and to support them against public censure through thick and thin, there would have been less need for the present attempt to win a cheap reputation for stainless morality by the casting out of a sinning member. We have this week received a prospectus from the new Medical Defence Union, with some of the objects of which we do not wholly sympathise. If the profession loses its head again as it has done in Dr. Heywood Smith's case, we shall want a Defence Union, not so much for defending practitioners from the attacks of others, as for protecting them against ourselves.

NOTHING could be more prompt than the manner in which the organised troops of Servia and Bulgaria apparently "sprang to arms" on the declaration of war. Fighting began within the first few days, and was continued with a pertinacity worthy of a greater cause; but it appears that very little thought was taken for the care of the sick and wounded, who must of necessity follow in the train of active warfare, especially in the month of November. The example set by England in former years has, however, been followed to some purpose in Vienna, and several ambulance corps have been sent to the seat of war, not only by private enterprise, but also by the Austrian Foreign Office. Great impartiality has been shown in the distribution of this timely assistance, each ambulance being fairly divided between the two belligerents. Professor von Mosetig-Moorhof directs one of the chief companies on the Servian side, from which fact it may be safely concluded that the virtues of iodoform as a field antiseptic will receive a very full trial. The Red Cross Society in Vienna possesses a very fully equipped field hospital, capable of accommodating 200 wounded, but it would appear that it is, for the present, reserved for home service, although at the present moment it would be of incalculable value in a country with so little hospital accommodation as Bulgaria. Meanwhile, we are glad to see that the English Red Cross Society has not been inactive, one of its representatives, accompanied by an English surgeon, having been sent to each of the belligerents.



For the Servians an excellent choice has been made in Mr. F. N. Hume, who was present in the Turco-Servian war, and who has since then resided for a considerable period in Servia. He knows the Servian language well, acted for a short period as American Consul at Belgrade, and is a *persona grata* in the Servian capital.

MEDICAL science has lost another of its younger members from diphtheria, that fatal malady which has already removed so many from the ranks and seriously imperilled the working capacities of others. In the case of Miss Prideaux, whose death we have to record this week, the loss is the more striking, perhaps, on account of the sad ending of a career, which had already been brilliant, at the very moment when the way seemed open for a fresh development of congenial work, full of interest and usefulness. When Miss Prideaux gained the Exhibition and Gold Medal in Anatomy at the Intermediate M.B. Examination of the London University in 1881, even those most sceptical of the fitness of women for medicine could not withhold their applause from this achievement, which exhibited in an unexpected way the serious zeal and earnest work of one of those to whom medical qualifications were being granted so grudgingly. In her subsequent work at the Royal Free Hospital, she came under the admirable guidance of the late Dr. Buchanan Baxter, from whom she imbibed in a marked manner an ardent desire for scientific accuracy. Those who knew her most intimately will realise most fully the loss sustained by her death, for her intellectual powers were the least of her gifts. The real value and extent of her work are not to be measured by any mere enumeration of honours awarded to her, but are to be sought in a more valuable and more enduring direction, namely, in the beneficial influence she exercised over the younger students associated with her, teaching them, by dint of the example of noble work and unflinching self-devotion, how fully she had grasped the highest medical ideal.

THE fact that three more deaths from hydrophobia have been registered in London will do something, perhaps, towards stirring up the Commissioner of Police to take more stringent measures against the spread of rabies. Such measures have become imperatively necessary, as fresh cases of rabies are known to be constantly making their appearance. The badge and collar expedient may be sufficient to keep down rabies in ordinary time, but when it prevails epidemically, or rather epizootically, as at present, the only efficient method of stamping it out is the muzzle. The Commissioner of Police can to-morrow, if he will, issue an order that every dog in the street shall be muzzled or led, the police being empowered to take up all dogs not so guarded. The Granhan wire muzzle is a safe and comfortable appliance, which does not interfere in any way with a dog's breathing or drinking, and is worn without sign of distress. The prejudice against the use of the muzzle is founded entirely on an exclusive experience of the old-fashioned leather-strap muzzle, which is no doubt a barbarous apparatus. The wire muzzle is entirely different. As the advertisements

say, it has only to be known in order to be cordially appreciated.

It is a strange commentary on the inefficiency of Metropolitan government that a Society has had to be formed with a view to check the great increase in the number of deaths from hydrophobia which has lately taken place. The objects of the Society are (1) to enforce existing laws as to the capture and destruction of stray and ownerless dogs; (2) to move Parliament for further legislation in reference to dogs by an increase of the dog tax; by making it compulsory to have the name and address of the owner on every dog's collar, and a ticket denoting that the tax has been paid; (3) to obtain all possible information on the cause, symptoms, and treatment of the disease, and to make the conclusions arrived at known to the public. The offices of the Society are at 64, Jermyn Street, S.W.

### THE COUNCIL'S APOLOGY.

WE published last week the statement which has been prepared by the President and Vice-Presidents of the College of Surgeons for presentation to the meeting of Fellows and Members which is to be held on Thursday week. The statement is undeniably an able and temperate defence of the policy unanimously adopted by the Council, and we hope it will be treated by the adherents of the Members' Association with the seriousness and the courtesy it deserves. As to the wisdom of the Council in thus formulating the reasons for their action we say nothing, but it will be generally admitted that they have thereby broken once for all with the "*sit pro ratione voluntas*" attitude which they so long maintained. It is due to their courtesy, we repeat, that the Statement should be courteously received, and it is due, we think, to their intelligence that it should be discussed with all the intellect that those who disagree with it can dispose of. We have never, for our own part, attached much importance to the argument from analogy, on which those who have drafted the Statement lay most stress. We would far rather rest the case for the enlargement of the College franchise on the benefits to the College itself, and to its Members, which might be expected to accrue from an enlargement of the number of those who take a living interest in its prosperity. But, as the Council have elected to base their plea on the argument from analogy, it is there that we must meet them. And, on examining their carefully worded dialectics, we must confess that they prove to be simply a revival of the old argument by which the opponents of an enlarged suffrage have always met its advocates. We are told that in his diploma a Member of the College receives more than the equivalent of his money in the rights, privileges, and immunities which he thereby acquires. Well, exactly the same argument was used against the extension of the political franchise. The unenfranchised were told with wearisome iteration that they received a fair equivalent for the taxes they paid in the rights, privileges, and immunities they thereby acquired.



They bore the glorious title of English citizens, they enjoyed freedom at home and inviolability abroad. Their goods and their chattels and the sanctity of their persons were guarded by the whole apparatus of the law. And so, argued the defenders of privilege, they had no equitable claim to take part in deciding how their contributions to the State exchequer should be expended. Thanks, however, in a large degree to the spirit of our American cousins, that contention was impugned, then sapped, and finally discarded by the nation, and that page of history has been slowly turned and pasted down, never again to be re-opened. So firmly is the political principle that taxation must imply representation established in the English mind that we venture to assert that, if ten thousand of the Members of the College of Surgeons were to petition Parliament not to grant any new charter to the College in which their right to take part in the elections to the Council was not admitted, there is not a single prominent politician who would not heartily endorse their appeal. The Council must know and feel this, and, if it should ever become necessary, which we hope it never may, to request the State to interfere in the struggle between the Council and the Members, the line which it would take is a foregone conclusion. The arguments of the Council would be swept away as the web of sophistry they are.

It ought to have been obvious to the Council that their argument tells just as much against the claim of the Fellows to vote as against that of the Members. If the Members receive a fair equivalent in rights and privileges for the fees paid for their Membership, the Fellows derive a much more than fair equivalent for the fees paid for their Fellowship. A man can take the Fellowship direct for a few pounds more than the Membership, and those few pounds throw open to him hundreds of appointments throughout the country. If the fee for the Membership is fully covered by the privileges which the College has the monopoly of conveying, surely the additional fee required for the Fellowship is fully covered by the higher career which it opens to the surgeon. According to the contention of the Council, the right to vote must be something thrown in above and beyond the fair equivalent for the Fellowship fee. And, if so, there is no equitable reason why it should not equally be granted to the Members. That the concession would not be just to the Fellows is only one of those appeals to vested interest which have always come so glibly from the lips of the defenders of privilege. It may gain a few Fellows over to the Council, but it is scarcely worthy of serious consideration.

As regards the second part of their Statement, we must admit that the officers of the College have made out a good case against the claim of the Fellows and Members to veto every change in the By-laws and Ordinances of the College. And we acknowledge the conciliatoriness of the expression with which the Statement concludes, viz., that on larger questions the Council will be "glad to have an opportunity, so far as practicable, of consulting the Fellows and Members." How much this concession is worth must depend, of course, on the view which future Councils take of two phrases: first, the

precise meaning of "larger questions," and secondly, the exact connotation of "gladness." If gladness is to invariably imply "intention," the Fellows and Members will do well to courteously accept the concession. If it is only a polite phrase for accepting an engagement which is not intended to be kept, because to refuse it would be rude and inconvenient, we hope that the Fellows and Members will not rest until their claim to a right to exercise some control over the larger policy of the College is written on something more durable than an occasional circular.

### THE INTERNATIONAL BRAIN-RACE.

THE rivalry existing amongst savage tribes, and recognised in their case as a struggle for existence, becomes refined into a contest for precedence amongst civilized nations, and is tersely expressed in the idiom of a commercial age as competition. Ever since people took to fighting more with their brains than with their hands, success has naturally inclined to the side of those who were best fitted by mental aptitude and training to command it. The nature and value of these conditions of success was soon appreciated by those who found themselves making but indifferent progress. They observed the methods followed by their neighbours, adopted or imitated what seemed to be of value, and endeavoured, whenever possible, to improve upon it for their own advantage. There has been no attempt to establish anything like patent rights in education. Journals, congresses, reports, commissions, have glorified its aims, formulated the minutiae of its working, and spread the seeming science of it broadcast; until every country which can claim to be marching on the road of Progress has given itself up to the business of vigorously stimulating the perceptive faculties of its sons and daughters while endeavouring to provide the most concentrated forms of intellectual pabulum for their absorption. Under these circumstances, and in an epoch which is remarkable for the brilliancy and variety of its mechanical achievements, it can excite little surprise to find that education is pursued with much the same object and on very similar lines in different lands; or to observe that such differences as do exist are almost wholly dependent upon the nature of the material and the greater or less rigour with which the forces engaged in moulding it are brought to bear. Seeing that the material in question is human, it should be a matter of some interest to enquire what results, so far as they are yet recognisable, have been hitherto attained, and what are promised by the future; so that we may form some estimate as to how far the methods used are of real value for attaining the desired end. Although such an enquiry could not be included within the limits of any single article, certain broad facts may be stated which are not without a grim suggestiveness.

In the first place it is to be observed that, while the higher education of the masses was originally, and rightly, preached as a thing good and beautiful, desirable for its own sake, and carrying with it its own reward, it is now rather the incidental advantage of favouring material prosperity which is put



forward in many quarters as its chief recommendation. We do not mean merely that a knowledge of the dead languages, for instance, though granted a certain social standing as an "acquirement," is spoken of as being practically much below French and German in educational value, because a knowledge of these latter represents a more certain, marketable, and ready-money value to the possessor in his competitive struggle for a clerkship, for example; all of which may, in one sense at least, be true enough. But it is being loudly proclaimed that education is of value because without it a nation has no chance with its neighbours; and, further, that unless it passes as a nation, or at least fully equals the educational standard which has been set up by its neighbours, it must surely be beaten in the international competitions of science, trade, and manufacture. One result is that each nation is anxiously observing the educational standard which has been adopted by its rivals as the minimum requisite for their commercial salvation, and then fixing its own standard at a rather higher point upon the intellectual pressure gauge, so as to be on the safe side as far as possible; with the necessary consequence that stringent efforts are made to force the level of national brain-culture up to the specified point—and as far beyond it as it can be made to go—on the plea that anything less would be a confession of national incompetence and the inevitable forerunner of national ruin.

The natural conservatism of English minds has hitherto prevented the educational machinery of this country from being thus directly prostituted to the apparent exigencies of our merely material welfare. And though the cry is repeatedly raised for further movement in this direction, there is yet time to profit by the results that are apparent in other quarters. In regard to Germany, it appears from a circular issued by the *Provinzial-Schulcollegium* of Westphalia, and officially recognised as valid for Prussia, that the maximum of daily school work considered to be compatible with a due regard for health was fixed at limits rising from 7·2 hours per day for children of 11½ years of age up to 9·3 hours for those of 16½ and over. This standard is still deemed too high by German school-teachers and German doctors. Dr. Emanuel Roth, in his recent treatise on heredity, after contrasting the modern training of children with that pursued by the ancients, says, "We must attribute to the way in which we neglect the training of the body the fact that 64 per cent. of those who should work are found good for nothing, and that a larger percentage of the young men who leave the higher schools are below the normal standard of health." But Denmark exceeds the German maxima by so much that, while children of seven have a little over five hours of daily school work, those of eleven do more than eight and lads of seventeen and eighteen more than eleven hours of school work per day,—the latter amount being two hours in excess of the German limit! It is not surprising that the Danish Government Commission which was appointed after the publication of Dr. Hertel's startling report should, after investigating schools of all grades, have declared that 29 per cent. of the boys and 41 per cent. of the

girls are in a sickly state of health. In Sweden the school-work is a little heavier, but the holidays are longer than in Denmark, and the pupils leave school at a somewhat higher age. The official spokesmen of many Norwegian schools affirm that their pupils are overloaded with work,—several of them working in the highest classes eleven hours daily. Yet the Norwegian School Commission, while admitting the existence of the grievous overpressure exposed by the investigations of the Medical Society of Christiania at the instigation of the school-teachers, gives as its principal reason for not considering the educational demands excessive that "in the Danish schools the prescribed work is much greater." On several hands it has been pointed out that, even where the school hours may not now be longer than they formerly were, "yet, the subject-matter now demanded being much more difficult and requiring more concentrated attention on the part of the learners than was the case thirty years ago, the work is altogether much more exhausting." Such mad attempts at early spurring in the international brain-race are as senseless as they are unnatural. For nature raises the intellectual level of a race by the careful and harmonious culture of successive generations, not by the perilous process of forcing the undeveloped brain of the half-grown individual, keeping it continually at high-pressure, and working each nascent faculty to the utmost limit of endurance during the period of immaturity. And the Nemesis is as sure as it is terrible. The brighter the blaze, the sooner it is over, and the feebler the spark that is left to light the lamps of succeeding generations. Whatever may be said for the simultaneous rational culture of mind and body, there can be no doubt that the exclusive education of only one of the dual elements in man's nature is fraught with ultimate disaster to his race. The parent "all brain and intellect" is only too likely to bequeath what is thoughtlessly called a "splendid example" to his offspring, weighted with a constitution physically too feeble to profit by it. A sudden flight of rockets is impressive, but an inheritance of charred sticks and empty cases is only a poor substitute for the steady flame of the beacon fire. In the long and uphill race of life—so much longer for the nation than for the individual—those who are forcing the pace at the start are by no means those most likely to be in front at the finish. No man, and still more truly no community, can afford, in the long run, to sacrifice physical staying power to temporary intellectual speed. Both grow better and to larger purposes when wisely trained together.

The pessimist will tell us this is no new tale, but rather of a piece with the evolution and decay of nations ever since time began. As peoples grew in culture and in intellectual stature, he will say; as they learned to treat their own bodies kindly, and so gradually lost the hardihood begotten of earlier buffetings; as they cared for their feeble ones and cured their sick, and intermarried with them, favouring the survival of the unfittest; as, in the keen mental competition thus aroused, they began to spur on their intellectual powers in the race, regardless of excess, and careful only for those immediate results from



which they augured still greater successes in the future—they were working out their own reward. The temporary survival of the unfittest only the more certainly ensures their ultimate destruction. As the more intellectual race wanes physically, savage tribes, just issuing from barbarism, press on its track, come up with it in the world's race at a stage when luxury and abuse of intellect have combined to leave it no equivalent for lost brute strength, and so, getting the upper hand, supplant their intellectual superiors, to follow, themselves, in the same steps of intellectual growth, suicide, and supercession by some whilom inferior. We are beginning to realize that certain ages in the world's history are "dark" to us only because the records of that time have been so scantily preserved. The microscopic engraving on old Latin gems; some utterly lost arts of glass and metal working; the surgical instruments which seem only faithful copies of last year's inventions, though they have been disinterred from the ashes of Pompeii; the glass beads discovered from time to time in Abyssinian soil, which no modern art can equal; the vanished power by which the Bushman's ancestors built splendid roadways and "made things to go over rivers"; the marvels of engineering skill preserved in Egypt, and the silent temples of Peru—tell the same story of a succession of civilized cultures which waxed and waned, each slain in the hurry of its own ambition. Is this one of the ways in which Nature makes use of the pride of poor humanity to prevent an over-population of the earth? What will be the language, and what the cult, of European nations ten centuries hence? And will an alien race, then beginning to be myopic, and just adopting the principle of free and compulsory education, dispute over the ruins of Oxford, as we do about Stonehenge, and look upon the grass-grown *débris* of the London Board Schools as indifferently constructed barrows marking the site of some stupendous battle-field? The intellectual struggle between civilized nations is becoming keener every day, and is pressing more and more hardly on the youth of successive generations. Is there no warning of what this may lead to in the history of the past? Is it extravagant to say that nation after nation has forced its culture up to a pitch and with a rapidity which its physical strength was unequal to sustaining, burying in its fall arts and sciences which other peoples have subsequently learned only by toilsome re-discovery; and is this the pathetic secret of the wise king's saying "There is nothing new under the Sun"? If education were merely brain culture, and if it is to be pursued as such, the question is no unreasonable one.

**THE ANTHROPOLOGICAL INSTITUTE.**—At a meeting of this association held on Tuesday week, Mr. Francis Galton, F.R.S., the President, exhibited, on behalf of Dr. Billings, of the United States Army, a collection of composite photographs of skulls. There were in all 20 photographs, forming four series, referring respectively to Sandwich Islanders, ancient Californians, Arapahoe Indians, and Wichita Indians, and each composite was the mean of six adult male skulls.

## REVIEWS AND NOTICES OF BOOKS.

### THE SOCIETIES' YEAR-BOOKS.<sup>1</sup>

THE works included in the present article by no means exhaust the list of our societies engaged in the never-ending task of probing the secrets of nature, but the list is sufficiently long to afford some indication of the strenuous efforts that are being made in that direction, and with this preface we will proceed to briefly examine the contents of each of the volumes now before us.

The sixty-eighth volume of the *Medico-Chirurgical Transactions* maintains the traditions of its predecessors as much by the general excellence of what it actually contains as by the inexorable, though not easily determinable, exclusion of much that might have been put in. Dr. Kidd's paper, on the Distribution of the Tubercle Bacilli in the Lesions of Phthisis, will be read with interest. It gave rise to a discussion which occupied not less than three evenings, and has had the effect of establishing beyond any doubt the ætiological significance of these organisms. Dr. Samuel West's paper, on Fatal Hæmoptysis, was another paper which will bear careful study and re-perusal. The paper is a statistical contribution to the opinion, now generally held, that fatal pulmonary hæmorrhage has for its cause, with but few exceptions, some gross lesion of the pulmonary vessels, viz., ruptured aneurysm or erosion. Mr. Lunn's case of cure of an aneurysm of the abdominal aorta by distal compression, but proving fatal on the eleventh day from gangrene of the jejunum, belongs to the greatest of surgical rarities. Dr. Beevor's paper, illustrating the Localisation of Motor Centres in the Braehial Enlargement of the Cord, marks a decided advance in neural pathology, while Dr. Hughes Bennett's case of Cerebral Tumour, which Mr. Godlee removed, shows what may ultimately be hoped for from a careful development of this subject of localisation. Dr. George Johnson's paper on Cholera is among those absent from the volume. It at least served as the basis for an admirable discussion, which gave Fellows the opportunity of learning the weak and the strong points of the most recent views on the nature of this direful malady.

The thirty-sixth volume of *Transactions*, issued by the Pathological Society, contains the record of 229 communications made during the past session, occupying some 560 pages, the longest section being that devoted to diseases of the osseous system. With the enormous mass of facts contained in the volume it is impossible for us to attempt to deal, and it must not be assumed that the papers to which we make no allusion are of necessity in any way inferior to or of less importance than those of which we are able to make a bare mention. Taking them in the order in which they occur in the volume, we find the very full report by Drs. Semon and Payne of their case (unique in this country at any rate) of rhino-scleroma, to which is appended the short report communicated by Dr. Payne at the first meeting of this session on the discovery of bacilli in sections of the growth, their presence having been denied when the communication was originally made. Next we come upon a valuable research by Mr. Arbuthnot Lane on the subject of fracture of the larynx, which has caused us to modify very considerably the previously accepted doctrines as to the extreme fatality of certain

<sup>1</sup> *Medico-Chirurgical Transactions*, Vol. 68. London: Longmans, Green, & Co., 1885.

*Transactions of the Pathological Society of London*, Vol. 36. London: Smith, Elder, & Co., 1885.

*Transactions of the Clinical Society of London*, Vol. 18. London: Longmans, Green, & Co., 1885.

*Transactions of the Ophthalmological Society of the United Kingdom*, Vol. 5. London: J. & A. Churchill, 1885.

*Proceedings of the Medical Society of London*, Vol. 8. London: J. E. Adlard, 1885.

*Transactions of the Academy of Medicine in Ireland*, Vol. 3. Dublin: Fannin & Co., 1885.

*Transactions of the Medico-Chirurgical Society of Edinburgh* Vol. 4. Edinburgh: Oliver & Boyd, 1885.

*Transactions of the Edinburgh Obstetrical Society*, vol. x., Session 1884-85. Edinburgh: Oliver & Boyd, 1885.



varieties of this accident. Mr. Paul's paper on adenoma and primary carcinoma of the liver, and Mr. Shattock's account of two cases of actinomycosis in man, are certain to be frequently quoted in the future, whilst Mr. Godlee's paper on simple fractures of the skull in the infant, and Mr. Lane's on the changes in the spinal column produced by pressure, constitute real additions to our knowledge. The subject of Addison's disease attracted considerable attention both in communications on that disease itself and more especially from the papers by Drs. Coupland, Barlow, Hadden, and Saundby on atrophy of the adrenals. We have become so accustomed to look for something from Mr. Sutton's pen that the volume would almost seem incomplete did it not contain excellent communications from this gentleman under the head of comparative pathology. As usual, there are a large number of plates, mostly illustrative of microscopical drawings.

The eighteenth issue of the *Annals of the Clinical Society* presents, among many others, two records which will probably take a prominent position in medical literature for some years to come. Three cases of joint disease in connection with locomotor ataxy were brought forward a year ago by Mr. Morratt Baker, and excited among physicians and surgeons alike a discussion which was carried on for several nights with great vigour. The debate was taken up by some of the leading authorities in medicine, surgery, and pathology, and was illustrated by a valuable series of specimens contributed by Professor Charcot. In the new volume this debate may be studied in its entirety, and will form a standing record of the present state of opinion on the difficult question of chronic inflammation of joints. Although it can hardly be said to mark any great advance in knowledge, it unquestionably lays down with useful accuracy the limits of our ignorance on the subject. Another communication, of even greater practical value, is the report of the committee appointed to investigate the subject of spina bifida. It was rightly described by the President as a report which would do credit to any Society, and might form a useful model for future work of a similar kind. As a record of thorough and painstaking investigation, and as a trustworthy analysis of all previous work upon the subject, it will not easily be surpassed. Scattered throughout the *Transactions* will be found a considerable number of cases illustrative of recent advances in abdominal surgery, the most remarkable of which are the cases of nephro-lithotomy, an operation which is rapidly taking rank as an ordinary rather than as an extraordinary operation in surgery. A novel procedure, suggested by the late Dr. Mahomed, and carried out by Mr. Symonds under his supervision, was that of removal of a foreign body from the vermiform appendix for the relief of recurrent attacks of perityphlitis. The case was completely successful both in its immediate and its ultimate results. The new volume of the *Transactions*, containing as it does so many features of especial and remarkable interest, will undoubtedly hold the position, which it deserves, as one of the best of the series, and we are glad to notice that our hint as to cutting the pages before issuing the volume has been adopted.

The Ophthalmological Society enjoys the credit of having had its volume ready for delivery before any of the other Societies. The Society has now weathered five sessions, and with a steadily increasing roll of members and a satisfactory balance-sheet fully demonstrates the wisdom and foresight of its founders. The volume opens with the first Bowman lecture, which was delivered rather more than a year ago by Mr. Jonathan Hutchinson, the President of the Society, and this is followed by a detailed account of the measures taken by the Society in its unfortunately fruitless endeavour to induce the late Government to do something to prevent blindness from ophthalmia neonatorum. There are not many formal papers in the volume, fewer indeed than usual, but it must be remembered that the chief feature of this Society consists in the exhibition of living specimens, and in this respect the work of the past session was quite as good as that in any of the previous ones. The most important communications are, firstly, one by the President on a blood theory in explanation of reflex ophthalmitis, one by Dr. Brailey on the condition of the ciliary nerves in certain diseases of

the eye, a valuable report on amblyopia from bisulphide of carbon, and a further communication by Messrs. Edmunds and Lawford on the condition of the optic nerves in intracranial diseases. The volume closes with three papers by Messrs. Benson, Nettleship, and Jessop, relating to cocaine.

The eighth volume of the proceedings of the Medical Society shows that this Society has made considerable progress in the publication of its proceedings. At first, no volume was issued; then two or three years were included in the same volume; then an attempt was made to report the remarks to which the papers gave rise at the meetings, while in the present volume we only have the papers themselves, readers being referred to the journals for such discussion as took place. We believe it is in contemplation to issue the speeches in an official form, and, if this be so, we must congratulate the Society on its spirited policy. The most noteworthy paper in the present volume is one by Sir Joseph Lister on "Corrosive Sublimate as a surgical dressing." The great interest taken in the subject from the first depended not alone on the personal influence of Lister, but on the efficiency and the many valuable attributes of corrosive sublimate as an antiseptic—its great power, its non-volatility, its inexpensiveness, and its general applicability. Dr. de H. Hall's paper on Surgical Scarlet Fever, and that by Mr. Treves on Intussusception, are specially noteworthy. Mr. Braine's introduction to the discussion on Anæsthetics and their administration should be carefully read by every surgeon. Dr. Lauder Brunton's Lettsomian Lectures must also be again carefully gone through. The volume is edited by the two Secretaries, Dr. Kingston Fowler and Mr. J. H. Morgan.

The third volume of the *Transactions of the Academy of Medicine in Ireland* is in every way equal to its predecessors. The work done in the different sections is as usual kept separate, the section of Medicine, of course, leading the way. The volume is full of interesting communications from beginning to end, the two most elaborate papers being one by Dr. Grimshaw on the relative prevalence of disease and the relative death-rates in town and country districts in Ireland, and the other by Dr. Jacob on compulsory notification of infectious disease, in which he puts forward and defends his views with much vigour. It is not without interest to notice that the obstetrical and pathological sections have given up the practice of exhibiting specimens by card; we can only suppose that this is owing to the well-known natural loquacity of the Irish refusing to hide its light under a card specimen. Fortunately, at our own Societies there is no tendency for this method to fall into disfavour. The Annual Report shows that the Academy is in a flourishing state, the number of Fellows and Members having increased, and the financial position being quite satisfactory.

The fourth volume of the Edinburgh Medico-Chirurgical Society's *Transactions* is slightly larger than its predecessor, and in regard to matter fully maintains the reputation which the previous issues have gained. Amongst the chief papers we notice one by Dr. Littlejohn on a case of poisoning by nitrate of potash, which will be read with great interest, not only on account of the rarity of poisoning by nitre, but for the valuable remarks on the duty of the medical practitioner when he suspects during life that he is dealing with a case of slow poisoning. Professor Grainger Stewart's excellent paper on tapping the pericardium will repay perusal, followed as it was by a full discussion, and the same may be said of the contribution from Dr. Clouston on certificates of mental unsoundness, which gave rise to a discussion in which all the leading alienists of Scotland seem to have taken part. Dr. Milne Murray has a long article on the cessation of respiration under chloroform and its restoration by a new method, a paper which demands the attentive consideration of all who have to deal with anæsthetics. We ought to mention, too, an excellent paper by Professor McCall Anderson on the best means of controlling the febrile state, and one by Mr. J. Macdonald Brown on the ætiology of rickets.

We have to congratulate the Obstetrical Society of Edin-



burgh on another volume of Transactions, containing some excellent work. The most important papers in it are those by Dr. A. H. Freeland Barbour. In one, he minutely describes the mechanism of the third stage of labour, the mode of detachment and expulsion of the fetal membranes from the uterus, and deduces from this some practical points of importance as to the management of this part of the parturient process. In another, he relates a well-observed case of puerperal septicæmia, to which he appends a full and careful *résumé* of our present knowledge of this disease and its connection with micro-organisms. Dr. J. W. Ballantyne contributes some valuable observations made with the sphygmograph in a case of puerperal eclampsia. The whole volume affords gratifying evidence of healthy activity in Edinburgh.

*The History of Cholera in India from 1862 to 1881*; by Dep.-Surg.-Gen. H. W. BELLEW, C.S.I. London: Trübner, 1885. 8vo., pp. 839, with maps, &c. — In 1881, the Government of India appointed a "special Commission to enquire into the recent prevalence of cholera in certain parts of the Punjab." As secretary to this commission, of which he was at the same time the only medical member, the accomplished author of the present work had to deal with a vast amount of information respecting the history of cholera during the last twenty years in all parts of India. That these materials collected with much labour should not meet the usual fate of Blue books, Mr. Bellew determined to collate and publish the substance of these documents, together with a statement of the conclusions to which he had come as to the nature and the mode of propagation of the disease. His own views, with which we shall chiefly concern ourselves, are contained in the last section of the work, and the first is introductory, the rest consisting of statistical and historical matter. The second to the tenth sections deal in order with the geography, population, physical aspects, meteorology, and the history of the cholera, year by year in each of the nine provinces into which our Indian empire is now divided, and contain a mass of information invaluable to every student of the subject, whether he be disposed to agree with the author's conclusions or not; but an attempt to give an abstract or any account of their contents is obviously out of the question. Section xi. consists of meteorological and statistical summaries for the whole empire. In the introductory chapter, after recounting the circumstances that led to the appointment of the commission, Mr. Bellew states very fairly the principal theories previously advanced in this country and in India as to the propagation of cholera, each of which has in it, according to him, sufficient truth to make it plausible, but not enough to stand the test of practical experience or to furnish a satisfactory explanation of all the phenomena of cholera epidemics. The blood poison theory, on which Dr. George Johnson based his eliminatory treatment, he considers well adapted to explain the symptoms, especially of those cases in which the patient is struck down by collapse, and dies in a few hours with or without any diarrhœa; but for a poison received from without, and in his opinion hypothetical, he would substitute a disordered state of the secretions or a poison generated within the body—in fact, Dr. W. B. Richardson's so-called "glandular" theory of specific diseases. Next we have the cholera contagion theory adopted by the Indian Commission of 1861 and the International Sanitary Congress of 1866, that cholera is carried by human intercourse and traffic, a single individual coming from an infected district and himself already infected being capable of setting up an epidemic in a district hitherto free. He admits that cholera *when developed* is "both contagious and infectious," whatever he may mean thereby, but he maintains that Indian experience does not lend much support to this view of its *origin* in any locality, however much it may be intensified and extended by overcrowding insanitary surroundings and human intercourse. The "water contamination" theory which he, certainly on insufficient ground, asserts to have been long since abandoned in England, though prevalent in India, and held by Maenamara to the exclusion of all other explanations, he argues, is the least tenable of all, alleging that Indian

experience does not favour the idea that the drinking of water fouled by cholera evacuations has any influence other than as one of many insanitary conditions. The "germ theory," as he calls it, though the contagion and the water contamination theories alike involve at least in most minds the idea of a "germ" rather than of a chemical poison, "shorn of its germ element and the hypotheses built thereon of reproduction, invasion, dormancy, revitalisation, &c., contains, he says, more of the truth of cholera than all the others put together." To this head he refers the "subsoil water" theory of Pettenkofer and the "earth-generated air-borne" theory of Bryden. He admits the truth of Pettenkofer's facts, but puts his own interpretation on the relation between the fall of the ground water and the renewed activity of cholera pointed out by that observer. In the last section, as we have already stated, we have the author's own conclusions and theory of cholera. According to him, it is neither more nor less than an intestinal catarrh induced by atmospheric conditions, so strictly analogous to influenza or epidemic catarrh of the respiratory passages, that *mutatis mutandis* the statement of the ætiology and pathology of the one will apply equally to the other. He believes that malarial and so-called bilious remittent fevers and even "heat fevers" and cholera pass one into the other, the one essential condition of all being a "chill" or derangement of the function of the cutaneous and mucous areas. In an able and highly interesting argument, he traces the connection between the periodical and local prevalence of cholera and the meteorological conditions of time and place; its endemic character in certain areas, and its epidemic occurrence in others, being due in his opinion solely to the fact that the conditions essential to its development are constantly present in the former and only periodically or occasionally in the others. Thus he explains the triennial waves of cholera on a large scale, and the minor waves within each year, though he admits that an epidemic may be prolonged into a period or season which would in itself be unfavourable to its development. Insanitary surroundings, over-crowding, deficient or unwholesome food, &c., may all act as subsidiary or conducing agents, but the one essential condition is, he insists, a chill: that is, those conditions of temperature and humidity of air and soil which favour rapid evaporation are *per se* causative of cholera. He denies that there is any evidence of cholera having ever been carried by human means into a country where it did not already exist. Against this assertion we must emphatically protest, as against his rejection of the water contamination theory, which has been demonstrated over and over again, as regards another "bowel fever," enteric. What he says of Pettenkofer's ground water theory, we grant, as regards his evaporation hypothesis, *i.e.*, we concede his facts while refusing our assent to his deductions. We stated our opinion some years ago that we in Europe and our neighbours across the Atlantic have, in some respects, better opportunities of studying the mode of propagation of cholera than our Indian friends who have it always present in their midst. We can observe under conditions more resembling those of scientific experiment. They stand to us as regards cholera, much as we do to isolated populations as those of Feejee, with regard to measles, &c. If meteorological conditions alone could develop cholera, why has it never appeared in Australia—in Queensland, for instance, where the climate is identical with that of a great part of India? As to its introduction by human intercourse and its propagation by specifically polluted water, we have abundant evidence of the most crucial character, both positive and negative. We freely admit the influence of meteorological conditions where the disease, the germ, we do not hesitate to say, exists, but we maintain that the facts that cholera may be unknown where every meteorological and sanitary condition known to favour it is present, and that, as Mr. Bellew confesses with regard to India, and we know with greater certainty elsewhere, in Russia, for example, it may be propagated long after the meteorological conditions have become unfavourable, prove conclusively that these are conducive to, not causative of, the disease. To Mr. Bellew's question, why, if transportable, it does not appear every year in England, we reply, just because the conditions, or some of them, are either



absent or are present in so feeble a form that ordinary precautions suffice to keep it at bay; our water supplies are purer and our towns cleaner than those of most countries, and certainly than those of India.

*The Saline Waters of Leamington*; by F. W. SMITH, M.D. London: H. K. Lewis. 2nd edition, 1885, pp. 106. —The first edition of this little unpretending book met, as it deserved, a very favourable reception. Without any extravagant laudation of the waters as a panacea for all the ills that flesh is heir to, the author points out the advantages that Leamington presents over many continental watering-places, not only in the quiet, yet cheerful, English society, but in respect of the waters themselves. He explains their therapeutic action in a number of morbid states of health as due to their influence on the general nutrition and excretory functions, quoting for each constituent from the works of recent investigation in therapeutics, and giving a few illustrative cases. The book is intended for the general public quite as much as for the medical profession, and we heartily wish that it may lead many to seek the restful change and gentle rational treatment of an English spa in preference to those which involve the fatigue of a long journey and the unwholesome excitement of some or the lonesome and comfortless surroundings of others on the Continent, to say nothing of the questionable concomitant of heroic or eccentric "cures."

## ABSTRACTS AND EXTRACTS.

**PAROVARIAN CYSTS AND REMOVAL OF SECOND OVARIES.** —Dr. Goodell exhibited to the Philadelphia Obstetrical Society (*Philadelphia Medical Times*, October 3rd) two specimens of parovarian cysts, which were so detached from the ovaries that they could have been removed without injury to them. He felt tempted to leave the ovaries untouched, but apparently incipient cystic degeneration led him to include them in the ligature. In his experience the removal of parovarian or of broad ligament cysts was one of the most successful of operations. Out of a large number which he had performed he could recall but a single fatal case, and in that the result seemed hardly due to the operation. During the ensuing discussion Dr. Montgomery asked for the opinion of the Society as to the advisability of removing the second ovary when in an operation for removal of an ovarian cyst the other ovary was found to be slightly diseased. In an ovariectomy performed in 1879, although the second ovary was found to contain numerous small cysts, it was not removed. The patient has since been twice pregnant, and there has never occurred any symptom of disease in the other ovary. Dr. Barr also asked if tapping ever cured parovarian cysts, he feeling strongly inclined towards abdominal section in all cases. He also believes that the second ovary should be removed when not healthy, as the idea of a second operation is very depressing to a patient. Dr. Allen considered that, as an ovary somewhat diseased may give rise to a pregnancy, it should be left. We know too little about the probable development of such small cysts into larger ones. Dr. Parish observed, in the same point of view, that he had seen diseased ovaries containing numerous small cysts in many autopsies without there having been any symptoms during life to excite suspicion of their existence. If the second ovary contained a cyst as large as a partridge's egg, he would remove it, but if numerous cysts as large as split peas were present he would not. The possibility of conception must be considered as well as the possibility of the enlargement of a cyst. Dr. Goodell, in reply, acknowledged the truth of this point, and believed that he had repeatedly removed the second ovary unnecessarily. Yet the history of his own ovariectomies shows the return of the disease in the remaining ovary in about 2 per cent.; and he thought that he had erred on the safe and right side. The social condition of the patient would always have a great weight with him. If an

heir were wanted, or the patient were young, he would leave a suspicious-looking ovary, or try to remove the diseased portion. But in the majority of his cases, where there was any doubt, he removed the ovary. Of course, under such a rule, he must remove ovaries which might never give any trouble in the future. But the mental agony of women when informed that the operation must be performed again, and, on the other hand, the great joy and satisfaction of patients, when assured after the close of an operation that both ovaries have been removed, have determined him, other things being equal, to remove the second ovary. As to a cure of parovarian cyst by tapping, his own experience is not sufficient to decide absolutely. He would advise the radical operation; but if the patient, after understanding the liability to return, wished it, he would tap, as there was but little danger. Dr. Goodell referred to some cases in which long periods elapsed after tapping before the cyst refilled.

**AN EXPERIMENTAL RESEARCH UPON THE INFECTIOUSNESS OF NON-BACILLARY PHTHISIS.** —Among the facts which must still be explained before Koch's bacillus can be unequivocally accepted as the sole and direct cause of tubercular disease, none, perhaps, needs elucidation so much as the undoubted occurrence of what may be called non-bacillary phthisis. Reference is not made to those chronic inflammatory conditions of the lungs which are the result of some distinct and thoroughly appreciated irritation, such as nailers' and stonecutters' phthisis, but to the undoubted occurrence, as acknowledged by Koch, and insisted on by Formad, Prudden, and others, of a small proportion of typical phthisical cases whose expectoration during life is found at all times free from bacilli, and in whose tissues after death, though many lesions morphologically identical with tubercular disease are present, the most careful research fails to reveal any of Koch's specific micro-organisms. Dr. E. L. Trudeau, of Saranac Lake, N. Y., has undertaken this task, and he records the results so far obtained in the October number of *The American Journal of the Medical Sciences*. The object he had in view was simply to demonstrate whether non-bacillary phthisical sputum possesses any infectious qualities. If, on the one hand, it were found to produce tuberculosis in the animals operated on, then the bacillus could not be accepted as the sole cause of this disease; if, on the other, no constitutional infection resulted from such inoculations, the evidence thus procured must tend to strengthen the sinister claims of Koch's micro-organisms, and strongly suggest the quality of phthisis. The results of Dr. Trudeau's investigations may be summed up as follows:—(1) Non-bacillary phthisis is a comparatively rare disease. (2) Though clinically almost identical with bacillary phthisis, it differs from it in being non-infectious. (3) Non-bacillary phthisical sputum can be added to the list of agents which have been unsuccessful in producing tuberculosis. (4) All evidence so far tends to prove that the tubercle bacillus is necessary for the production of the disease artificially; and this study brings additional proof to the views expressed by Burdon Sanderson, and insisted on by Sternberg, that, "whenever an inflammation becomes infectious, it owes that property to chemical changes in the exudative liquid of which the presence of microzymes is a necessary condition."

**THE TREATMENT OF ALBUMINURIA.** —There is one prime indication, writes Dr. Andrew, which ought never for one moment to be forgotten throughout the entire course of a case of renal disease. This is that the kidneys are for the time unequal to the function allotted to them, and that they ought to be dealt with accordingly. The indications for this purpose are first to reduce the amount of work they have to perform; to secure this, the patient must be enjoined to refrain from needless effort; rest and external warmth are essential. Lessening the amount of nitrogenous food reduces the strain upon the kidneys, and in this matter the feelings of the patient must not be allowed to exercise any influence over the decision, as he may feel quite well and have a surprising appetite even when his kidneys are hardly able to do any work at all. It is not, however, sufficient to diminish the quantity or alter the quality of his food, we must endeavour to secure as far as possible its more perfect digestion; bitter substances, such



as strychnine, acids, and alkalies, subserve this purpose. Moderate exercise, when it can be taken without risk of chill, is sometimes beneficial. The second indication for treatment is to stimulate other organs to undertake part of the work of the kidneys; the organs which may thus be acted upon are the skin and the intestinal canal. Warmth in bed, daily sponging, and small doses of antimonial wine combined with a simple saline, will best promote the action of the skin. Purgatives and diaphoretics should not be used so as to produce any excessive effect, owing to the exhaustion that might follow, except when uræmic symptoms are threatening; then they must be freely used and their injurious effects counteracted afterwards. A third method of treatment, but one that requires the greatest judgment in its application, is the stimulation of the disabled kidneys themselves to increased action, so that they may earn a period of rest by getting rid of accumulated arrears; but, if the stimulation so used be wrong in amount or kind, it is quite likely that it may be followed by an even fatal exhaustion of the kidneys.—*Practitioner*, November.

**A NEW ANTISEPTIC.**—Those of us who use iodoform in the consulting-room must frequently have been seriously annoyed by its powerful and persistent smell. Drs. Silber and Ciamician of Rome have found an admirable substitute which has all the advantages of iodoform without its odour or, it is said, its poisonous properties. This substance is iodol, which occurs as a dark powder with a slight scent, reminding one of thymol. It is very slightly soluble, and is best used either in substance or suspended in glycerine, or made into an ointment with vaseline. A lotion can also be made by dissolving 1 gramme of iodol in 16 grammes of alcohol and adding 34 grammes of glycerine. Most brilliant results have been obtained by the use of the substance itself on chancres and syphilitic adenitis. In simple indolent ulcers, too, the use of the iodol lotion has been very beneficial. A spot of lupus on the leg was treated by injections of iodol solution into the surrounding subcutaneous tissue with the result of preventing the disease from spreading. Iodol has also proved useful in fungating joint diseases. Over 200 observations have been made, and neither erysipelas nor a diphtheritic condition of wounds has occurred.—*Wiener Medicinisches Blatt*.

**PICHI, A CHILIAN REMEDY FOR CYSTITIS.**—A Chilian plant, called by the natives Pichi (*Fabiana Imbricata*), has long enjoyed a great local reputation in the treatment of urinary diseases, having even been supposed to cure renal and vesical calculi. Although, doubtless, its virtues have been exaggerated, it is believed by a writer in the *Diario Medico-Farmacéutico*, A. Rodriguez, of Buenos Ayres, to be very efficacious in certain maladies of the urinary organs and of the liver. He finds that it is especially valuable in vesical catarrh produced by the mechanical irritation of gravel, calculi, or due to a uric acid diathesis. It allays the irritation, lessens the secretion, and favours the expulsion of the gravel and of calculi which are sufficiently small to pass through the urethra. Its effect on hepatic disorders appears to be due to its climatic action. It has been found useful in Rio de Janeiro in several cases of jaundice, dropsy, and dyspepsia due to deficient biliary secretion. A fluid extract of the plant is prepared, containing 20 grammes to each tablespoonful, and of this from four to six tablespoonfuls are given *per diem* in either hot or cold water. Dr. Demarchi has examined Pichi chemically, and finds in it—1. An essential highly aromatic oil; 2. A resin; and—3. A fluorescent substance resembling esculin, paviin, and fraxin, which crystallizes in needles.

**THE USE OF STRYCHNIA IN NERVOUS DISEASE.**—Dr. Landon Carter Gray, in the October number of the *American Journal of the Medical Sciences*, reports five cases which, as far as they go, demonstrate that strychnia was not well borne by two cases of severe acute myelitis, or by two subacute cases of mild poliomyelitis anterior; that gr.  $\frac{1}{32}$ , continued for four days in a case of transverse myelitis with early extension to the lateral columns, given three months after onset, suddenly induced alarming toxic symptoms; that one chronic case of general myelitis of

traumatic origin was greatly benefited, as was also a case of general myelitis in which the onset had been gradual; that in five cases of progressive muscular atrophy it acted as a remarkable stimulant; that, as Dr. Weir Mitchell has indicated, it was decidedly beneficial in cases of neurasthenia, which, after being treated by some eight to ten weeks of rest and forced feeding, were taken out of bed, although it failed to agree with three cases of neurasthenia treated in the ordinary way.

**SPONGE-GRAFTS IN CARBUNCLE.**—Dr. Grigley states that this method of treatment has been very successful in his hands. As soon as he is sure that there is a carbuncle, he freely cuts away all the implicated tissue, and scrapes the surface clean. He then places pieces of sponge (previously washed in a dilute solution of sulphuric acid and kept in a five per cent. solution of carbolic acid) on the surface, saturating them with an ethereal solution of iodoform, 20 grains to the ounce. A piece of folded iodoform is laid over the sponge, then a thick sheet of absorbent cotton, followed by gutta-percha tissue, and the whole secured by adhesive slips and a bandage.—*Philadelphia Medical Reporter*, September 19.

## REPORTS OF SOCIETIES.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 27TH, 1885.

THOMAS BRYANT, F.R.C.S., President, in the Chair.

#### *Cases of Gastrostomy.*

Mr. BARWELL communicated the following case of malignant stricture of the œsophagus:—After due precautions exploration with the bougie showed that the stricture commenced  $6\frac{1}{2}$  inches from the upper dental arch, *i.e.*, a little distance below the upper border of the cricoid. Only a bougie, size of No. 14 catheter, could be passed. A good deal of induration without swelling was detected on the left side of the thyroid cartilage; it appeared to be a hardened portion of the gland. A funnel-ended tube, No. 10 catheter gauge, having been procured, was passed and left *in situ*. After a few hours the resultant irritation ceased, and she was so much relieved that she went out at her own request. A week later she returned in much distress. The tube, which had been cleaned only the day before, was clogged with thick mucus, and had been ejected during a fit of coughing. She had a rigor the same evening, and the temperature rose to  $103.2^{\circ}$ . Some deep fluctuation was detected on the left side of the thyroid. An exploratory trocar, and then an incision, let out a quantity of very foetid gas and pus. A few days afterwards she was told to swallow a little milk. Very little, if any, passed the stricture, but some came through the abscess opening. A fortnight after re-admission, gastrostomy was performed (1st stage). The stomach was found retracted under the liver. It was drawn down with the finger and thumb, and by means of straight Glover's needles and Chinese silk (an inner and outer ring of the stomach sewn to the abdominal walls. This was followed by neither pain nor fever. Highest temperature  $98.4^{\circ}$ . In three days the stomach-wall was punctured, a No. 7 catheter introduced, and 4 oz. of strongest soup passed into stomach. Ordered that no feed exceed 4 oz. Nutritive enemata to be continued. The allowance of food was slowly increased, and she gained flesh; but the enlargement at the side of the trachea increased, and she had occasional attacks of dyspnoea. Examination with laryngoscope showed the arytenoid cartilages to be motionless. The dyspnoea became distressing. The house surgeon performed tracheotomy. In consultation, extirpation of the larynx and neighbouring parts was rejected, partly because the disease seemed too extensive, partly because the patient was not in a condition to bear so severe an opera-



tion. She died of bronchitis about five months after the operation. The new growth extended back to the spine, and all but filled the œsophagus from a little below the ericoid cartilage to a level with the tracheal bifurcation; also it had grown into the trachea opposite the fourth cervical vertebra. In both lungs were secondary deposits. Around the gastrostomy wound the parietal peritonæum was firmly adherent to that of the stomach, and to a small extent to that on the left lobe of the liver. There was no trace of peritonitis elsewhere. The stomach-wound, looked at from within, was barely perceptible. Gastrostomy, the author remarked, had been performed very much oftener than appeared to be known in England. A recent article by Dr. Zesas (*Archiv für Klinische Chirurgie*, vol. xxxii., hft. 1) recorded 163 cases—viz., 129 for carcinomatous, 32 for traumatic, and 2 for syphilitic stricture. Of the first category 111 died, of the second 20, and of the third both. But among other cases overlooked by Dr. Zesas was one of recovery from syphilitic stricture (Mr. Colley). In abstracting the results, he was obliged to differ from Dr. Zesas' method, since it appeared incorrect to count such as had died from spread of malignant disease, from phthisis, or other alien cause, three months or more afterwards, among deaths due to the operation. He had also added certain other cases. Thus, of 166 cases of all classes, 107 died chiefly of exhaustion or collapse (43), and of peritonitis 26. Before the period of antiseptics, and before the invention of the two-stage method, 31 cases afforded but 1 recovery; since that epoch 155 cases had yielded 58 recoveries—i.e., 3·22 and 44·5 per cent. respectively. If they took from these numbers the hint that gastrostomy was not so formidable an operation, that it should be postponed until the patient was exceedingly weak, they might save a large proportion of the deaths ascribable to exhaustion, and far more favourable results might be subsequently obtained.

Mr. C. T. DENT mentioned the following case:—The patient, a man, aged 44, had suffered for about four months from symptoms of malignant disease of the œsophagus. When admitted, he could only swallow fluids with difficulty, and had occasional attacks of vomiting. A bougie, passed a long way down, met with an obstruction, and struck against something hard. Gastrostomy was advised, but the patient did not consent to the operation till nearly two months later. The first stage of the operation was performed by means of a curved incision in the left linea semi-lunaris; the stomach was easily recognised, and the part lying beneath the wound was attached to the surface. This part was subsequently proved to be rather near the pyloric end. The stomach was opened on the fifth day. For the first few days subsequently the man improved, but then the stomach became very intolerant of food, and constant thirst was complained of. The patient died on the eighth day after the second operation. *Post-mortem*: extensive malignant ulceration was found seven inches and a half below the thyroid cartilage. A large part of the wall of the œsophagus was destroyed, and the edges adhered to the spine. The right bronchus and lung were involved. Lower down still, a second malignant growth completely blocked the œsophagus. There was no trace of peritonitis. The author remarked that in this case the operation probably neither accelerated nor retarded death. Gastrostomy for malignant stricture was not, in his opinion, justifiable as a "last resource," and could only be advocated in the hope of prolonging life. This it would do if performed very early. The occurrence of vomiting was a very valuable guide, perhaps the most important, as indicating the advisability of gastrostomy. The author cited another case where the œsophagus was affected at two distinct points, and pointed out that such instances were not infrequent, and formed an additional argument against œsophagostomy in cases of malignant stricture. Finally, it would be better to enlarge the abdominal wound if necessary, so as to attach a part of the stomach to the surface remote from the pylorus and near the large curvature.

Mr. JOHN H. MORGAN then described his case as follows:—The patient, on March 1st, swallowed some caustic alkali. The mouth and fauces were burnt at the time, and he vomited phlegm for some weeks following. No solid food could be swallowed for 14 days. Ten

weeks later he was admitted into the Hospital for Sick Children, under the care of Dr. Cheadle, in a poorly-nourished and pallid state. He could then swallow only very small quantities of fluid with difficulty, often followed by vomiting of muco-purulent matter. Though given nutrient enemata from the first, the emaciation increased, and an attempt to pass a catheter down the œsophagus was unsuccessful. For a few days the powers of swallowing improved, but this was only temporary, and the emaciation became so extreme that, after failing to pass a catheter under chloroform, the operation of gastrostomy was performed on August 17th. The stomach was secured with 13 sutures, and was not opened until 31 hours later, when this was done on account of the very feeble condition into which the patient had sunk; some beef-tea and brandy were immediately introduced through an empyema tube. Nourishment was administered every two hours, and on the fourth day he passed a healthy motion. He remained feeble and irritable for the first seven days, at the end of which time he showed a decided improvement, but it was not until three weeks had passed before he began to increase in weight. He had continued to gain weight and strength, looked well-nourished, and weighed the same as at the time of his admission. No attempt had been made to dilate the œsophageal stricture, but coloured fluid had passed from the mouth into the stomach.

#### *Jejunostomy.*

Mr. C. H. GOLDING-BIRD said that the case upon which he founded his remarks was that of a man, æt. 46, who had had symptoms of pyloric obstruction for ten months. When admitted into Guy's Hospital, a tumour could be felt at the seat of the pylorus, and the man's general condition was one of extreme emaciation through the inability to retain the food he took, and his voluntary abstaining from eating on account of the pain he suffered. After three weeks' treatment, under Dr. Carrington, by drugs and washing the stomach out, he passed into the author's hands, and when all the risks had been explained to the patient, and all methods of palliation had failed to improve his condition, arrangements were made to explore the diseased parts, and remove them if expedient. He therefore, on October 25th, 1885, cut down on the pylorus with a view to performing pylorotomy, following the lines laid down by Billroth; but, finding the tumour adherent to the liver, determined to go no further in the radical operation, but to convert it at once into a palliative one of opening the jejunum, in other words, of performing jejunostomy. Having seized the jejunum two inches from the duodenum, it was held up on a pair of tongue forceps, whilst the wound in the parietes was united; to the lower or right end of this wound was the jejunum now stitched by interrupted sutures. The patient suffered in no way as the result of the operation. He was fed partly by rectum, partly by the mouth, until the third day, when the bowel was opened, and food administered solely through the fistula. It was observed that, as long as the meal amounted to a pint, or nearly so, the patient each time he was fed had a severe attack of indigestion, but that this ceased when the meal did not exceed ten ounces. On this the author founded the suggestion that some cases of indigestion were due to the pylorus allowing too free passage of chyme, rather than to anything wrong with the gastric or pancreatic secretions. Everything went on perfectly well till the ninth day, the patient putting on flesh, but on that day, through an error in feeding him, some food passed into the peritonæum, and he died in twelve hours. The post-mortem showed such adhesion to, and infiltration of, the liver, from the cancerous pylorus, that pylorotomy could not have been performed. Except the narrow track made by the probe, and along which the food passed into the peritonæum, the adhesions of the bowel and parietes were perfect. The author then reviewed the operation of pylorotomy, speaking in favour of it in suitable cases, and the operation of gastro-duodenostomy, as performed by Wölfler, and pointed out the great drawback, in this operation, that the stomach was not relieved of its physiological duties at all, the pylorus not being required to act. For the operation of jejunostomy, as he termed the one that



he detailed, he claimed that, whilst it possessed the same disadvantage as gastrostomy, in that the patient had to be fed through the fistula, it was otherwise the best palliative operation for pyloric cancer, inviting less risk than gastro-enterostomy, and requiring less interference in its performance with the other viscera. By duodenal digestion, he also pointed out, full nourishment could be assured, and there was, for physical reasons, less chance of regurgitation of food than after gastrostomy; regurgitation in these cases being a serious drawback to that operation in œsophageal constriction.

The PRESIDENT congratulated the authors of the respective papers, and expressed the opinion that Mr. Golding-Bird's operation was unique in the annals of surgery.

Dr. CARRINGTON related the history of the case from a medical standpoint, and showed, from the early age of the patient, the fact that there was but little emaciation, the tumour being readily felt and freely movable, that there was every reason to believe that no secondary growth existed, and that the diseased tissue might be entirely removed. He believed that there was some dilatation of the stomach, but the condition of the abdomen varied very considerably. There could be no doubt that the washing out of the stomach had afforded a great deal of relief.

Mr. GODLEE exhibited three specimens for Mr. Henry Morris, in illustration of the papers. One of these was a case of cancerous disease of the upper part of the œsophagus, the two others being taken from cases of removal of the pylorus.

Mr. JESSETT, while congratulating the authors of the papers on the success which they had obtained, expressed considerable doubt whether the operation of gastrostomy did in reality prolong life to the extent which it was supposed to do. He thought that statistics rather tended to prove that this was not the case. He quoted a series of figures compiled by various observers, among them those of Professor Gross, showing that the average duration of life after the operation was only 33 days. In the cases which he had himself investigated the average duration had been 26 days; of these cases, however, 8 had died within the first week. He thought that all means to prolong life ought to be resorted to before gastrostomy was undertaken. He related an instance in which Mr. Durham had used the œsophageal catheters and maintained life thereby for four months, in preference to gastrostomy. He did not think that the latter operation would have been equally successful. The statistics of œsophagostomy were worse than those of gastrostomy, and the attendant dangers of the operation were certainly greater. He thought Mr. Golding-Bird's case was unique, but he would prefer to perform gastro-enterostomy under similar circumstances.

Mr. HOWARD MARSH referred to the difference of opinion which existed as to the commonest seat of œsophageal cancer. He thought œsophagostomy was an operation very rarely applicable, and only to be done with any hope of relief to the patient if the disease were seated very high up in the tube. He related a case, in which the innominate vein was exposed during the operation, as an instance of the dangers that might attend it. For himself, he felt unfavourably towards gastrostomy. At the best the operation only enabled the patient to live till his disease killed him. Although it had been improved during late years, and patients had been enabled to exist a little longer, still it was doubtful whether the last few weeks of their existence were really rendered more comfortable. He did not think that the operation should be undertaken unless no other means of relief were available. He advocated the œsophageal tubes suggested by Mr. Durham, and related an instance in which their use had been completely successful, not only as channels for food, but also as dilators, the patient being enabled to swallow fluids or to pour them through the tube, according as their flavour was pleasant or the reverse.

Mr. PEARCE GOULD mentioned a case in which he had operated last September, opening the jejunum in a case of cancerous stricture of the pylorus. In that case the disease was far advanced, and the vomiting was excessive and frequent. He made the incision in the linea alba, attaching the bowel to the lowest part of the wound. Owing to the

great exhaustion of the patient, it was necessary to open the intestine after the first 24 hours, but death ensued on the second day. He had also assisted Mr. Morris in his cases of pylorotomy, but he had no hesitation in preferring jejunostomy to it; indeed, he hardly thought that excision of the pylorus could long survive as a recognised operation in surgery. Duodenostomy might be found to present advantages, but he preferred Mr. Golding-Bird's operation, although it had this possible disadvantage, that the bile might escape from the wound. In the present case, however, this had not occurred. He had performed gastrostomy seven or eight times, and in the result he was inclined to agree with Mr. Marsh's views. His experience of œsophageal tubes had not been altogether satisfactory, having sometimes failed to introduce them, and in other cases found them intolerable to the patient. Gastrostomy should not be attended with any great danger if cases could be carefully selected, but generally the patients were unfavourable subjects for any operation. As a general summary of his opinion, he would say that a late gastrostomy did not prolong life, and in early cases he would prefer to substitute for it the use of œsophageal tubes.

Dr. ANGEL MONEY referred to Mr. Morgan's case from a medical point of view, and called attention to the marked increase of weight which followed the change of diet. He took credit to himself for this, having made the change after a careful consideration of the chemical requirements of the case. He had ascertained that the relative proportion of carbo-hydrates in the previous diet was altogether insufficient, and by more careful adjustment had enabled the child to gain two pounds' weight in one week.

Dr. HALE WHITE mentioned a case in which obstructive disease of the pylorus had proved to be non-malignant, although not believed to be so during life. He thought that, even if a very small proportion only of the cases were of this kind, the surgical treatment should be adopted. Disease of the œsophagus, being generally in close proximity to important vital structures, was usually fatal by spreading to them and causing hæmorrhage or suffocation, but in pyloric disease the natural termination was starvation.

Mr. HOPKINS referred to a case in which pyloric cancer was wrongly diagnosed, the thickening being due to an embolism set up by endocarditis.

Dr. HUGHES BENNETT remarked that the present debate was an extraordinary instance of the change of surgical opinion on this subject. Only ten years previously he had been regarded almost in the light of a maniac for suggesting that the operation should be performed for the relief of a patient who subsequently died of starvation in consequence of a fibrous stricture of the pylorus.

Mr. BARWELL, in reply, stated that he would never perform gastrostomy if the use of œsophageal tubes was possible, but he thought that the surgeon's duty was to prolong life at all risks.

Mr. DENT referred, in his reply, to the danger of passing œsophageal tubes in the later stages of œsophageal cancer.

Mr. MORGAN and Mr. GOLDING-BIRD also replied, the latter stating that, having had abundant opportunities of watching the effects produced by œsophageal tubes, he should much prefer in his own case to undergo gastrostomy.

The following living specimens were exhibited before the meeting:—

Dr. FELIX SEMON—Congenital Malformation of the Larynx, consisting of a Web between the vocal cords, associated with Coloboma of the left upper eyelid, and with Alopecia of the corresponding portion of the right eyebrow.

Dr. C. R. WALKER—A Case of Myxœdema.

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At the instance of Professor von Nussbaum, Sir William MacCormac has been elected an Honorary Member of the Royal Medical Society of Munich.



## PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, DECEMBER 1ST, 1885.

J. S. BRISTOWE, M.D., F.R.S., President, in the Chair.

*Stricture of the Ileum.*

DR. GULLIVER described this case, in which the gut was thickened in all its coats at the stricture one inch above the ileo-cæcal valve; just above it there was a dilatation; below the ileum was quite normal, as also was the large intestine. The stricture was due to a band of adhesion stretching across the ileum at that point. The patient, a boy aged 10 years, had suffered much from pain in abdomen for six weeks, and to a certain extent for a year. There was emaciation and pain, and towards the end vomiting; there was never any intestinal obstruction. After death there was found hæmorrhage into the supra-renal capsule, and also a caseous mass in it. In the dilated portion of intestine a large amount of débris was found. He died from chronic enteritis.

The PRESIDENT recalled a case where death was due to perforation from accumulation of plum-stones, &c., collected in the dilated portion above the stricture.

*Osteitis Deformans.*

MR. D'ARCY POWER showed two specimens of this affection. The first was a femur found in the collection of an old practitioner at Trowbridge, and therefore probably more than forty years old; it was a well developed adult femur, the shaft presenting a marked antero-posterior curvature, and being flattened from before backwards. The shaft of the bone was considerably thickened, measuring six inches in circumference at a point two inches above the adductor tubercle; the lower half of the bone was more affected than the upper portion; the surface was roughened as in chronic periostitis. The increase in girth was due to a deposit of ivory-like bone beneath the periosteum. The medullary canal was enlarged, and the bone immediately surrounding it was porous, as if it had been undergoing a process of rarefaction. The cancellous tissue was much coarser than that usually found in normal bone. The second specimen was an example of that variety of osteitis deformans which usually attacked a single bone. It was the upper half of a tibia of an old man who had neither gout nor chronic osteo-arthritis, and in whose bones, *post mortem*, no other evidence of osteitis deformans could be detected. The bone was characteristically curved, and had undergone very considerable thickening, due in part to the deposit of dense periosteal bone, and in part to a rarefaction of the existing shaft. Microscopical examination showed that the bone had undergone a process of rarefaction; the Haversian canals had become confluent and were filled with embryonic medulla; the concentric arrangement of the Haversian systems had been replaced by a more complex system of curving and interlacing rows of osteoblasts. Numerous osteoblasts were present, forming Howship's lacunæ in the Haversian canals; the lacunæ were small and without canaliculi.

*Malignant Disease of the Thyroid Body.*

DR. CARRINGTON said the specimen was taken from a man, aged 47, whose previous health and history were good. He had an immense tumour at the base of the neck, which was said to have been forming 30 years. It moved up and down with deglutition. The clinical history and symptoms were unimportant. He died from sub-acute nephritis. The tumour had almost the normal shape of the thyroid; the right lobe hard and calcareous, measuring 5 inches; the left soft and pulpy, containing pus, and measuring 7 inches from above downwards; it was continuous, with glands in the same state; the isthmus was about the size of a hen's egg. The carotids passed through the tumours and were healthy; the left internal jugular vein was occupied by a soft thrombus. The kidneys showed subacute nephritis, the right having two secondary growths. Microscopically, the growth was encephaloid cancer. The

case seemed of extreme rarity. This, no doubt, was a true specimen of cancer of the thyroid.

The PRESIDENT asked if there had been disease of the thyroid antecedent to the cancer.

MR. DUNN had seen two cases in women, the disease commencing on the left side. In one case the growth pressed on the trachea and sloughed into the œsophagus; it was a columnar carcinoma, and secondary deposits were found to be of the same character. In the second case tracheotomy was performed.

MR. BUTLIN had no idea the disease was thought to be so rare. There was at that time a case of enormous tumour under Mr. Smith's care at St. Bartholomew's Hospital, the growth extending back- and downwards; the man had much dyspnoea.

MR. SHATTOCK had examined one typical case of cancer of the thyroid; the chief interest was that the patient was one of Dr. Fagge's cases (published) of sporadic cretinism.

MR. SILCOCK referred to a case of Mr. Morris's, of tumours of the scalp, which turned out on investigation by the Morbid Growths Committee to be secondary to primary disease of the thyroid gland.

MR. BOWLBY asked for particulars as to the microscopical characters; any tumours occurring in the thyroid might be alveolar. Not much was known about the sarcomata of the thyroid gland. In some of the cases that had been shown the growths had been found to present only the normal appearance of the thyroid gland.

DR. ACLAND had seen a case of primary carcinoma of the thyroid. The secondary growths in both pleuræ had masked the primary disease; there was also renal disease. The primary growth was a slowly growing fibrous structure with small cells infiltrating the fibrous tissue, and not at all like normal thyroid gland.

DR. HADDEN mentioned a case of myxœdema, where carcinomatous glands simulated enlargement of the thyroid gland.

DR. CARRINGTON briefly replied.

*Pressure Changes in the Joints and Extremities.*

MR. ARBUTHNOT LANE referred to two papers in which he had described the pressure changes which took place in the spinal column, thorax, and pelvis. He now described many of the changes produced by the same cause in the joints of the extremities, several of which had previously received no notice. He first called attention to the changes said to take place in the angle of junction of the neck and shaft of the femur in old age. Though he had examined many old subjects in the dissecting room with the object of verifying these changes, he had failed to find a single instance of them. He did not think the alteration in the direction of the neck at all a necessary factor in intracapsular fracture, as he found that in aged subjects the neck might often be easily broken by rotating the femur inwards, and so bringing the head against the acetabular margin. If a vertical section of the femur of an aged person was examined, it would be seen that, like all the other long bones, it had undergone degeneration, and that the weakest portion of the bone was that portion of the neck in the immediate vicinity of the head, and it was that portion which crumbled away so readily in this fracture. He then showed that in the hip joints of labourers the head and neck of the femur, together with the acetabulum, underwent considerable modification in form and in the extent of articular surface. That of the head was no longer limited and defined, but extended a considerable distance down the anterior and upper surface of the neck. This, with the other changes, was produced by the flexion and adduction of the thigh necessitated by carrying heavy loads on the back. He had also observed a similar condition of extension of the articular surface of the head in the old and infirm, and due there to the continual condition of flexion of the trunk on the thigh habitual to infirm old age. All these changes, he found, were exaggerated by the presence of rheumatoid arthritis, as were all he had previously described. He found no distinct pressure changes in the knees and ankles unless rheumatoid arthritis was present. He had dissected several specimens of displacements of the great toe outwards, but failed to



find the bursa described. He showed two cases of an extreme condition of "hammer" toes due to pressure. The bases of the first phalanges were enormously expanded so as to form very broad bases which rested on the dorsum of the metatarsal bones. The extensor tendons no longer passed over the interphalangeal articulations, but were inserted into the bases and whole length of the first phalanges. He thought this point of very considerable pathological interest, as bearing on the displacement upwards of the head of the humerus when affected with rheumatoid arthritis. All the muscles of the foot had become shorter secondarily to the displacement, and not as its cause. The heads of the metatarsal bones were much altered, having lost their covering of articular cartilage and their original form. Two of them projected through the skin of the sole. He then showed two extreme instances of alteration of the articular surface of the glenoid cavity of the scapula, with consequent change in the relative position of the head of the humerus to the acromion. There were also changes in the inner end of the clavicle and its ligaments, and in the normal relation of the clavicle to the first costal arch. This, he believed, was due to the continual carrying of weights in the hands after the manner of milkmen. He had observed the same change in varying degrees in the bodies of labourers, and it was, as would be expected, found very frequently in them. He described, next, changes he had frequently observed in the upper extremities of aged people, due to the continual and but slightly opposed action of the flexor muscles present in old age. In the shoulder joint the head of the humerus was displaced upwards and partly out of the glenoid cavity, and its articular surface underwent slight consequent modifications. These changes, when exaggerated by rheumatoid arthritis, were much more easily observed, and were then much more common. In the elbow joint, the olecranon fossa became more shallow owing to deposit of bone in its concavity, and there was some thickening of the margin of the olecranon. On account of this the forearm could no longer be completely extended. He next described a condition of adduction of the hand and wrist with changes in the direction of the lower articular surface of the radius, which looked obliquely inwards, and in the fibro-cartilage. At the same time all the digits were much flexed, and the phalanges upon each other. In slight cases the inner two or three fingers were alone affected. In severe cases, as in the specimen he showed, the bases of the phalanges had been displaced upwards so as to rest upon the anterior surface of the metacarpal bones, the heads of these bones forming eminences which projected beneath the skin. In most of the specimens he had examined he had found no rheumatoid changes present in their articulations, but frequently atrophic pits in the cartilage, which, where it covered the ends of the bones, had, from its absence of function, undergone considerable change. There was no primary contraction of the palmar fascia, vaginal sheaths, or any of the fibrous tissues affected in Dupuytren's contraction. The flexor muscles were shortened, as were the fibrous tissues, compensatorily. The causes preventing extension of the fingers were the shortening of the flexor muscles, the displacement upwards of the phalanges, and the consequent shortening of the lateral and anterior ligaments of the joints. He had not found this condition described. He compared it with Dupuytren's contraction, two specimens of which he had dissected and described in the forthcoming number of the Guy's Hospital Reports. He had no new observation to make about this condition beyond that in the fingers in which the vaginal sheaths were affected, besides other fibrous tissues, he had found it very difficult indeed to dissect out the digital nerves, as they appeared to have blended with the sclerosed tissues. Also that, after he had in these specimens divided all the contracted bands of palmar fascia, &c., he found that the thickened and contracted anterior ligament of the joint with the compensatory shortening of the muscles opposed complete extension, and it was not till this ligament had been divided that it was possible to straighten the finger. The distinction between the compensatory contraction of the fibrous tissues in the first deformity described and the primary contraction, causing deformity of Dupuytren's con-

traction, was marked and interesting. To demonstrate this he showed two specimens of Dupuytren's contraction, which he first dissected. He also showed a case of fracture of the neck of the femur, in which there was very abundant callus which formed a strong arthrodial articulation with the anterior inferior spine of the ilium, through which a great part of the weight of the body was transmitted.

Mr. BLACK asked as to the condition of the neck of the femur, and referred to Professor Humphry's views on the degenerative changes consequent upon old age.

Mr. J. HUTCHINSON, jun., thought that Professor Humphry had only contended that it did not always occur; he had certainly seen a very marked instance of the alteration in a case he had recently examined.

#### *Sub-peritonæal Lipoma.*

Mr. J. HUTCHINSON, jun., referred to the difficulty of diagnosis when these growths occurred near the hernial rings. The specimen he showed came through the femoral ring; part of the growth was encapsuled. He referred to other cases which had occurred at the London Hospital, or had been recorded elsewhere. He had collected particulars of 28 cases, two of them having been operated upon, and several had worn trusses. It was twice as common on the left side, and in the remainder was often double.

Mr. STONHAM had brought two cases of the same disease affecting the spermatic cord; the fatty condition extended up into the abdomen, but there was no history in either case.

Mr. LOCKWOOD had recently dissected two specimens in which the fatty tissue was certainly within all the coverings of the cord. He had lately seen a case of subperitonæal fat passing down outside the external ring; this suggested that these cases were perhaps so originated in a certain number of cases.

Mr. JOHN WOOD mentioned a case arising from the external layer of fat, which pressed its way down into the scrotum. These fatty masses might be superficial, or internal, or sub-peritonæal; or, lastly, an accumulation of fatty mass might take place in the cord itself. He thought it was common for sub-peritonæal fat to protrude at the saphenous opening; here such masses might also originate in the fat about the opening. These tumours might also be found in the anterior wall of abdomen, resembling closely small ventral herniæ; they were generally sub-peritonæal lipomata, and they might disappear, leaving room for true herniæ.

Mr. BUTLIN had shown a specimen ten years before, which he now thought might have been a sub-peritonæal lipoma, but he was not disposed to say that such certainly was the case.

#### *Heart with two Aneurysms.*

Dr. HAIG showed this specimen taken from the body of a woman aged 42, who had had rheumatic fever fifteen years before, and who had been under treatment with symptoms of heart disease. The pericardium was adherent, the cavities were dilated, foramen ovale open, mitral valve thickened; the wall of the left ventricle showed two aneurysmal dilatations; the endocardium was thickened and opaque, and at the openings was markedly fibrous. Aorta showed some atheroma; the left branch of the posterior coronary artery was traced into the larger aneurysm. Microscopically, not much change was found in the myocardium near the aneurysms. There was no proof of syphilis. The occurrence in a woman was a noteworthy fact.

#### *Joint Disease with Locomotor Ataxy.*

Dr. HADDEN read the notes of two cases of this association. The first patient was a man aged 52, whose left knee became swollen and painful three years before admission, the swelling later reaching the ankle. A year later an ulcer appeared on the under surface of the right great toe, the toe quite recently having become swollen. For three years there had been difficulty in walking in the dark, and some urino-genital symptoms. On admission, there was ptosis and right external strabismus, the pupils being quite fixed; there was some incoordination, and impaired sensation



in limbs; knee-jerks absent; there was a perforating ulcer of right great toe, the left knee was much enlarged; the femur was displaced forwards and outwards, patella much enlarged; on aspiration, pus was removed from the joint, and ultimately amputation was performed. Numerous bony outgrowths were found along the margins of the articular surfaces, the head of the tibia being also atrophied; a large bony mass was found in the ligamentum patellæ and capsule of the joint. Some doubtful thickening of the perineurium in the internal popliteal nerve was seen on microscopical examination. In the second case, the patient had had severe gastric crises and shooting pains. The left shoulder had been swollen for six years. There was slight ataxy, knee-jerks absent; the pupils were quite fixed. The left shoulder was disorganised and the humerus shortened, the capsule of the joint being much enlarged and thickened; there were many pedunculated growths, partly cartilaginous, partly osseous, springing from the interior, and some were found free in the joint. The head and neck of the scapula and the head of the humerus showed simple atrophy. In the spinal cord sclerosis of the posterior columns was found; some of the postero-lateral group of cells on a level with the eighth cervical nerves on the left side had disappeared, and nearly all the motor cells at the level of the third lumbar nerves had disappeared. The cases seemed to be typical of Charcot's disease, but it was difficult to say whether the atrophy of the motor cells was the cause of the joint lesion or not. The condition of the medulla oblongata lent some support to Dr. Buzzard's theory.

Dr. BUZZARD said that the case was of great interest inasmuch as the patient had had the most severe gastric crises on record. He was especially interested to learn that his surmise as to the existence of a lesion in the medulla oblongata had been verified.

#### *Card Specimens.*

Mr. SHATTOCK—Perforation of the Plate by Hyper-trophied Upper Incisor in the Rat.

Mr. HURRY FENWICK—Ulceration of the Bladder after Fracture of the Spine.

Mr. BATTLE—Portions of Thumb, with Vessels and Nerves amputated by String.

Mr. BATTLE (for Mr. Croft)—Bullet flattened by Frontal Bone.

### EPIDEMIOLOGICAL SOCIETY.

WEDNESDAY, NOVEMBER 11TH, 1885.

WALTER DICKSON, M.D., R.N., President, in the Chair.

#### *Recent Epidemics at Home and Abroad.*

THE PRESIDENT delivered his inaugural address on the above subject. After graceful allusions to the losses which the Society had suffered during the past year in the deaths of several of the most distinguished and respected members, Dr. Dickson turned to the as yet imperfectly worked fields for research presented by a number of epidemic and endemic diseases of tropical regions regarding the ætiology and pathology of which further information was much to be desired. Such was the Verruga of Peru, an endemic exanthem the eruption of which consisted of bleeding warts, lasting for three months, and fatal in 10 per cent. of the cases occurring among natives, but much more severe among fresh arrivals, especially from Europe. It is non-contagious and strictly confined to the narrow gorges on the western slopes of the Andes, between the 9th and 16th degrees of S. latitude, at elevations of 3,000 to 8,000 feet. Another was the Mal de los Pintos, a cutaneous disease, doubtless mykotic, like chloasma, but seated in the epidermis, confined to the coloured races, and indeed to the poorest and dirtiest of them, but extremely prevalent in the hot low-lying regions of Western Mexico, Venezuela, and New Granada, in which the entire surface of the body is variegated with patches of black, blue, red, and white.

Both these diseases were limited to a small area, and the last-named was unattended with danger to life, but it was quite otherwise with Beri-Beri, which, known in Japan 2,000 years ago, and occurring as an epidemic in India and the Malayan Archipelago, was imported in 1864 into South America, where it was now thoroughly established as an endemic disease. But the difference in the characters of Beri-Beri as seen in the New World from those familiar to Indian medical men was very remarkable. In America it spared the young under 15 and the old over 65, but it attacked persons of both sexes, though in India met with almost exclusively among males. Notwithstanding the unlimited opportunities for its observation, little or nothing was known of its ætiology, the experience of medical men in one region negating the conclusions as to the influence of climate, diet, &c., come to by those of others who were guided by local circumstances only. It was even uncertain whether it was contagious or not. There could, however, be no doubt of its transportability, and it first appeared in Brazil at the same ports where cholera and yellow fever effected their first invasions. Dr. Dickson trusted that the Society would before long have some valuable contributions on the diseases of the basin of the Nile, especially on the form of enteric fever that had been so fatal among our troops in the Soudan. He then gave an account of a singular outbreak of fever on board the *Thalia* in 1883, when overcrowded with reliefs for the China squadron, between Columbo and Hong Kong. It did not appear to be contagious, and no deaths occurred. But for the absence of any eruption, it closely resembled relapsing fever and seemed to be the direct consequence of overcrowding and the foul state of the bilge. After a few remarks on the results of the suspension of the Contagious Diseases Act and the prevalence of syphilis in the Army and Navy, Dr. Dickson referred to the recent epidemics of cholera in France, Italy, and Spain. He described the physical characters of the latter country, and dwelt on the remarkable immunity enjoyed last year by Portugal, which was geographically a part of the same country. Physical features and sanitary conditions could not explain it, and he was not disposed to attach any weight to the sanitary cordons or quarantine established on the frontier. At home the most noticeable epidemics of the year were, he said, the outbreak of diarrhoea at Hull, affecting 20,000 persons, in consequence of the pollution of the water supply, and raising an apprehension of cholera happily not realised, though many of the cases were marked by cramps and other alarming symptoms; and the epidemic of small-pox in London, which between October 1st, 1884, and October 1st, 1885, caused 1,920 deaths. He compared this, as regards prevalence and mortality, with those of 1871-2, 1874-5, and 1877-8, and concluded his address by an elaborate statistical account of the various causes of invaliding and deaths among the officers of the Customs, with which department he had been connected for twenty years, and an expression of his hope that, in the political changes looming in the not distant future, the public health might receive the attention it demanded and the position of medical officers of health be made more independent and influential.

### SOCIETY OF PHYSICIANS OF VIENNA.

FRIDAY, NOVEMBER 13TH, 1885.

Professor ALBERT, President, in the Chair.

PROFESSOR SCHNITZLER showed a young girl in whom the vocal cords had grown together. The mucous membrane of the larynx was red and swollen, especially over the arytenoid cartilages, the mobility of which was impaired. On inspiration, the cords separated a little, but two-thirds of the rima glottidis were closed by a membrane, so that only a very small aperture remained for inspiration. The membrane was of a greyish white colour, transparent, and  $1\frac{1}{2}$  mm. thick. This condition was due to a chronic ulcerative process of the vocal cords, which, as in most



such cases, arose from syphilis. Prof. Schnitzler remarked that he would remove this condition by operation. He had been treating the patient for three years, and he gave an account of the different stages of the process.

*On the Sugar of the Blood in relation to Food.*

Prof. SEEGEN read this paper. He had shown on a previous occasion (also at the Society of Physicians) that the liver was a sugar-producing organ and was able to form it even out of peptone. After having combated some of Hofmeister's objections, he discussed the question as to the importance of the function of the liver in the animal economy. He had begun these investigations with the fundamental experiment of Claude Bernard, examining the blood which entered the liver and that which returned from it, in living animals, by means of a new procedure in which he had been assisted by Prof. v. Basch. Blood which had been drawn directly from the portal vein and the hepatic veins respectively was subjected to the method which Hofmeister and Schmidt-Mühlheim had employed for testing the excretion of peptone, and thus rendered free of albumen; it was then examined for sugar by Fehling's method. He found that the blood which returned from the liver contained twice as much sugar as that which had entered it, the proportion being 0.238 to 0.119%, and this was the case in a series of thirteen experiments without one single exception. In order to determine the whole quantity of sugar produced, he first tried to determine the quantity of blood which entered by the portal vein; he introduced a catheter into the splenic vein, ligatured the portal vein, and obtained the average of a series of observations. He remarked that by this procedure one of course obtained only an approximate idea of the amount of blood entering the liver, as the rapidity with which the blood flowed through the catheter was different from the rapidity with which it discharged itself into the capillary system of the liver. Prof. Seegen had found that from 100 to 200 grammes of sugar were poured into the blood by the liver in 24 hours. From this he drew the conclusion that all food, and especially the albuminoids, was capable of being converted into sugar, and that the formation of sugar was for this reason to be looked upon as the most important function of the body. This sugar was probably the sole material by which the heat of the organs was kept up and work done. He had still to find out whether the animal organism really formed sugar out of albumen, and with this view he performed a number of experiments. He first kept the animals without food, and found that during the period of starvation (dogs could live for from eight to ten days without food) the blood still derived a larger quantity of sugar from the liver than was conveyed to it by the blood of the portal vein, or than was contained in the blood of the carotid artery. That this sugar was not derived from the food which had been taken before was evident from the calculation that, if all the glycogen which had been present had been transformed into sugar, it would not have been sufficient for one day's production of sugar, and still less for the production of sugar during from eight to ten days. Hence this sugar had been formed out of the nitrogenous constituents of the blood. This inference had been also verified by the fact that when he had fed the animals with substances which contained a large proportion of hydrocarbons, as rice, potatoes, and starch, the proportion of sugar in the portal and hepatic veins did not change at all; hence, the sugar which was discharged from the liver was not derived from the food, and was not imported into the liver, but was formed in the liver itself. Prof. Seegen observed, in conclusion, that he believed he had succeeded in rehabilitating Claude Bernard's great discovery that the liver actually manufactured sugar.

WE regret to announce the death from scarlet fever, after a week's illness, of Mr. Robert Lawson, one of the house surgeons at St. Thomas's Hospital. He was a very distinguished student and prizeman of the Medical School. He obtained the Cheselden Medal, as well as the Treasurer's Gold Medal last year.

## GENERAL CORRESPONDENCE.

### FORCIBLE DILATATION OF THE SPHINCTER ANI.

[To the Editor of the Medical Times.]

SIR,—I have just been reading in your journal of November 28th an able and interesting clinical lecture by Mr. T. P. Teale, of Leeds, on Spasm of the Sphincter Ani and its treatment by forcible dilatation, and was surprised to find that in it I have been held up somewhat to ridicule as a surgeon who did not recognise the value of the practice advocated.

I read moreover, in the lecture, certain extracts from my book on the "Practice of Surgery," which were quoted to support Mr. Teale's accusation, but which, on reference, I found to be *but parts of sentences*.

These parts were evidently misleading, for, had the whole sentences been given, your readers would have at once seen that the practice advocated by Mr. Teale was one I not only adopted, but taught.

The corrections are as follows:—Mr. Teale states that I condemn "forcible dilatation, as practised abroad, as a barbarous treatment." Had he continued the quotation, he would have added "*though, when a patient is under an anæsthetic, it (the practice) may be followed.*" Your readers will thus have seen that my condemnation of the practice had to do with its adoption, as practised abroad, without an anæsthetic, and nothing more.

Had Mr. Teale also continued reading my article, he would have read, p. 806, under the heading of Treatment of Piles by the Caustery, "The anus is to be dilated forcibly with the view of allowing free manipulation of the piles, as well as of preventing subsequent spasm of the sphincter." Also, p. 808, "When a fissure or painful ulcer co-exists with hæmorrhoids, its base should be divided before the operation for hæmorrhoids is undertaken, or, *what is better, lacerated by forcible dilatation of the anus.*" Your readers will thus see that I and Mr. Teale are fairly in accord in this matter, and not so far apart as might be assumed from the lecture. I feel sure that Mr. Teale will be pleased to read this correction of a serious error by—

Yours, &c.,

THOMAS BRYANT.

[To the Editor of the Medical Times.]

SIR,—I should like to endorse what Mr. Teale has so admirably urged in favour of the operation of forcible dilatation of the Sphincter Ani. I learnt it in Paris many years ago, and it was then not infrequently employed. With respect to that most painful affection, fissure of the anus, I have never found it to fail. I think it is to Recamier, and not to Verneuil, that we owe its introduction into surgical practice. A preliminary dilatation of the sphincter facilitates greatly the operation for piles, and it has the further advantage of diminishing and preventing the distressing straining and tenesmus which not infrequently follows the operation. I have never known any permanent ill effect follow; the muscle usually recovers its full power in five or six days, or at most a week. Meanwhile the lower end of the rectum remains quiescent, there is no spasm, a fissure will have time to heal soundly, and the processes of repair become far advanced in the stump of the removed pile. Mr. Teale has mentioned other advantages, which I need not repeat. The proceeding is



certainly not a slightly one, but its effects are harmless and beneficent. To stretch fully the Sphincter Ani requires the exercise of a considerable amount of force; imperfect stretching is of no use. The thumb of each hand should be introduced into the rectum, the palmar surface looking outwards towards the rectal tuberosities. Complete narcosis is needful. The stretching should be made steadily and gradually till the resistance of the ischii is felt on each side. In this way the sphincter becomes fully dilated, and there is no risk incurred of over-stretching.

I am, Sir, yours, &c.,  
WILLIAM McCORMAC.

### "THE DANGERS OF COCAINE."

[To the Editor of the Medical Times.]

"Aujourd'hui nous savons que toute suppuration de la cornée est due à une infection de la place."—*De Wecker*.

SIR,—As I was unable to attend the recent meeting of the Ophthalmological Society, whose proceedings are recorded in your columns, will you kindly allow me to add my testimony to Mr. Nettleship's interesting observations on the dangers of cocaine. I have seen two cases, similar to those he describes, myself, and a series are recorded in a recent number of the *Therapeutic Gazette*, an American journal with which you are doubtless acquainted.

All solutions of cocaine are liable to deteriorate by the growth of microscopic organisms, and unless this tendency is checked there is danger that the wound with which they come in contact will become infected. I should not think it was safe to use a simple watery solution that was more than a week old, but such dilutions may be protected indefinitely by the addition of carbolic acid, boracic acid, salicylic acid, and bichloride of mercury. Carbolic acid, unless in infinitesimal proportion, is too irritating to apply to the eye. There is evidence that boracic acid alone is not quite so effectual as other preventives, and salicylic acid, though a first-rate preservative, is, unless in extremely feeble solution, also apt to cause surface irritation. I have, therefore, for some time past used, as a medium for the solution of cocaine, a saturated solution of boracic acid, containing one five-thousandth part of bichloride of mercury, and, although I have used this preparation in a vast number of cases, I have never, since its adoption, seen any ill results. The immense value of the bichloride as an antiseptic in cases of cataract extraction seems amply demonstrated by some statistics recently published by Alfred Graefe. Graefe divides his cases into four categories; in the first he bathed the eye to be operated on, before and during the operation, with a solution of carbolic acid two per cent; of these he lost five per cent. In the second he used carbolic spray; of these he lost six per cent. In the third category, he used a saturated solution of boracic acid throughout; of these he lost four per cent. And in the fourth he used a solution of corrosive sublimate, 1 in 5,000; of these he lost one per cent. Graefe, therefore, concludes that the corrosive sublimate is by far the best antiseptic. "J'en suis absolument persuadé." Lately, however, he has reduced the strength to 1 in 20,000.

I am, Sir, yours, &c.,  
CHAS. BELL TAYLOR, M.D., F.R.C.S.E.,  
Surgeon, Nottingham and Midland  
Eye Infirmary.

### AN IMPOSTOR.

[To the Editor of the Medical Times.]

SIR,—I think it right to warn the profession against a person describing himself as Dr. A. Kühnz, Professeur de Prague, who is calling upon medical men, soliciting charity,

and giving the names of gentlemen of high repute in Medicine as references. On enquiry, these references have not borne out his statements, and he appears to be utterly unworthy of belief.

I am, Sir, yours, &c.,  
EDWARD EAST,  
*Hon. Sec. British Medical Benevolent Fund.*  
18, Clifton Gardens, W.  
December 1st, 1885.

## INVENTIONS AND IMPROVEMENTS.

### NEW AURAL INFLATOR, EVACUATOR, AND INJECTOR,

By J. WARD COUSINS, M.D. LOND., F.R.C.S.,

Senior Surgeon to the Royal Portsmouth Hospital, and to the Portsmouth and South Hants Eye and Ear Infirmary.

THE new aural inflator represented in the engraving is a contrivance designed to fulfil several important purposes in the practice of every-day aural surgery, and it is, in fact, a combination of several instruments, admitting of many useful applications. (1) It serves for inflating the middle ear as an ordinary Politzer's bag. (2) It can be used as an evacuator for the withdrawal of fluid by the Eustachian tube; or as a pneumatic tractor applied to the external auditory canal. (3) It can be employed also for the injection of medicated air charged with the vapour of deodorisers or other volatile fluids.

When the instrument is to be applied for tubal inflation the nasal piece should be adapted to the orifice of the nostrils by means of the wire loop which unites the vulcanite balls. The Eustachian catheter may be substituted for the nasal piece in those cases in which it is desirable to operate upon one ear only.

The hand-ball is especially fitted with very small valves and a central recoil spring. The end of one of the tubes attached to it must be fixed on the nasal piece for inflation, the end of the other tube for evacuation. Very gentle compression of the hand-ball is sufficient for the withdrawal of fluid from the Eustachian tube and tympanic cavity, but the bag must be forcibly and rapidly manipulated for successful inflation. When medicated air is to be injected the fluid selected must be dropped upon the pledget of cotton wool placed in the conical vulcanite receptacle, which should then be adjusted on the end of the injecting tube. By the action of the hand-ball the air is drawn through the perforated lid and so charged with vapour. The instrument is manufactured for me by Messrs. Maw, Son, and Thompson.

Now it has been often asserted, and perhaps not without some truth, that aural surgery is both tedious and troublesome in practice; on the other hand, it must be admitted that there is no class of minor surgical operations which yields in the long run more satisfactory results. The success which follows the early treatment of catarrh of the middle ear by inflation is very gratifying to the practitioner and sometimes astonishing to the patient. Already the timely application of Politzerisation has done much to reduce the frequency of permanent deafness, and this simple and invaluable method of tubal inflation is fortunately serviceable in many forms of aural disease, and also in association with other important methods of treatment. Even in cases of long closure of the Eustachian tube, and collapse of the tympanic membrane, it sometimes succeeds in restoring the normal communication between the tympanum and the pharynx, and this reopening of the tube is soon followed by great improvement in the hearing power. Sometimes the air-douche produces temporary deafness with a sensation of fulness and singing in the ears, but these symptoms gradually subside as the air confined in the tympanum becomes absorbed. This increased tension is especially liable to occur whenever the inflator is used too frequently or with too much force; it can, however, be relieved at once by using my instrument and evacuating the imprisoned air by simply reversing the action of the hand-ball.

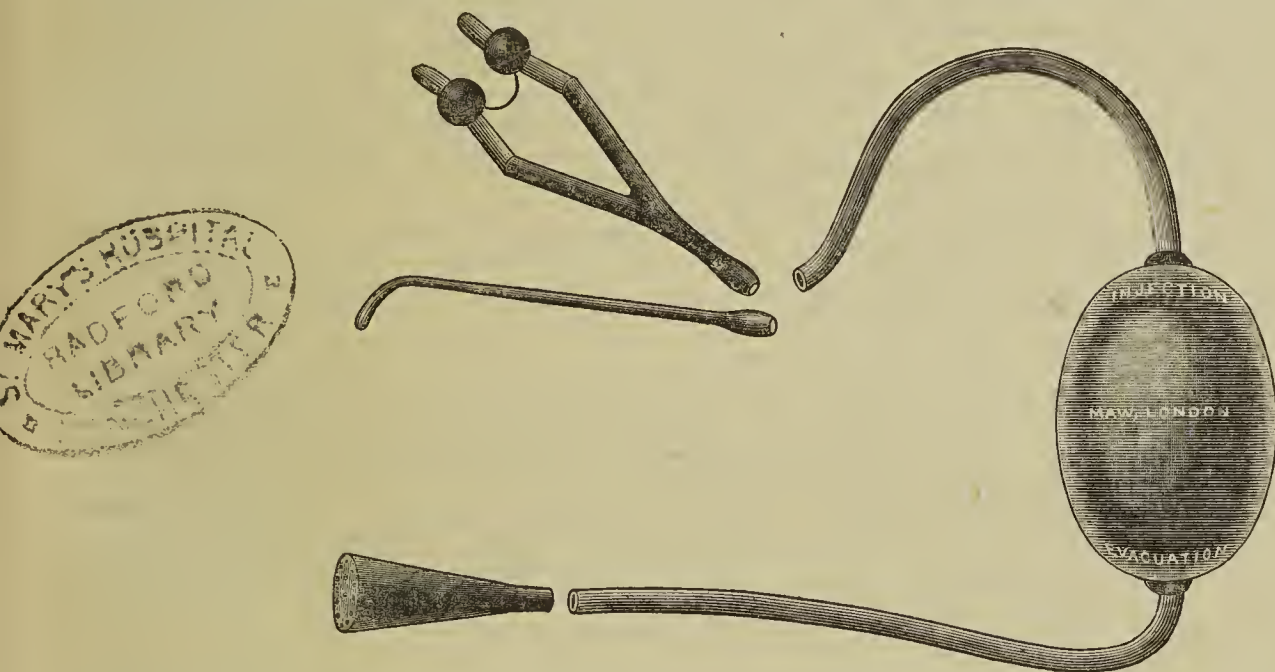


The gentle action of the evacuator is also useful under many other conditions. In young children suffering from ear-ache the bag may be employed for the withdrawal of pent-up fluid into the pharynx. In acute suppurative inflammation of the middle ear, with bulging of the tympanic membrane, evacuation in this way may sometimes succeed, preventing the spontaneous rupture of the drum, and removing the necessity of puncture. In chronic aural catarrh, attended with deafness and tinnitus aurium, the treatment by inflation may often be combined with evacuation, with very excellent results. In many of these cases the Eustachian tube is narrowed and blocked with secretion; at the same time the contents of the tympanum are altered in structure and covered by a layer of thick and tenacious mucus. The air-douche alone is of little service. It aggravates the aural discomfort by increasing the abnormal pressure within the cavity, or else it fails to dislodge the pent-up secretion by the tube, so that the membrana tympani becomes unduly tense, and in this condition a repetition of the operation may cause serious injury.

Now the treatment by alternate inflation and evacuation

not only renders the Eustachian tube pervious, but prevents the accumulation of inspissated mucus in the tympanum." When solutions are employed for this purpose the application of the hand-ball evacuator after the operation will at all times prove of material assistance, for by its action the diffusion of the fluid is secured over the whole mucus lining and its final escape from the cavity promoted, mingled with the elements of secretion. In chronic cases, also, of collapsed and adherent membrane the india-rubber tube may be introduced into the external auditory canal and the instrument used as an exhaustor for the purpose of drawing out the drum, and it thus acts as a substitute for the "pneumatic tractor" recently suggested by Dr. Woakes.

The injection of deodorising vapour will be found especially valuable in cases of perforation and chronic otorrhœa—used, of course, in combination with astringent applications and persistent attention to aural cleanliness. By this treatment the patency of the drain tube of the tympanum is maintained; at the same time injected fluids and purulent secretions are blown out through the perforation, which would otherwise be retained in the cavity. It more-



of the tympanum is certainly theoretically sound, and in my hands it has proved of great benefit in many chronic cases. It promotes the discharge of the inspissated secretion into the pharynx, and aids in maintaining the drainage of the cavity. By the injection of air, the mucus is disturbed from its position, and by reversing the action of the hand-ball of my instrument it can then be drawn into the tube and its passage to the pharynx greatly accelerated. This double action is also capable of exerting a salutary influence over the bony chain. The mobility of the ossicles has long been impaired by the morbid condition of the tympanum, but by gently and repeatedly agitating them in both directions their adhesions to each other are loosened, and their normal oscillation is re-established, by which alone vibrations can be transmitted from the drum to the fluid within the internal ear.

But the instrument can be used for many other purposes in aural surgery. The injecting tube can be readily connected with Ker's inhaler for the application of chloride of ammonia vapour in cases of disorder of the mucous passages, attended with profuse secretion. The injection of air charged with volatile vapours, such as carbolic acid, creosote, alcohol, iodine, eucalyptus, and other substances, is suggested as an auxiliary measure in chronic middle ear catarrh, requiring more active treatment than the air-douche, and also as a substitute for the injection of fluids into the tympanum.

After the failure of milder measures, however, in cases of obstinate tubal obstruction and thickening of the nasopharynx, the injection of warm solutions into the tympanum has been followed by considerable and even permanent relief. Mr. George Field expresses a decided opinion upon the value of this treatment, and considers "that the injection of appropriately selected warm fluids

over powerfully aids in destroying the fœtid odour which is constantly emitted with the discharge, and assists in promoting a cleanly state of the aural surfaces, which, after all, is the essential element of the treatment.

All chronic suppurative diseases of the middle ear demand frequent modifications of treatment and the persevering use of some form of antiseptic for a considerable period. In many cases the otorrhœa is soon checked by the regular employment of astringent solutions; but it often happens that, notwithstanding a marked improvement in the secretion, the distressing fœtor continues—kept up by a localised disease of the tympanum, which involves the periosteum and sometimes the bone itself. It is under these conditions that the vapour treatment is suggested as a valuable auxiliary to other remedies. The injection of medicated air causes no aural irritation, and it can be performed by the patient himself many times during the day as a substitute for other local applications.

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MR. VICTOR HORSLEY, the Brown Professor of Pathology to the University of London, will commence his annual course of lectures in the theatre of the University on Monday next, at 5 o'clock. The first lecture will be, in some respects, a continuation of last year's course, being devoted to the relation of the thyroid gland to general nutrition. In the subsequent lectures Mr. Horsley will deal with the modern pathology of the central nervous system; the functional disorders of that system, produced by loss of function of the thyroid gland and pituitary body; canine chorea, &c. The course will conclude with a demonstration of specimens.



## OBITUARY.

### THOMAS JOLLIFFE TUFNELL, F.R.C.S. IREL., ETC.

This well-known Dublin surgeon died at his residence, 58, Lower Mount Street, Merrion Square, on Friday, November 28th. For some months Mr. Tufnell had been in failing health, and he succumbed to an attack which presented many of the symptoms of organic disease of the stomach and liver. He was born in 1819, his father being Colonel Tufnell, of Lachham House, Chippenham, Wilts. He was educated at Salisbury, under the tutelage of Dr. Radcliffe. In 1836 he was apprenticed to Mr. Lunsecombe of Exeter, and subsequently he entered as a student of medicine at St. George's Hospital, London, under Sir B. Brodie and Mr. Cæsar Hawkins. In 1841 Mr. Tufnell became a Member of the Royal College of Surgeons of England, and shortly afterwards entered the Army as Assistant Surgeon of the 44th Regiment, which was then serving in India, and had been just ordered to Cabul. On his arrival at Calcutta to join his regiment, he was ordered to take charge of the troops at Chinsura, and in this way he escaped the massacre of the British forces in Afghanistan in the disastrous retreat from Cabul.

On his return home, Mr. Tufnell was appointed surgeon to the Dublin District Military Prison. He also gave lectures and demonstrations to a large class of candidates for the Army Medical Service. When the Crimean War broke out, Mr. Tufnell once more went on foreign service, gaining amid the horrors of the ensuing campaign an extensive practical knowledge of military surgery. After some time, he returned to Dublin and commenced private practice in that city. He was appointed to the chair of Military Surgery in the School of Surgery of the Royal College of Surgeons in Ireland, to the Fellowship of which body he had proceeded so far back as 1845. Tufnell's success was now secured, and in process of time he became a Member of Council and President of the College, as well as Surgeon, and afterwards Consulting Surgeon, to the City of Dublin Hospital. Among the other distinctions which fell to his lot may be mentioned the Membership of the Royal Irish Academy and the Fellowship of the Medico-Chirurgical Society.

Tufnell's name will be always associated with the subject of the treatment of aneurysm, in which he was rightly considered as a specialist. His plan was to diet the patients strictly, to insist upon absolute rest in bed in the prone position, and to administer iodide of potassium in full and persistent doses. Another topic to which he called particular attention was stricture of the rectum, for the organic cure of which he devised a new form of tubular bougie. In private life and in social circles Mr. Tufnell shone from his genial manner, his soldierly presence, and his frank and generous disposition. For many years he was secretary to the oldest and most celebrated of the many medical dinner-clubs which exist in Dublin as almost an indigenous growth, and to the festive meetings of the club in question his courtly manners and his genuine *bonhomie* lent a special attraction.

### MISS F. HELEN PRIDEAUX, M.B. AND B.S. (LONDON), L.K.Q.C.P.I.

We have to record, with great regret, the death of Miss Helen Prideaux, which occurred on Sunday, the 29th November, after a week of severe illness from diphtheria. Miss Prideaux was one of the most distinguished of the women who have passed the medical examinations of the University of London. She took honours in every examination from the Matriculation upwards, including the Exhibition and Gold Medal in Anatomy at the Intermediate Examination in 1881; and the sixth and the third place in the first class in Medicine and Obstetric Medicine, respectively, in the M.B. Examination, 1884, as well as honours in Forensic Medicine and Surgery. From 1883 to 1884 she was Demonstrator of

Anatomy at the London School of Medicine for Women, where she had received all her medical education. Her fine intellectual powers were combined with a rare and harmonious beauty of character, and with a serene and noble presence. All who knew her looked forward to her taking in time a foremost place in the medical profession, and to her becoming eventually the leading medical woman in England. A month ago she was appointed Honse Surgeon to the Paddington Hospital for Children. On November 21st, she began to suffer with her throat, and on the 22nd she returned to her father's house in Woburn Square. She was attended through the week with the most devoted and untiring zeal by Mr. Cheyne, Mr. Stanley Boyd, and Miss Cock, who were aided during the last three days by frequent consultations with Dr. Broadbent and Mr. Parker. The disease extended early to the larynx and trachea, and death was often imminent from spasm of the glottis. At her own urgent request, and with the view of diminishing suffering rather than with much hope of saving life, laryngotomy was performed on Saturday morning, and for a few hours she was relieved; cardiac dyspnoea, however, set in about 6 p.m., Saturday, and after some hours of great suffering she died early on Sunday. The loss of such a woman at the outset of her career, and after years of patient and conscientious work as a student, is a calamity for those who looked upon her as a future teacher and leader, and will be recognised as a public loss by many beyond the circle of her private friends.

## MEDICAL NEWS.

THE SOCIETY OF APOTHECARIES, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on Thursday, November 26th, 1885:—

William Frederick Dewsnap, M.R.C.S., 1, Theresa Terr., Hammer-smith; John Simpson Edye, M.R.C.S., 21, Elgin Road, St. Peter's Park, W.; William Gilmore Ellis, M.R.C.S., Banstead Asylum, Surrey; George Stephen Ware, M.R.C.S., Devon Villa, Harrow; Joseph Williamson Winterburn, 12, Cabul Road, Battersea, S.W.

THE DUBLIN HOSPITALS COMMISSION.—This Commission met, subsequent to our last report, on Tuesday, November 24th, when evidence was given concerning St. Joseph's Hospital for Children. Founded by private benevolence in November, 1872, the hospital is not at present utilised for the purpose of medical education, but it is contemplated to form a class when the additions at present being made are completed. There are now 30 beds in the hospital, but the new building will accommodate 100. The professional staff comprises one consultant surgeon, two physicians, one surgeon, one assistant surgeon, one apothecary—all visiting. The apothecary alone receives remuneration. There were 275 intern patients and 5,500 extern treated during the year ending 31st March, 1885. Dr. Thos. More Madden, physician to the institution, and Mr. John McEnllagh, the surgeon, were examined, after which Mr. William Perrin, a governor of the Convalescent Home, desired to give evidence as to that institution, but the chairman said that appertained to another branch of the question, which would be dealt with at a subsequent stage. With the exception of Mercer's and Steevens' Hospitals, they had now terminated the general enquiry as to the Dublin hospitals. Concerning the first of these institutions (Mercer's), they would be glad when they met again to hear any additional evidence, but that must be confined within the scope of their enquiry. That done, they proposed to go into the question of the union hospitals; and, finally, to take evidence from distinguished men on the general question of hospital management, both in the United Kingdom and elsewhere—the mode in which they are supported, and in what relation they stand to public authority. The Commission then adjourned *sine die*, public notice to be given of the date of re-assembling.

BELGIAN ACADEMY OF MEDICINE.—The following Foreign Honorary Members have just been elected by the



Royal Academy of Medicine of Belgium:—Dr. H. von Bamberger, Professor in the University of Vienna; Dr. S. P. Botkin, Professor of Clinical Medicine in the University of St. Petersburg; Dr. P. Diday, *ex-chirurgien-en-chef* of *l'Antiquaille*, Lyons; Sir Wm. Jenner, President of the College of Physicians, London; Dr. A. Kussmanl, Professor of Medicine and of Clinical Medicine in the University of Strasburg; Dr. E. Leyden, Professor of Clinical Medicine in the University of Berlin; and Mr. J. E. Eriksen, Emeritus Professor in University College, London. University College, which holds the place of honour in the above list, has unfortunately no longer the advantages of Sir William Jenner's services on the active list of Professors. If our Belgian friends will enquire, too, they will find that, though St. Petersburg possesses both a University and a most important Medical School, the two are unconnected, the University having no medical faculty, and the Medical School being under the Minister of War, so that Dr. Botkin's proper designation is Professor in the Military Medical Academy, St. Petersburg.

THE CASE OF DR. COLLIE.—At a meeting of the Council of the Poor Law Medical Officers' Association, held at their rooms, 3, Bolt Court, Fleet-street, on Tuesday, the case of Dr. Collie, medical superintendent of the Eastern Asylum Hospitals, was again considered, when it was unanimously resolved:—"That this Council, having carefully gone through the evidence that was tendered at the recent official enquiry into the management of the Eastern Asylum Hospitals, fails to discover any sufficient pretext for the suspension of Dr. Collie from his duty as superintendent of such hospitals, seeing that the most that could be brought against him was the neglect of certain clerical requirements which, having regard to the multifarious and onerous duties he was called on to discharge by the Managers, should (as requested by Dr. Collie) have been remitted to some subordinate official; and further expresses its regret that the Poor Law Inspectors to whom was entrusted the conduct of the official enquiry should have failed to recommend to the President of the Local Government Board the removal of his suspension. That the best thanks of this Council be given to the general and medical press, and especially to the *Times*, for the support they have given to Dr. Collie under the trying circumstances in which he has been placed."

VACCINATION SHIELDS.—The following note has been issued from the office of the National Vaccine Establishment. "The Medical Officer of the Local Government Board occasionally hears of cases of Erysipelas following Vaccination, and traceable to the use of old and dirty 'Vaccination Shields.' If in any case, as where a dress is worn dyed with a possibly irritative dye, a Vaccinator thinks some means of 'protection' to a vaccinated arm to be desirable, he had best define the material and the manner of application of such appliance as he judges to be wanted in the particular case; and it appears to the Medical Officer important that every such appliance should be of a kind to be destroyed and replaced whenever it becomes soiled; and particularly that it should not be of a kind likely to be kept for subsequent use. The Medical Officer would, therefore, urge on Vaccinators to discourage the use of the so-called 'Vaccination Shields.'"

CHARITABLE BEQUESTS.—Mr. William Anastus Guy, M.B., F.R.S., F.R.C.P., late of Gordon Street, Gordon Square, has bequeathed 250*l.* each to the Statistical Society, King's College Hospital, and King's College Hospital Convalescent Institution. The moiety of the residue of his real and personal estate eventually comes to the Statistical Society and King's College Hospital Convalescent Institution.

FOREIGN LUNATICS IN GREAT BRITAIN.—According to a recent parliamentary return of the total number of persons of unsound mind, not being British subjects, who were patients on the 1st January last in any county or borough asylum, it appears that in England and Wales the number of sick patients was 434, 287 males and 147 females. There were only four in Scotland.

VEXATIOUS PROSECUTION.—At the York Assizes on Saturday, before Mr. Justice Hawkins, George Henry Heald, M.R.C.S.E., was charged with an indecent assault on a girl between the ages of 13 and 16 years, at Leeds, on September 12th. The girl was a pupil-teacher in the Leeds Board Schools, and the prisoner was police surgeon at Leeds. On the above day the prisoner made a medical examination of the girl, during the course of which it was alleged that the offence was committed. For the defence it was urged that the prisoner merely made a medical examination of the girl, and that she had given an exaggerated account of what had taken place, owing to hysteria. The Jury, after a short deliberation, found the prisoner *Not Guilty*, and he was discharged.

THE "BRADLEY" FUND.—In consequence of the interest which has been taken by the profession in Dr. Bradley's case, and the generous response which has been made to the appeal on his behalf, it has been decided that the proceeds of the above fund shall be presented in such a manner as to give a marked and public expression to the views of those who have sympathised with him. On account of its being the nearest large town to the neighbourhood in which Dr. Bradley practised, Sheffield has been chosen as the most suitable place for the purpose. The presentation, consisting of an address and a purse of four hundred guineas, will be made by Dr. Balthazar Foster, M.P., President of the Council of the British Medical Association, and by Mr. Wheelhouse, of Leeds, at a Medical Dinner, which will take place at the Wharfedale Hotel, King Street, Sheffield, on Friday, December, 11th, 1885, at six o'clock, when it is hoped that as many as possible of Dr. Bradley's friends and supporters will be present. Dr. M. Martin de Bartolomé, Senior Physician to the Infirmary, will preside.

A PERUVIAN MARTYR TO SCIENCE.—Peru is hardly the country to which we should naturally turn in the expectation of finding a martyr to experimental clinical science. It has, however, just produced one in the person of a most promising medical student named D. A. Carrion, aged 26, who, being in his sixth or final year—this country might with advantage take a leaf out of the Medical Regulations of Peru with regard to the length of medical study—was writing a dissertation for his degree on a little-known Peruvian disease called Verruga, and, wishing to study it experimentally, inoculated himself with it last August. The experiment was only too successful, for in 23 days the disease began to show itself, and in 38 days Señor Carrion succumbed to the effects of his mistaken zeal. The Lima Academy of Medicine has announced Verruga as the subject for its prize essay in 1886.

SOME LAY ADVICE TO DOCTORS.—Avoid the society of your patients. Physicians should have no familiars. To be thoroughly respected, they must stand aloof from the gaze of society. A prophet has no power in his own country, neither has a physician in his own circle. Without skill it is impossible to become a flourishing physician; but without good manners all the skill of the most eminent physicians will not avail far in a large capital. A good address is everything to a doctor. Never refuse a fee from any person who is able to give one, in order that you may never have occasion to take one from a man who is too poor to well afford one. It matters not how mercenary you may be accounted by the rich so long as you are merciful to the poor. If you cannot get fees without depriving them of bread, it were better that you had never been a doctor.—*Brooklyn Eagle*.

OBSTETRICAL STUDY AT PRAGUE.—A correspondent of the *Philadelphia Medical News* of October 17th, at present studying at Prague, desirous of giving an exact account of the advantages and disadvantages of Prague as a place of obstetrical study, in consequence of the great discrepancies that have hitherto prevailed on the subject, makes the following statement:—The *Gebärhaus* is a fine, irregular, and quite modern building, its wards being lofty, well-ventilated, and clean. Since the rupture which took place in the University about three years since, dividing this into a German-speaking and a Bohemian-speaking institution, the lying-in hospital has been divided into three equal



parts, one of these being under German control, one under Bohemian, and the third for the education of midwives, also under Bohemian control. It is to the first of these divisions only that the remarks apply, this being the one that foreign students usually resort to. The total number of births varies from 2,700 to 3,000 per annum, giving from 900 to 1,000 for each division. The vacation months, April, May, August, and September, are usually chosen, as there are then no junior students attending. Dr. Fleischmann, Professor Breisky's first assistant, a very zealous and able teacher, gives two courses, each of four weeks' duration, during each of the vacations. The course consists in digital and external examinations of pregnant women, usually in the last week of pregnancy, combined with external measurements by Baudelocque's pelvimeter, and the various obstetrical operations on the phantom. The fee for the week's course is 25 florins, 16 florins being also paid for permission to live in the maternity and "practise." It is chiefly in relation to this last that discrepant statements have been made. "From extended enquiries and personal experience, I am enabled to define 'practice' as the mere privilege of examining women in labour according to a definite system. Three men are allowed to examine the same case, providing it is a normal one, and only the first man on the list is allowed to make further examinations during the course of the labour. The nurses, who are very efficient, deliver all normal cases, the assistant being sent for only in cases requiring operative interference. This he always effects himself, and no member of the class is allowed to put on the forceps, contrary to the impression that seems generally to prevail. It is deemed quite a stroke of good fortune if one gets an opportunity of supporting the perinæum or passing the catheter once. Strict antisepticism is carried out, to what perhaps may seem a ludicrous extent. After one has handled the 'alcoholic fœtus,' used in the operative course, he must take a tub-bath and change his under-clothing before being allowed to 'practise.' Prior to making a digital examination, the hands and forearms must be well scrubbed, then bathed for five minutes in a sublimate solution (1 to 2,000), rinsed, and dried. The statistics, which are among the best on record (mortality a trifle above  $\frac{1}{4}$  per cent.), seem to justify these precautions. But the assistants and nurses have suffered, for more than once, from slight attacks of salivation. Nature is interfered with as little as possible. The forceps are seldom employed—not more than once, I think, in 50 cases. Every tear, no matter how insignificant, is carefully sewed with catgut; uninterrupted suture. This is done from an antiseptic point of view, so as not to leave any abraded surface which could favour the absorption of decomposing discharges. As may be expected, the number of abnormal cases varies at different periods; but, during a four weeks' course, a couple of turnings, as many forceps applications, a few cases of eclampsia, and a craniotomy may be safely expected. The living accommodation in the hospital is wretched. A large, dirty ward, with beds arranged on either side to the number of 20, is consigned for this purpose. Two long deal tables, with several broken chairs and a couple of wardrobes, comprise the whole furniture of the 'barracks,' as it has been truly named. A single sink serves for all ablution requirements; and organisms, which are not microscopic, with very ferocious appetites, abound in as great numbers as micro-organisms in the object-field of a German microscope. Let ten or twelve men, from all parts of the Universe, with the diverse toilet and other habits which pertain to such a motley collection, occupy the 'barracks,' and fancy the floors covered with a couple of inches of dirt; let dirt meet the eye in whichever direction it turns,—and a fair view will be gained of the 'comfortable residence' provided in the hospital. It is not practicable to live in rooms outside. To a green graduate, who, perhaps, has never made a digital examination, a four weeks' course in Prague, despite the personal inconveniences, will doubtless be of considerable benefit; but anyone coming to the Continent for the purpose of familiarising himself with the various obstetrical operations had better seek another field."

A CORPSE IS NOT "PROPERTY."—The Supreme Court of South Carolina has recently rendered an elaborate

opinion on a question which appears to have been decided for the first time in that case. It was an action brought by an administrator against a railroad company to recover damages for the mutilation of a corpse, caused by the negligent running of a train over it. The referee found for the plaintiff, and fixed the damage at 10,000 dollars. The case went to the Supreme Court on the question whether "there is such property or interest in the dead body of a human being as to sustain an action for its wilful or negligent mutilation; and, if so, whether the right of action belongs to the administrator of the deceased. The Court decided that, while the next of kin have recognised rights touching the dead, there is no such property in a corpse as is claimed in this case. It says, "While the demand of the dead should be tenderly protected, their interment carefully guarded, the mutilation of their bodies and the disturbance of their sepulchre severely punished; and while all laws necessary to that end should be passed and steadily enforced—yet, even for this purpose, to make such remains the absolute property of anyone in the sense of objective appropriation would be abhorrent to every feeling and impulse of our nature." But this view, the Court proceeded to explain, does not apply to the clothes in which the body was clad and the watch on it. There were articles of personal property, to which the administrator had a legal claim, and, as they were destroyed, he was entitled to maintain an action for their value. — *Boston Medical Journal*, November 5th.

THE THERAPEUTIC KNIFE.—Speaking at the annual meeting of the New York State Medical Association (*Philadelphia Medical News*, October 24th), Dr. Pancoast drew attention to certain points of surgical practice: one of these was what he terms "The Antiphlogistic Touch of the Therapeutic Knife." By this he means a very small knife which has the advantage of leaving no scar after its employment. With such a knife he practises tumefactions of almost any sort in numerous places, forming the best means of deep-seated blood-letting of the part; and, if he sees the patient early enough, he can almost assure the patient against abscess occurring. When a bubo or other gathering becomes hard and refuses to yield to local application, he freely punctures it with his little knife, on the point of which he occasionally finds a drop of pus. By this method he has even cured (or, at least, rendered stationary) some cases of goitre, both cystic and fibroid; and many other glandular growths can be successfully treated in the same way. He also gives Donovan's solution or the iodide of potassium internally, with, if the patient's condition requires it, *cinchona* or whiskey.

THE LYONS GIRL SILK WORKERS.—In an article of No. 41 of the *Lyon Médical*, Dr. Augagneur draws attention to the deplorable condition of the girl apprentices who, drawn chiefly from the healthy regions of the Alps and Savoy, are subjected to a life of hard labour under the most sanitary conditions. Overcrowded into small abodes under the *patrones* to whom they have been consigned, they live and sleep in unventilated rooms, passing long hours of labour, even extended sometimes on Sundays, and fed upon a most insufficient diet. The consequence is that the hospital of the Croix Rousse exhibits a greater mortality from phthisis than any other hospital in Europe, a third of its mortality being due to this cause. Against this state of things no legal remedy exists, the laws which supply inspection and control only having power in the large workshops, and not applying to the wretched abodes in which these girls work.

THE STUDY OF LARYNGOLOGY IN VIENNA.—A writer in the October number of the *Canada Medical Journal* points out how well conducted this is in his great school for specialist study. There are four clinics for diseases of the nose and throat, three of which are in the Krankenhaus itself, and the other in the Polyclinic, close by; and the hours are so arranged as not to conflict, so that almost uninterrupted study may be pursued from eight to one. The supply of material seems inexhaustible, this arising to some extent from the encouragement of interesting cases to make frequent visits, so that they are seen over and over again. The class of cases met with is of a more



serious character than occur in Canada, laryngeal phthisis, for instance, being of frequent occurrence. The instruction given is of a most painstaking and practical character, there being almost an entire absence of didactic teaching and a substitution of case-teaching. The Germans possess a facility of illustration almost peculiar to themselves, and one which teachers of other countries would do well to cultivate. The Vienna laryngologists excel in diagnosis and in an intimate knowledge of the pathological condition, but in regard to scientific labour-saving apparatus and treatment they are not superior to the Americans. There is perceptible on the part of the professors and assistants an absence of roughness or violence in handling that is gratifying; and this is a lesson that all laryngologists must learn if they seek success. Education of the parts to tolerate the instruments is generally adopted, and no time necessary for the accomplishment of this is begrudged.

**REMARKABLE CASE OF ASCITES.**—Dr. McDonald reports the case of a woman, about 50, who came to him in December 1880 with ascites. She stated that she had been tapped six weeks before. He now drew off 22 quarts of fluid by means of an aspirate needle, and from that time until now the operation has been repeated at intervals of about two weeks, from 16 to 20 quarts being removed each time. Examination of the urine failed to reveal any cause for the ascites, and neither the liver nor the heart presented any symptoms of disease. Medicinal treatment failed to prevent the exudation or promote its absorption. The patient has now furnished about 500 quarts of fluid, but seems to have suffered in no way from this abnormal excretion, her general condition presenting no change, save that incidental to increasing years.—*New York Medical Record*, November 7th.

**PURE BLACK SILK SUTURES.**—Dr. Pancoast (*Philadelphia Medical News*, October 24th) considers that these are much more satisfactory than those made of white silk, which is commonly coloured by lead and may poison the wound. The black sutures he uses are made of pure black silk which is dyed with iron, which is of service in preventing erysipelas. The silk may be rendered still more antiseptic by dipping it in carbolic acid or chloride of zinc, of which he has a very high opinion. It is the strongest ligature made, and at the same time the most delicate for plastic operations. He always keeps a variety of sizes on hand. Dr. Pancoast also employs diachylon plaster made with black silk, and finds it extremely satisfactory.

**CHEAPNESS OF CREMATION.**—"The cost of cremation by the new Company in this city," the *New York Medical Record*, No. 15, observes, "will be only 25 dollars. The fact that a person dying in New York can have suitable mortuary rites performed for so small a sum is most interesting, and will, we feel sure, do much to rob death of its terrors. The Company, indeed, promises to open up a new era in municipal mortuary history; for, while there has been a great deal said and written about cheap living, we have heard very little of a serious and practical nature about cheap dying. Dying in New York is a luxury, and one about which most people show a strange amount of thoughtlessness and inconsideration. A citizen can live for three years in Arkansas for the price of a conventionally respectable interment in New York. Yet few take such a fact as this into the slightest consideration."

**CHOLERA AND ARSENICAL POISONING.**—The *Philadelphia Medical Reporter* for October 31st states that Dr. Jauney, the late coroner, at a meeting of medical men, made the startling assertion that "no healthy man or woman that is without organic disease and of average strength and vitality ever dies in this climate from cholera." He declared that his experience in, and the records of, the coroner's office substantiate the fact that such a person, when dying with symptoms of cholera, always dies from poisoning, usually arsenical, the case being one of suicide or homicide; and so distinguished an authority as Professor Bartholow declared that he has not the least doubt of the correctness of the assertion.

## APPOINTMENTS.

BROCKATT, A. A., L.R.C.P., M.R.C.S.—Clinical Assistant in the Skin Department of St. Thomas's Hospital.  
 CALDECOTT, CHARLES, M.R.C.S. Eng., L.S.A. Lond.—Resident Medical Officer to the Eastern Counties Asylum for Idiots, Colchester, *vice* Dr. Coombes, resigned.  
 CHAPMAN, JAMES, L.F.P. & S. Glas., L.S.A. Lond.—Medical Officer to the Hursley District and to the Workhouse, Hursley Union, *vice* Dr. H. C. Selwood, deceased.  
 CROWDY, F. D., M.B. Oxon., M.R.C.S., L.S.A.—Assistant House Physician to St. Thomas's Hospital.  
 GODFREY, A. E., L.R.C.P., M.R.C.S.—Clinical Assistant in the Ear Department of St. Thomas's Hospital.  
 HAIG, F. M., M.R.C.S., L.S.A.—Non-resident Physician to St. Thomas's Hospital.  
 HARRISON, CHARLES, M.R.C.S. Lond., L.S.A.—Medical Officer to the Bitten District, Keynsham Union, *vice* Mr. F. M. Page, resigned.  
 HUTTON, J. S., L.R.C.P., M.R.C.S., L.S.A.—Resident House Physician to St. Thomas's Hospital.  
 JOHNSTON, G. D., L.R.C.P., M.R.C.S.—Ophthalmic Clinical Assistant to St. Thomas's Hospital.  
 KIDD, CAMERON, L.R.C.P., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.  
 LANKESTER, H. H., M.B. Lond., M.R.C.S., L.S.A.—Resident Accoucheur to St. Thomas's Hospital.  
 LAWSON, R., M.R.C.S., L.S.A.—House Surgeon to St. Thomas's Hospital.  
 NEWBERRY, WILLIAM JOHN, L.S.A. Lond., M.R.C.S. Eng.—Medical Officer to the Burton District, Kendal Union, *vice* Mr. R. Whipp, resigned.  
 PLOWMAN, S., L.R.C.P., M.R.C.S., L.S.A.—Clinical Assistant in the Throat Department of St. Thomas's Hospital.  
 RELTON, B., M.R.C.S., L.S.A.—House Surgeon to St. Thomas's Hospital.  
 RITCHIE, E. D., M.R.C.S., L.S.A.—Resident House Physician to St. Thomas's Hospital.  
 ROBERTS, W. LAKE, M.R.C.S.E.—Honorary Surgeon to the Bradford Infirmary, *vice* Herbert Spencer, M.R.C.S.E., resigned.  
 WALTER, ERNEST WILLIAM, M.R.C.S., L.R.C.P., L.M.—Medical Officer to the Fourth District, Havant Union, *vice* Mr. P. Pope, resigned.

## VACANCIES.

ASHBY DE LA ZOUCH UNION.—Medical Officer to the Fourth District, in succession to Dr. J. N. Watson, deceased. Area, 6,861 acres. Population, 6,393. Salary, £60 per annum.  
 BLYTHING UNION.—Medical Officer to the Second District, in succession to Mr. Fredk. Haward, resigned. Area, 15,329 acres. Population, 5,097. Salary, £75 per annum.  
 CARLISLE UNION.—Medical Officer to the St. Outthbert's District, in succession to Dr. P. Moffatt, resigned. Area, 10,098 acres. Population, 17,276. Salary, £100 per annum.  
 CITY AND COUNTY LUNATIC ASYLUM, STAPLETON, NEAR BRISTOL.—Assistant Medical Officer. (*For Particulars, see Advertisement.*)  
 CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA PARK, E.—Assistant Physician. Candidates must be Fellows or Members of the Royal College of Physicians of London. Applications, with testimonials, to be sent to the Secretary's Office, 24, Finsbury Circus, E.C., on or before December 7th.  
 STIRLING DISTRICT ASYLUM, LARBERT, N.B.—Assistant Physician. (*For particulars, see Advertisement.*)  
 TORBAY HOSPITAL AND PROVIDENT DISPENSARY, TORQUAY.—Junior House Surgeon and Dispenser. Salary, £90 per annum, with board, lodging, and attendance. Candidates must be qualified in Medicine and Surgery, registered under the Medical Act, and unmarried. Testimonials to be sent to the Hon. Secretary, W. H. Kitson, Esq., Torquay, not later than January 1, 1886.  
 WESTERN GENERAL DISPENSARY, MARYLEBONE ROAD.—Ophthalmic Surgeon. Applications to be sent to the Hon. Secretary, from whom particulars can be obtained, by December 7th.

## DEATHS.

ANDREWS, THOMAS, M.D., LL.D., F.R.S., at Fort William Park, Belfast, on Nov. 26th, in his 72nd year.  
 SHERRIN, FRANCIS MARK, M.R.C.S., L.R.C.P., at Vari, Southcote Road, Bournemouth, aged 32.  
 WATERS, JOHN, M.D., at 15, Bedford Square, on Nov. 28th, aged 73.

## NOTES, QUERIES, AND REPLIES.

### MEDICAL KNIGHTS.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—You tell us that you look forward to a long line of Provincial Medical Knights. Few of your readers will, I think, take the same view. During my attendance as a pupil at St. Bartholomew's Hospital—some five-and-forty years ago,—I remember that I once asked an old practitioner some question about Sir James Earle and other gentlemen of title, whose names were known in connection with the hospital. He told me that it had been the custom to knight the Senior Surgeon of the hospitals in London: that, when it came to Mr. Abernethy's turn to receive the honour, he declined it. Mr. Vincent did the same; and the Minister ceased to recommend the Surgeons for the honour. The number of medical practitioners in possession of the honour has been declining for some years. Passing the Baronets, and the Knights of the different Orders, it appears from published lists of Knights Bachelors, to which I



have the opportunity of referring, that there were 33 members of the medical profession among the number in 1849, and 17 in 1871. At the present time there are ten,—which is less than a tenth part of the number of lawyers now on the list.

Your obedient Servant,

D. R.

November 1885.

"Aqua."—Hime's table, taken from Parkes, gives only such qualitative tests as may serve for condemning offhand or provisionally sanctioning the use of some particular source. Where distillations, maintenance of fixed temperatures for several hours, &c., are required, or when legal proceedings are likely to arise, "Aqua" should refer to a regular analyst. There are, however, a few valuable quantitative estimations that he might advantageously practise, that, for example, for chlorides, either by the ordinary silver chromate or Volhard's method, and we would strongly recommend him to substitute Griess's accurate and delicate test for nitrites for the older ones given by Parkes and Hime. It is this:—To about 50 ccs. of the water, acidulated with dilute sulphuric acid, add a few drops of sulphanilic acid, and ten minutes later a few of chlorhydrate of naphthylamine. Immediately, or after a longer or shorter time, a coloration appears, varying from a pale rose to a deep red, according to the amount of nitrites present. It will indicate 1 in 1,000,000.

Dr. R. White, Trinity, Newfoundland. — Letter and enclosure received with thanks.

#### COMMUNICATIONS RECEIVED—

Sir WM. MACCORMAC, London; Dr. PAVY, F.R.S., London; Mr. E. L. HUSSEY, Oxford; Dr. BUCHANAN, London; Mr. S. SNELL, Sheffield; Mr. R. O'MULLENIN, Dublin; THE SEC. OF THE SOCIETY OF APOTHECARIES, London; THE BRITISH VICE-CONSULATE, Los Angeles, California; THE SEC. OF THE ASSOCIATION FOR PROMOTING A TEACHING UNIVERSITY, London; THE ACTUARY OF THE CLERICAL, MEDICAL, AND GENERAL LIFE ASSURANCE SOCIETY, London; THE SEC. OF THE MINCEING LANE WHOLEBERRY COFFEE COMPANY, LIM., London; THE REGISTRAR-GENERAL, London; THE HON. SUPT. OF THE EAST LONDON MISSION; MESSRS. W. WOOLLAMS & CO., London; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; THE HON. SECS. OF THE EPIDEMIOLOGICAL SOCIETY OF LONDON; THE REGISTRAR-GENERAL, Edinburgh; THE SEC. OF THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, London; THE SEC. OF THE PARKES MUSEUM, London; THE SEC. OF THE ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND, London; THE SEC. OF THE MEDICAL SOCIETY OF LONDON; THE SEC. OF THE ROYAL INSTITUTION, London; Mr. VINCENT RICHARDS, Goolundo, Bengal; THE SEC. OF THE BRITISH BENEVOLENT FUND, London; THE SEC. OF THE CLINICAL SOCIETY, London; THE SEC. OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY, London; Dr. C. B. TAYLOR, Nottingham; Dr. LANGMORE, London; MESSRS. CASSELL & CO., LIM., London; Mr. T. BRYANT, London.

#### BOOKS RECEIVED—

De la Température de la Paroi Abdominale dans les Cas d'Entérite Aigue et Chronique chez les Enfants, par le Docteur Moncorvo—Transactions of the American Otological Society, Vol. 3, Part IV.—Annual Report of the Board of Regents of the Smithsonian Institution for the Year 1883—Syllabus of Materia Medica, by A. Harvey, M.D., and A. D. Davidson, M.D., F.R.S.—Illustrations of Unconscious Memory in Disease, etc., by Charles Creighton, M.D.—A Handbook of Therapeutics, by Sydney Ringer, M.D. Eleventh Edition.—Zur Therapie der Chronischen Herzkrankheiten, von Dr. A. Schott.

#### PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—The Hospital Gazette—Revue Médicale—Journal of the American Medical Association—Société Médicale—The Therapeutic Gazette—Boston Home Journal—El Ensayo Médico—Weekblad—El Monitor Médico—Archives Générales de Médecine—The Analyst—Edinburgh Medical Journal—Gazette de Synécologie.

### HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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# MEDICAL TIMES

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LONDON, SATURDAY, DECEMBER 12, 1885.

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## THE TREATMENT OF THE RESULTS OF IRITIS, BEING SOME OBSERVATIONS IN THE COURSE OF A CLINICAL LECTURE DELIVERED AT MOORFIELDS JUNE 20, 1885.

By E. NETTLESHIP, F.R.C.S.,

Ophthalmic Surgeon to, and Lecturer on Ophthalmology at, St. Thomas's Hospital, and Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

THE management of its results is a question that occupies a prominent position in speaking of iritis, and several of the points are well illustrated in the case of the man to whom I am about to draw your attention.

The patient in question, aged 47, was under treatment in July and August, 1884, with severe iritis in the right eye, and slight iritis in the left. He has had several relapses since then, but at present the left eye is quiet, though he cannot see well with it. The most obvious cause of this defect of sight is that lymph has crept into the area of the pupil and formed into a membrane. When this occurs, the pupil is greyish instead of black, and has at first sight somewhat the appearance of a cataract; in this particular instance there is no doubt about the existence of a membrane, but sometimes it is difficult to distinguish between

such a membrane and a true cataract. Sometimes we see a cataract which is the result of iritis, or a cataract and iritic membrane together, causing opacity in the pupil, but such cases belong to a much more serious class than the present one. In distinguishing membrane in the pupil from opacity of the anterior cortex of the lens, the appearances and the plane of the opacity are the points we have to bear in mind, the thickness of the iris being always appreciable in front of the most superficial opacity within the lens-capsule.

Membrane in the pupil is the commonest cause of defect of sight after iritis. Another cause is secondary glaucoma due to occlusion of the pupil from total posterior synechia; the communication between the anterior and posterior chambers being shut off, the fluid behind the iris, being thus unable to escape, causes bulging of the iris and increased tension. The anterior chamber therefore becomes shallower than normal or even is completely obliterated. Such shallowing is distinguished from that caused by thickening of the iris, as the result of old iritis, by the fact that in the latter case there is no alteration of contour, and that the iris is not funnel-shaped; whilst it may be distinguished from that caused by ordinary primary glaucoma in that here the iris seems pushed forward as a whole. The treatment in such a case is as for chronic glaucoma.

In our patient's case, however, there is not much to be done, because there is no glaucoma, and the making of an artificial pupil by removing a small



piece of the iris would not render the eye equal in sight to its fellow. Had there been the same condition in both eyes, I should have felt inclined to make an artificial pupil and thus expose a part of the lens, which would probably be free from adherent pigment and membrane. For in most ordinary cases of iritis the lymph is thrown out only by the pupillary border of the iris, where the capillaries are most abundant. It is of course impossible to remove the iritic membrane and thus clear the pupil, but in suitable cases, free from membrane, single adhesions may be broken down by means of the notched spatula employed for this purpose by Mr. Streatfeild. A small incision is made in the cornea and a thin ivory spatula with a little hook at the end, perfectly smooth and flat, is introduced into the anterior chamber behind the adhesion and gentle force used to separate it.

It is said that when adhesions have been removed in this way there is less liability to a relapse; but surely, if adhesions have much to do with causing relapses, almost every case of iritis should be liable to relapses. Now we know that rheumatic iritis is extremely prone to relapse, whilst in syphilitic iritis, no matter how many adhesions there may be, there is little likelihood of such an occurrence. I have seen many cases of old syphilitic iritis with numerous adhesions and pigment on the anterior capsule of the lens, with no history of the least inflammation since the first attack. Again, there is a class of rheumatic cases in which, though pain and congestion are severe, the actual iritis is slight, and in which no adhesions form, but which are extremely liable to relapse, the subsequent attacks being all like the first. I believe, therefore, that the tendency to relapse has much more to do with the first cause of the iritis than with the adhesions. That iridectomy has in some way the power of preventing recurrences seems, however, well established, though I believe that its influence has been over-rated. The subject is, however, too large a one for the present occasion.

## CLINICAL LECTURES

### ADDRESSED TO STUDENTS ON THE METHOD AND DATA OF MEDICAL DIAGNOSIS.

By W. H. ALLCHIN, M.B., F.R.C.P.,

Physician to the Westminster Hospital, and Joint Lecturer on the Principles and Practice of Medicine and on Clinical Medicine.

#### LECTURE VIII.—CASE TAKING.

##### *Personal History.*

##### *Sex—continued.*

The relative proportions in which different diseases attack the two sexes may be most conveniently seen by reference to the following table, which I have compiled from various sources. The list makes no pretension to completeness, nor is it submitted with any idea that the figures and proportions set down are to be accepted as being perfectly accurate, since, for many reasons, they are only approximately correct. Thus, by chance or design, the practice of one observer may lie more among our sex than the other; and the records derived from hospitals are subject to the qualification that, whilst more men are, as a rule, admitted as in-patients, the reverse obtains among women, who can less well be spared entirely from their homes. The accommodation for both sexes, also, is not always equal in hospitals, and this in itself would

affect the totals given. But, notwithstanding these and other qualifying circumstances, the general result is, I believe, substantially accurate, and is sufficient to show the broad general distinctions which obtain in regard to the incidence of disease among males and females. Doubtless, as more extended and accurate knowledge is accumulated, some of the conclusions will require to be amended, and you have it in your power by your observations to contribute to so doing. Again and again I shall have occasion to remind you that our science has arrived at that stage in its evolution when the necessity for well attested, carefully recorded, facts are imperatively needed to substantiate or alter hitherto accepted ideas, and for this purpose, and others, a detailed "personal history" is in all cases desirable, even when the value of some of its items is not at once apparent.

The general conclusions which I think may be deduced from a study of this table are the following. First, the far larger number of diseases which prevail in the male sex, and this, although there are, as we have seen, many more females living at every age to be exposed to illness. It must not, however, at once be inferred that the masculine organisation is in itself in most cases more prone or more easily susceptible to morbid influences, since, without doubt, many of the maladies in the list occur in greater proportion among males from their greater exposure and hence increased risk of contracting disease. Passing to special groups of diseases, it is a noticeable circumstance that the great majority of congenital imperfections (that is, of departures from normal structure which arise at that period of existence when the environment may be regarded as almost identical for the two sexes) occurs in males. The intra-uterine dislocations of the hip offer a marked exception, as well as moveable kidney and lateral curvature of the spine, and we are no more in a position satisfactorily to explain these exceptions than we are to account for the masculine prevalence of congenital deformity. But the prevalence itself suggests an inherent difference in liability to disease.

Among the general diseases, those, that is to say, which are constitutional, or which, if of extrinsic origin, would seem to be primarily affections of the blood, from which the organs suffer secondarily, the difference in their incidence as to sex is but slight; quite insufficient to permit any inference to be drawn as regards the respective proneness of either sex to suffer. Those diseases which cause the greatest mortality, such, for instance, as tuberculosis and cancer, occur with about equal frequency in both sexes. Congenital syphilis, notwithstanding the greater number of male parents affected with the constitutional disease, appears as commonly in infant girls as boys. The zymotic diseases, with but few exceptions, and these probably more apparent than real, affect males equally with females, the slight excess, when it is to be represented in figures, being among males.<sup>1</sup>

Since so many of the differential manifestations between the sexes are connected with the nervous functions, it might be expected that affections of the cerebro-spinal or sympathetic systems would exhibit a very distinct difference in the degree to which they occur in the sexes. This can hardly be said to be the case. For, although all the emotional disturbances comprehended under the term hysteria and its allies are

<sup>1</sup> Thus, Typhoid Fever:—Of 5,988 cases recorded by Murchison at the London Fever Hospital, 3,001 were males and 2,987 females; of 891 cases admitted to the Glasgow Infirmary, 529 were males and 364 females. Leibermeister, at Breslau, gives very much the same proportion—of 2,048 cases, 1,297 being males and 751 females. Measles and idiopathic parotitis are also said to be slightly more frequent in males. And in all epidemics of relapsing fevers a preponderance of males are affected; thus, of 1,164 cases only 431 were females, the remaining 733 being males.



DISEASES PRÉVAILING IN THE MALE SEX.

DISEASE.	CASES.			Recorded by	Total Mortality, 1883, England and Wales.	
	Total.	Male.	Female.		Male.	Female.
I. CONGENITAL IMPERFECTIONS.						
Cardiac (cyanosis) .. ..	44 72 134	28 41 78	16 31 56	<i>Gintrac, Paris, 1824</i> .. .. <i>M. Stillé, New York, 1844.</i> <i>J. L. Smith, New York, 1881.</i>	522	402
Intestinal (imperforate anus and rectum) <sup>1</sup>	375	241	134	<i>Leichtenstern, 1877</i> .. ..	144	65
Bladder (comprised in the term extroversion) <sup>2</sup>	68 9 8	60 7 6	8 2 2	<i>Earle.</i> <i>McWhinnie, Medical Gazette.</i> <i>Sir H. Thompson, 1883.</i>		
Idiots .. ..	2000	21	to 9	<i>Down, Tr. Obst. Soc., 1876.</i>		
Solitary kidney .. ..	28	22	6	<i>W. Roberts, 1885.</i>		
Hare lip <sup>3</sup> .. ..	64	44	20	<i>T. Bryant</i> .. ..	119	89
Hare lip with cleft palate ..	21	17	4	<i>T. Bryant</i> .. ..		
Talipes, congenital .. ..	574 27	364 23	210 4	<i>Duval.</i> <i>R. Davy, 1885.</i>		
Other congenital defects.. ..	..	..	..	.. ..	111	92
II. GENERAL DISEASES.						
Rheumatism, acute <sup>4</sup> .. ..	289 136 170 203	151 75 99 114	138 61 71 89	<i>St. George's Hospital, quoted by Garrod, Reynolds' Syst., 1866.</i> <i>Dr. Latham.</i> <i>Dr. Haygarth.</i> <i>Coll. Invest. Com., 1883.</i>	1239	1118
Gout <sup>5</sup> .. ..	..	..	..	.. ..	406	118
Addison's disease <sup>6</sup> .. ..	183	119	64	<i>Greenhow, 1875</i> .. ..	70	79
Diabetes mellitus .. ..	936 29	738 23	248 6	<i>Brunton, Reynolds' Syst., 1879</i> .. <i>Fatal cases at St. George's, Dickinson, 1877.</i>	838 4271	531 2223
Diabetes insipidus .. ..	.. 77 21	.. 55 14	3 to 1 22 7	<i>Brunton, Reynolds' Syst., 1879.</i> <i>W. Roberts, 1876.</i> <i>Lancereaux.</i>		
Leucocythæmia, splenic .. ..	153 200	100 135	53 65	<i>Gowers, Reynolds' Syst., 1879.</i> <i>Collected by Birch-Hirschfeld.</i>		
Leucocythæmia, lymphadeno- splenic.	14	9	5	<i>Gowers, Reynolds' Syst., 1879.</i>		
Rickets <sup>7</sup> .. ..	346 521 163 219	148 290 108 128	198 231 55 91	<i>Guerin, 1837</i> <i>R. v. Rittershain, 1863</i> } <i>quoted by</i> <i>Bruennicke, 1867</i> } <i>Senator.</i> <i>Ritchie, 1872</i> } <i>v. Ziemssen,</i> 1877.	290	239
Hæmophilia <sup>8</sup> .. ..	258 484	227 452	31 32	<i>Lange, 1849</i> .. ..	180 (with	158 purpura)
		14 to 1 11 to 1		<i>Grandidier, 1855.</i> <i>Grandidier, 1863. Legg adopts this (Quain's Dict.).</i> <i>Zimmermann, v. Ziemssen, 1878.</i>		
	650	602	48			

<sup>1</sup> Congenital atresia of small intestine is as frequent in one sex as the other. (Leichtenstern.)

<sup>2</sup> The defects usually involve other parts of the genito-urinary organs.

<sup>3</sup> Almost all cases of double hare lip are males.

<sup>4</sup> Among children there is found a slight excess in females. Of 478 cases recorded at the Children's Hospital, 226 were boys and 252 girls. And Goodhart (Guy's Hospital Reports, xxv., N.S.) gives 44 cases, 26 of which were girls and 18 boys.

<sup>5</sup> Men are much more subject to articular gout than women. Garrod (Reynolds' System, 1866). But irregular manifestations of this morbid inheritance are as frequent in females. Draper (Pepper's System, 1885).

<sup>6</sup> Mostly seen in men before the middle period of life. Wilks (Reynolds' System, 1879).

<sup>7</sup> There is no great difference between the sexes. (Senator.)

<sup>8</sup> Women rarely present typical instances of the disease. The danger to life is infinitely less than in the opposite sex. (Legg, 1872.)



Diseases prevailing in the Male Sex—continued.

DISEASE.	CASES.			Recorded by	Total Mortality, 1883, England and Wales.	
	Total.	Male.	Female.		Male.	Female.
III. DISEASES OF THE NERVOUS SYSTEM.						
Insanity <sup>9</sup> .. .. .	..	..	..	} Calmeil .. .. .	1754	1234
General paralysis of the insane ..	..	50	to 15			
Hypochondriasis. <sup>10</sup>						
Cerebral hæmorrhage .. ..	..	2	to 1	Ross, 1883 .. .. .	6804	7638
Cerebral tumours .. ..	303	208	95	Ladame, 1865.		
Softening of brain .. ..	..	..	..	.. .. .	1786	1356
Hemiplegia .. ..	..	..	..	.. .. .	4745	5397
Meningitis, simple .. ..	..	3	to 1	Parent du Chatelet.		
Meningitis, tubercular <sup>11</sup> .. ..	..	55.1	to 48.5	Huguenin (Ziemssen, 1877).		
		adults				
Convulsions .. ..	..	..	..	.. .. .	12803	9874
Laryngismus stridulus .. ..	8248	5378	2870	Mackenzie .. .. .	526	310
Diseases of the spinal cord, of all kinds.	177	128	49	B. Sequard.		
Locomotor Ataxy.. ..	149	128	21	Eulenberg.		
Acute ascending paralysis — Lateral sclerosis — Diffused myelitis—Neurasthenia spinalis Idiopathic tetanus — Cerebro- spinal meningitis — Writer's cramp—Paralysis agitans. <sup>12</sup>	..	..	..	.. .. .	..	..
Wasting palsy .. ..	..	6	to 1	W. Roberts, Reynolds' System, 1868.		
Progressive muscular atrophy ..	176	143	33	Friedreich, 1873.		
Pseudo-hypertrophic paralysis ..	220	190	30	Gowers.		
Labio-glosso-laryngeal paralysis..	..	2	to 1	Ross, 1883. .. ..		
Spinal apoplexy .. ..	30	24	6	Hayem, 1872.		
Spinal meningeal apoplexy ..	5	5	0	Hayem, 1872.		
Sciatica. <sup>13</sup>						
Angina pectoris <sup>14</sup> .. ..	49 fatal, 15 non-fatal	47 11	2 4	} Forbes, 1833 .. .. .	334	233
IV. DISEASES OF CIRCULATORY SYSTEM.						
Cardiac hypertrophy <sup>15</sup> .. ..	40	34	6	Vanderbyl .. .. .	206	185
Cardiac dilatation. <sup>16</sup>						
Cardiac aneurysm .. ..	40 39 —	30 25 70 p.c.	10 14 30 p.c.	Thurnam, Med. Chi. Tr., 1838. Peacock, Reynolds' System, 1877. Legg, 1883.		

<sup>9</sup> No sufficient reason for believing that one sex is more liable to insanity than the other. At the same time the existing causes of insanity act with different relative frequency in the two sexes, and there are marked differences in the degree in which its several forms prevail among them. (Bristowc, 1884.) On whichever side the difference lies, it is probably inconsiderable. Maudsley (Reynolds' System, 1868).  
<sup>10</sup> Unmistakeable preponderance among males. Gull and Anstie (Reynolds' System, 1868).  
<sup>11</sup> In children a greater proportion of males. Ross.

<sup>12</sup> All met with more frequently among males.  
<sup>13</sup> After the age of 30 years the number of males affected is much greater than that of females. (Ross, 1883.)  
<sup>14</sup> Much commoner among males.  
<sup>15</sup> Average of twice as many males, due to their more laborious duties, and not to inherent proclivity of sex as such. (Hayden, 1875.)  
<sup>16</sup> More frequent in males, from greater exposure to muscular exertion. Gowers (Reynolds' System, 1877).



Diseases prevailing in the Male Sex—continued.

DISEASE.	CASES.			Recorded by	Total Mortality, 1883, England and Wales.	
	Total.	Male.	Female.		Male.	Female.
IV. Diseases of Circulatory System—continued.						
Endocarditis, simple, rheumatic..	108	47	61	<i>Sibson</i> , 1877.. ..	2818	3083
Endocarditis with pericarditis ..	54	31	23	<i>Sibson</i> , 1877.. ..		
Valvular Disease <sup>17</sup> .. ..	..	..	..	.. ..		
Rheumatic .. ..	23	17	6	<i>Fagge</i> .		
Aortic .. ..	26	21	5	<i>Hayden</i> , 1875.		
Pericarditis <sup>18</sup> .. ..	107	80	27	<i>Louis</i> .. ..	249	207
	34	28	6	<i>Bouillaud</i> .		
	13	9	4	<i>Hayden</i> , 1875.		
Pericarditis, rheumatic .. ..	63	35	28	<i>Sibson</i> .		
Fatty degeneration <sup>19</sup> .. ..	25	18	7	<i>Ormerod</i> , 1865.		
	95	64	31	<i>Hayden</i> , 1875.		
	..	4	1	<i>Quain</i> , 1850.		
Rupture of the heart <sup>20</sup>						
Aneurysm, external .. ..	308	276	32	<i>Crisp</i> , 1847 .. ..	591 of all kinds	167
aortic <sup>21</sup> .. ..	84	74	10	<i>Hayden</i> , 1875.		
Aneurysm, abdominal aortic ..	59	51	8	<i>Crisp</i> .		
	13	11	2	<i>Habershon</i> .		
Hæmorrhoids. <sup>22</sup>						
Varicose veins <sup>23</sup> .. ..	..	..	..	.. ..	27	56
V. DISEASES OF RESPIRATORY SYSTEM.						
Laryngitis .. ..	187	131	56	<i>Sestier</i> , 1852 .. ..	814	685
Croup .. ..	30	22	8	<i>Trousseau</i> .. ..	2464	2127
Laryngeal neoplasms .. ..	287	197	90	<i>M. Mackenzie</i> , 1870.		
	48	34	14	<i>Gee</i> ( <i>H. Jackson</i> , R.S.).		
	42	28	14	<i>Causit</i> , 1867.		
	young children					
Paralysis of posterior arytaenoid muscles.	9	7	2	<i>Von Ziemssen</i> , 1877.		
Spasm of glottis <sup>24</sup> .. ..	528	371	157	<i>Steffen</i> , 1877. <i>Ziemssen</i> , 1877.		
Perichondritis laryngea .. ..	20	16	4	<i>Retslag</i> , Berlin. <i>Ziemssen</i> , 1877.		
Bronchitis .. ..	..	..	..	.. ..	29868	28926
Pneumonia <sup>25</sup> .. ..	76	41	35	<i>Ziemssen</i> .. ..	16382	11813
	under 4 years.					
	From 16-50 years.	85.5 p.c.	14.5 p.c.	} <i>Wilson Fox</i> , 1871.		
	50-70	55.19 p.c.	44.81 p.c.			
	349	229	120	<i>Coll. Invest. Com.</i> , 1883.		

<sup>17</sup> Pretty equally apportioned between the sexes; though certain forms prevail among males and other forms among females. (*Hayden*, 1875.)

<sup>18</sup> It is admitted by all that a larger percentage of pericarditis relatively to the number affected with rheumatism occurs in females than in males. (*Hayden*, 1875. *Sibson* (1877) says in proportion of 168 to 158.

<sup>19</sup> Fatty degeneration, due to general anæmia, is commoner in women. (*Ponfick*, 1873.)

<sup>20</sup> Most records show a preponderance in the males. (*Gowers*, 1877.)

<sup>21</sup> Aneurysm of the vessels of the extremities much more frequent among men.

<sup>22</sup> Generally admitted to be more frequent in men, although doubted by some; certainly during gestation and at menopause women are very liable to them. (*Bodenhamer*, 1884, N.Y.)

<sup>23</sup> Commoner in males. Equal in sexes. *Agnew*, 1878, N.Y.

<sup>24</sup> In adults is most frequent in women. (*Steffen*.)

<sup>25</sup> The difference between the sexes as regards frequency only becomes apparent at ages when the occupations of the sexes differ, and when males are more exposed to climatic influences than females. (*W. Fox*.)



Diseases prevailing in the Male Sex—continued.

DISEASE.	CASES.			Recorded by	Total Mortality, 1883, England and Wales.	
	Total.	Male.	Female.		Male.	Female.
V. Diseases of Respiratory System—continued.						
Pleurisy .. .. .	..	5	to 3	<i>F. Donaldson, Pepper's Syst., 1885</i>	931	653
Pneumothorax .. .. .	..	4	to 1	<i>F. Donaldson, Pepper's Syst., 1885.</i>		
Phthisis .. .. .	1060	667	393	<i>Hughes Bennett, Reynolds' Syst., 1876.</i>	25466	24587
	888 i.p.	542	346	} <i>At Brompton Consumption Hos- pital, 1842-48.</i> <i>Admitted to same Hospital, 1850-62.</i> <i>Chambers' Decen. Pathol., 1872.</i> <i>Bristowe.</i>	1843-6 in London	
	3470 o.p.	2137	1333		14836	12988
	5661 i.p.	3251	2410			
	2157	1425	732			
Cirrhosis of lung <sup>26</sup> .. .. .	38	22	16			
Asthma <sup>27</sup> .. .. .	..	2	to 1	<i>Salter, 1871.</i>		
VI. DISEASES OF ALIMENTARY CANAL.						
Dentition .. .. .	..	..	..	.. .. .	2650	2112
Gastritis, phlegmonosa .. .. .	31	26	5	<i>Leichtenstern, 1877.</i>		
Enteritis, acute <sup>28</sup> .. .. .	661 under 10 years	362	299	<i>N. W. Johnston, M.D., Pepper's System.</i>	1417	1471
Enteritis, chronic. <sup>29</sup>						
Typhlitis .. .. .	50	42	8	<i>Bristowe, Reynolds' System, 1871.</i>		
Invaginations <sup>30</sup> .. .. .	..	2	to 1	} <i>Pepper's System .. .. .</i>	1214	1220
Ileus .. .. .	..	..	..			
Twisting of sigmoid flexure .. .. .	37	20	10	<i>Leichtenstern, 1877.. .. .</i>		
Intestinal Hæmorrhage <sup>31</sup> .. .. .	..	..	..	.. .. .	86	69
Fistula in ano <sup>32</sup> .. .. .	..	..	..	.. .. .	89	36
Hernia <sup>33</sup> .. .. .	96386	78394	18492	<i>Applied for Trusses to " City of London Truss Society."</i> <i>Mr. Kingdon.</i>	557	551
	..	2 to 1 of all kinds at all ages				
	..	1 in 13	1 in 52	<i>Malgaigne.</i>		
	457	307	150	<i>Cloquet.</i>		
	..	4 to 1		<i>Despres, 1882.</i>		
Hernia, diaphragmatic, congenital	65	35	30	} <i>Leichtenstern. Ziemssen.</i>		
acquired	150	128	22			
VII. DISEASES OF THE LIVER.						
Hydatids .. .. .	104	56	48	<i>Murchison.</i>		
Abscess of .. .. .	23	18	5	<i>Calcutta General Hospital.</i>		
	258	250	8	<i>Rouis, Paris, 1860. Pepper's Syst.</i>		
	12	11	1	<i>Bartholow, N.Y. Pepper's Syst.</i>		
Cirrhosis <sup>34</sup> .. .. .	51	39	12	<i>Bamberger .. .. .</i>	1826	1357
	36	20	16	<i>Frerichs.</i>		
	12	11	1	<i>Bartholow, N.Y. Pepper's Syst.</i>		
Hepatic ascites. <sup>35</sup>						

<sup>26</sup> More frequent in males, perhaps from their greater frequency of exposure than to any inherent inequality in liability *qua* sex. (Bastian, Reynolds' Syst., 1871.)

<sup>27</sup> Decidedly more frequent among males, and not necessarily among those most exposed. (Berkart.)

<sup>28</sup> Above 10 years, the predisposition is the same in both sexes. (Johnston.)

<sup>29</sup> Commoner in males. (Johnston.)

<sup>30</sup> Commoner in males than females at all ages. (Leichtenstern.)

Rather more than twice as common in males before and after puberty. (Bristowe, 1871.)

<sup>31</sup> More frequent in men. (Leube.)

<sup>32</sup> Commoner in men.

<sup>33</sup> The proportion varies at different ages.

<sup>34</sup> Males more subject than females. (Goodeve, Reynolds' System.)

Not much difference, though said to be commoner in males. (Murchison.)

<sup>35</sup> Commoner in males. (Bristowe.)



Diseases prevailing in the Male Sex—continued.

DISEASE.	CASES.			Recorded by	Total Mortality, 1883, England and Wales.	
	Total.	Male.	Female.		Male.	Female.
VIII. DISEASES OF PANCREAS. <sup>36</sup>						
IX. DISEASES OF THE KIDNEY.						
Bright's disease .. .. .	3342	1936	1406	W. Roberts, 1879 .. .. .	3386	2814
Nephritis, acute <sup>37</sup> .. .. .	99	60	39	Tripe, "B. & F.M. Ch. Rev., 1854" Dr. Miller, in Children after Scarlet Fever. Dickinson, over 16 years. 1877. Dickinson, all causes. At St. George's, in 10 years. Dickinson's own cases. 1877. Bartels. Ziemssen, 1877. Dickinson, 1877.	681	538
	66	35	31			
	66	13	3			
	105	58	47			
Granular kidney <sup>38</sup> .. .. .	250	165	85	F. T. Roberts, Reynolds' System, 1879. Operated on at Norfolk and Nor- wich Hospital. Crosse, 1835.	197	52
	67	46	21			
	33	26	7			
	61	36	25			
Lardaceous degeneration .. .. .						
Cystic disease .. .. .	..	2	to 1			
Calculus, vesical .. .. .	704	669	35			
X. DISEASES OF THE SPLEEN <sup>39</sup>	..	..	..	.. .. .	74	68
XI. DISEASES OF THE SKIN.						
Eczema .. .. .	3000	1583	1417	Bulkeley, N. Y., 1881 .. .. .	215	114

DISEASES PREVAILING IN THE FEMALE SEX.

Congenital dislocation of hip ..	26	4	22	Dupuytren, <i>Leçons Orales</i> , 1832.		
	44	8	36	Brodhurst, <i>Holmes' Syst.</i> , 1853.		
	7	0	7	Cowell, 1883.		
Congenital narrowing of aorta. <sup>40</sup>						
Spina bifida .. .. .	57	26	31	Demme, 1882 .. .. .	272	321
	156	74	82	Committee of Clinical Soc., 1885.		
Movable kidney .. .. .	70	9	61	W. Roberts, <i>Reynolds' System</i> , 1879.		
	96	14	82	Ebstein. Ziemssen, 1877.		
	12	2	10	Dickinson.		
Angular deformity of spine ..	500	239	261	Fisher, 1879.		
Lateral curvature of spine ..	173	22	151	Adams and Lonsdale, <i>Lancet</i> .		
	100	6	94	B. Roth, 1883.		
Anæmia, Chlorosis. <sup>41</sup>						
Rheumatoid arthritis <sup>42</sup> .. ..	33	0	33	Ord. Brit. Med. J., 1880.		
Bronechocele .. .. .	551	26	525	Laycock .. .. .	9	80
	211	27	184	Mackenzie, <i>Lancet</i> , 1872.		
	26789	8415	18374	Recorded in France. Pean, 1876.		
Exophthalmic goitre .. .. .	50	8	42	Maunsell.		
	27	4	23	Rosenberg & Hensch	} quoted by Beigel, Reynolds' Syst., 1879	
	25	5	20	Taylor		
	29	1	28	Prael		
	8	2	6	Schitzler		
Myxœdema. <sup>43</sup>	20	1	19	A. Flint. Pepper's System, 1855.		

<sup>36</sup> Commoner in males.

<sup>37</sup> Since the difference does occur in children, when the habits of the sexes are the same, it is enough to prove the masculine gender is a predisposing cause. (Dickinson.)

<sup>38</sup> Most cases are associated with gout or lead-poisoning, which are commoner in men. (Dickinson.)

<sup>39</sup> Commoner in males.

<sup>40</sup> More frequent and more extensive in females. Quinke (Von Ziemssen, 1876).

<sup>41</sup> Infinitely commoner in women.

<sup>42</sup> Very rare among men; very frequent among women. (Trousseau.) Pre-eminently a disease of women up to the age of 50, after which it also occurs in men. Pepper's System, N. Y., 1885.)

<sup>43</sup> Occurs with far greater frequency in women; very few cases only have been seen in men.



Diseases prevailing in the Female Sex—continued.

DISEASE.	CASES.			Recorded by	Total Mortality, 1883, England and Wales.	
	Total.	Male.	Female.		Male.	Female.
Chorea <sup>41</sup> .. .. .	422 under 12 years 105 under 14 years 112 19 after puberty	122  31  32 3	300  74  90 16	<i>Hillier.</i>  <i>Donkin, "Westminster Hospital Reports, 1885."</i> <i>Coll. Invest. Com., 1883.</i> <i>Ogle.</i>		
Hysteria <sup>45</sup> .. .. .	1050	50	1000	<i>Briquet, 1859.</i>		
Spinal anæmia—Spinal irritation <sup>46</sup>						
Epilepsy <sup>47</sup> .. .. .	..	100	to 114	<i>Gowers</i> .. .. .	1663	1471
Hystero-epilepsy .. .. .	..	1	to 2	<i>Gowers.</i>		
Hystero-eatalepsy. <sup>48</sup>						
Hay Asthma .. .. .	..	2	to 3	<i>Geddings, Peppers' System.</i>		
Neuroma .. .. .	33 13	5 3	28 10	<i>Wood, "Ed. Med. J., 1812."</i> <i>Descot.</i>		
Neuralgia (facial). <sup>49</sup>						
Pertussis .. .. .	360 1952	154 1·5	206 to 2	<i>Dessau, N.Y., 1881</i> .. .. . <i>Unruh, of Dresden, Pepper's Syst.,</i> <i>1885.</i>	4855	5616
Gastralgia. <sup>50</sup>						
Enteralgia. <sup>51</sup>						
Gastric ulcer .. .. .	.. 1699	1 to 692	2 or 3 1007	<i>Wilson Fox, 1868.</i> <i>Welsh, Pepper's System, 1885.</i>		
Irritable ulcer of rectum and fissure of anus. <sup>52</sup>						
Acute atrophy of liver <sup>53</sup> .. .. .	31	9	22	<i>Frerichs, 1860.</i>		
Biliary calculi .. .. .	..	2	to 3	<i>Murchison and Thudichum.</i>		
Acne .. .. .	1500	489	1011	<i>Bulkley, 1885.</i>		
Erythema nodosum. <sup>54</sup>						
Lichen planus. <sup>55</sup>						
Lupus .. .. .	47 74 56	22 28 15	25 46 41	<i>Devergie</i> .. .. . <i>Hutchinson.</i> <i>Wilson.</i>	30	42
Morphœa .. .. .	25 10	5 1	20 9	<i>Wilson.</i> <i>Hutchinson.</i>		
Scleroderma .. .. .	28 29	8 8	20 21	<i>Van Harlingen.</i> <i>Collected by T. C. Fox.</i>		
Xanthelasma palpebrarum ..	74	27	47	<i>Hutchinson, 1877.</i>		

<sup>41</sup> More than twice as frequent in girls, especially after the age of 9 years. (Broadbent, Quain's Dict.)  
<sup>45</sup> Although pre-eminently a disease of females, does occur in the other sex. Charcot, in a recent lecture (*Med. Press and Circular*, Dec. 2, 1885), refers to 80 cases collected by Klein and 218 cases by Battault.  
<sup>46</sup> Far more frequent in women.  
<sup>47</sup> Little of value can be shown as regards the influence of sex in epilepsy. Practically the two sexes appear to be equally affected. (Reynolds, 1868.) The proportion of women affected is greater than that of men; but this is not the case, and in some degree is even the reverse, under 25 years of age. (B. Seguard, Quain's Dict., 1882.)

<sup>48</sup> Has only been seen in females.  
<sup>49</sup> Is much more frequent in women. (Ross, 1883.)  
<sup>50</sup> Women probably more subject to it than men. Leube (Ziemssen, 1877).  
<sup>51</sup> Women are beyond dispute more prone to it than men. (Wardell, Reynolds' System, 1871.)  
<sup>52</sup> Commoner among females.  
<sup>53</sup> Half were pregnant.  
<sup>54</sup> More common in females. (Bristowe.) Comparatively rare in males. (Duckworth.)  
<sup>55</sup> The majority of cases are women. (Duhring.)



infinitely more common in the female sex, those graver and more appreciable structural lesions expressed by insanity are about equally frequent among men and women, whilst the inflammatory and degenerative affections of the brain and spinal cord decidedly preponderate among males and are not easily to be accounted for by greater exposure or intemperance on their part. On the other hand, those serious disturbances of nutrition attributable to perverted nervous action, such as exophthalmic goitre and myxœdema, exhibit a decided preference for the female sex, and so far constitute with chlorosis very significant exceptions to what seems to be the general rule of the lessened liability of females to disease. It is probable that rheumatic arthritis should be included in the same group of trophic disturbances prevailing among women. Such maladies are among those for which we cannot at present find any cause in the environment, and are, therefore, to be considered as evidences of mal-nutrition of intrinsic origin.

In respect to the diseases of the digestive, circulatory, respiratory, and excretory systems, their greater frequency among men may in great part be attributable to greater exposure and intemperance of all kinds; but even the special frequency of gastric ulcer among females, and the much greater liability of males to valvular diseases of the heart, of rheumatic origin, although practically both sexes are equally affected with acute rheumatism, are exceptions for which I am unprepared to offer you a satisfactory explanation.

Several of the diseases enumerated on the list, especially acute rheumatism and chorea, clearly show the close relations existing between age and sex in their influence on disease, and how necessary it is to remember that these factors, though here treated of separately, are to be considered as intimately associated when considering any particular case, and that it is the combined result of both that comes before us. Rarely it would seem that locality affects the sexual influence; so, at least, would appear to be the case in regard to endemic hæmaturia, which attacks children of both sexes in Mauritius, but at Port Elizabeth is almost unknown in females. (Dr. W. Roberts, Reynolds' System, vol. v., 1879.)

A branch of the subject, that calls for further enquiry, is the actual effect that sex *per se* determines upon diseases when established, apart from frequency of occurrence; in other words, the differences manifested by the same disease in the two sexes. Two cases of what are regarded as the same illness are not absolutely identical in their symptoms, any more than are the individuals who are the subjects of it, and with such a widespread divergence, even though it be but in minute points, the difficulties of formulating any sexual distinction in this respect become increasingly great. Acute pneumonia seems, among others, to illustrate the question. Occurring less frequently in women, it yet exhibits a higher rate of mortality among them, in the proportion of 14 to 10 among males, although the death-rate is less affected by age than in men (Huss). Further, it appears to be more protracted in the female sex, cases that recover lasting on an average three days longer among them. Their liability to double pneumonia is also said to be greater. And this independently of the very distinct influence exerted by menstruation, pregnancy, or parturition, the effect of which upon the course of disease I alluded to in my last lecture.

It is difficult, I think, from a consideration of all these circumstances, to avoid coming to the conclusion that there is some intrinsic difference in the constitution of the sexes, which shows itself not only in the death tendency, but also in the liability to disease (which are far from being necessarily the same), both appearing in males to a higher degree than they do in

females. In attempting to find any explanation for the difference, we are met with many and great difficulties. True it is that a marked distinction exists between the sexes in the structure of the organs so far as mere size is concerned, with a corresponding difference in extent of function; the composition of the blood differs, and the products of tissue metabolism are less in women; but we seek in vain at present for any definable difference of kind except so far as the function of reproduction is concerned. And yet few will doubt but that at a very early age, long before the generative power is developed, sufficient difference does exist in appearance no less than in manner, habit, modes of expression, tastes, and even in games and amusements, to furnish ample grounds for discrimination. Training and education may play some part in this result, but scarcely all. Later, and especially at puberty, these differences are intensified, and may be grouped as those depending on the organisation of the nervous system, those due to the function of reproduction, and those attributable to habit, education, and pastime. At the extremes of life the distinctions are less apparent; for, although the structural differences in the reproductive organs begin to appear by the fifth day of foetal life, it can scarcely be suggested that, apart from these organs, a distinction can be recognised within the first three or four years after birth; not, in fact, until the mental perceptions derived from the impressions of the senses have acquired precision, after which the nervous sensibility proper to each sex reveals itself.<sup>2</sup> In the later days of advanced life, after all sexual function has long disappeared and the nervous powers have advanced on the road of decay, the sexes are again approximated in the quality of their vitality, and the characteristics dependent upon a mature nervous organisation, intellectual, emotional, and trophic, are no longer to be discriminated. "Woman," says Professor Humphry<sup>3</sup>, possesses "a stronger and more enduring vitality," apart from her greater freedom from exposure and her greater temperance. But we are as yet unable to associate this better "quality of steady, persistent, nutritive force" with any special structural condition. The ganglionic system is said to be developed to a greater extent in the female than the male, both in the size of the ganglia and the distribution of the nerves, and "as a consequence woman possesses a tenacity of life and power of long endurance in resisting the effects of disease greater than that enjoyed by man, but this peculiarity increases the risks of reflex disturbances from ovarian or uterine disorders."<sup>4</sup> Whilst the latter part of this proposition may be unhesitatingly accepted, I am not aware that the greater development of the sympathetic system actually does obtain in the female, or that, even if it be so, such greater development confers a higher degree of vitality, although such may be the case. Indeed, it would seem probable that, apart from the differences clearly attributable to habit, education, and fashion, and those due to the reproductive function (which in both sexes exerts a healthy stimulus to the general nutrition of the body and, only when impaired by disease, reacts unfavourably upon the entire organism), the essential distinction in the power of life between the sexes is connected with that trophic influence which the nervous system exerts. Upon the view that the male organisation is a higher stage of development than the female, it would have to be conceded that in tenacity of life the latter had the advantage. Dr. Braxton Hicks, in his Croonian lectures on the Sexes in relation to Disease, delivered at the Royal College

<sup>2</sup> "Hygiène publique et privée." M. Levy, 1868.

<sup>3</sup> "On the Changes incidental to Old Age." 1835.

<sup>4</sup> "Principles and Practice of Gynecology," by Dr. Emmett, 1884.



of Physicians in 1877, after referring to the intimate association of the nervous and sarcoïd elements of the tissues, both in their development and in the perfect state, which causes any change in one to influence the others to an equal degree, argues that "it is neither from testis, ovaries, or uterus alone, nor from the nervous system alone, that the influence springs which makes the difference between man and woman; but rather that this distinction is a consequence of an influence acting before the appearance of either," and adduces in support of his view those individuals possessing neither ovaries, uterus, nor vagina, but presenting the rest of the body and habits essentially feminine. "No doubt," he adds, "the sexual organs react in their influence on the nervous centre, and *vice versa*, and also the impression extends to those parts in sympathy with them, and thus in due course the whole economy is swayed."

### PRACTICAL NOTES ON THE ORDINARY DISEASES OF INDIA.

By NORMAN CHEVERS, C.I.E., M.D., F.R.C.S. Eng.,  
President of the Health Department, Social Science Association.

#### DISEASES OF THE RESPIRATORY SYSTEM.

(Continued from page 772.)

##### *Foreign Bodies in the Air-Passages.*

M. NEPVEU has reported<sup>5</sup> the case, forwarded by a military surgeon from Algeria, of a robust Arab who stated that, for a fortnight, he had had a leech in his throat which caused him to spit blood every ten minutes, and induced dysphagia with violent cough, without much dyspnoea. The laryngoscope displayed the leech stretching from the summit of the arytaenoid cartilage to the base of the epiglottis, leaving, however, the glottis pretty free. It was extracted living, by means of the Cusco forceps, and all the symptoms soon disappeared. M. Nepveu refers to six other similar cases which are on record.

Dr. Webb relates the case of an European girl, aged 12, who suffered in an extreme degree from splenic cachexia. She died suddenly, in a fit of coughing. A large worm was found in the pharynx, pressing down the epiglottis, which was very red from irritation. (Page 153, *Pathologia Indica*.)

A similar accident occurred in Madras in 1872.<sup>6</sup> A horse-keeper, in hospital for tetanus caused by the bite of a horse, was talking in monosyllables to the nurse when there was a violent spasm accompanied by extreme contraction of the muscles of the back, lividity of the face, fixed and protruding eye-balls, firm contraction of the flexors of the hands, and cessation of respiration. The spasm terminated as suddenly as it had commenced, and with it the life of the patient. A round worm was removed from the mouth about a quarter-of-an-hour before death. It occurred to Mr. Brockman that probably a worm had entered the wind-pipe. There was found lodged there a round worm about seven inches long. Its head extended far into the left bronchus. Its tail lay just below the true vocal cords.

Preparation 737 in our Calcutta Museum shows three round worms in the bronchial tubes. "There is

an ulcerated communication between the œsophagus and the trachea, near its bifurcation, through which the entozoa have gained access to the air passages."

At page 619 of my "Medical Jurisprudence for India" will be found a case which I saw admitted in 1865 to the surgical wards at the Calcutta Medical College Hospital. A native boy of 4 appears to have placed a Coie fish, which is very tenacious of life out of water, in his mouth. In its struggles, its head passed the glottis and caused suffocation, as all attempts to draw it out were prevented by the catching of its gill-plates anchor-wise below the vocal chords. Other similar cases of laryngeal choking by fish will be found in the above-named work.

The following appears in the "Lady's Magazine" for September, 1771, p. 143: "On the 5th of this month, as a fisherman of Whitstable was pulling a small sole out of the mesh of the net with his teeth, it slipped into his throat. His companions saw the tail, but could not get hold of it, and, the fish insinuating itself into his windpipe, he was suffocated in a few minutes."

A case has lately been reported<sup>7</sup> in which the death of a boy, æt. 15 months, was caused by the presence of a *shrimp's head* at the bifurcation of the trachea. Mr. Macnamara<sup>8</sup> was successful in removing a *cowrie shell* by tracheotomy in a native child æt. 4½ years.

For cases of impaction of living fish in the gullet, see *Foreign Bodies in the Pharynx*.

*Bronchial Glands.*—Preparation 743. "Tuberculosis of the bronchial and cervical glands, and obliteration of the left pulmonary artery from pressure caused by a bronchial gland greatly enlarged by strumous infiltration. The yellow tubercular matter is also seen in the small portion of lung preserved."

Preparation 744. Part of the trachea, bronchial tubes, and lungs. There is a ragged orifice, as large as a sixpence, at the bifurcation, and a smaller one in the right bronchus, caused by the breaking down of bronchial glands infiltrated with tubercular material.

I met with a case in which a calcareous mass, which had formed in a tubercular bronchial gland, was making its way through an ulcerated opening large enough to admit the point of the little finger, in the trachea, just at its bifurcation.

*Foreign Body in the Left Bronchus.*—Two young medical men, whom I shall designate as T. and S., were passing some stone-masons at work in Moorgate Street. T., while laughing heartily, felt something strike his soft palate sharply. The pain was so great as to confuse him, but he immediately spat some blood and felt certain that a fragment of stone had passed into his left bronchus. T. and S. entered the Indian Service; S. died early of phthisis. T. was, at about the same time, suffering from most distressing symptoms which much resembled those of phthisis. He was much emaciated, was very weak, and had cough with expectoration. I attended him for some time. There was considerable sub-clavicular dulness on the left side, with small moist sounds. He was positive that the stone was still lodged in the left bronchus. There was no sound to prove this; and, if a stone was really there, the case was exceptional, as foreign bodies usually lodge in the right bronchus. I counter-irritated very strongly. His health improved, and he accepted an appointment up country. He did not live many months. I was unable to obtain particulars of his last illness. The body was not examined.

I was at Guy's Hospital when Mr. Key was engaged upon the most interesting case of Mr. Brunel, who had a half-sovereign lodged in his *right bronchus*; and I was present at some of his trials upon the dead body,

<sup>5</sup> To the Paris Société de Chirurgie, cited in the *Medical Times and Gazette*, vol. i. for 1884, p. 463.

<sup>6</sup> *Madras Monthly Journal of Medical Science* for March of that year, p. 190.

<sup>7</sup> *Medical Times and Gazette* for September 5th, 1885.

<sup>8</sup> *Indian Medical Gazette*, vol. viii., p. 295.



to reach a similar coin with curved forceps through an opening in the trachea, &c. There was, nearly at the same time, a poor fellow in the wards, in whom there was clear evidence of the presence of a sixpence in the right bronchus. He was a turnpike keeper in the west of England, and met with the accident in shouting to a driver while the coin was in his mouth. Dr. T. A. Wise records<sup>9</sup> a remarkable, but not perfectly demonstrative, case of an English gentleman serving in India, in which severe pulmonary symptoms appear to have been excited by the presence of a fish-bone in some part of the air-passages—apparently the right bronchus.

At pages 617-18 of my "Medical Jurisprudence for India" will be found various Indian cases of *suffocation from the presence of foreign bodies in the air-passages*. In addition to these, Surgeon-Major William Curran has alluded, in his interesting paper on Sudden Death,<sup>10</sup> to three cases of soldiers in whom vomiting, while they were lying drunk, caused suffocation.

In October, 1881, it was reported in the London papers that a perfumer, whilst sitting with some friends, suddenly quitted them. He was found insensible in the garden. He was taken to the Middlesex Hospital, but was found to be dead. There were evidences of suffocation in the trachea and lungs. It was believed that he had retched, had taken a sharp inspiration, and had drawn the vomited matter into the trachea.

*Water and foreign bodies may enter the air-passages in submersion and drowning—vide my "Medical Jurisprudence," pp. 643-44, especially an important case of a young boy found drowned in a tank. I found small portions of green vegetable matter in the fauces, larynx, and trachea. The right bronchus was almost completely filled with a portion of an aquatic weed so large that it was astonishing how such a body could pass the rima. No weed of the kind grew in the tank where the body was found; but it was discovered that the boy's body had been discovered by a woman in a tank, near his home, in which the weed grew abundantly. This female had conveyed the corpse to the more distant tank, which belonged to a person against whom she bore a grudge.*

At pages 223-24 of the same work I have cited cases by Dr. James Wise and others of *Aphonia* resulting from Indian hemp intoxication in confirmed *gunja*-smokers.

*Glottidis Spasmus.*—See Tracheotomy in "Hydrophobia," vol. i. for 1885, p. 742.

*Death from Spasm of the Glottis in the First Paroxysm of Tetanus.*—At the time of the trial of Palmer, it was rumoured that a negro servant in Edinburgh cut his hand with a broken decanter while waiting at table, fell, and immediately died in a tetanic spasm; but a record of the case could not be discovered. Dr. A. Webb told me that a little boy at La Martiniere School was having an ulcer on his leg dressed when he fell back in opisthotonos and immediately died.

*Tracheotomy.*—I opened the air passage six times in India: in three Europeans, in two natives, and in an East Indian infant;—in two cases of diphtheria, and in one each of syphilitic laryngeal disease, whooping-cough, aortic aneurysm, and hydrophobia. Two of these cases did well, as far as the operation was concerned. In five the opening was made at the instant of apparent death; in one of these the patient recovered. Here I must repeat a surgical platitude, so important have I found it in practice; *the canula can hardly be too large*. I saw a case many years ago in London, in which it was clear that suffocation had been promoted by the use of a small canula. The fatal error in more than one ingenious instrument, strongly

recommended by its inventor, has been that it did not leave an opening equal in size to the rima glottidis. The external incision should be free. It is to be borne in mind that the veins of the neck, from which troublesome hæmorrhage is to be apprehended, are most engorged when we operate late. Ample deliberation in making the incisions is always allowable. If the patient be dead, a few seconds can make no difference; if not, he will either recover immediately or may be restored by Sylvesterism. In one of my cases, where the neck was enormously fat, I hurried, and there was great venous hæmorrhage. Mr. R. W. Parker's advice to remove the exudation in tracheotomy for diphtheria should never be lost sight of.

*Bronchial Catarrh and Bronchitis* (*vide* "Influenza," vol. i. for 1884, p. 761) are common throughout India whenever the damp air becomes chilly, especially at the commencement of the Rains, and still more so at the setting-in of the cold season. Then asthmatics, the phthisical, and the aged get severe chronic bronchitis. From time to time we hear of isolated cases of *capillary bronchitis* or *acute pulmonary œdema*—a medical officer; a European lady lately married; the young wife of a wealthy native—attacked in the cold early morning with difficulty in breathing and dying suffocated in a few hours.

Under the head of Influenza, I have given some account of the *capillary bronchitis* which was extremely and very destructively prevalent among children in Bengal in 1828.

Dr. Macpherson, of Bauliah, remarked, with regard to the climatic condition at that time, that the wind, which during the rainy months in Bengal blows almost invariably from the east or south-east, was then (August and September) generally southerly and easterly, "*with hot sultry days and strong gales at night*." The sentence which I have here italicised tells us as much in explanation of the causation of nine-tenths of the acute disease which occurs in India as many elaborate treatises do.

One morning, when I was unable to visit my wards, a European was brought in from a burning house. He was suffocating from a draught of hot air, against which his epiglottis did not close, drawn into his lungs, probably when shouting. My colleague bled him freely to relieve the terrible asphyxiating congestion, but he rapidly sank.

I know of only two cases of *Bronchitis with tube casts in India*, both in medical officers, who upon retirement have enjoyed active health and are now aged men. I think that, in these cases, there was also malarious asthma.

For *Malarious Spasmodic Asthma*, see remarks on this disease in the section on "Malarious Cachexia," vol. i. for 1884, page 76.

My friend, Dr. Robert Bird, now of Virginia, has recorded<sup>11</sup> the following markedly typical case. An engine driver, at Howrah, near Calcutta, began to suffer from well-marked intermittent fever in the cold weather of 1863, having been previously strong and healthy. These attacks were always complicated with cough. Fever returned again and again, until, at last, the accompanying cough degenerated into chronic bronchitis. But the most interesting feature in this process was that, as the feverish symptoms became less marked, the symptoms of bronchitis became more so, until, at last, the fever entirely disappeared and the asthma became, for the time, established. After this he suffered from a fully developed attack of asthma about once a month, and each attack lasted from two to five days. The disease resisted every kind of treatment, and Dr. Bird had quite despaired of doing the sick man any good, when, in July 1865, he was attacked

<sup>9</sup> Calcutta Medical and Physical Transactions, vol. ix., p. 162.

<sup>10</sup> Indian Annals of Medical Science, No. xxxii., p. 361.

<sup>11</sup> "Remarks on Malaria and some of its Effects," Indian Medical Gazette, vol. i., p. 56.



with fever and ague. From this time up to March of the following year, when the report was made, with the exception of two very mild attacks, he was exempt from the tortures of asthma. He became perfectly healthy, the bronchitis disappeared, appetite and strength were restored, and he grew stout.

I am happy to be able to say that my brother officer, whose case I noticed 23 months ago (vol. i. for 1884, p. 76), appears at length to have completely shaken off his malarious asthma; but, some time ago, an attack was excited on passing, by rail, a tract of sea marsh between Bournemouth and Southampton.<sup>12</sup> He and I steadily avoid residence by the seaside.

I have not been so fortunate as to receive any reply to my question (*vide* vol. i. for 1884, p. 77). *Are any seaside resorts, in the United Kingdom or on the Continent, absolutely exempt from marsh influence?*

Dr. Hogg<sup>13</sup> found that, in the jails of Lower Bengal, 129 died out of 3,415 treated for asthma. But what diseases were here comprehended under the designation "Asthma"?

PNEUMONIA.

In speaking of *Idiopathic Pneumonia*, in the chapters on Paludal Cachexia,<sup>14</sup> I have mentioned that very few cases occurred during my long experience in civil practice in Lower Bengal. A very observant man, Mr. J. Murray, writing in the Bombay Presidency<sup>15</sup> observed that, during eight years, he had not met with a single case of pneumonia in a European, or with an idiopathic case of the disease among natives.

When pneumonia does occur in Bengal Proper it is very apt to attack the *upper* lobes of the lungs of ill-fed cachectic subjects. Morehead shows that "Pneumonia is a rare disease in Europeans in Bombay"; but that, in natives, pneumonia of asthenic type is common.

Hugh Macpherson found that, in the eight years 1853-54, Inflammation of the Lungs gave half per cent. of admissions in the European army serving in Bengal, and fifteen and a half per cent. of deaths to treated; which, compared with Col. Tulloch's columns, shows this disease to have been only half as common, but twice as fatal to those attacked, in India as in England.

The Sanitary Commissioner's Returns give the following statistics of Pneumonia throughout the three Presidencies.

Year 1880	European Soldiers	143 died
	" "	3 invalided
	European Women	12 admitted
	" "	4 died
	European Children	12 admitted
	" "	7 died
	Native Troops	3,370 admitted
	" "	1,222 died
	Native Prisoners	1,669 admitted
	" "	1,222 died
Year 1881	European Soldiers	86 died
	" "	10 invalided
	European Women	6 admitted
	" "	1 died
	European Children	16 admitted
	" "	9 died
	Native Troops	2,007 admitted
	" "	593 died
	Native Prisoners	1,082 admitted
	" "	398 died
Year 1882	European Soldiers	1 died
	" "	9 invalided

<sup>12</sup> My friend Dr. Eatwell tells me that a very delicate lady, advanced in life, has suffered from a return of her Indian intermittent fever whenever she has crossed Pevensey Marsh, near Eastbourne, by rail.

<sup>13</sup> *Indian Medical Gazette* for 1875, p. 314.

<sup>14</sup> Vol. ii. for 1883, p. 654.

<sup>15</sup> *Indian Journal of Medical Science*, vol. ix., O.S., p. 523.

European Women	4 admitted
" "	1 died
European Children	14 admitted
Native Troops	1,560 admitted
" "	384 died
Native Prisoners	1,018 admitted
" "	349 died

In the above years, the average strength was, European Soldiers, 58,571; European Women, 3,741; European Children, 6,784; Native Troops, 118,630; Native Prisoners, 100,556.

Just before going to press, I have obtained the following statistics for the year 1883:—

European Soldiers	32 died
" "	9 invalided
European Women	9 admitted
" "	1 died
European Children	9 admitted
" "	3 died
Native Troops	1,541 admitted
" "	380 died
Native Prisoners	1,084 admitted
" "	351 died

Epidemic Pneumonia in India.

At page 106\* of Webb's *Pathologia Indica* is a report by Dr. Green, which shows that, between February, 1844, and May of the following year, an epidemic or endemic of pneumonia, frequently complicated with pleurisy, attacked the prisoners at Midnapore, in Bengal Proper, which stands on a laterite soil outside the Gangetic delta. In the sixteen months under report there occurred a total of 175 cases of pneumonia, 14 of phthisis, and 10 of bronchitis. In the several months the cases of pneumonia occurred in the following numbers—0, 2, 7, 2, 7, 1, 3, 15 (September, a very hot month), 22, 13, 37 (December, the coldest month), 24, 19, 21 (March, hot weather), 8, 4. Dr. Green's paper is well deserving of study, especially in connection with Mackinnon's remark upon epidemic pleurisy. I do not think that any such outbreak has occurred in a jail of *Lower Bengal*, within my experience, since 1848. Webb cites (p. 100a) a report by Dr. Edward Goodeve upon the prevalence at Cawnpore of pneumonia and of other pulmonary disease simultaneously with the Midnapore outbreak in 1844-45. Writing in 1848 of a low type of pneumonia, Webb says, "About two years ago this form of pneumonia, terminating in "[pulmonary]" œdema, was epidemic at Delhi, and very fatal." Mackinnon says, writing at Cawnpore in 1848, "Pneumonia is common in this part of India, at least as a complication in fever, and as an idiopathic affection." My own sensations while in the keen northerly winter air on two nights at the Patna and Allahabad railway stations, and again, on arriving before dawn, also in a cold season, at Cawnpore, fully enable me to understand that the cold-weather climate of the North-Western Provinces, following abruptly a season of great heat, tends to the causation of acute pulmonary disease.

With reference to Mackinnon's remark upon the occurrence in the North-Western Provinces of pneumonia as a complication of fever, I have already cited, in the section on Malarial Cachexia, a striking observation on this subject by Mr. Oldham. Of 103 cases of pneumonia in natives, treated by Morehead, 76 were of primary pneumonia and 27 of pneumonia complicating intermittent (4) or remittent (23) fever.

Pneumonia has always been recognised, in its epidemic form, as Influenza; and we have several records of the endemic and epidemic occurrence of this disease in old times. Of late, its tendency to assume the epidemic character has been rather closely



investigated. Dr. G. B. Longstaff has published<sup>16</sup> some important suggestions in reply to the question "Phthisis, Bronchitis, and Pneumonia: are they Epidemic Diseases?" Mr. Henry E. Armstrong, Medical Officer of Health, has recently observed<sup>17</sup> that the increased prevalence of pneumonia in Newcastle during the third quarter of 1883 was much greater in certain districts of that city than in others; thus, in Westgate, the deaths were equal to an increase of 85 per cent., whereas in St. Andrew's and St. Nicholas', there was a decrease from this cause. This circumstance, he held, cannot be explained on the ordinary grounds of coldness of season, &c., but may be due to local circumstances, possibly in the form of sanitary defects. He adds that it is considered by some that "certain kinds of pneumonia are the direct expression of the effects of zymotic poison rather than a condition of simple inflammation of the lungs; and that the relatively increased prevalence of the disease in certain parts of Newcastle would appear to support this view."

I do not know how it may have been of late years in London, but, fifty years ago, *herpes labialis* was a very frequent attendant of pneumonia; and, quite within my recollection, pneumonia attended with "typhous deposit," occasioning extensive lung consolidation, was so marked a feature of the great London outbreak of maculated typhus of 1838 that the pulmonic complication was, to say the least, the most prominent feature in the disease.

A most useful work will be accomplished by those who may succeed in tracing the geographical spread of the very marked epidemic of pneumonia which prevailed in New York and, at least, England, Scotland, and Ireland, late in the spring of the present year. I note the following in a South African report for August—"Inflammation of the lungs has been very bad at Kimberley—quite an epidemic, in fact; and it is said to have proved more fatal to the white population than the small-pox last year." There was a marked decrease when the report was made.

The following scattered notes suggest the advisability of compiling from the records a full history of the *Epidemics of Pneumonia* which have occurred in Northern India within the past fifty years.

Mr. R. H. A. Hunter, of H.M. 57th Regiment, gave<sup>18</sup> the following account of an outbreak which occurred in 1839. It appears that very little pulmonary disease occurred until the army, having crossed the Indus, penetrated the high mountain districts of Afghanistan. At the termination of the first campaign, on the descent of the troops through the different passes, what appears to have been regarded as fever with pulmonary complication for a short time assumed a most malignant character, and, in a milder form, followed the several corps for months afterwards. Not only did the 2nd and 17th Regiments suffer much from the time of their emergence from the Gundana Pass in the beginning of December 1839 (see Transactions of the Bombay Medical and Physical Society, vol. 3), but so also did the Bengal column on their descent into Tezeen. The most destructive epidemic of this kind which came to the reporter's knowledge was that which occurred some years later in H.M. 40th at Kwettah. The annual return gave a death-rate from pneumonia of no less than 50 in the 1,000 of strength. The disease is described as "pleuro-pneumonic fever." An idea of the character of the pleurisy is suggested by the use of the word "empyema." It was added that, within the Indus, the pulmonary complication

seldom exceeded that of a bronchitis, except at the most northern stations, as at Deesa near the borders of Scinde, where pneumonia of a lower lobe in the cold season was by no means uncommon.

I have referred above to Dr. Edward Goodeve's report on the prevalence of pneumonia at Cawnpore in 1844. Within the last sixteen years, at least, Epidemic Pneumonia has, from time to time, been reported as prevailing, in the cold weather, in Northern India. Dr. J. Kelly observed<sup>19</sup> that, since the cold season of 1869-70, pneumonia had been a frequent complication of the very prevalent remittent fever at Kohat, Bunnoo, and various other parts of the Punjab. In the cold season of 1870-71 Dr. Kelly observed 25 cases of secondary pneumonia in the 1st Punjab Infantry. I have spoken above of the tendency to pneumonia of the upper lobes which I observed many years ago in poor and ill-fed natives of Lower Bengal. Dr. Kelly found that in six, or nearly one-fourth, of his cases the disease was limited to the upper lobes. These cases presented many of the local and general characteristics of phthisis; but only one patient became phthisical (how far may this have been a case of intercurrent pneumonia?). Hence Dr. Kelly entitled his paper "Phthisis simulated by Pneumonia of the upper Lobes."

Mr. Joshua Duke made<sup>20</sup> a valuable report on the pneumonia which prevailed in the cold season of 1874-75 among native troops marching, on the triennial relief, to the stations of the North-West Frontier of India. There were 35 admissions, with 6 deaths, all in sepoy.

What appears to have been the earliest of Dr. G. M. Giles's now famous reports on pneumonia as observed on the Punjab Frontier appeared at pages 235 and 272 of the Indian Medical Gazette for 1883. Dr. Giles heard from Dr. Kelly, whose observations are cited above, that he was convinced that the pneumonia of the Punjab Frontier was "a disease almost specific, and distinct from the croupous pneumonia met with in Europe." Dr. Kelly was also strongly of opinion that the disease was, in many if not in all cases, propagated by contagion. He found, on proceeding to Dera Ismael Khan to take medical charge of the 4th Punjab Infantry, at the end of the cold season of 1882, that an epidemic outburst of pneumonia appeared to be ending. Other medical officers of the station held nearly Dr. Kelly's opinion. Dr. Giles then made examinations of the blood which are reviewed side by side with the observations of Dr. Mendelsohn in the first volume of the *Medical Times and Gazette* for 1844, page 261. It is there shown that Dr. Giles gives five cases of pneumonia occurring on the Punjab Frontier. The disease appears to be broncho-pneumonia, always attended with pleurisy. The pneumonia of that locality is, in the opinion of good observers, infectious. In all Mr. Giles's cases a peculiar micro-organism was present, both in the blood and sputa, during the whole of the illness; these organisms were similar in all the cases in which they were looked for; and, when the sputa containing these were injected into rabbits, they too were attacked by pleuro-pneumonia, to which they succumbed; and the blood, pleuritic effusions, and lungs of the rabbits were found to be crowded with similar organisms. Dr. Mendelsohn firmly believes that the European form of pneumonia is infectious, that it depends on the presence of bacteria, and that one form of bacterium is constant in all cases. He shows that numerous cases often occur simultaneously in small districts among troops

<sup>16</sup> "Transactions of the Epidemiological Society of London," N.S., vol. ii., p. 119.

<sup>17</sup> "Report on the Recently Increased Death-rate of Newcastle-upon-Tyne, 1883."

<sup>18</sup> "Statistical Remarks upon some of the Principal Diseases among European Troops in the Bombay and Madras Presidencies." *London Medical Gazette* for 1847, vol. i., p. 7.

<sup>19</sup> *Indian Medical Gazette*, vol. vii., p. 270.

<sup>20</sup> *Indian Medical Gazette* for July, 1875; vide also Surgeon-Major Jessop, at p. 232 of the same vol., and Surgeon-Major Curran, on "Croupous Pneumonia and Gangrene of the Lung," *ibid.* for 1877, p. 281.



stationed at one place, in private houses and prisons (*vide* my note upon an outbreak of pneumonia which occurred eighty or ninety years ago in a Russian squadron at Spithead, Vol. 2 for 1883, p. 654), and that these outbreaks can often be referred to miasmatic influences, especially in connection with bad sanitary arrangements and deficient ventilation. He produces evidence to show that not only are those in immediate association with the sick in danger of taking the disease, but also that it appears capable of being carried from the sick to others by persons who do not themselves contract it. He contends that the prevalence of pneumonia is independent of changes of temperature, but that it varies with the amount of rain and the consequent rise and fall of the subsoil water. He considers that the cause of the disease is probably the *monas pulmonale* of Klebs, which Leyden and Günther obtained by puncturing the living lung. These are egg-shaped and generally occur in pairs, but also in chains of three or four. Similar, but larger, forms are found in the pleuro-pneumonia of horses. He states that the time of incubation appears to be about twenty days. He places pneumonia in that class of infectious diseases one attack of which predisposes to a second. In infected places, strangers are more liable to be affected than natives. Drunkards are peculiarly liable. Exposure to cold is a favouring, not an exciting, cause. The reviewer remarks of these two sets of independent observations, "It is noteworthy how similarly these bacteria have been depicted by both observers—egg-shaped bodies occurring singly or in short chains."

Lately, Dr. Klein and Dr. Sternberg, of the U.S. Army, have been led, by separate courses of research, to consider that such of the micrococci of croupous pneumonia "as are really infective in the sputa are accidental." Dr. Klein "implies that they have access to the sputa during expectoration."<sup>21</sup>

I should be glad to learn whether pneumonia has occurred epidemically in Lower Bengal in the past ten years. I am inclined to attribute the rarity of pneumonia and pleurisy in Lower Bengal in a measure to the freedom of the inhabitants from tuberculosis and strumous cachexia, to which a very large proportion of these cases are due in Europe.

For *Passive Congestion* and *Œdema*, see *Pneumonia*.

I only know of one unexceptional case of *Idiopathic* (pneumonic) *Abcess of the Lung* occurring in India. I shall have to recur to it in the section on Diseases of the Liver, as it was, with good reason, supposed to be a case of hepatic abscess.

*Gangrene* of the lung has been frequently noticed in the pneumonia of cachectic ill-fed native patients.

*Pulmonary Emphysema*, which, in its highest development, is especially a disease of muscular European labouring men, subject to winter cough, poorly fed, lodged, and clothed, addicted to intemperance and overworked, is not essentially an Indian disease; but traces of pulmonary emphysema are observed, particularly in cases of obstructive cardiac disease, in Indian *post-mortem* rooms. Preparations 746 to 748 in our museum are good specimens of pulmonary emphysema in natives. In the second of these, at the lower third of the upper lobe, and on its anterior aspect, is "an irregular opening about three quarters of an inch in diameter and an inch in depth, through which a direct communication was established with the pleural cavity."<sup>22</sup>

I had one noteworthy case of *Atelectasis* in the infant

of an English lady. The pulmonary artery had only two healthy well-formed cusps.

In the Sanitary Commissioner's Reports for the three years ending 1882 solitary examples of this condition appear only in the two later years among the soldiers' children.<sup>23</sup>

*Malformation*.—Dr. Lewtas has recorded<sup>24</sup> a case of *Congenital Hernia of the Lung* in a Hindoo, æt. 30. "When he took a deep inspiration, a soft tumour was seen to develope itself just outside the left nipple."

I treated a few miserable cases of *Phthisis Laryngea* imported from home, but never saw an indigenous case.

(To be continued.)

<sup>23</sup> For other cases of Atelectasis, see *Indian Medical Gazette*, vol. i., No. 9, and vol. v., No. 2.

<sup>24</sup> *Indian Medical Gazette* for August, 1876.

## APPOINTMENTS FOR THE WEEK.

Friday, December 11 (*this day*).

UNIVERSITY OF LONDON, 5 p.m.—Mr. Victor Horsley's Third Brown Lecture.

CLINICAL SOCIETY, 8.30 p.m.—Sir Andrew Clark, Bart., "On a Case of Desquamative Prostatitis accompanied by the Discharge of Hyaline Tube Casts"; Dr. de Havilland Hall, "Aneurysm of the Ascending and Transverse Portions of the Arch of the Aorta, Pressure on the Trachea and Bronchi, on the Left Recurrent Laryngeal Nerve and (?) the Vagus"; Dr. Barlow and Mr. Riekman Godlee, "On a Case of Perforation of the Vermiform Appendix treated by Operation." Living specimens: Dr. T. D. Savill, "A Case of Myxœdema"; Dr. Stephen Mackenzie, (1) "A Case of Symmetrical Morphœa," (2) "A Leprosy-like Syphilide."

Monday, December 14.

UNIVERSITY OF LONDON, 5 p.m.—Mr. Victor Horsley's Fourth Brown Lecture.

MEDICAL SOCIETY OF LONDON, 8.30 p.m.—Dr. Samuel West, "On the Treatment of Hæmoptysis."

Tuesday, December 15.

PATHOLOGICAL SOCIETY, 8.30 p.m.—Dr. Silcock, "Syphilitic Ulcerative Tracheitis"; Mr. J. Poland, "Internal Anthrax"; Mr. Sutton, "Diseases of the Circulatory System in Animals"; Mr. D'Arcy Power, "Endosteal Sarcoma of the Upper End of Femur"; Dr. Samuel West, "Aneurysm of Mitral Valve"; Mr. G. Stoker, "A Rhinolith"; Mr. Swinford Edwards, "Round Cell Sarcoma of Skin of Thigh"; Dr. Hale White, "Melanotic Sarcoma of Liver"; Mr. Lane, "Multiple Sarcomata"; Mr. E. H. Fenwick, (1) "Tuberculous Ulcers of Bladder" (Card); (2) "Contracted Bladder supervening on Atony" (Card).

Wednesday, December 16.

UNIVERSITY OF LONDON, 5 p.m.—Mr. Victor Horsley's Fifth Brown Lecture.

Thursday, December 17.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 3 p.m.—Meeting of Fellows and Members.

Friday, December 18.

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 7.30 p.m.—Dr. E. C. Seaton on "The Recommendations of the Royal Commission on the Housing of the Working Classes as they affect the Status of the Medical Officer of Health."

<sup>21</sup> *Lancet*, vol. ii. for 1885, p. 1018, in a review of the recently published Report of the Medical Officer of the Local Government Board.

<sup>22</sup> *Vide* case, by Dr. G. S. Sutherland, of Emphysema in Double Pneumonia, in a middle-aged native, *Indian Medical Gazette* for December, 1877.



# Medical Times and Gazette.

SATURDAY, DECEMBER 12, 1885.

SINCE we last wrote, another medical candidate for Parliament, W. B. Gordon Hogg, M.D. Edin., has been defeated, while Dr. (?) J. F. Fox, who is stated to have once practised medicine and surgery in the United States, though on what qualification we are not told, has been elected, as a follower of Mr. Parnell. Another medical Parnellite has also been elected in the person of Dr. J. E. Kenny, who is a licentiate of the two Edinburgh Royal Colleges and of the Dublin Apothecaries' Hall. So that we may expect that the medical wrongs of Ireland, if it can be imagined that any have been left unexposed by the Irish Members of the Medical Council, will be denounced with sufficient vigour in the new Parliament. We fell into error last week with regard to one of the Parnellite doctors. The Member for Mid Cork is Dr. C. K. D. Tanner, who, besides being a son of the notorious Dr. Tanner, of Cork, is a graduate in Medicine and Surgery of the Queen's University in Ireland, and was lately Demonstrator of Anatomy in Queen's College, Cork. Leaving out Dr. Fox, the new M.P.s with medical qualifications now amount to twelve, and these, we still hope, are destined to be headed in every good word and work by Mr. Erichsen. It is not likely that anything we can say in favour of Mr. Erichsen will influence voters whose minds are already made up, but in every speech that he delivers Mr. Erichsen shows what an admirable University representative he would make. He gave an excellent speech at St. Andrews on Wednesday week, from which we cull one paragraph, because it embodies a view which we have often insisted on. So far as the Universities themselves were concerned, said Mr. Erichsen, he could not think but that they would be strengthened by widening and broadening the base of the institution in the interest and affections of its graduates. They would be enabled to be more useful in improving all their branches of learning by keeping in touch with the body of young men who had gone out into the world, and who were better acquainted with the requirements than those who were now sitting on the benches could possibly presume to be. That is the great plea which, whether writing of the reform of the London University or of that of the College of Surgeons, we have always put in the forefront of our argument, and we are glad to have it backed by an ex-President of the latter body. Mr. Erichsen, we may add, has followed Mr. Hart and Dr. Watney in pledging himself to vote for the total repeal of the Contagious Diseases Acts, but at the same time he would "feel it incumbent on him to urge upon the Legislature the pressing need for the enactment of measures, equally applicable to both sexes, that would strike at vice and check those gross evils, physical as well as moral, that are its direct outcome."

At the Royal Medical and Chirurgical Society, on Tuesday, Mr. Savory related an unusual case of malignant disease, involving both the axillary artery and vein. Very little discussion took place. The surgeons

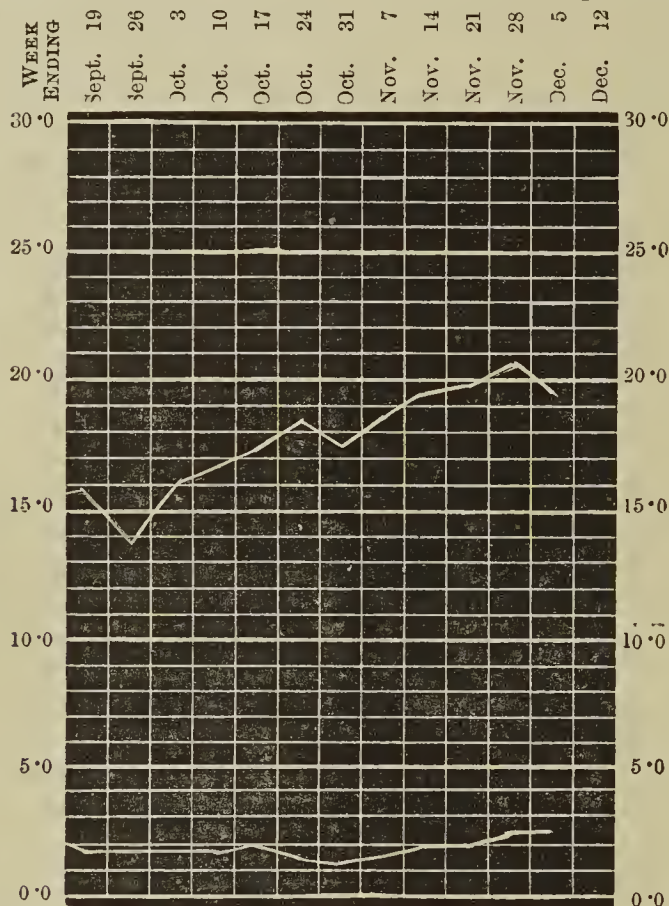
present seemed to reserve themselves for Mr. Bryant's paper, on which a most instructive debate ensued. Mr. Bryant advocated disarticulation at the knee-joint in preference to amputation through the shaft of the femur. For the former he claimed a broader basis of support, less risk, and more strength in the resulting stump than for the latter, whatever method were adopted. The various modes of operating were reviewed, and preference given to that of Stephen Smith by "lateral hooded flaps." All the speakers agreed as to the admirable stump which resulted in really successful cases. Mr. Holmes thought that the operation ought nevertheless to be sparingly applied on account of certain risks present, due to the fact that, whatever method of operating were adopted, the flap consisted chiefly of skin, that it must be very long, and was very liable to slough. Dr. Hardie, of Manchester, described his own flap, the so-called "oblique circular," and pointed out that, being in one continuous piece, there was less risk of its sloughing. Mr. Bryant has introduced a new feature, that of leaving the semi-lunar cartilages *in situ*, thereby lessening the tendency to retraction of the flaps.

FRIGHTENED, no doubt, by the fact that three more deaths from hydrophobia had been registered in one week, the Commissioner of Police issued on Friday last a Muzzling Order under Section 18 of the Metropolitan Streets Act, accompanied by some very sensible advice to dog-owners; and all that remains now is for the police to see that the order is faithfully carried out. We trust that the authorities will vigorously insist on the use of efficient as well as comfortable muzzles, samples of which are on show at the police stations, so that no dog-fancier can plead ignorance as to the proper muzzle to employ. Of course there have been protests against the Order. No sanitary measure was ever issued and enforced without evoking the resistance of selfishness and folly. But the question as to the necessity and efficiency of universal muzzling in the presence of an outbreak of rabies has been thoroughly threshed out by the experts and decided in the affirmative. Anyone who wishes to make acquaintance with the arguments on both sides will find them fully stated in Mr. Fleming's "Rabies and Hydrophobia." One of the protestors founds his argument on the fact, which no one denies, that many cases of biting which have terminated fatally have occurred indoors. To this we may reply—(1) That an equal number of cases have occurred in the streets, and (2) That the object of the Order is to prevent the spread of rabies quite as much as the communication of hydrophobia, and that, as there are probably a hundred people who keep a single dog for every person who keeps more than one, it is evident that rabies is almost invariably communicated out-of-doors. If we can only prevent the dogs at present rabid or about to become rabid from biting other dogs, we shall soon put a stop to the deaths from hydrophobia. Against indoor danger we must trust to sounder knowledge and greater vigilance on the part of private dog-owners.

THE deaths in London last week numbered 1,544, being 66 less than the week before and 208 below the



average for the week during the last ten years. The death-rate accordingly fell to 19·7. The falling off in the deaths was most marked in those between the ages of 40 and 80, the deaths of those under 20 being, no doubt, kept up by the slightly increased number referred to the zymotic disease group. In the latter, measles resulted fatally in 69 instances, and whooping-cough in 58, whilst diphtheria and enteric fever caused 16 deaths each, and scarlet fever, which usually proves decidedly more fatal than measles, only claimed 12 victims. There was one death from small-pox, but



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past twelve weeks.

not one from hydrophobia. The weather was favourable to those affected with chest complaints, as there was a decided fall under the head of diseases of the respiratory system and an even greater reduction in the deaths from phthisis. The chief provincial towns, on the whole, show the same tendency to a low rate of mortality that is found in London, but Bolton had a general death-rate of 31·3, and Liverpool a zymotic death-rate of 5·1, due almost entirely to the large number of deaths (24) from measles. Glasgow and Dublin were both again without a fatal case of this complaint.

THE remarkable immunity of Gibraltar during the recent cholera epidemic in Spain has been the subject of two interesting letters to the *Times*, and is a matter of such importance as to be worthy of a passing notice. In all, there have only been 33 cases of cholera and 24 deaths; this result contrasts so strikingly with what took place during the last epidemic in 1865 that even the most prejudiced person could not but admit that the sanitary and other measures which were adopted in consequence of the fatal results of that outbreak have been the cause of saving the town from a similar occurrence.

But it is probable that, notwithstanding the improved sanitary condition of the town, the cholera would have been enabled to obtain a footing, had it not been for the energetic measures at once adopted by Sir John Adye, the Governor, and the police authorities. Directly the possibility of an invasion of cholera became known, the supply of drinking-water from Spain was stopped, and the condensing machines erected by the foresight of a previous Governor were ordered into active use, and arrangements were made for supplying the public with six gallons of distilled water for a penny, 52,000 gallons per week being produced. The strictest watch was kept over the fruit and fish markets; in the barracks, the closets, and in the town the smallest sewers were flushed twice a day; the dustbins too were emptied twice daily, and disinfectants were thrown down every manhole, gully, and sewer at intervals. The quarantine and stagnation of commerce of course caused a good deal of distress amongst the poorer classes, to meet which a fund was raised and supplemented by a contribution from the Mansion House Fund; a camp was extemporised on a portion of unused land belonging to the War Department, where cooking could be carried on on a large scale, and in a short time the wants of some 4,000 people were thus provided for, with the additional advantage of rendering them personally less predisposed to cholera, and of affording an opportunity for their homes to be thoroughly disinfected whilst they remained in camp; for in all the houses where a case of cholera occurred, regardless of the possibility of a charge on the ground of the illegality of the proceeding, the inhabitants of the house were turned into camp whilst the premises underwent a thorough cleansing. One family of Jews refused to turn out, and, as the police had no warrant, they could not compel them to go in the ordinary way, but the gentle persuasion of a process of fumigation soon effected the removal of the obstructives. Although Gibraltar has thus shown itself fully able to grapple with so dangerous a foe, it would appear that the sanitary authorities are not thus keenly on the alert at all times, for the average death-rate is decidedly high, and diphtheria and typhoid fever are of far more frequent occurrence than they should be in a well-managed community.

THE fourth and fifth ordinary meetings of the Liverpool Medical Institution have been chiefly occupied by a discussion on Syphilis. Dr. Barron read a paper on the pathology of the disease, describing in an able manner the symptoms and the microscopical appearances met with both in the early and the remote stages. From the structure of syphilitic growths he classed the disease with tubercle, leprosy, and glanders, syphilitic deposit being in some cases only known from tubercular deposit by its increased vascularity and slighter tendency to caseation. This similarity of deposit naturally led to the search for the syphilitic bacillus which was discovered some four years ago by Aufrecht, afterwards described by Klebs, and shown by Lüstgarten to be similar to those of tubercle and leprosy. Dr. Barron showed under the microscope a section of an indurated papule where the cells of the part con-



tained many micrococci, and where the lymph spaces were filled with a hyaline coagulum which contained numerous organisms of the same kind as the cells. Although much yet remained for elucidation, Dr. Barron believed syphilis to be a germ disease similar to tubercle and the eruptive fevers. The tertiary stage, occurring as it sometimes does many years after the secondary stage, he explained by ascribing its onset to an injury that determined further action on the part of "resting" spores that had formed when the supply of pabulum died out at the end of the secondary stage. Dr. Oxley's paper was largely devoted to the consideration of social questions in connection with syphilis. He thought the subjects of syphilis should be treated as openly and carefully as those who suffer from pneumonia or any of the eruptive fevers are treated. The disease in all its stages should be treated by one class of surgeons or physicians, and not by several as at present, when it is considered scarcely respectable to treat the primary lesion, and the subjects of this phase of the disease are shut up in scarce and badly supported hospitals. The advanced lesions are, on the other hand, generally treated by grave and most respectable physicians and surgeons, and the subjects of these tertiary lesions are allowed to herd with their fellows. Dr. Oxley also strongly expressed his belief in the analogy syphilis presents to an eruptive fever, and advocated the advisability of classifying it as an exanthem. Dr. J. Wilson devoted his attention to lauding the value of the inunction of blue ointment in the disease. He is a strong advocate of the course of treatment adopted at Aix-la-Chapelle, where the disease is treated systematically by professional rubbers; the diet, baths, and whole course of life being regulated with an amount of success rarely attained in this country.

MR. R. H. LOWNDES opened the discussion at the adjourned debate. In ten and a half years at the Lock Hospital he had only seen one death, and that was from purpura hæmorrhagica. Syphilis differed from the exanthemata in the one being contagious and the others infectious. The enormous duration of the period of incubation in syphilis contrasted strongly with the shorter periods of incubation in the exanthemata. The induration of the inguinal glands also confirmed him in the belief that syphilis should not be classed with the exanthemata; mercury and time were the chief agents in curing the disease. Dr. Bernard said the initial lesion was not always a papule; sometimes it was merely an erosion. Mercury was fairly successful in his practice, but he thought its administration should be occasionally relaxed for a time, to be resumed again with greater effect. Inunction was too dirty and too tedious a process to be used, except by the well-to-do or in hospitals. It should never be left to the patient. The advantages of Aix arose as much from the change of scene, rest, and diet as from the more specific treatment. Mr. Rushton Parker thought mercury the antidote to syphilis; when its failed, iodide of potassium should be tried. Grey powder was very useful in syphilitic disease of the nostrils, and he described its effect on a case of syphilis which had been allowed to run a natural

course under homœopathic treatment. Dr. Waters referred to syphilis in the medical wards and as met with by the physician. Mercury was *the* remedy, and in the adult was most conveniently given internally. Inunction could, however, be adopted in the case of children. As to Aix, he rarely sent patients abroad. He believed they could be treated quite safely at home. At Aix the success met with depended as much on the mode of life, regimen, rest, and pure air as on anything else. Dr. Hope called attention to the inadequate accommodation in Liverpool for venereal cases. Dr. Alexander mentioned an exception to the statement of Dr. Barron that it was rare for syphilis to directly affect children *in utero*. A child was born a few days ago in the wards of the Liverpool Workhouse and died a few minutes after birth. A well-defined scaly rash was found on each loin and a gumma in the lung. Whilst admitting that, generally speaking, mercury and iodide of potassium were the remedies for syphilis, he thought with Dr. Bernard that both remedies should be sometimes relaxed if the patient became depressed and cachectic, and the disease ceased to respond to them. Compound decoction of sarsaparilla and good diet with alkaline baths were the means then to be adopted. He strongly recommended alkaline baths in syphilitic skin eruptions. Dr. William Carter also spoke highly of the value of the decoction of sarsaparilla in the cachexia of syphilis. In syphilitic brain tumours 20 to 30 grain doses of iodide of potassium were most effectual. He agreed with Mr. Lowndes that syphilis did not closely resemble the exanthemata. Mr. Edgar Browne said we must not forget the natural history of the disease. Some cases were slight, and the symptoms soon disappeared under any treatment, and these cases would seem to impart virtue to any remedy. In many of these, however, the disease reappeared long after, to the consternation of the patient. Mercury was *the* remedy for syphilis. The waters of Aix were, however, useful because the simultaneous ingestion of sulphides by the system produced a greater tolerance of mercury. The Aix treatment could be carried out at Harrogate, and by giving sulphide of calcium, potassium, or sodium with the mercury it could also be carried out nearly as well at home. Dr. Archer and Mr. Steele both criticised unfavourably the inunction method of treatment. Drs. Barron and Wilson briefly replied, and the discussion terminated after having attracted good audiences on both nights.

MATTERS have at last reached a turning point in the Aberdeen Royal Infirmary scandal, and we may fairly hope that the controversy is now at an end. Not convinced by the numerous unfavourable reports that they had received on the state of the Infirmary, the authorities resolved to invite Dr. J. B. Russell, of Glasgow, and Dr. W. J. Simpson, of Aberdeen, to make a thorough enquiry into the state of the present building, and also to report upon some plans that had been submitted for improving the buildings on the existing site. The report of these gentlemen is now before us, and, as regards the first point of their investigation, viz., the present state of the Infirmary, they say that "in every particular we find it opposed to the now universally accepted principles of hospital



construction, and in several violates the primary conditions of health which are necessary in ordinary house construction, and which are sought to be enforced under the Public Health Act in the dwellings of the people." Stronger condemnation than this it would be difficult to find, and we need not further allude to this section of the report. The plans for altering the existing buildings which were submitted for their approval do not come up to the standard that should be required for a hospital, though they admit that probably more could not be done on the site than these plans foreshadow. It results, therefore, that the reporters strongly urge that a fresh site should be selected and a new hospital built on the pavilion system, instead of making any attempt to patch up the present institution. If the managers wish to retain that share of public confidence which it is most desirable they should possess, they will lose no time in taking steps to give effect to this report.

THE intelligence that Dr. Collie has been reinstated in the office which he held so long, and in which, as his contributions to scientific journals show, he did such excellent work, will have been received with pleasure by his fellow-practitioners, and all must hope that the reinstatement will be ratified by the Local Government Board. The managers of the Asylums Board acted with both justice and wisdom in restoring him to office, though justice and wisdom only prevailed by one vote in a division list of 45. As to the justice of the decision, we have already spoken by anticipation, and so long as justice does prevail it matters not greatly, perhaps, whether it prevails by one vote or twenty. At any rate, Dr. Collie, in having behind him the sympathy of the whole profession and the formal support of its organisations, has little reason to repine at the narrowness of his victory. That the decision of the managers is a wise one, everybody who knows Dr. Collie and his work will agree. He has won for himself the position of a leading authority on the class of cases which he has been and is again to be called upon to treat, and it would have been the height of folly in the managers to have replaced such a man by untrained and untried officers. To the public and to the profession alike the disuse of Dr. Collie's tried faculty of practical treatment and scientific observation would have been a most serious loss. We say nothing of the ill effect which an unjust and unwise decision in this particular case would have had on the loyalty and contentment of hundreds of medical officers in the employment of the State. Our gratification at the result so far as it affects an able and honoured member of the profession is sufficient for the day.

DR. BRIEGER, of Berlin, who has for some years been engaged in the investigation of ptomaines, has just given to the world, in a pamphlet of 83 pages, the results of his latest researches. These have been directed to the determination of the ptomaines which make their appearance in the human body after death, in order that he might the better distinguish such as are the product of pathogenic bacteria. He has added

to those already known, viz., neuridin and cholin, no fewer than five hitherto undescribed. His observations show that in each successive stage of the decomposition of the body new basic bodies are formed, that some ptomaines disappear, others taking their place, while some found at first very sparingly become more abundant as putrefaction proceeds. So soon as life is extinct, lecithin begins to break up into its proximate constituents, and by the third day neuridin appears, always accompanied by some cholin, but neither of these have any great toxic power; only after they have disappeared do the highly poisonous bases come into existence. The later ptomaines which Dr. Brieger has identified he calls cadaverin, saprin, putrescin, trimethylamin, and mydalcin, which, however, are far from exhausting the whole series of cadaveric ptomaines. Dr. Brieger believes that pathogenic bacteria like those of simple putrefaction generate ptomaines out of the organic fluids in which they multiply. He conducted observations on the typhus (enteric) bacillus of Koch and Eberth, and was repeatedly able to isolate a ptomaine which was extremely fatal to guinea-pigs; and, turning to septicæmic poisoning, he was in like manner able to connect the origination of the toxic substances in the pus of a psoas abscess in a girl of 19 years, which ended fatally, with an organism described by Rosenbach as the *Staphylococcus pyogenes aureus*, the poison in this case being a hydrochlorate of a ptomaine. Dr. Brieger's are the first researches of the kind conducted on strict scientific methods, and it is to be hoped that he will, before long, indicate some practical application of his results in the field of forensic medicine no less than of pathology.

WE are glad to see that it is proposed to commemorate the work, ability, and character of the late Miss Prideaux by the foundation of a scholarship or prize. Lady Stanley of Alderley has placed herself at the head of the movement, and in her appeal dwells on Miss Prideaux's great distinction as a student, and on her elevation of character, good judgment, and personal grace. We hope that Miss Prideaux will not be the last, as she has not been the first, medical woman to evince these qualities. But it is right that everything should be done to hold them up as an ideal to her successors, so that, in competing for any prize which shall bear her name, they may be reminded that it is not by talent alone, though of that Miss Prideaux had enough and to spare, that the medical woman can best overcome the difficulties of her peculiar position.

THE appeal which Dr. Stretch Dowse has been obliged to make to the law courts—unsuccessfully at present, on account of his neglect of certain technicalities—in order to prevent a certain firm from making an unwarrantable use of a testimonial he had given in favour of a preparation of Messrs. Battle, should serve as a warning, not only to himself, but to all other practitioners. It may be admitted in Dr. Dowse's favour that he has been at considerable pains to prevent Messrs. Battle from advertising his name and with it their own merchandise, but it is obvious that he would have saved himself the trouble



if he had followed the wise unwritten rule, which should be considered binding on all practitioners, not to lend one's name to the dealers in proprietary medicines. This law is far too often broken now-days, especially in America, and it is high time that it should be enforced and its disregard reprobated with all the authority of the profession.

It may be well to remind Fellows and Members of the Royal College of Surgeons that a *conversazione* will be held in the theatre of the institution on Thursday afternoon, at which the Council will present a statement containing the reasons which have led them to refuse to extend to the Members the privilege of voting in elections to the Council. It is expected that the reading of the statement will be followed by an animated, if not altogether amicable, debate. For our part, we trust it will be both.

### CONSERVATISM AT THE LONDON UNIVERSITY.

THE Conservative forces in Convocation of the London University have conquered, and, unless the Senate itself should initiate some measure of reform, the University will remain, as it is and always has been, a cosmopolitan examining body, leaving a free field for Sir George Young's Association to start a real Teaching University. It is true that Convocation at its meeting on Tuesday last appointed a new special Committee to consider the question of re-constituting the University, but the general feeling is that the subject has passed into farce-land, and any new scheme that amateur constitution-makers may devise will be politely received by Convocation and as politely set on one side. Mr. Magnus's Committee will only waste its time. The wisest and most influential members of Convocation have come to the conclusion that reform is at present either hopeless or needless, and the two attitudes will combine to give the Conservatives an overwhelming majority whenever Convocation is called upon to take a serious decision. Dr. Weymouth, in his contention that the time is not yet ripe for action, expressed, we believe, the present feeling of a large majority of the graduates, who, having rejected Lord Justice Fry's scheme, are not very likely to accept one elaborated by Mr. Magnus and his Committee. A mere glance at the names of the representatives of the medical faculty on this Committee is sufficient to sap all confidence in the result of their deliberations. The medical representatives are these: Dr. M. P. M. Collier, Dr. W. J. Collins, Mr. Victor Horsley, Mr. Edmund Owen, and Dr. Pye-Smith. The majority of them are hardly out of their studentship, and there ought not to be a single grey hair amongst the whole five. We have the greatest possible sympathy for youth, with its courage, its hopefulness, and its blindness to difficulty. We have no doubt that Dr. Collins and his colleagues could draw up a beautiful scheme of reform. But that is not the difficulty. Anyone can devise a scheme; the point is to get it accepted, and it is at that stage, we think, that the young and eager graduates who have taken the

destinies of the University under their arms will realise the influencelessness of undegenerating tissues.

As was pointed out by a drily humorous speaker on Tuesday, the London University could convert itself into a Teaching University to-morrow if it really wished. It could institute courses of lectures on those higher subjects now almost entirely neglected in the organized teaching of the metropolis. Half-a-guinea a year subscribed by every graduate of the University would suffice to set on foot a series of lectures such as could be heard nowhere else. But it is pretty clear that such a scheme would not satisfy those who are most anxious to reform the University. What the reformers want is not a teaching, but a teachers' university. They want to control the examinations, partly, no doubt, with the view of improving their teaching, but partly also, we fear, with a view to protecting certain teaching institutions in which they are interested against the competition of less fortunate bodies and the army of private teachers. Thus, between those members of Convocation who wish the teachers to control the University, and those who wish to leave that control in the hands of the graduates, it does not seem very likely that any working alliance can be formed. There will no doubt be much talk, but we shall be very much surprised if anything comes of it. The more distinguished of the medical graduates, no doubt, feel this, or they would have accepted a place on Mr. Magnus's committee, and they are turning their eyes to the Teaching University Association, in the hope that there they may find a body which shall be able to organise the medical teaching of the metropolis and found an accessible degree for their students. The action of Mr. Magnus and his party has given a fresh momentum to that body, and rendered it for the first time possible for a new university to be founded in London which may eventually prove a serious rival to the old one. Lord Justice Fry and his late colleagues are amply avenged.

### A NEW DEPARTURE IN WATER ANALYSIS.

THE growing belief that all communicable diseases are directly or indirectly connected with the vital actions of bacteria, and the facilities for the observation of the latter afforded by the method of pure culture on gelatin films, suggested to Dr. Robert Koch and others some five or six years ago the idea of estimating the potability of waters by the number of living organisms in a given volume, and this method has been systematically employed for several years in connection with the sewage irrigation works of Berlin, and the effects of the effluent on the rivers and on the water supply of that city. Dr. Angus Smith, after having familiarised himself with Koch's procedure, commenced a line of investigation somewhat different, viz., to endeavour to discover some relation between the activity of bacterial life and the oxygenation of the water; his labours were unfortunately cut short by death, but Dr. Dupré was, at the time, engaged in like researches, though following a method differing in some respects from that



of Dr. Smith; and in the last report of the Medical Officer to the Local Government Board he has given the first published account of his experiments. The bacterioscopic examination of water has, as we have said, been employed for some years in Germany, but it is only within the last few months that its value has been recognised in this country. Dr. Percy Frankland began by reading a paper on the subject before the Royal Society on the influence of filtration and of Clark's process on the number of bacteria in water, and in it he expressed his intention of undertaking such an examination of the waters of the several metropolitan companies. This promise has now been fulfilled, and there appeared a report thereon, signed by Sir F. Bolton and Dr. P. Frankland, in the daily papers last week.

The unsatisfactory character of all purely chemical examinations has long been tacitly admitted. Frankland's combustion process was an attempt to apply the ordinary method of "ultimate organic analysis" to the residue, and to estimate the amount of carbon and of hydrogen contained in the organic matter, and from their relative proportions to infer the nature of the pollution. Wanklyn, by his ammonia process, sought to estimate the organic matter by converting it into ammonia after having eliminated the ammonia already present as such, believing, as he did, that, if not the whole, a constant proportion of the organic matter was thus converted. The significance of the nitrates and nitrites as products of the oxidation of ammonia, and of the presence of chlorides, phosphates, and sulphates, have always been recognised by chemists, though some have attached more importance to each of these constituents than others. More recently attention has been directed to the aëration of the water or the quantity of free oxygen in it, and conversely to the quantity of oxygen consumed in the oxidation of the organic matter present, as estimated by a modification of Schützenberger's permanganate of potash method. All chemical processes, however, deal with dead matter only, or rather they fail to draw any distinction between the living and the dead, and, judged by these standards, the water in which vegetables have been boiled, or a cup of meat broth or coffee, would rank far worse than water containing a small quantity of enteric or of choleraic stools, or even than the anthrax-bearing waste from a mohair factory. Herein lies one great advantage of bacterioscopy, which enables us to learn the actual number of *living* bacteria in a cubic centimeter. Koch has long ago shown the relation between this and the purity of waters, as well as the effect of filtration, when he announced that the numbers were for Berlin sewage 38,000,000, the water of the Spree 118,000, the effluent from the sewage farms 87,000, the Rummelsberger See 32,000, the Stralau waterworks, before filtration, 125,000, and after, 120! In the best well waters 30 to 60, and in boiled distilled water 4 to 6, probably from the air. Whence it appeared that any number under 100 indicated an irreproachable water, under 200 a potable one, while polluted rivers count their thousands and sewage its millions. Judged by this standard, our London waters leave nothing to complain of, and, whatever may be urged against the Thames as

a source, the process of filtration seems to be most efficiently performed. Thus the New River and the West Middlesex water contains but two germs in a cubic centimetre, though Dr. P. Frankland found 1,600 in the Thames at Hampton in October, and Mr. Bishop, at the end of November, estimated the number at Sunbury, near the intake of the Companies, at 8,000. At London Bridge he found 45,000, and in the Lea at Tottenham Bridge, where the stream is, as we have often said, little less than diluted sewage, no fewer than 4,200,000. At the intake of the East London Waterworks, however, there were not more than a third of the number found in the Rummelsberger Lake, whence Berlin gets its supply. Even the Kent Company's wells contained 18.

But, though this method serves to distinguish between living and dead matter, it fails to do so between innocent and pathogenic organisms. We know, however, that some, at least, of these can be identified by their mode of growth in tubes of nutrient gelatin, by their behaviour with colouring reagents, and otherwise, even when in themselves morphologically alike and indistinguishable under the microscope. But Dr. Dupré suggests an easier and speedier plan in the fact that some can and others cannot survive exposure to certain degrees of heat, and that, while dead matter rapidly absorbs oxygen from permanganate of potash, it does so to a very slight extent, if at all, from the water itself, at least within a limited space of time. We cannot here enter into a description of his apparatus or procedure, but must content ourselves with a statement of his aims and conclusions, referring our readers for details to the paper in the appendix to the Report. The points to which he is directing his attention are that—“(1) The amount of oxygen taken up from the aërated water may be contrasted with that taken from permanganate. (2) The amount of oxygen taken from the aërated water in its natural condition may be contrasted with that taken up after any living organisms present in it have been killed by the application of heat. (3) A degree of heat may be applied sufficient to kill developed organisms or certain germs and spores, but insufficient to kill other kinds of germs and spores; and, if this degree of heat be known for the several kinds of germs and spores, a judgment may be formed as to the nature of the germs and spores present. (4) Some substances, sterile in themselves, but capable of nourishing any living organisms contained in the water, may be added, and the increase in the amount of oxygen absorbed may be noted.”

The practical results to which he has come at present may be thus summed up—“(1) A water which does not diminish in its degree of aëration, or, in other words, which does not consume any oxygen from the dissolved air, may or may not contain organic matter, but presumably does not contain growing organisms. Such organic matter, therefore, as, on analysis, it may be found to contain need not be considered as 'dangerous organic impurity.' (2) A water which, by itself or after the addition of gelatin or other appropriate cultivating matter, consumes oxygen from the dissolved air at lower temperatures, but does not consume any after heating to 60° C. for three hours, may be regarded



as having contained living organisms, but not of a kind able to survive exposure to that temperature. (3) A water which, by itself or after the addition of gelatin or the like, continues to consume oxygen from its contained air after the water has been heated to 60° C. is to be regarded as containing spores or germs of organisms that can survive that temperature." Whether the power of resisting a given temperature affords any clue to the innocence or malignity of an organism is a question for future investigation by biologists, and must be decided by separate observations on each known species. Dr. Dupré found more bacteria in the Trafalgar Square well than in the Chelsea Company's filtered water, but the former were all killed by a temperature that only partially destroyed those in the latter; a fact which is at least suggestive.

## ESSAYS ON MEDICAL CLASSICS.

### XIV.—SIR GEORGE BAKER AND THE DEVONSHIRE COLIC.

IN the history of medical progress during the last two or three centuries there is in all probability scarcely any instance of a scientific induction more remarkable for the brilliancy of its conception, or more valuable for the practical benefits which it conferred on the public health, than that suggested by the heading prefixed to our present article. One eminent authority, indeed, goes even so far as to place the observations of this great President of the Royal College of Physicians on the lead colic of this country and of the Continent second only to Harvey's discovery of the circulation of the blood. Yet the symptoms of lead colic, with its attendant neuroses, had been described with minute precision, long before Baker's day, both by Citois, of Poitou, and by Dr. Huxham, of Plymouth. The toxic influence of lead, as the primary cause of the Devonshire disease, was, however, altogether unsuspected, and the presence of lead in the wine or cider was in consequence entirely overlooked. For more than a century and a half the symptoms of plumbism had been recognised and clinically pictured by many observers under the various local names of Colic of Poitou, *Colica Pictonum*, *dolor colicus apud Pictones*, and Devonshire Colic. These terms were, in general, applied to certain more or less circumscribed outbreaks of an obscure intestinal disorder, which was accompanied by certain definite nervous symptoms, either paralytic or epileptiform. It is obvious, however, from the accurate records handed down to us from the older writers, that the disease was in all these instances some form of accidental lead-poisoning, and Huxham appears to have been the first to entertain some slight suspicion that a common cause was at work in the various outbreaks in Devon and on the Continent, although he failed to detect what its exact nature really was. In these endemics, as Baker afterwards proved, the poison had found an entrance into the system through the medium of the leaden presses and vats which were used in their respective localities for the manufacturing either the cider or the wine.

As the mineral poison was unrecognised, the beverages which contained it gained for themselves a widespread and evil notoriety; and previous to Baker's investigations the term *Colica Pictonum*, which had at first a purely local and provincial significance, as indicating the disease originally described by Citois in

Poitou, came to be generally applied to the whole group of symptoms which we now recognise as plumbism or lead-poisoning. *Colica Pictonum* in its primary sense literally signified the colic of the Pictones or Pictair, the ancient inhabitants of that part of Gaul known subsequently as Poitou. In the present day the term is not unfrequently used in a looser sense, as if it indicated the lead colic of house-painters. It so happens that the wine colic of Poitou (*Colica Pictonum of Citois*) was really lead colic, as we shall have occasion to show in referring to the accurate and unconscious description of it given by Citois, but this was not known until Baker drew attention to the fact in 1767 in his celebrated essay on the endemical colic of Devonshire. Etymologically, therefore, the *Colica Pictonum* has nothing whatever to do with the lead colic of painters (*pictores*), but, pathologically, they were, by a common coincidence, proved by Sir George Baker to be the same condition, induced by accidental poisoning by lead. Baker's great merit lay in the circumstance that he saw that the diseases in Poitou and in Devon were precisely identical, and that the symptoms in both cases were those of plumbism. To the mode in which he worked out the subject further attention will be drawn when we have occasion to speak later more in detail of his investigations.

François Citois, who in later editions of his works is described as physician to the King and to Cardinal Richelieu, and *decanus* of the medical faculty of Poitiers, first published his account of the wine colic of that district in 1616, under the title of *dolor colicus biliosus apud Pictones*. The malady spread far and wide throughout the province, and was marked at its onset by violent abdominal pains. These were followed by loss of motion in the wrists and hands, in the tibiae and feet, but sensation at the same time remained unimpaired. The paralysis was in many cases accompanied by epileptiform convulsions, but Citois appears to have entertained no suspicion that the disease might be in any way connected with lead poisoning.

At the beginning of the next century the production of cider in Devonshire had enormously increased, and a similar disease broke out there. It infected the country nearly every autumn and was observed to be most prevalent in good apple seasons, when large quantities of cider were made and drunk. Hence the colic came to be popularly ascribed to the use of this beverage in a crude and unfermented condition, and Dr. Husgrave, of Exeter, who incidentally refers to the outbreaks in his work on Rheumatism in 1703, merely adopts this popular explanation, and gives no further details concerning the nature or symptoms of the malady.

In later years the epidemics increased greatly in virulence, and in 1738 Dr. Huxham, of Plymouth, to whose writings reference has been recently made in our columns, published a graphic account of the complaint in his *opusculum de morbo colico Damnoniorum*. As a native of Devon, and a practitioner at Plymouth, he had paid great attention to the therapeutics of cider-drinking, and ascribed the disappearance of many of the scorbutic affections formerly prevalent along the coast-line of Devon and Cornwall to the largely increased use of this beverage. He highly extols its beneficial influence in sea scurvy. At Plymouth he saw many severe cases entirely recover by the use of apples and cider alone, and further states that many captains of ships carried cider with them even on voyages to the East Indies. In these observations Huxham showed himself to be far in advance of his age. The ravages of scurvy in the British Fleet during the 18th century were only equalled by those of the ship or typhus fever, yet the general distribution of lemon juice as an antiscorbutic did not take



place in our Royal Navy, as the result of the writings of the elder Lind, until 1796.

Huxham was entirely unaware of the accidental presence of lead in the Devonshire cider, and, in this connection, it is interesting to note, as bearing on the later researches of Dr. Garrod, that he attributed the great prevalence of gout in that county to the increased production and consumption of this drink. His description of the Devonshire colic, particularly founded on the outbreak of 1724, and other seasons, is an admirable instance of accurate clinical observation, and exactly describes the various symptoms which we now recognise to be due to lead poisoning. The affection commenced with violent pains in the stomach, with vomiting and extreme constipation. Later the abdominal symptoms might abate, but severe neuralgic pains were experienced in the spine and in the bones and joints of the upper and lower limbs; loss of use of the hands, often accompanied with epileptic convulsions, then supervened, the "power of feeling" only remaining, but palsy of the legs was almost unknown. These latter various symptoms Huxham grouped together as rheumatic, and in some cases they might either come on before the colic itself, or alternate with it. In children the disease was less common—a fact which Huxham attributes to the greater looseness of their bowels. He perceived that the symptoms he had described were those of the *Colica Pictonum*; but in both instances he attributed the outbreak to the excessive acidity of the unfermented fruit juices in certain seasons.

That the course of a disease, so well recognised, should have escaped discovery until Baker threw light on the subject, may well excite our surprise, but explanations of this apparent shortsightedness are not far to seek. All the writings of the older physicians prove them to have been excellent clinical observers of the outward manifestations of disease, but the names of the great masters of the medical art still overshadowed them: all symptoms, pathology, and treatment were referred to their *dicta*, and made to square with their incontrovertible doctrines. The classic literature of the Renaissance had doubtless much to do with this servile deference to ancient authority. The fashion of writing scientific treatises in Latin still held its sway, and a scholarly style came to be far more highly esteemed than either a correct inference or a well-considered experiment. Sense was sacrificed to sound, and truth often to the rounding of a sentence or the construction of an epigram in a dead language. Much of the obscurity of even Sydenham himself may be traced to this tendency, and he is held by many learned commentators to be in some passages almost untranslatable.

Again, the theory of the epidemic constitution was still dominant in pathology, and all epidemics were referred to some unknown atmospheric or telluric influences. A minute and undue attention was, in consequence, directed to endemic or purely accidental conditions. Racial idiosyncrasies, peculiarities in the diet or habits of a neighbourhood, even the prevalent direction of the wind or the amount of moisture in a particular locality, were deemed sufficient to explain what could not be comprised under any more plausible hypothesis. Diseases were tabulated rather on their geographical or local distribution than on their common pathological affinities, and a copious terminology of medical synonyms came into vogue. This system of local nomenclature, which is often at the present day so extremely perplexing, caused the otherwise accurate clinical descriptions of many of the older observers to be of comparatively little practical value at the time they were written.

Although much of Huxham's work was still coloured by the prevailing theories of his time, he may be said

to have been almost the first of the great medical writers of the 18th century who attempted to free himself from the intellectual trammels of the previous age. He wrote in a simple and flowing style, and his observations in consequence proved to be of far more lasting value than those of many of his more scholastic predecessors. Indeed, Sir George Baker, in his own investigations, appears to have been greatly indebted to the accurate record of the symptoms of the *Colica Damnoniensis* which had been written by his eminent countryman some thirty years before. Baker was himself a native of Devon, and was born in a part of the country which had been long celebrated for its apples and cider. His attention was in consequence strongly drawn to the colic, which was still very prevalent there even up to his day, and in his *Essay on the Endemical Colic of Devonshire*, read before the College of Physicians in 1767, he gives statistics of the cases which had been admitted into the Exeter Hospital for five years previously. The majority of these cases were, on admission, only suffering from palsy of the hands, many of them being subsequently transferred to Bath for the benefit of the waters, which at that time enjoyed a high repute in the treatment of the malady, and Baker was struck by the fact that the cases in the Bath Hospital from Devonshire were eight times as numerous as those from the other cider counties, Hereford, Gloucester, and Worcester.

A complaint, very similar to the Devonshire colic, had been frequently epidemic, at the end of the seventeenth century, in Germany, in the Rhine and Moselle countries, and this was then generally recognised to be due to the adulteration of the acid wines with litharge, which was added to prevent their acetous fermentation, and stringent laws were in consequence enforced to suppress this practice. Sir George Baker, after carefully comparing these outbreaks with those of Devonshire, inferred that the disease was, in all cases, due to the same cause, and concluded that the Devonshire colic did not depend on the pure cider, but more probably on some accidental contamination of it. He perceived, also, that the symptoms of the *morbus colicus Damnoniorum*, which had been so accurately described by Huxham, were the same as those produced by preparations of lead; and he proceeded to compare the method of cider manufacture in Devon with that of other cider countries, where the Devonshire colic was almost unknown. He found that, in Devon, the trough in which the apples were ground was composed of pieces of moor-stone, and their interstices were usually filled up with large quantities of melted lead. Consequently, the apples, during the process of crushing, came in contact with a considerable surface of the metal. The cider presses, also, were commonly lined with lead to prevent leakage, and the juice was conveyed from the presses in leaden pipes. Lead was thus not only largely used in the apparatus for cider-making, but it was also a common practice for farmers to put a leaden weight in the casks to arrest too rapid a fermentation, and to prevent the cider from becoming sour. In other cases the cider was sometimes racked off into leaden cisterns, with the same object, but the deleterious effects of the metallic poison taken up by the cider as a result of these methods appear to have been quite unsuspected. Baker continued his enquiries into the process of manufacture in other counties, as in Hereford, Gloucester, and Worcester, where no bad effects were attributed to cider, and found that there no lead was used in any part of the apparatus for grinding or pressing the apples, or during fermentation. To put the matter entirely at rest, he, in 1766, while near Exeter, tested the apple juice as it flowed from a cider press lined with lead, and satisfied himself that the must contained an appreciable quantity of the metal. This fact he subsequently confirmed in many



other instances, and even found distinct traces of lead in Devonshire cider from his own cellar. Sir George Baker's "leaden theory" was at first received with much opposition. Its truth, however, became rapidly recognised, and lead has now, for many years, been entirely discarded from the Devonshire cider-making apparatus, and the *Colica Damnoniensis* from this cause has altogether disappeared. Thus, Sir George Baker, to quote the words of Lisson, "by the acuteness of his observation discovered the cause of a most afflicting and fatal disorder; and, by his perseverance in recommending the discontinuance of a long and generally prevailing usage, he was the fortunate means of preserving the health and lives of thousands."

F. W.

## REVIEWS AND NOTICES OF BOOKS.

### BRITISH ETHNOLOGY.<sup>1</sup>

It is not often that we are called upon to notice an important work on one of the outer circle of the natural sciences on which medicine is based, by an author actually engaged in the practice of his profession. The belief is far too prevalent, both inside and outside our ranks, that the practice of medicine is like shoemaking, and that "the cobbler must stick to his last," but, as the prejudice is being slowly, but surely, broken down by the more general culture of all classes, we may hope to see many more works like Dr. Beddoe's *Races of Britain* produced in future. It might be thought, indeed, that anthropology would form the very foundation of medical science, or, at any rate, that it would be the branch of natural science which would be most interesting to medical men, and with which they are most competent to deal, and it is for this reason that we now call attention to the subject.

Dr. Beddoe has been engaged for upwards of thirty years in collecting materials for the differentiation of the racial elements of our population, much of which he has from time to time published in the journals of the English and French Anthropological Societies; and the book before us is the result of the re-arrangement of those papers, together with much new matter. Dr. Beddoe has directed his attention to some of the chief physical characters of our present population, such as colour of hair and eyes, head-form, stature, bulk, &c., by the numerical method which he was the first to employ, and which has been adopted by other British and Continental anthropologists; and he has compared the results of his observations with the records of history as far as they relate to the conquests and immigrations of Roman, Anglo-Saxon, Danish, and Norman stocks. He attaches most importance to complexion, as he believes "that the colour of hair is so nearly permanent in races of men as to be fairly trustworthy evidence in matters of ethnical descent, and that nearly as much may be said for the colour of the eyes," and because complexion is the character most easily observed and recorded. The head-form is not largely available in this country on account of the scarcity of measurements of modern English skulls, and the difficulty of obtaining measurements of living heads. The values of stature and weight as racial distinctions have been treated of by him in a separate essay, and also by the Anthropometric Committee of the British Association, and the statistics are not therefore republished in the present work.

For the purpose of securing uniformity of observation and comparison, Dr. Beddoe has adopted what he calls an "index of nigrescence" based on the colour of the hair. Having classified the hair as red (R), fair (F), brown (B), dark (D), and black (N), "the index is gotten," he says, "by subtracting the number of red- and fair-haired persons

from that of the dark-haired, together with twice the black-haired. I double the black, in order to give its proper value to the greater tendency to melanosity shown thereby, while brown (chestnut) is regarded as neuter, though most persons placed in Class B. are fair-skinned and approach more nearly in aspect to the xanthous than the melanous variety:

$$D + 2N - R - F = \text{Index.}''$$

Dr. Beddoe's classification differs somewhat from that of Virchow, Broca, and other Continental anthropologists, and from that of the Anthropometric Committee, which is primarily arranged on the distribution of pigment in and on the surface of the iris, as the best adapted for getting uniform results from a large number of observers. The personal equation of the observer, and the difficulty attending the use of the names of colour of hair and eyes, does not interfere with the results of Dr. Beddoe's observations, as they were chiefly made by himself. By means of this ingenious formula or index, the author has reduced the apparently homogeneous inhabitants of our islands to certain definite groups, which he shows closely correspond in their distribution with the historic races which conquered and settled the different parts of the country, a record of which conquests he gives at considerable length and with great impartiality. Of the races which occupied the country at the time of the Romans—and, as the latter added little to the ethnical character of the people, at the time of the Anglo-Saxon invasions—Dr. Beddoe remarks:—"The natives of South Britain consisted mainly of several strata, unequally distributed, of Celtic-speaking people, who in race and physical type, however, partook more of the tall blonde stock of Northern Europe than of the thick-set, broad-headed, dark stock which Broca called Celtic . . . . Some of these layers were Gaelic in speech, some Cymric; they were both superposed on a foundation principally composed of the long-headed dark races of the Mediterranean stock, possibly mingled with the fragments of still more ancient races—Mongoliform or Alphylian. This foundation-layer was still very strong and coherent in Ireland and the north of Scotland, where the subsequent deposits were thinner, and in some parts partially or wholly absent . . . . No Germans, recognisable as such by speech as well as person, had as yet entered Britain." Of Dr. Beddoe's analysis of the racial elements of the present population of the British Isles it is impossible to give here an adequate idea, and the student must consult the work itself, where he will also find some illustrations of the physical types existing at the present time in various districts. Among the tables will be found some statistics of the colour of hair and eyes in relation to diseases, notably to phthisis and cancer, which have a direct practical interest for medical men. *The Races of Britain* will, no doubt, long remain the chief authority on the subject of the racial constituents and their distribution in our islands. Year by year the questions which Dr. Beddoe has discussed will become more difficult to answer on account of the movements and mixture of the labouring and peasant classes, who alone possess distinctive racial characters, by the introduction of railways and the fluctuations in trade and labour centres. There will remain, however, the wider, and for medical men the more important, questions of the influence of what the French call *media*, that is to say, of social and sanitary surroundings, on the development of the people, many efforts for the solution of which questions have already been begun by the Anthropometric Committee of the British Association and a few individual observers in our own country and in America.

*A System of Practical Medicine by American Authors; edited by WILLIAM PEPPER, assisted by LOUIS STARR, M.D., Vol. iii. London: Sampson Low, Marston, Searle, and Rivington, 1885.*—The regularity with which the successive volumes of this important work make their appearance is as praiseworthy as it is exceptional. The volume now before us is devoted to diseases of the respiratory system, of the circulatory system, and of the blood and hæmopoietic system. Commencing with the diseases of the larynx and trachea, including a chapter on tracheotomy, we

<sup>1</sup> *The Races of Britain: a contribution to the Anthropology of Western Europe.* By John Beddoe, M.D., F.R.S., &c. London: Trübner, 1885.



come to diseases of the bronchi, asthma, hay-asthma, and then to emphysema. The article on croupous pneumonia is by Dr. A. L. Loomis, who discusses the ætiology in a very clear manner, and, whilst not denying that cold may to some extent be an exciting cause, is strongly inclined to deny that it is the principal cause. The points of resemblance between pneumonia and the acute general diseases he puts as follows: It has an initiatory chill, an orderly pyrexia, a somewhat typical course, and the symptoms follow in regular sequence. The article is well written, and gives a faithful picture of the disease, but we are not quite prepared to agree with all he says about croupous pneumonia in children. The editor has written the article on catarrhal pneumonia, of the symptoms and physical signs of which he has given a full and excellent description. Dr. Austin Flint is the author of the article on pulmonary phthisis, and he fully accepts the recent doctrines which have followed on the recognition of the bacillus of Koch, though even before its discovery he with many others subscribed to the doctrine that all phthisis is tubercular. If we do not misunderstand him, he is not assured of the communicability of phthisis; the clinical proof of this doctrine, he says, must be based on a number so large that mere coincidence would be excluded; "A collection of isolated instances gathered from medical literature or reports from different physicians does not establish the doctrine." We must confess to some surprise when we read of his belief that those who have had scrofulous disease in early life are not likely to become phthisical in after years, and that contraction of the chest from deformity diminishes the likelihood of the disease. There is, as he says, a current belief to the exactly opposite effect, but any statement made by a practitioner of such enormous experience deserves the utmost attention, and we hope that our readers will bear these points in mind. Diseases of the pleura are very fully treated of by Dr. Frank Donaldson, who in the concluding section on the history of thoracentesis points out very clearly the part played by Dr. Wyman and Dr. Bowditch in originating the method of treatment by aspiration. To the second portion of the work Dr. Osler contributes two articles, one on diseases of the substance of the heart, including therein myocarditis, acute and chronic, fatty heart and hypertrophy, and a most careful article on diseases of the blood and blood-making organs, in which progressive pernicious anæmia, leukæmia, Hodgkin's and Addison's diseases, amongst others, are fully considered. Dr. Loomis deals with endocarditis, whilst Dr. Longstreth writes on the congenital anomalies of the heart, and Dr. J. B. Roberts on the operative treatment of pericardial effusions, the subject of pericarditis having been allotted to Dr. Da Costa. These articles are fully up to date and quite maintain the high standard shown by those to which we have referred at greater length.

*The Preservation of Health as it is affected by personal Habits, such as Cleanliness, Temperance, &c.*; by CLEMENT DUKES, M.D. Lond., M.R.C.P., &c. Pp. 222. Rivingtons. —This is the essay to which the Council of the Statistical Society awarded the "Howard Medal" in 1884. Dr. Dukes is to be congratulated upon the manner in which he has, within the limits assigned to him, brought down to the altered circumstances of to-day those admirable rules for the preservation of health which Howard drew up more than a hundred years ago; and he shows us incidentally how far the old writer on "*Prisons*" and on "*Lazarettos*" was in advance of his own age, and how nearly abreast of the boasted sanitation of the present time. Cleanliness, Temperance, the Prevention of Disease, and Personal Health form the principal headings of the essay; and the teaching is throughout sound, plain, and always practical. Dr. Dukes objects to the supply of water by meter, lest it should be scantily used. In practice, however, a rule permitting the cistern which supplies the drinking-water of the house to feed the cisterns of the watercloset is liable to misconstruction and open to abuse, and a "housemaid's sink or slop receiver," if provided with a four-inch pipe "syphoned immediately beneath the sink," is not likely to remain sweet for long in many houses. The section on Temperance is especially good,

though all medical men are not disposed to endorse our author's indiscriminate condemnation of condensed milk as a food for infants, "its only use being that it is better than starch food when no other milk supply can be obtained." The golden "rule of not too much" finds in Dr. Dukes an able and eloquent exponent: "To my mind the virtues of temperance far exceed the virtues of total abstinence." But the most important part of the book is the sub-section on "Temperance in relation to Sex," especially that portion dealing with the vitally important question of the causation and prevention of juvenile immorality—"a question usually discussed only in a whisper; a subject which, as a rule, is only dealt with when all the evil has been committed by quacks, the victim swindled by charlatans, and the sinner compelled to endure intolerable mental anguish." This subject—the delicacy of which is too generally allowed to over-ride its importance—is admirably handled. It is simply impossible to estimate the good which would accrue to future generations if parents would only take to heart and faithfully carry out the duty which is here so clearly set before them—a duty which it is theirs alone rightly to discharge, and the neglect of which no efforts of the schoolmaster and no warnings of the clergyman, and, we may add, no sensationalism in literature, can repair. A book like this, dealing so emphatically with the *personal* (but not the selfish) basis of hygiene, is all the more to be welcomed amidst signs which indicate a popular tendency to look upon sanitation as a matter of "traps" and "cows" and sanitary patents. In utility of weighty precept and in simple directness of language, Dr. Dukes' essay is a worthy commentary on the preaching of a great and wise philanthropist.

*Chirurgische Erfahrungen in der Rhinologie und Laryngologie*; von Dr. med. MAX SCHAEFFER, Bremen. (Surgical Experiences in Rhinology and Laryngology.) Wiesbaden: J. F. Bergmann, 1885.—A record of ten years' experience of the surgical treatment of affections of the nose, nasopharynx, and throat. The author puts his facts in plain and straightforward terms, giving his figures in simple order without any statistical manipulation. With a short introduction, under each heading, of the principal features of the affections as presented by his cases, he gives an account more or less precise of his mode of treatment, and then presents a list of his principal cases with short notes on each. In some of the more debateable questions, such as the production of asthma by chronic hyperplasia of the mucous membrane of the nose, he enters at some length into controversy with other observers. In the section referred to, he does good service by showing that asthma is only *sometimes* curable by the destruction of the hypertrophied tissue, and that the treatment, like every other form of treatment for asthma, is successful only in special forms of the disease. His recorded cases, however, on which he operated for the most part with the galvanocautery, give remarkably good results. Sixty cases are recorded of phlegmonous pharyngitis treated by incision, the results fully justifying the author's recommendation of it. For the relief of granular pharyngitis he recommends immediate resort to the galvanocautery, and herein he is in accord with all practical observers of that troublesome affection. Of adenoid vegetations in the posterior nares and vault of the pharynx he treats at considerable length, and his experience forms a useful contribution to the literature of a subject which has been strangely overlooked by general practitioners and others until quite recently. After experience of all the ordinary methods of operating, he gives the preference to the curved forceps with sharp-spoon blades, a choice which quite accords with the very few expressions of opinion on the subject which have been heard in this country. In operations for the removal of mucous polypi from the larynx it is somewhat surprising to find that the author advocates the use of Voltolini's sponge-tipped probe. The method was amongst the earliest of endolaryngeal operations for the destruction of small tumours, but was very generally regarded as insufficient, and was, by most operators, discarded in favour of forceps or guillotine. Dr. Schaeffer's cases would lead



to the supposition, however, that it has been too hastily thrown aside, and it must certainly claim one standing advantage, that it is by far the safest method in unskilled hands. As a plain and trustworthy history of a considerable experience in special surgery, Dr. Schaeffer's work deserves every recognition.

*Diseases of the Larynx*; by Dr. J. GOTTSTEIN, Breslau. Translated and added to by P. McBride, M.D. Edinburgh. Edinburgh and London: W. & A. K. Johnston.—The human larynx, like the human eye, is a very small organ, but the amount of study which may be brought to bear upon its diseases, and the amount of literature to which such study may give rise, seems inexhaustible. The English translation of Dr. Gottstein's work may perhaps be regarded by some as a superfluous addition to this literature, coming so shortly after the publication of Dr. Mackenzie's text-book. We think, however, that in some respects it will be found to be a valuable adjunct to the more elaborate work, dealing with its subjects, as it does, from a more purely clinical standpoint. As we noticed the German original of Dr. Gottstein very fully when it first appeared a year ago, it is not necessary to enter here into the particular features of the work, and it will suffice that we record that a faithful rendering has been presented by the translator, supplemented in many points by useful notes and comments which the most recent knowledge on the various subjects could supply. The chief characteristic of the book, and the one which most fully appeals to the practical reader, is the perfectly straightforward tone taken by the author, who leaves no doubt upon his reader's mind as to the relative value of the statements which he makes. Ascertained facts are not confused with quasi-scientific speculations, and the author always makes it clear when his positive statements are backed by personal experience. The work has been handsomely prepared and excellently printed.

*Acne, its Ætiology, Pathology, and Treatment*; by L. DUNCAN BULKLEY, A.M., M.D. London: J. and A. Churchill, 1885, pp. 280. A monograph on so familiar a subject as Acne, extending to the number of 280 pages, may appear at first sight somewhat of a superfluity. When it is considered, however, that all disorders of the sebaceous glands are included under this term, in accordance with the most modern nomenclature, as well as an important disease not primarily affecting the sebaceous system at all ('acne' rosacea), the length of the work receives its explanation and perhaps its justification. The major portion of the book is occupied by a full description of the various recognised forms of the disease, based upon an analytical study of 1,618 cases, and by a recapitulation of well-known facts and well-worn arguments in support of the theory of its reflex causation. Many of the links in the chain of evidence on this point are a-wanting, and the acceptance of the theory leaves us entirely in the lurch when we meet with acne in persons otherwise perfectly healthy. It would seem more logical merely to state that acne in its various forms is a frequent concomitant of certain disturbances of the digestive or generative organs than to assert a causal relation between them. Nor would such a statement in any degree tend to diminish the amount of attention paid by a careful physician to the treatment of any digestive or other disturbances present in any given case of acne. Throughout the work no allusion is made to the not infrequent cases of comedones of the hairy scalp in robust children before the age of puberty. From them the ingenious explanation of the prevalent occurrence of comedones in sebaceous glands attached to imperfectly developed hairs (*e.g.*, on the face), and consequently furnished with small or no muscoli arrectores pilorum, receives at least partial refutation. Nor does the common non-contagious form of follicular sycosis receive any notice from the author, although it is undoubtedly as much an affection of the sebaceous glands as of the hair follicles, to which they are appended. The book ought to prove of valuable service to the practitioner, as it furnishes an excellent list of formulæ for the treatment of this frequent and often

obstinate affection, with full directions for the application of the remedies. There is also an excellent and interesting historical chapter upon the nosology of the disease, with a very exhaustive bibliographical index. The paper, letter-press, and general get-up of the book are excellent.

*Veterinary Pharmacology and Therapeutics*; by J. B. GRESSWELL, M.R.C.V.S. London: H. K. Lewis, 1885, pp. 206.—The plan of this little work is based mainly upon the "Extra Pharmacopœia" published by Mr. Martindale, from which many of the descriptions of drugs and formulæ have been taken. Having said this much, our readers will readily understand the scope and character of the work. If there be room for criticism, it would take the form of suggesting a little more veterinary and a little less human therapeutics. We gladly draw attention to the book, and believe that it will be found both reliable and convenient to the veterinary practitioner.

## ABSTRACTS AND EXTRACTS.

THE TREATMENT OF PLEURISY IN THE BELLEVUE HOSPITAL.—Dr. S. Mitchell, writing in the *Therapeutic Gazette* for November, states that about 150 cases of pleurisy are treated annually. It is rare to meet with true cases of acute pleurisy, except when they occur in patients while in the hospital. When a case, however, is seen within the first few hours, opium is given, usually as Dover's powder or as Majendie's solution, and hypodermically, which, besides relieving the pain and nervous manifestations, to some extent checks the determination of blood to the pleura. The bowels are opened by salines, and mustard or turpentine applied to the chest. The pain caused by the movements of the chest is greatly relieved by strips of adhesive plaster. Tincture of aconite is given in half-minim doses every fifteen minutes for two hours, and afterwards every two hours until the pulse shows signs of becoming feeble. Quinine in doses of 10 grains every six hours is given during the first twenty-four hours. When the state of effusion occurs the patient is made to take freely of a bitartrate of potash solution as a diuretic, the saline cathartics are continued, and iodine is applied locally. Another form of local application, which is a favourite with some, is the punctuated cauterisation with Paquelin's cautery every other day. Tonics are given and continued into the third stage, the following formula being that usually prescribed: Strychniæ Sulph. gr. i, Liq. Pot. Arsenit. 3 ij, Cit. Ferri et Quiniæ 3 iv, Glycerinæ Aq. Cinnam part. equal. ad 3 viii; a dram after meals. With this is often given an ounce of whiskey three times a day. A dram of the following mixture is also given occasionally to allay the cough: Morph. Sulph. Pot. Cyanidæ gr. ij, Syr. Solut. Syr. Prun. Virg. part. equal. ad 3 ij. Blisters are seldom employed. When the effusion is great enough to cause much dyspnoea paracentesis is performed at the mid-axillary line of the sixth interspace, the fluid being withdrawn slowly and arrested at the moment when the patient begins to cough or feel other unpleasant symptoms. In the chronic form of the disease the patient is put on diuretics, tonics, and mild cathartics, and counter-irritation is kept up by Corson's paint, made of Ol. Tiglii 3 ij, Aetheris 3 iv, Tr. Iodin. Co. ad 3 ij. This painted on every morning produces a crop of pin-head blisters with very little annoyance. When absorption does not occur, this has seemed in many cases to become stimulated by aspiration, a few drams of liquid being removed by means of a hypodermic syringe, this often rendering paracentesis unnecessary.

THE CAUSAL RELATION OF OBSTRUCTED CARDIAC CIRCULATION TO LYMPH STASIS.—In a learned article in the October number of the *American Journal of the Medical Sciences* Dr. S. C. Bussey points out that retardation or arrest of the current of the fluid in the thoracic duct at or near its outlet into the subclavian vein may produce dilatation, distension, and rupture of lymphatic vessels, and consequent effusion of chyle and lymph into the serous cavities.



The remoteness of the effects from the obstacle interrupting the current of the fluid may depend upon various concomitant conditions, especially upon the anatomical integrity and the tensibility of the vascular walls. When the impediment to the flow of chyle and lymph occurs at or near its outlet, the area of stasis and ectasis would necessarily depend upon the duration and extent of such obstacle; and, hence, when the area of ectasis is extensive, the manifest inference is that the cause has been one of gradual development and protracted duration. The influence of partial obliteration or stenosis of the thoracic duct at or near its termination in the causation of dilatation or rupture of some part of the lymph vascular system cannot be doubted. The evidences of experimentation must be accepted as conclusive. The effects of stenosis, produced by the gradual encroachment from disease of the duct or of surrounding and contiguous tissues and structures, are shown by clinical and *post-mortem* citations. In this latter class of cases the ectasis is gradual in its development and more extensive in its field. In those cases where the lymphangiectasis was consequent upon the slowing or interruption of the venous blood-current in the left subclavian vein, the relation of cause and effect seems equally well established. Dr. Buscy shows that such diseases of the heart as slow, impede, or stagnate the venous blood-current in the left subclavian or innominate vein may also produce lymph-stasis.

**PROGRESSIVE PRIMARY MYOPATHY.**—It is the object of a paper which appears in the October number of the *Revue de Médecine*, by Drs. Marie and Guinon, to demonstrate that pseudo-hypertrophic paralysis, Erb's juvenile form, and the hereditary infantile atrophy of Duchenne are not three distinct diseases, but merely different forms of the same disease. Between the infantile hereditary form of Duchenne and the juvenile form of Erb there are several points of close resemblance, and notably that the muscles attacked or respected by the disease are identically the same in the two affections; in both too electrical contractility is modified quantitatively, but not qualitatively; there are no fibrillary twitchings, though muscular retractions are common. The chief point of difference is that in one the muscles of the face are affected, and in the other they are not. Comparing next the hereditary form of Duchenne with pseudo-hypertrophic paralysis, they show that in the former the changes in the muscles are essentially of the same nature as in the latter disease, though differing considerably quantitatively. Further the atrophy, which is often a marked feature of cases of pseudo-hypertrophic paralysis when present, affects precisely the same muscles as are affected by it in the juvenile form. The condition of the face, which might at first sight be supposed to cause a distinct line of demarcation between the hereditary form and the other form which we are considering, does not in reality do so, for it is evident on close investigation that the face is often affected in pseudo-hypertrophic paralysis, and that such is the case was recognized by Duchenne, who attributed to it the dull and stupid look which the subjects of pseudo-hypertrophic paralysis often have. The authors believe that a slight degree of affection of the face is sometimes to be found in cases of the juvenile form of Erb. The last point they insist upon is that all these diseases are hereditary, and that they may be met with combined in the same family; the only combination which has not as yet been recorded being the co-existence amongst blood relations of pseudo-hypertrophic paralysis and of the hereditary form of Duchenne.

**SALT-WATER BATHS IN ENTERIC FEVER.**—A Russian physician has made a number of observations on the effects of baths consisting of solutions of common salt of various degrees of concentration on the temperature of patients with enteric fever as compared with those produced by fresh-water baths. He finds that in every respect the saline baths are the more effectual, but that 4 per cent. solutions are not materially superior to 2 per cent. or 2½ per cent. solutions. The maximum reductions of temperature with salt baths were, at intervals of ½-an-hour, 1 hour, 2 hours, and 3 hours, 1.9°, 1.4°, 1.4°, 1.1° C. respectively, and after fresh-water baths of the same temperature and

duration 1.5°, 1.2°, 1.2°, 0.6° C. The minimum reductions in the case of the saline baths were similarly 0.8°, 0.4°, 0.2°, 0.1° C., and in the case of the fresh-water baths 0.6°, 0.3°, 0.1°, 0.1° C. The pulse, too, is further reduced by saline than by fresh water, the maximum reductions obtained being 34 with salt and 26 with fresh water, and the minimum reductions 14 and 10 respectively. There was also a difference in the respirations, amounting to from 2 to 6 per minute, and it was noted that they became deeper and more regular after the saline than after the fresh-water baths.

**ACUTE RHEUMATISM.**—In a clinical lecture on acute rheumatism, delivered at the hospital of the University of Pennsylvania, Dr. Pepper described a typical case of rheumatic fever. Speaking of the morbid principle to which the symptoms were probably due, he said it was held by many that this was lactic acid; his own belief was that it was some complex organic acid substance which had not as yet been, and perhaps never would be, thoroughly isolated. The great danger of hyperpyrexia from a sudden failure of the heat-controlling centre was one that ought always to be before their minds. In his experience it had generally been associated with a marked tendency to nervous exhaustion, either from the prolonged course of the disease with considerable febrile action, or from worry, anxiety, and depression of spirits. The treatment of hyperpyrexia was of the utmost importance. If salicylates and antipyrine failed to bring the temperature down, the patient must be put into a cold bath. His plan was to put the patients into a bath-tub, and rub them with blocks of ice until they were cool, and the symptoms had passed off, when they were put to bed; he had never seen any injurious results from this plan, and believed he had saved life by it in five instances.

**A CONTRIBUTION TO THE STUDY OF DIPHTHERIA OF THE ŒSOPHAGUS; WITH THE REPORT OF A CASE.**—In the October number of *The American Journal of the Medical Sciences* Dr. H. D. Fry, of Washington, contributes an interesting study of this rare affection, and reports a case which occurred in his own practice. The diagnosis of diphtheria of the Œsophagus is extremely difficult. In most cases it is absolutely impossible to recognize the disease. This difficulty is met with not only when the Œsophageal mucous membrane is primarily the seat of diphtheritic inflammation, but also when it is implicated by extension of the false membrane from the pharynx or larynx. In the vast majority of the reported cases its presence was not suspected until revealed by *post-mortem* examination. Symptoms, at most, only warrant a suspicion of the existence of the affection. An important indication is the expulsion, by the mouth, of bands of false membrane, provided no symptoms exist to indicate that the air-passages are involved. The expectoration of a membranous cast of the Œsophagus is the only positive sign of the disease. The obscurity which accompanies nearly all affections of the Œsophagus is well illustrated by the experience of Steffen. Out of 44 cases, including diphtheria, hyperæmia, catarrhal inflammation, ulceration, ecchymosis, and gangrene, the diagnosis was made in only three; the remainder were found on *post-mortem* examination. Dr. Fry concludes his paper with a careful analysis of the symptoms which were observed in the 12 cases which he has been able to find fully reported in literature.

**DEATH FROM ROUND WORMS.**—The *Deutsche Medicinische Zeitung* gives an account of a unique case of what was supposed to be an infectious disease which appeared simultaneously in two brothers, the symptoms being of a gastro-intestinal character. One of them, aged seven, at last died. On examination, a reddened, inflamed looking coil of intestine attracted attention, lying superficially in the right inguinal region. It appeared to be tense and distended by something, and when opened was found to contain a huge quantity of ascarides lumbricoides, all matted and entwined together, completely blocking up the lumen of the gut. No peritonitis existed, and the rest of the intestine was healthy enough. After this, of course, there was no difficulty in devising a treatment for the survivor, who under a brisk vermifuge passed some 20 worms and before long was convalescent.



**APPLICATION OF COLD TO THE LEG FOR SLEEPLESSNESS.**—A writer in a German journal devoted to mental diseases advises bandaging the leg with a cold water compress covered with gutta-percha tissue, dry bandage and a stocking for sleeplessness, especially in cases where there is more or less cerebral congestion. It has been found that the temperature taken in the ear becomes  $0.4^{\circ}$  C. lower fifteen minutes after the application of the compress, and remains an hour or two below normal. The writer says he has employed this plan for two years with great success.—*Allgemeine Zeitschrift für Psychiatrie*.

**PLEURISY IN PERTUSSIS.**—Dr. Zabala, writing to the *Bulletin de Thérapeutique*, Aug. 15, states that during a recent epidemic of pertussis, in which about 30 cases came to his share, he met with two cases of pleurisy in children nine and ten years of age, in which the presence of fluid was ascertained by aspiration. In one of these cases the effusion disappeared after the application of two blisters; while vesication proving of no avail in the other, he succeeded in producing abundant sweating and disappearance of the liquid by means of two hypodermic injections of a centigramme of the nitrate of pilocarpin.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 8TH, 1885.

BERKELEY HILL, F.R.C.S., Vice-President, in the Chair.

#### *A Case of Destruction of a Portion of the Axillary Artery by Sarcoma.*

MR. SAVORY contributed this paper, which recorded the case of a man, æt. 33, who was admitted into St. Bartholomew's Hospital with a large tumour beneath the pectoral muscles. The mass was soft, and manifestly increased in size during the fortnight the patient was under observation. An attempt was made to remove the growth by a free incision along the lower margin of the pectoralis major, where it presented, through the fat of the axilla, a well-defined outline. That part of the tumour which lay below the vessels was easily removed, but no attempt was made to detach the portion which was found, during the operation, to have grown around those structures. Whilst securing some insignificant arteries, which had been divided in the lower part of the axilla, the hæmorrhage, which up to that stage had been but slight, began to be exceedingly copious. In searching for the seat of the bleeding, it became evident that it proceeded from where the axillary artery should have been, though that vessel could nowhere be found. The hæmorrhage was afterwards arrested by means of pressure forceps. The patient lived for a week after the operation, when there was suddenly a violent gush of blood, and before it could be arrested he died. *Post-mortem* examination showed that the part of the axillary artery involved in the tumour was completely broken up. A detailed account of the *post-mortem* state of the other vessels was added. A note by Mr. D'Arcy Power on the histological appearances of the artery at a point immediately below the rupture was also appended.

The VICE-PRESIDENT enquired as to the original starting-point of the growth, and as to the condition of the pulse.

Mr. BRYANT thought the author of the paper was fortunate in having been able to watch the ease from its commencement. He quite agreed with him as to the power of resistance which arteries possess against the inroads of such growths as this present one. He referred to cases in his own practice, in which they had nevertheless ultimately become occluded.

Sir WILLIAM MACCORMAC referred to the fact that both vein and artery were occluded in this case, and enquired

what effect this had had on the circulation in the limb below the seat of the disease.

Mr. SAVORY briefly replied.

#### *Amputation at the Knee-joint by Disarticulation: with Remarks on Amputation of the Leg by Lateral Flaps.*

Mr. BRYANT commenced his paper by saying that the operation of removal of the leg by disarticulation at the knee-joint was first practised in England by Mr. S. Lane, and had been advocated by Messrs. G. D. Pollock, Pick, Stephen Smith, Markoe, Brinton, Staples, and himself. It was still regarded with some suspicion and not frequently resorted to, amputation through (or just above) the condyles being generally preferred. The operation by disarticulation required for its success that the disease or injury should be confined to the leg, the condyles of the femur uninvolved or very slightly affected, and a sufficiency of healthy soft parts below the knee for the formation of a good flap. If these conditions were not present, some other method of amputation would have to be adopted. The author gave tables of his thirty cases, with the results. Where there was no sloughing, no trouble was experienced with the articular cartilage on the condyles of the femur, and after healing the soft parts moved freely over the end of the femur. The cicatrix was always placed well behind the femur. The patella was preserved, its removal being found to be quite unnecessary. The steps of the operation, after three different methods, were then described, viz., that of Pollock by the long anterior flap, Pick's plan by lateral flaps, and Stephen Smith's method by lateral hooded flaps; and illustrations of the steps of the latter operation were shown. The author endorsed completely the remarks of the American surgeon upon the value of this method of procedure, and strongly urged its application to cases of amputation in the leg also. The muscle substance was generally included in the flap in thin subjects, but not in others. The resulting stumps in the leg thereby obtained were excellent. The method of Stephen Smith for amputation at the knee-joint was to be preferred to either of the two other plans already mentioned, as it gave a better covering to the condyles of the femur, and the flaps were less prone to slough than in the long anterior flap of Pollock. One case in five of the former sloughed, and rather more than half of the latter class of cases. Smith's method also placed the cicatrix entirely behind the condyles and out of harm's way, whereas by Pick's method the cicatrix came to lie in the intercondyloid notch. Moreover, Smith's plan permitted no bagging of fluids, the stump being in the best position for drainage. The author advocated the leaving of the semilunar cartilages *in situ*, as of great advantage to the case, the soft parts being thereby all held well in place and the fascial relations preserved. Dr. Brinton, as early as 1872, had advised this point of practice. Finally, the author summarised the advantages of this form of operation over amputation through the thigh in the following words:—(1) The lessened shock of operation. (2) The lessened section of tissues and the non-exposure of the muscular interspaces of the thigh. (3) The escape from the necessity of sawing the femur, with its attendant risks. (4) The preservation of the attachments of the thigh muscles, and consequently the greater mobility of the stump. (5) The useful character of the resulting stump.

The VICE-PRESIDENT, in proposing a vote of thanks to the author, referred to the excellent suggestion to leave the semilunar cartilages. He should himself certainly follow that practice for the future.

Mr. PICK was pleased that the subject had been brought forward, for he felt that the operation was still unpopular, and that preference was given to cutting through the femur, with its attendant dangers. He preferred lateral flaps; in his earlier operations he had made long anterior flaps, and sloughing had frequently resulted; on one occasion he had practised a long posterior flap, but had found that it dragged open the incision during repair. The making of lateral flaps was, so to speak, an accident, they were necessitated by the condition of the skin in a traumatic case. He rather disagreed as to leaving the patella; he thought it was liable to be displaced, and that it might interfere with the fitting of an artificial limb.



Mr. MARSH commented on the leaving of the articular cartilage; it was not only not followed by any untoward results, but it seemed to act in some measure as a barrier against absorption of wound products. He did not think that any strong prejudice against this operation existed at St. Bartholomew's. It was very important to cut the flaps long enough.

Dr. HARDIE (Manchester) spoke in favour of the operation. He had read a paper at the Liverpool meeting of the British Medical Association, advocating its utility, but he preferred what he there called the "oblique circular" method. He said there was no other stump, except that of a Syme's operation, which could compare with it, the anatomical conditions being just those favourable for a good result. He thought the circular method lessened the chance of sloughing, as the skin flap remained a single piece. He left the patella, and had never seen harm follow. He was favourably struck with the idea of leaving the semi-lunar cartilage; it was of course a matter of great moment to secure, if possible, primary union.

Sir WILLIAM MACCORMAC had been much struck with the amount of retraction which took place in the posterior flap.

Mr. POLLOCK referred to the question of leaving the patella; there were decided advantages, less dissection was needed, and few muscular insertions; he had never seen inconvenience result, not even as regarded the fixing of artificial limbs; on the contrary, the patients walked firmer, and with less throwing of the limb. He preferred Dr. Hardie's flaps to the lateral one advocated by Mr. Piek.

Mr. TIMOTHY HOLMES agreed that the results were very excellent when an operation was successfully carried out, but the method was more dangerous, and less often successful than amputations of the thigh done in any one way. Such flaps, wherever and however obtained, were chiefly skin, and there was danger of their sloughing. He approved of leaving the patella. The danger of leaving a surface covered with cartilage was antiquated and exaggerated. Nevertheless, the operation was one to be done sparingly and only after very mature consideration. The plan of leaving the semi-lunar cartilages was a great improvement on the old plan.

Mr. BARWELL spoke in favour of the operation.

Mr. BENNETT quoted some statistics from the registers of St. George's Hospital which tended to show the association of sloughing of the flap and of secondary hæmorrhage; something, he thought, must be attributed to tension on the flap by its distension with synovial fluid secreted by the sub-crural pouch of synovial tissue from the joint. Surgeons, fearing sloughing, often increased the danger by making the flaps too short.

The Society then adjourned until January 12th, 1886.

## WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

NOVEMBER 6TH, 1885.

W. B. HEMMING, M.R.C.S., President, in the Chair.

Dr. ALDERSON showed three patients, victims of scirrhus of the breast, who had been under his observation and care more or less for a long series of years.

CASE I.—M. P., aged 50, was shown as a typically successful result of operation; the cicatrix now, after several years, being perfectly smooth and very pale, evidently fading. Dr. Alderson diagnosed this case very early, when it had only been noticed a fortnight and was but the size of the kernel of a nut, but it grew rapidly in the interval of two or three weeks that elapsed before operation, and was then about the size of a small egg. The breast was removed by Mr. Hulke in the Middlesex Hospital in 1878.

CASE II.—A. B., 68. Large scirrhus cancer of right breast, of twelve years' duration; has frequent attacks of pain and bleeding (relieved by leeches). Large cancerous induration of left side and commencing cancer of left breast; now in good general health. A. B. refused operation years ago.

CASE III.—M. H., 70. Lived all her life at Queen's Street, Hammersmith, the high autumn tides coming a considerable distance up the street. About four years ago there was a cancerous induration in a straight line, like a small cord which the finger could roll, about two inches below breast and to the left of the sternum; there was a slight ulceration in the centre of this induration, and subsequently that ulceration extended about four inches along the cancerous seam, which became a raw surface half an inch in width and with everted edges; it inflamed, and then gradually contracted and healed coincidently with the formation of a cancerous lump in the breast, and, as it healed, it fixed the breast to the sternum. The glands in the axilla are now enlarged, indurated, and tender. There is but slight discharge and little bleeding; a year or two ago the bleeding was frequent and copious. This case was shown as an example of the slow growth and comparatively little danger to life of cancer in elderly people, and Dr. Alderson thought that they did best without operation. He then proceeded to give some interesting particulars as to ten cases, the patients having been under his care and observation for several years. In seven of the ten the cancer was in the left breast. He asked if this proclivity to the left breast was accidental; he thought not. Five were spinsters, five married, two had no children, the remaining three six between them, and only three of these were living. Whatever influence child-bearing might have on the production of uterine cancer, he believed it had none in the production of cancer of the breast; as an obstetrician, he spoke as to this with some confidence. There was no history of rheumatism in any; he thought rheumatism and cancer vicarious; cancer patients had frequent premonitory pains, but did not develop cancer. Five had their breasts removed, one lived seven years after operation with four years' complete health, and then came recurrence *excited by injury*. One derived but doubtful benefit from operation, the cancer quickly reappearing in the cicatrix, and was subsequently developed in the right breast; the patient died just two years after operation. The third (shown) after several years was perfectly successful, the cicatrix so pale and smooth that Dr. Alderson thought the patient might prove an example of what has been considered "one of the rarest successes of operating surgery, *i.e.*, when it is cut out and never returns." The fourth recurred, and death occurred in two years. The fifth was too recent to speak as to results, which were at present favourable. Dr. Alderson mentioned that all his cancer patients, uterine and mammary, lived very near the river, some at only an altitude of ten to twelve feet above the mean level of the sea. This question of locality, he thought, was something more than a theory.

Mr. HAVILAND had observed that cancer fields were situated along rivers that occasionally overflowed their banks, and it was impossible to argue that, because the mortality from cancer showed no abatement in fine seasons as compared with humid, the damp surroundings of rivers had no influence on the causation of cancer. The increase in the mortality was gradual, only because the result and the cause did not follow in quick succession as in acute rheumatism after exposure to damp or cold. Death from cancer did not result for a long period after the dampness of soil might have produced the first germ of this fatal disease, which, though latent, might have existed for some time.

### *The Theory of Cancerous Inheritance.*

Mr. DUNN read a paper under this title. Prefacing his remarks by a quotation from Bacon's Essay on Innovation, viz., "As the births of living creatures at first are ill-shapen, so are all innovations which are the births of time," he proceeded to say that he believed that the pregnancy, so to speak, of the non-identity of heredity with cancer had begun; that the metaphorical embryo was satisfactorily



developing; that time would enable us to chronicle a new birth in the history of a foul disease; and that, in the future, we should be able to show, unequivocally, that there was no such thing as the hereditary transmission of cancer, and the facts, in his opinion, were accumulating to this end. Weighing calmly the direful results to which cancer as a disease gave rise, upon the grounds even of humanity, it was right that every particle of evidence bearing upon its supposed hereditary transmission should be sifted and exposed to the pyralistic effect of scientific research for the purpose of proving its value. Cancer was said to be hereditary. Upon what grounds? This demanded full investigation. The laws governing inheritance, as Darwin observes, are, for the most part, unknown. Heredity, nevertheless, was operative as a fixed principle in accordance with three definite and unvarying laws—there was direct, indirect, and atavistic heredity. Cancer was held to be hereditary because it occurred consecutively amongst the members of certain families, and because its occurrence has been considered to be consonant with the principle of the hereditary transmission of structural peculiarities. Sir James Paget's statistics, which place the hereditary influence of cancer as high as one person in three with cancer, are well known. But, apart from and beyond the consecutive appearance of the disease in certain families, cancer fulfils in no sense whatever the characters of an hereditary disease. Does cancer become an agent of variation? Is there such a thing as a cancerous diathesis, equivalent to what we understand by the gouty diathesis, the tubercular, or the syphilitic? In the midst of a disease which is active, is it not natural to expect some impress of it, if nothing more, to be visible in the offspring? But are we able to say—Oh, here is a child who will become cancerous, or, because this child's parent was cancerous, therefore it will suffer in this way or that? No. Therefore the conclusion was obvious and indisputable, that, whilst syphilis, gout, and tuberculosis, which were correctly described as constitutional diseases, permanently modify the structure and functions of the body, cancer could not be included in that category, for, commencing as a local disease, its effects, it was true to say, were never transmitted. There was no such thing, even in the most recent text-books of medicine, of, say, a cancerous stomach, a cancerous neuralgia, a cancerous ache or pain, without cancer. A person was either cancerous or he was not, and he was not so until he became so by exhibiting in some organ or part the disease in its primary form. It is clear then that, if he had inherited cancer, he had not inherited much. For, obviously, cancer must be an exceptionally benign disease before it becomes cancer in those cases, indeed, in which it is believed to be inherited. For a man with an inherited cancerous taint must patiently wait until the near approach of the last scene of all, which ends his strange eventful history, before his morbid patrimony can become an accomplished fact. After discussing various other points in relation to the hereditary theory of cancer, Mr. Dunn concluded:—"In bringing these facts and opinions before you this evening,—and I must freely admit that the latter predominate,—I have not endeavoured to exhaust the subject to which they relate. But rather my object has been to extract the most salient features of the case, and appear before you as a counsel with his brief, urging the claims of a client in whom he has more than ephemeral interest. The advocacy of a cause of this nature involves the discussion of many complex topics; it necessarily deals with problems of science, of which the solution cannot be too frequently essayed; it leads the enquirer into many a *cul-de-sac* of pathology, from which it is often a difficult matter to effect a graceful retreat. But whether or not we shall ever determine the influence of heredity upon cancer depends, confessedly, upon whether or not we are prepared to sink the belief which has been bred of unsupported facts, and to struggle onwards, patiently seeking for, hopefully expecting, some gleam of light to disperse the obscurity of the pathology of the disease."

Mr. BUTLIN said that, since he had left the West London Hospital, great changes had taken place there, so much so that upon this occasion he felt like a Rip Van Winkle. With regard to the subject under discussion, he had listened with great interest to the cases described by Dr.

Alderson, with whom he agreed in many of his remarks in regard to the influence of locality upon the disease. Upon the theory of inheritance, he did not think Mr. Dunn had left him anything to say. The memorandum which he (Mr. Butlin) had drawn out for the collective investigation committee, in which, among other things, certain questions were asked in regard to the inheritance of cancer, was not intended to convey the expression of any decided opinion upon the matter. It was merely for the purpose of eliciting facts. Of course he had his own views upon the subject. Speaking personally, he did not agree with the adoption of the hereditary theory of cancer. Amongst the upper classes it was looked upon as a great calamity if a case of cancer occurred in the family. He was of opinion that the locality in which the person resided was most important, and that residence had a most powerful influence over the disease. But he also considered that there were other factors of great moment which predisposed to cancer, such as, amongst others, smoking, diet, good or bad, anxiety or worry; that it was from a combination of these, rather than from any single cause, that predisposition arose. In addition to the above influences, he would also mention that important factor in health, viz., the soil of the locality, and the way in which it was drained and manured.

Mr. KEETLEY said that in the investigation of cancer, as to its causation, hereditary or otherwise, great care was required, as it was an exceedingly complex question. In a collective investigation of the predisposing causes of cancer he considered that the enquiry in each district and in each neighbourhood should be considered separately.

Mr. LLOYD was of opinion that locality was an important factor in the causation of the affection under discussion.

Dr. ALDERSON, in reply, said that he thought that the importance of the heredity of cancer was considerably overrated, inasmuch as, whilst many families were undoubtedly tainted with the disease, it nevertheless occasionally never manifested itself in any way. It was of the utmost importance that the predisposing causes should be fully investigated.

Mr. DUNN, in reply, thanked the members of the Society for the kind attention they had given to his paper. He also showed a collection of specimens of Sarcoma and Carcinoma from patients who had died in the West London Hospital during the last fifteen months.

Dr. WELLS showed a specimen of Colloid Cancer of the Colon.

Mr. KEETLEY showed a case of Gritti's operation.

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## MANCHESTER PATHOLOGICAL SOCIETY.

WEDNESDAY, NOVEMBER 11TH, 1885.

DR. H. ASHBY, President, in the Chair.

Dr. S. MORITZ showed several specimens of the *Ancylostoma (Dochmios) duodenale* which had been sent him by Professor Leichtenstern of Cologne. This form of nematoid worm was first described by Dubini, of Milan, in 1838, afterwards by Griesinger in Egypt, and later still it was found to infest the workers in the St. Gotthard tunnel; and more recently it has been observed by Leichtenstern among the workers in the brickfields about Cologne and in the mining population of Belgium. The male *ancylostoma* averages 7—11 mm., and is slender, bent in the form of a hook at its tail, and white in colour. The female is 7—16 mm. in length, straight, fusiform, of a brownish or blood-red colour, due to the fact that it extracts blood from the patient's intestine. It fixes itself to the intestine by means of a sucker and six teeth. The principal symptoms caused by the presence of these worms in the small intestine consist in a feeling of fulness and pressure in the abdomen, diarrhoea, marked anæmia, and the presence of the ova in the fæces completes the diagnosis. The number of the ova may be very large; as many as 2,700 have been counted in 1 c.cm. of fæces. The worms do not



regenerate themselves in the intestine, but probably develop into some larval form outside the body, which is swallowed in the drinking-water. Male fern, in large doses, seemed to be the most effective anthelmintic.

Mr. F. PAUL, of Liverpool, related the clinical histories of seven cases of carcinoma of the nasal mucous membrane and antrum. These cases had occurred in patients who were past middle life, and were often preceded by polypi; they often caused stoppage of the nasal duct, and growing into the orbit displaced the eye. The sections showed carcinoma formed of columnar cells.

Dr. ALEXANDER, of Liverpool, exhibited a heart with several masses of sarcoma occupying its walls. The specimens were taken from a sailor, aged 31, who presented himself with a pharyngeal tumour which gave rise to both dyspnoea and dysphagia; there were no abnormal sounds on auscultating the heart; the tumour, which was sarcomatous and appeared to grow from the pharynx, was removed without difficulty. The patient died apparently of exhaustion some ten days after the operation. The *post-mortem* showed the left lung and mediastinum to be infiltrated with a sarcomatous growth, the heart had several nodules on the surface, and on opening the ventricles nodules were seen attached to the chordæ tendineæ; there were also nodules in the pancreas, liver, and kidneys. The structure of the nodules showed them to be lympho-sarcoma.

Dr. GEORGE HAMILTON, of Liverpool, showed microscopic sections of the heart, from a case of lardaceous disease. In several similar cases examined by him the only naked-eye appearances on treating the heart with iodine were a few black specks beneath the endocardium. On microscopical examination the waxy material was present, infiltrating the endocardium, the fibrous tissue beneath the endocardium and in the intermuscular tissues, no trace being found in the muscular fibres, though they appeared to undergo atrophy. The vessels supplying the tissue of the heart were unchanged, though, on examining the liver, the small vessels had undergone degeneration especially of their middle coats.

Dr. DRESCHFELD stated that in some cases which he had examined the muscular fibre itself had undergone degeneration.

Dr. A. GRIFFITHS showed a specimen of abscess of the frontal cerebral lobe, communicating with the orbit. Some six months before, the patient had presented herself with slight ptosis and prominence of the right eye with diplopia, and discharge of muco-pus from the nostril of the same side. Later the eye became more prominent, and there was a discharge of glairy fluid from a sinus which made its appearance by the side of the orbit. On passing the probe into this, it passed directly backwards and upwards, some four inches evidently, into a cavity in the frontal lobe of the brain. Finally vomiting, incontinence of urine and faeces, came on, and death quickly ensued. The *post-mortem* showed a large abscess containing greenish pus in the frontal lobe. The patient had probably suffered from a periostitis of the orbit, and a cerebral abscess had formed secondarily to this.

Dr. A. BARRON, of Liverpool, showed a double monstrosity consisting of two foetuses joined together by the sides of the thorax (*Thoracopagi*), resembling the "two-headed nightingale." The monster had been delivered with much difficulty, and the heads and legs were separate, the sides of each trunk being attached as low as the umbilicus. There was one common liver and one peritoneal cavity, one pericardium containing a six-chambered heart, two gall-bladders, two alimentary canals, four lungs.

Dr. H. BRIGGS showed various specimens of solid ovarian tumours.

The PRESIDENT showed a series of hearts taken from cases of scarlatinal nephritis, showing dilatation of the cavities and endocarditis.

**CHARITABLE BEQUESTS.**—Mrs. Mary Blackden, late of Norfolk Crescent, Hyde Park, has bequeathed 300*l.* to the Convalescent Institution, Walton-on-Thames, and 200*l.* to St. Mary's Hospital, Paddington. Mrs. Louisa Brooke Blake, late of Sunnylands, Torquay, has left by her will 100*l.* to the Torbay Infirmary and Dispensary.

## SPECIAL CORRESPONDENCE.

### INDIA.

(From our Own Correspondent.)

*The Health of Bombay Presidency—The Proposed Hospital for Women and Children in Bombay—The Burmah Expeditionary Force.*

November 13th.

MR. T. G. HEWLETT, C.I.E., Sanitary Commissioner with the Government of Bombay, has just issued his annual report for 1884, on which a Government *resolution* has been published. He calls attention to the defective system of registration of vital statistics, which, he states, will never be satisfactory until it is rendered compulsory by law. But it would appear that in Bombay, and all other municipal towns where omission to give information of births and deaths is now punishable, the registration is most defective. The Government evidently think that, unless the importance of accurate registration is recognised by those responsible for municipal administration, the law can scarcely be effectual. This view, I am inclined to think, is virtually correct. It is gratifying to learn that, though cholera prevailed throughout the Presidency, there was a considerable decrease in the year under report. The proportion of deaths reported to attacks was 52.93 per cent. as compared with 47.76 per cent. in 1883. The ratio in Bombay was 78.13 per cent., which, with the exception of Ahmedabad, gave the largest mortality. According to Mr. Hewlett, the principal cause of this high mortality is "the long distances which the patients have to be carried to hospital." The Government, however, do not seem to look upon this as a satisfactory explanation, for they say "it must not be overlooked that in the rest of the Presidency most cholera patients are not treated in hospitals and dispensaries at all, and that the theory did not meet with the support of other medical officers whose opinions on the subject were called for. The high apparent mortality of deaths to attacks in Bombay is probably in great measure due to the circumstance that many attacks which do not terminate fatally are not reported at all." The deaths from small-pox show an increase. One case of inoculation is reported. The quality of lymph obtained from England was found to be generally good. In the city of Bombay vaccination is carried on with animal vaccine. In some of the districts both animal and human lymph is used, and in all others only human lymph. Mr. Hewlett, who, like Dr. Cunningham, is a non-contagionist, brings forward some evidence of the "non-contagiousness of cholera," which the Government hold to be undoubtedly very strong, but they wisely "refrain from expressing any opinion how far Mr. Hewlett has succeeded in indicating the true origin of cholera, and in proving that the disease is not contagious, as these questions are still subjects of controversy among experts, but it is admitted on all sides that the disease is fostered by filth, and, if this fact is persistently impressed on the people, sanitary improvement will be facilitated." An interesting contribution on the "Cause of Cholera" has appeared in the September number of the *Indian Medical Gazette* from the able pen of Mr. W. J. Moore, C.I.E., and to this I would invite the attention of those of your readers more especially interested in the subject.

The Municipal Corporation of Bombay had recently under consideration a Government *resolution* anent that body contributing towards the cost of the proposed new hospital for women and children, for the erection of which a native gentleman has generously made a gift of a lakh of rupees. At this hospital it is intended that clinical instruction shall be given to the students of the Grant Medical College. I regret to have to report that the action of the Municipal Corporation in this matter was by no means commendable, a disposition being displayed on the part of some of its medical members, not belonging to the Indian Medical Service, to obtain for themselves or their friends appointments to its staff, by the Municipality, instead of Government, having the management, contrary to the



stipulation of the donor. Dr. Khory moved the ill-conceived resolution that the Government be informed that the Corporation is not willing to contribute on the condition noticed above. Mr. Cowasjee, a medical practitioner, remarked that there was a great and crying necessity in Bombay for a good obstetric hospital. He pointed out that Mr. Parakh, who some time back had acted as obstetric physician in the Jamsetjee Jeejeebhoy Hospital, had pronounced the opinion that the present institution was unsuited for the purpose of giving obstetric instruction, and was wanting in proper sanitary arrangements; and that the latter accounted for the high rate of mortality. Mr. Parakh, he said, was also of opinion that the present obstetric hospital was dark and damp to a degree in the rains; moreover, it was situated in the midst of a crowded, noisy, malarious, and unhealthy locality, and that, farther, there was no operation room, no office, and no visiting and consulting room. Such, we are told, are the views expressed by Mr. Parakh, L.R.C.P., M.R.C.S., in a paper recently read by him before the Grant College Medical Society of Bombay. It does strike one as certainly strange that Mr. Cowasjee, L.M., after indicating by the above the urgent need that there is for the establishment of a new obstetric or lying-in hospital, was led away to support Dr. Khory's proposition which asked the Corporation to refuse to make any sort of grant. Some very wise observations fell from Colonel Merewether, who stated that the Surgeon-General had informed the Government of the necessity for constructing a new hospital, and that Dr. Cook had only recently urged the same point at a meeting of the Town Council. He accordingly moved "that the Town Council be asked to report as to how the one lakh of rupees might best be provided during the years 1886-87 and 1887-88." Mr. Waters, L.R.C.P., L.R.C.S., seconded this, and said that it would be rather an undignified proceeding on the part of the Corporation to refuse a grant, the object of which they well recognised, simply on the score of injured pride. He thought there was nothing very unreasonable in the stipulation that the Municipality should have no voice in the management of the proposed hospital, and that it should be maintained and conducted by Government, which had at its command the most perfect medical machinery for the purpose of supervision and administration. The Corporation, he added, did not possess such a machinery, and, although there might be some medical members in the Corporation, they had not the executive and administrative experience possessed by Government officers. Several native members who spoke after this opposed the amendment. Mr. Kemp, a local chemist, said that no hospital could be obtained on more favourable terms, and therefore the Corporation should not miss the opportunity which had now presented itself. On a division the amendment was lost by a large majority, and Dr. Khory's motion was unfortunately carried by 15 votes against 5.

Several months since, an allegation of professional neglect was laid against Surgeon Thomas, of the Madras Medical Service, by the Government of Madras, who, it appears, had censured him, and, as the result of suspension, and without appointment, he was for several months on "unemployed pay." The alleged neglect was in respect to the case of an officer who succumbed to cholera. It is said that the case was in appeal submitted to the Supreme Government, who have now officially recorded their dissent from the opinion and decision of the Local Government, with the result that Mr. Thomas has been reinstated to his former post and receives his arrears of pay. This is satisfactory.

At the Colonial and Indian Exhibition in London, I learn, medical works and publications and appliances, peculiar to India, are to be exhibited. Surgeon-General W. J. Moore, C.I.E., is at some pains, it seems, to get these collected and placed at the disposal of the Bombay Committee.

Deputy Surgeon-General Donnelly is appointed Principal Medical Officer to the Burmah Expeditionary Force, and the following are the names of some of the medical officers proceeding therewith:—Surgeon J. Hoey, 1st Madras Pioneers; Surgeon-Major R. V. Power, 12th Madras Infantry; Surgeon-Major J. C. Lawrenson, 21st Madras Infantry; Surgeon G. M. E. McKee, 23rd Madras Infantry; Surgeon-Major F. H. Blenkinsop, 25th Madras

Infantry; Surgeon J. W. Evans, Madras Sappers and Miners; Surgeon-Major H. W. MacKinnon, Hampshire; Surgeon C. Williamson, Q/1 Royal Artillery; Surgeon M. W. Kerin, 4/1 Royal Artillery; Surgeons-Major D. F. Bateman, C. Sibthorpe; Surgeons A. D. Adams, D. F. Dymott, J. Kernan, and R. E. S. Davis with the General Hospital to be established. Some of the troops with the Head Quarters Staff have already left, but no serious opposition is expected.

## GENERAL CORRESPONDENCE.

### "FORCIBLE DILATATION OF THE SPHINCTER-ANI."

[To the Editor of the Medical Times.]

SIR,—Allow me to thank Mr. Bryant for his courteous correction of what might appear to be a misinterpretation, or rather an inadequate interpretation, of his meaning. In speaking of "dilatation of the sphincter ani, as practised in France, as a barbarous operation," he had given me the impression, and others also, that he was condemning "dilatation," whereas he was evidently "intending to condemn the absence of an anæsthetic" in such an operation. In this, I am sure, we shall all agree. The object of my lecture was to strike a clear note on the subject of "dilatation," as a mode of operation which ought to supersede the knife in dealing with spasm of the sphincter ani, and, in the second place, to enforce the principle that "dilatation of the sphincter" ought to be a preliminary step in nearly every operation on the rectum, a rule laid down in some special works on the rectum, but, as it seemed to me, not adequately insisted upon in the general works on surgery which I find most commonly in the hands of medical students.

I am, Sir, yours, &c.,

T. PRIDGIN TEALE.

Leeds, December 7th, 1885.

## MEDICAL NEWS.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN Ordinary Meeting of the Council was held on Thursday, the 10th inst. The minutes of the Extraordinary (last) Meeting on the 24th ult. were read and confirmed. The Examiners in Elementary Physiology were re-appointed, and Mr. McCarthy was appointed *vice* Mr. Gerald Yeo, an Examiner in Physiology. A letter was received from Mr. Marshall, as Chairman of the Statistical Committee of the General Medical Council, enclosing a report on the subject of statistics in relation to what becomes of medical students. A letter was read from Mr. Marshall, as representative of the College in the General Medical Council, reporting the proceedings of that Council at their late session; it was ordered to be entered on the minutes, and a vote of thanks to Mr. Marshall for his services was passed unanimously. Mr. Berkeley Hill was added to the Committee on the "Doctor" question. The delivery of the Bradshaw lecture by Mr. Wood was reported, whereon the Council voted him their thanks and requested him to publish it. Mr. Hutchinson, on being called upon to move his resolution, by permission of the Council, was allowed to substitute the following: "That a Committee be appointed to consider, and report to the Council, whether it is desirable in any way to widen the basis on which the Fellowship is obtained, and, if so, by what methods." This was seconded by Mr. Bryant, and carried *nem. con.* The Committee to consist of Sir James Paget, Mr. Marshall, Mr. Lund, Mr. Hutchinson, Mr. Cadge, Sir Joseph Lister, Mr. Bryant, Mr. Hulke, Mr. B. Hill, besides the President and Vice-Presidents *ex officio*.



Mr. Macnamara's motion, seconded (*pro formâ*) by Mr. Pemberton, was brought on, discussed, and not carried, inasmuch as the Court of Examiners have already taken steps to increase the time of the practical examination from twenty minutes to half-an-hour. The Council then adjourned.

UNIVERSITY OF EDINBURGH.—The following gentlemen have passed the final examination for B.Sc. in the department of Public Health:—

Philip Cockburn, M.B., C.M.; James M'Lintock, M.D.; L. Goodall Nasmyth, M.B.; Caleb Terrey, M.B., C.M.; John Warnock, M.B., C.M.

THE SOCIETY OF APOTHECARIES, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, December 3rd, 1885:—

John Kingdon Frost, Dunhered, Saltash; Sydney Blake Jolly, M.R.C.S., Home Lea, Lansdown, Bath; Alfred John Siethorn, M.R.C.S., 1, Wetherby Terrace, South Kensington, S.W.

The following gentleman passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise:—

William Henry Cossens, 37, St. Mary's Terrace, Paddington.

The following gentlemen also on the same day passed their Primary Professional examination:—

William Frederick Brook, St. Thomas's Hospital; William Gostwycke Sargent, The London Hospital.

EDINBURGH UNIVERSITY — FACULTY OF MEDICINE. — The following bursaries have been awarded: 1. The Thomson Bursary, for the preliminary examination, has been awarded to George M. Cullen, a preferential candidate. 2. The Grierson Bursary, for the same examination, to W. B. Drummond. 3. The Neil Arnott Prize, for experimental physics, to David Traill, M.A. 4. The Grierson Bursary, in the subjects of chemistry, botany, and natural history, to Robert Muir. 5. The Grierson Bursary, in the subjects of anatomy and institutes of medicine, to J. H. Ross Garson. 6. The Grierson Bursary, in the subjects of materia medica and pathology, to Joseph Tillie.

It is reported from Montreal that the small-pox epidemic has almost come to an end, though cases of the disease continue to occur.

THE WEST LONDON MEDICO-CHIRURGICAL SOCIETY AND PROVIDENT DISPENSARIES.—We are requested to publish the following letter: Sir,—I have to acknowledge the receipt of your note enclosing the two resolutions passed at the meeting of the Council of the West London Medico-Chirurgical Society, held 20th November. In consequence of these resolutions, I must ask you to remove my name from the list of members of your Society. I take this step with the less regret for the following reasons. *Firstly*.—That at the last meeting of your Society a matter seriously affecting the professional status of a member was allowed to be discussed without any notification having been given that his conduct was to be called in question. *Secondly*.—That the resolution passed, neither being on the agenda paper nor arising from the minutes of the last meeting nor being proper business for an ordinary meeting of the Society, was out of order and should not have been allowed to have been put. *Thirdly*.—That a member of your Society, an official, I believe, sent to the *Lancet* what purported to be an account of the proceedings, in which he suppressed the statement of the President to the effect that the Council had already decided that the West London Medical Aid Institute was not a private dispensary, and in addition so misquoted the rule of your Society as to make it appear that the Society had some show of reason for their conduct in referring the matter again to the Council. *Fourthly*.—That the Council, without making any attempt to find out the true facts of the case, have reversed their previous decision and have declared that the West London Medical Aid Institute is a private dispensary carried on for the personal gain of the medical staff. That this decision is purely capricious, the following resolution unanimously passed by our Committee will show—"That the appointment of the medical staff shall rest with the Committee alone, who shall have power

to regulate the duties of, to add to, or remove any member from, according as the duly considered interests of the Institute shall require. That the services of the medical officers shall remain *gratuitous* until, in the opinion of the Committee, the finances of the Institute will satisfactorily allow some remuneration to be begun, and the Committee shall then decide upon the amount and plan of such remuneration." I note that your Council refer in their resolution to the arrangements we make for the treatment of non-members. I beg to enclose the circulars of the South London Medical Aid Institute and of the Hammer-smith and Fulham Sick Clubs, on the staffs of which you will find the names of several members of your Society. You will see by the advertised rules that they each arranged for the treatment of non-members, the first-named on precisely the same lines as the W.L.M.A.I., the two latter by charging an entrance fee of 5s. and admitting the patient at once on payment of the usual weekly payment of  $\frac{1}{2}d.$  or  $1d.$  The weekly payments to be kept up throughout the illness, at the end of which the patient may, if he chooses, of course, retire from the club. The medical officers see the patients at their (the medical officers') own houses, or visit them, if necessary, and supply them with medicines. Perhaps the Council, if these facts are laid before them, will declare that each of these gentlemen carries on a private dispensary for his own personal gain. I need scarcely say that I do not admit for one moment that I have broken Law II. of your Society either in the spirit or in the letter. I resign my membership simply because I consider that I have received neither the courtesy nor the justice which every member of our profession has a right to expect from his fellows. I must beg of you to lay this before the Society at its meeting on Friday next, and to let it form a part of any account you may think it proper to send to the medical press of the proceedings. Failing this, I shall exert my right of publishing the whole proceedings.—I am, Sir, yours faithfully, PHILIP BIRCH, 2, Tretower Road, West Kensington, December 3, 1885. —To the Hon. Secs., West London Medico-Chirurgical Society.

EDINBURGH HEALTH LECTURES.—The series of weekly lectures promoted by the Edinburgh Health Society was continued on Saturday evening in the Free Assembly Hall by Dr. P. A. Young. There was a large attendance, presided over by Councillor Cox. With "Milk in Relation to Public Health" for his subject, Dr. Young set out with the observation that his chief object was to enforce the importance of milk as an article of diet, and the consequent necessity for the proper arrangement and supervision of the milk supply of large towns. With this view, he in the first place explained the composition of milk, and, enlarging thereafter on its dietary prominence both in health and in disease, and pointing out, also, that no single article of diet could in any way approach it as a nutrient agent, he said it could not be too frequently urged upon mothers and upon all concerned in the rearing of children that, till infants were six months old, they should be fed entirely on milk. Some years ago, he said, he went into the house of an intelligent, steady, and hard-working man, and found his family of young children at tea. On his pointing out the danger of tea for children, and the superiority of milk, the man demonstrated to him that with his small wages he could not possibly afford the quantity of milk his family would drink. This he (the lecturer) believed to be quite true; and what he would suggest would be the use of skim milk or butter milk, which were cheaper, and which, where new milk could not be obtained, were excellent substitutes. Having in this same connection expressed regret at the falling-off in the use of "halesome parritch," the lecturer went on to urge the necessity of the milk supply of large towns being properly arranged and supervised. First he noticed the various methods by which good milk might be known; then he called attention to the ingredients with which it was often adulterated, and also to the diseases which might be communicated through it; and, lastly, he considered the precautions which should be taken and legally enforced, in order that milk supply might be pure and uncontaminated. Regarding precautions against adulteration, he urged that, for the ends of justice



and for the sake of the public, some recognised standard as to what constituted good milk should be declared by the authorities, so that medical officers of health and analysts might have some grounds for recommending prosecutions. Mr. Falconer King told him, he said, that three-fourths of the milk sold in Edinburgh, sent to him for analysis, was adulterated. This surely was not as it ought to be. Desiderating certain precautions in the distribution of milk, the lecturer said he could not too sharply condemn the practice which obtained in Edinburgh of having milk carried in open cans, where the lid was taken off at every door when milk was handed in, exposing it to dust and other impurities. Above all, he could not speak too strongly against the custom of dipping the measure into the can each time milk was given out, causing the hand of the distributor to be introduced into the milk. The danger of communicating skin diseases and other forms of malady was very evident. To obviate this, cans with taps at the bottom, or wooden barrels with taps, as they had in the west country, would be preferable. At the close, Dr. Young was heartily thanked for his lecture.

**CONVICTION FOR ILLEGAL PRACTICE.**—At Southwark Police Court on Thursday week, Henry Clifford, *alias* Professor Clifford, described as of the Medical Institute, 68, St. George's Road, Borough, was charged on remand with representing himself to be a physician at the above address. Mr. Washington, who appeared for the defendant, said he never pretended to be a medical man, but employed a physician in all cases that required attention. Mr. Bridge said he had read a bill which had been circulated by the defendant, and was of opinion that it was so worded as to make the public believe that the defendant was a qualified physician. He, therefore, had no hesitation in convicting the defendant. He fined him 20*l.*, the alternative being two months' imprisonment.

**A LARGE TURPENTINE FARM.**—The largest turpentine farm in the world is located at Live Oak, Florida. The owners run eight stills, over 25,000 acres of well-timbered land, employ over 300 hands (chiefly convicts), work 100 crops of boxes (1,200,000 tons), and turn out annually nearly 30,000 barrels of rosin and 6,000 (300,000 gallons) spirits of turpentine.—*Philadelphia Medical Reporter*, November 7th.

**PROPRIETARY MEDICINES IN THE UNITED STATES.**—According to the last United States' census there are 563 establishments there devoted to the "proprietary medicine" business, employing 4,015 operatives, with an aggregate investment of capital amounting to 10,620,000 dollars, and the annual produce is valued at 14,682,000 dollars.—*Boston Medical Journal*, November 19th.

**PHOTOPHOBIA.**—Dr. Wecker recommends the following for relief of photophobia and orbicular spasm antecedent to the removal of foreign bodies from the conjunctiva:—Distilled water, 5 iij, Hydrochlorate of Cocaine, gr. iv, Corrosive Sublimate, gr.  $\frac{1}{60}$ ; two drops in the eye.—*Philadelphia Medical Reporter*, November 7th.

**EATING GLASS.**—The *New York Medical Record* (Oct. 17th) states that "Dr. Burke, of Texas, sends us the following curious account, for the authority of which he vouches:—'I witnessed the other day what seemed to me to be an impossibility, a human being eating glass, I might say, by wholesale. I had heard of the negro before he reached our town, and I, like all others, disputed his ability to eat glass without its doing him serious injury. When he arrived I witnessed his exhibition both in private and public, and I am now thoroughly satisfied, from careful examination of his month and throat, before and while eating the glass, that he eats it fairly and squarely. He is not very particular to chew it very fine. I saw a piece in his mouth, after he had chewed it, a quarter by half-an-inch long, made into all kinds of shapes and sizes by crushing it with his teeth. He informed me that he had been at it for 20 years, and had never had the least discomfort from its effects, and that he has daily passages of glass through the bowels. He eats it in any quantity, from a small piece to a whole lamp-chimney at a time, and keeps

it up during the day, making his living by exhibiting his extraordinary power.'"

**THE BAROMETER AS A GUIDE TO HEALTH.**—Dr. Veeder (*New York Medical Record*, Nov. 7th) observes that the fact is familiar that many persons liable to rheumatism, headache, and similar ailments are liable to reproduction or aggravation of their pains when barometrical changes take place, and are enabled by means of these pains to foretell changes in the weather. This he attributes to difficulty in the adjustment of the volume and rate of the circulating blood to the varying atmospheric pressure on the surface of the body. Ordinarily the results are not serious; but Dr. Veeder believes that there are cases in which barometrical movements are of prognostic value. He has noted several deaths from apoplexy at times when there were excessive fluctuations of atmospheric pressure, and he believes that at such times over-excitement, over-eating, improper clothing, and the like may induce most disastrous consequences in those who are predisposed to apoplexy, the weakened blood vessels being already subjected to unusual strain by unfavourable atmospheric conditions. He recommends, therefore, that those who are advanced in years, or are subject to indications of an apoplectic tendency, should be warned to exercise great moderation in all things whenever mercury is seen to be unusually active in its movements.

## APPOINTMENTS.

- BOSTOCK, JOHN, M.R.C.S., L.S.A.—Assistant Medical Officer to the Shoreditch Infirmary.  
 CLARKSON, HERBERT GEORGE HAROLD, L.R.C.P. and S. Edin.—Medical Officer to the Eastern District, Pateley Bridge Union, *vice* Mr. F. H. Saunders.  
 COTTON, CHARLES, M.R.C.P. Edin., M.R.C.S. Eng., L.M.—Medical Officer to the Ramsgate District, Isle of Thanet Union, *vice* Mr. W. Curling, resigned.  
 GOSSE, HOPE WILKES, M.R.C.S. Eng., L.R.C.P. Edin., L.M.—Medical Officer to the Eccleshall District, Stone Union, *vice* Mr. J. W. Hopkins, resigned.  
 KING, ERNEST E., M.R.C.S. Eng., L.S.A. Lond.—Assistant Medical Officer and Dispenser to the Central London District Sick Asylum, *vice* Dr. G. L. Galpin, resigned.  
 SAVILL, T. D., M.D.—Resident Medical Officer to the New Infirmary at Paddington.  
 SIDNEY, H. C. M., M.D. Lond., B.Sc., M.R.C.P.—Physician to the Dispensary for Foreigners.  
 SPREAT, F. A., M.R.C.S.—Registrar to the North-West London Hospital.  
 TRATMAN, FRANK, M.B. Lond., L.R.C.P., M.R.C.S.—House Surgeon to the London Hospital.

## VACANCIES.

- BLACKBURN AND EAST LANCASHIRE INFIRMARY.—House Surgeon. (*For particulars, see Advertisement.*)  
 BOROUGH OF OLDHAM.—Medical Officer of Health. (*For Particulars, see Advertisement.*)  
 MALTON UNION.—Medical Officer to the Rillington District, in succession to Mr. J. Hindle, resigned. Area, 22,970 acres. Population, 2,677. Salary, £30 per annum.  
 THE ROYAL HOSPITAL FOR CHILDREN AND WOMEN, WATERLOO BRIDGE ROAD, S.E.—Physician. Candidates must be Graduates in Medicine of one of the British Universities, and Fellows or Members of the Royal College of Physicians. Applications, with testimonials, to be addressed to the Secretary on or before December 16th. Also, House Surgeon. Honorarium of £70 per annum, with board and lodging in the Hospital. Candidates must be Fellows or Members of the Royal College of Surgeons of England, and Licentiates of the Society of Apothecaries or of the Royal College of Physicians, or Graduates in Medicine of any recognised University. Applications with Testimonials to be sent to the Secretary on or before December 16th.  
 THE VICTORIA HOSPITAL FOR CHILDREN, QUEEN'S ROAD, CHELSEA, AND CHURCHFIELDS, MARGATE.—Senior Surgeon, also a Second Surgeon. Candidates must be Fellows of the Royal College of Surgeons of England, not practising Midwifery or Pharmacy. Applications, with copies of testimonials, &c., to be sent to the Secretary on or before December 21st.  
 TORBAY HOSPITAL AND PROVIDENT DISPENSARY, TORQUAY.—Junior House Surgeon and Dispenser. Salary, £90 per annum, with board, lodging, and attendance. Candidates must be qualified in Medicine and Surgery, registered under the Medical Act, and unmarried. Testimonials to be sent to the Hon. Secretary, W. H. Kitson, Esq., Torquay, not later than January 1, 1886.  
 WANDSWORTH AND CLAPHAM UNION.—Assistant Medical Officer to the Infirmary, in succession to Dr. J. Wilson, resigned. Salary, £120 per annum.  
 WEST DERBY UNION.—Medical Officer to the West Derby South District, in succession to Mr. J. Newton, resigned. Salary, £125 per annum.



## DEATHS.

CARPENTER, WILLIAM GUEST, F.R.C.S., at 105, Fernlea Road, Balham, on December 3rd, aged 70.  
 EATON, J. C., M.R.C.S., L.S.A., at Ancaster, on December 7th, aged 41.  
 GILCHRIST, JAMES, M.D., at Linwood, Dumfries, on December 7th.  
 JOYCE, WILLIAM, M.R.C.S., L.S.A., at Ashby-de-la-Zouch, on December 5th, in his 54th year.  
 JULIUS, GEORGE CHARLES, M.D., at Claremont House, Tilford, Farnham, Surrey, on December 1st, aged 81.

## NOTES, QUERIES, AND REPLIES.

## APPENDIX TO THE MEDICAL DIGEST.

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—The time draws near when the MSS. of the 1st Appendix to the "Medical Digest" must pass into the printer's hands. Dr. Walshe has very kindly accepted the dedication of the work, therefore it is all the more necessary to render it worthy of his name. Will you, therefore, allow me again to beg of your readers to send me at once notice of any errors discovered, and also allow me to return my thanks to those, I regret to say comparatively few, gentlemen, who have up to the present time acceded to my request.

I am, Sir, yours, &c.,  
 RICHARD NEALE, M.D. Lond.,  
 60, Boundary Road,  
 South Hampstead, N.W.

December 5th, 1885.

## COMMUNICATIONS RECEIVED—

Sir VILLERS LISTER, London; Dr. NEALE, London; THE REGISTRAR-GENERAL, Queensland; Messrs. J. H. PECK & Co., Liverpool; THE SEC. OF THE PARKES MUSEUM OF HYGIENE, London; THE EDITOR OF THE "NEW BEDFORD MERCURY," New Bedford, U.S.A.; Dr. ALLCHIN, London; THE SEC. OF THE SOCIETY OF APOTHECARIES, London; THE REGISTRAR-GENERAL, Brisbane; THE SEC. OF THE LONDON SOCIETY FOR THE ABOLITION OF COMPULSORY VACCINATION; THE SANITARY COMMISSIONER FOR THE PUNJAB, Lahore; THE SEC. OF THE MEDICAL SOCIETY OF LONDON; Mr. T. PRIDGIN TEALE, Leeds; THE SEC. OF THE ROYAL INSTITUTION OF GREAT BRITAIN, London; THE SEC. OF THE YOUNG MEN'S CHRISTIAN ASSOCIATION, London; Mr. H. P. DUNN, London; OUR VIENNA CORRESPONDENT; THE SEC. OF THE STATISTICAL SOCIETY, London; THE REGISTRAR-GENERAL, Edinburgh; THE REGISTRAR-GENERAL, London; OUR LIVERPOOL CORRESPONDENT; Messrs. WILLIAMS & Co., London; THE HON. SEC. OF THE SOCIETY OF MEDICAL OFFICERS OF HEALTH, London; Dr. PRINGLE, London; THE SEC. OF THE PATHOLOGICAL SOCIETY, London.

## BOOKS RECEIVED—

Remarks on the Treatment of Urethral Stricture, etc., by Reginald Harrison, F.R.C.S.—Notes on Books, by Messrs. Longmans & Co.—Correspondence respecting the International Sanitary Conference at Rome—Transactions of the Pathological Society of London, Vol. 36.—Transactions of the Clinical Society of London, Vol. 18.—Manuel de Technique des Autopsies, par Bourneville and P. Bricon—Fagge's Principles and Practice of Medicine, Vols. 1 and 2—The Inertia of the Eye and Brain, by James McKeen Cassell.

## PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—The Hospital Gazette—Revue Médicale—Journal of the American Medical Association—The Medical Chronicle—The Zoophilist—The Birmingham Medical Review—The Glasgow Medical Journal—The Australian Medical Gazette—The Boys' Own Paper—The Leisure Hour—The Girls' Own Paper—The Sunday at Home—Friendly Greetings—The Practitioner—Scienze Mediche—Revista de Medicina.

## HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guy's, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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 Dr. Norman Chevers, C.I.E.: On Diseases of the Respiratory System.

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## ABSTRACTS AND EXTRACTS.

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## CORRESPONDENCE:

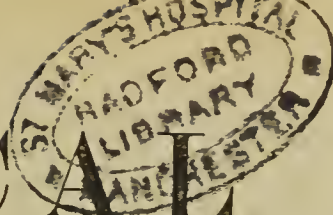
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## OBITUARY:

T. Joliffe Tufnell; Frances Helen Prideaux.





# MEDICAL TIMES

AND GAZETTE.

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## CLINICAL LECTURES ADDRESSED TO STUDENTS ON THE METHOD AND DATA OF MEDICAL DIAGNOSIS.

By W. H. ALLCHIN, M.B., F.R.C.P.,

Physician to the Westminster Hospital, and Joint Lecturer on the Principles and Practice of Medicine and on Clinical Medicine.

### LECTURE IX.—CASE TAKING.

*Personal History.*

*Sex—concluded. Civil State.*

THERE yet remains, for brief consideration only, another aspect of the sexual influence on disease, viz., the limitation it exercises in hereditary maladies. The exact share that each parent takes in the fashioning of the offspring is very uncertain. Even as the boys structurally resemble the father, in physiognomy and manner they frequently are more like the mother, and the same may be seen in the girls of a family. But, inasmuch as the embryo results from the fusion of the two sexual elements, it must be considered as deriving a portion of its structure from each parent, though which part is to be attributed to each, or whether indeed such a statement of the question is

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allowable, is wholly unanswerable. Some have suggested that the male parent is largely responsible for the organs developed from the epiblast, the skin, and its appendages with the nervous centres, as the hypoblastic structures were particularly related to the female ancestor; whilst another view, and one that appears to have much to recommend it, is that the feminine share in reproduction and development is conservative, being to preserve and hand on all the parts that belong to the race, whilst the male confers the tendency to variation and stamps the impulses to higher development on the common product of organisation.<sup>1</sup> "The limitation of heredity by sex cannot yet be regarded as established," wrote Mr. Herbert Spencer in 1864<sup>2</sup>, "while in many cases it seems clearly manifested; it is in other cases manifested to a very small degree, if at all. In Mr. Sedgwick's essays will be found evidence implying that there exists some such tendency to limitation, which does or does not show itself distinctly, according to the nature of the organic modification to be conveyed. But more facts must be collected before any positive conclusions can be reached." I do not know that we can go much beyond this position to-day. Mr. Sedgwick's articles<sup>3</sup> still remain the most elaborate contribution to a knowledge of the subject,

<sup>1</sup> "The Law of Heredity," by W. K. Brooks, Baltimore, 1883.

<sup>2</sup> "Principles of Biology," vol. i., p. 253.

<sup>3</sup> *British and Foreign Medico-Chirurgical Review*, 1861, vols. i. and ii.; 1863, vols. i. and ii.



and I would recommend you to refer to them for illustrations of the most varied diseases which in the course of hereditary transmission are for the most part limited to one or the other sex. As a result of his extended investigations, Mr. Sedgwick is "disposed to think that sexual limitation in the transmission of diseases is more common in females than in males," and gives numerous examples showing the occurrence of an imperfection in an illness in the males of successive generations, being transmitted through the female line. In a previous lecture I referred to atavism as contrasted with direct transmission, and gave you an illustration selected from Mr. Sedgwick's records. It would seem that diseases of the skin and its appendages with the organs of the senses are more prone than other organs to exhibit a sexual limitation in propagation; that is, affections of those structures when appearing in successive generations tend to be limited in their occurrence to the members of one sex, with rare exceptions appearing in the other. If such limitation comes hereafter with increased knowledge to be strictly defined, it will help a good deal to a clearer comprehension of the comparative influence of the male and female parents on the offspring. "So far there is abundant evidence to show the occurrence of the restriction is neither infrequent nor capricious, but in some diseases is constant and regular, whilst in others, in which it is only occasionally observed, it is so evidently the result of a strong controlling influence that it may safely be referred to some law of their development, which, absolute in the one case, has to struggle, as it were, to express itself in the other. Although, why the limitation occurs in connection with some diseases, and not others, it is impossible to say, any more than why some diseases are hereditary and others not, or why some diseases only occur once in a life-time." (Sedgwick.) The influence of age in this sexual limitation has also to be taken into account, just as it has in the actual transmission of disease and in the prevalence of certain maladies in one or the other sex. The characters which appear late in life in one sex, observes Darwin, are transmitted exclusively to the same sex.<sup>4</sup>

This is not the occasion to indulge in the speculations that the foregoing observations suggest, but enough will have been said to show the influence that sex exerts in the causation and manifestation of disease, furnishing thereby data for diagnosis that may not be disregarded. I would again remind you, before passing to other matters, that the three factors which I have been concerned in explaining to you, age, sex, and hereditary predisposition, are inextricably interwoven in their operation, and, though treated of separately by me, must be remembered as combining to bring about the results that will come before you, and hence exists the necessity on your part for the most careful and accurate enquiry if you are to discriminate the part which each plays.

*Civil State.*—The next subject to which you direct your attention in investigating your patient is to ascertain if he or she be single, married, or widowed, and the number of the family, if any.

The effect of marriage upon the individual as regards the general health and the liability to disease would seem to be of a twofold character. First, there is the improvement in the circumstances and surroundings which should reasonably be expected to accompany the state; the "settling down" of the man, as it is popularly spoken of, and the cessation of those excesses, slight or great, which as popularly are supposed with varying grounds of reason to characterise the bachelor existence. Equally, for the woman, marriage means in the majority of cases a protection

from many untoward influences, mental and bodily. Beyond these indefinable, yet none the less real circumstances, which differ within the widest range in both sexes and among individuals, there are the direct sexual effects which exercise a most definite effect upon the health power of both men and women. It should not be forgotten that the function of reproduction, attended with risks of its own though it be, contributes, when properly carried out, to the healthy life of the individual, and the non-performance of it *per se* confers a liability to disease.

The actual facts in support of the view that the married state is the healthiest are not easy of acquirement, but yet some statistics on the subject have been prepared by M. Bertillon, and presented by him to the Academy of Paris in November, 1871,<sup>5</sup> which are sufficiently illustrative of the assumption. Thus the mortality per 1,000 living of the married, single, and widowed at different ages he reckoned as follows:—

	25-30 years.		30-35 years.		35-40 years.	
	Males.	Females.	Males.	Females.	Males.	Females.
Married ..	6	10.5	7	9	7.5	—
Single ..	10	11	11	11	13	—
Widowed ..	22	17.5	19	17	17.5	—

Beyond 45 years of age, the death-rate among married women was still lower than among the spinsters and widows, and the table shows, with all allowance being made for accidental circumstances, the more favourable condition of the married state. The same is also to be noticed when special diseases are considered. Insanity is more frequent among the unmarried, and in the recent epidemic of cholera in Paris M. Bertillon showed, in the official report, that of 1,338 deaths among men, at all ages from 25 to 75, 936 were unmarried. The influence of marriage upon women in respect to diseases peculiar to them is not less marked. "The female who has passed the age of 30 unmarried is more liable to suffer from the development of a fibrous tumour of the uterus than the sterile woman or one who has borne children, and the sterile more likely than the fruitful woman. At the same time the woman who has borne children is not exempt from these growths, but, as a rule, only suffers after she has been rendered sterile from some other cause."<sup>6</sup> A preference is also exhibited by different diseases for the single or married state; thus sarcoma of the uterus rarely occurs in the woman who has borne children, whilst epithelioma usually attacks healthy women who have had families. Mammary cancer is met with far more frequently among married women. Of 160 cases recorded by Nunn, only 22 were single women, and of the 138 married 51 were sterile, whilst 87 had an average of 5 children each. Marrant Baker observed among 260 cases that 23 per cent. were single, 74.4 per cent. were married, and 4.6 per cent. widows, and the more extensive records collected by Gross show an even greater risk to the married state in this disease. Of 688 cases only 81 or 11.7 per cent. were single, leaving 88.3 per cent. married.

<sup>5</sup> Quoted by Dr. Southey in his lectures on Personal Hygiene, *Lancet*, 1876, vol. i., p. 340.

<sup>6</sup> "Principles and Practice of Gynaecology," Dr. Emmett.

<sup>4</sup> "The Descent of Man," Part ii., chap. 8.



Next should be ascertained the ages at which marriage took place. If we consider that the capability of bearing healthy children has not reached its maximum aptitude until the age of 22 (Southey), we shall be in position to estimate the ill effects of too early marriages in tending to impair the health of the individual and raise the rate of mortality. Bertillon has also given figures in support of this statement, for he showed that among 8,000 men the death-rate of those unmarried under 20 years of age was only 7 per 1,000, but that it rose to 50 per 1,000 among those married before the age of 20.

In enquiring as to the number in family, it is most necessary to ascertain the lengths of intervals between the successive pregnancies. Should the births of the children have quickly followed each other, it may help to explain the debilitated state of health the mother may present in the puny, ill-nourished, condition of the children, and this more particularly if the period of lactation have been prolonged, a circumstance that should always be noted. It is a rule, to which few, if any, exceptions should be made, that a child should be suckled until it is 8 or 9 months old, that is, until the first teeth are cut, and should then be weaned. Suckling continued beyond this time is often the cause of much ill to mother and child. You will find it excessively difficult in practice to insist on this rule, for parents can always point to exceptions that have occurred within their own knowledge, and that they will not recognise as the exceptions which they are, preferring to consider them as an example which should be followed. A record of frequent miscarriages should be carefully noted, as, apart from pelvic deformities or uterine disease, it is a frequent evidence of a syphilitic constitution, and thus may put you on a line of enquiry most helpful towards a diagnosis.

## PRACTICAL NOTES ON THE ORDINARY DISEASES OF INDIA.

By NORMAN CHEVERS, C.I.E., M.D., F.R.C.S. Eng.,

President of the Health Department, Social Science Association.

### DISEASES OF THE RESPIRATORY SYSTEM.

(Continued from page 810.)

#### *Struma and Phthisis in India.*

THERE is certainly exceedingly little "scrofula," as expressed by the ordinary joint and glandular disease, in Lower Bengal. Allan Webb and Kenneth Mackinnon, writing at about the same time, differed in opinion with regard to the prevalence of struma in different parts of India. Mackinnon, speaking mainly from experience of localities at least 400 miles north of Calcutta, says (p. 46) that he has often seen scrofula in the form which Webb states that he has rarely met with—swelling and ulceration of the glands of the neck. Webb enters (p. 125) very carefully into this question in reply to a statement made in the *British and Foreign Medical Review* for July, 1846, that "In India, consumption is rare; scrofula rife." He asserts that, taking Mr. Phillips's test, the existence in the glands of the children's necks of scrofulous swellings, or of the characteristic cicatrices, he has never seen such swellings or ulcerations, nor, consequently, had he occasion

to open them. Dr. Webb held for many years the charge of two charity schools in Calcutta, with an aggregate strength of 561 children, Europeans, East Indians, and Armenians of all ages. Of the boys, only two presented marks. The only girls having marks of scrofula belonged to one family, and were European-bred. The orphan school children were always carefully examined on admission; but, in four years, Webb never saw marks of scrofula. Here there were between four and five hundred admissions to hospital annually, "yet not one entry for scrofula." Dr. Webb had travelled throughout the length and breadth of India. He says, "Among the natives of India inhabiting the lower range of the Himalayan Mountains" (a temperate region, upon which one of Mackinnon's centres of observation, Tirhoot, verges—N. C.) "I have certainly seen scrofulous swellings and ulcers in the neck common; but in no other part of India do I know this disease to prevail generally." So also we are told, in the Madras Report upon the medical topography of the mountainous region of Coorg, the lowest part of which is elevated not less than 3,000 feet above the sea, that there "phthisis is often met with, and is said usually to occur between the ages of 20 and 40." "Scrofula is very common, usually making its appearance at the age of puberty in the form of swellings in the neck, to which ulceration succeeds."

Dr. Webb, and another able authority, Dr. W. A. Green, were agreed in thinking that the most common form of strumous lesion with the natives is "bone disease of an asthenic character." I cannot pretend to offer a valid opinion upon the question of the frequency of bone disease of tubercular origin; but it is certainly noteworthy that my Indian experience of twenty-seven-and-a-half years leaves in my memory only the solitary case of a young lady, reared in a northern temperate district, the child of a highly strumous father, who was deformed by hip-disease. I never saw a case of strumous cervical glands in the plains of India, a great part of which I have traversed, always keeping my eyes wide open. The result of Morehead's twelve years' experience, in the charge of the large Bombay schools, is less full than could be desired; but, as coming from so accurate an observer, it may be regarded as strongly confirming Bengal experience. He says (p. 653), "I do not know what might be the result of the application of the test suggested by Mr. Phillips in his work on Scrofula—viz., "enlarged cervical glands discoverable by touch"; but I believe that I am correct in saying that scrofulous disease of the joints and suppurating lymphatic or tubercular mesenteric disease are of infrequent occurrence." These observations stand out in very strong contrast with the statistics of struma in Europe, and with one of those incisive axioms which were studied like gems throughout Thomas Addison's teaching. I was present when a fellow student, who soon afterwards died of a strumous malady, consulted him upon his case. In answer to a question, Mr.—— drew himself up and said—"There is no struma in my family, Sir!" "No," was the reply, "certainly not—it is a remarkable fact that my family and your's stand alone in the United Kingdom as being absolutely free from all taint of struma; but, as a secret, I assure you that everybody else's family is rotten with scrofula!"

Mr. J. Murray, writing on the influence of the climate of India on children,<sup>25</sup> stated that we have the testimony of Sir Astley Cooper,<sup>26</sup> of Alison,<sup>27</sup> and other experienced observers to the fact that children sent from India to England are exceedingly liable to scrofulous disease. This was probably the case under

<sup>25</sup> *Indian Journal of Medical Science*, vol. ix., O.S. p. 525.

<sup>26</sup> *Lancet*, vol. iv., p. 400.

<sup>27</sup> "Outlines of Physiology and Pathology, p. 474.



a system of therapeutics which is now discarded, but I think that the observation is not largely applicable in the present day. With thirty-seven years' knowledge of a multitude of children sent to England, I can only recall the solitary case of a boy,—lodged at an atrociously miscondacted school in a London suburb, where, to my own knowledge, boys of 8 or 9 were wrapped in the rags of womens' garments,—who became the subject of empyema.

In his invaluable commentary on the Diseases of Burmah,<sup>28</sup> Dr. Waring observes, "Scrofula, in any form, is very rare amongst the Burmese."

Fully admitting the fact that nothing is more dangerous than to lay down positive rules in questions of disease, I must state confidently my belief that, *if an individual lands in Lower Bengal with perfectly healthy lungs, and lives well, prudently, and carefully, he will, residing there, never be attacked with phthisis, although he may be a member of a phthisical family.* Against this I may cite Joseph Ewart's observation that people who would probably have become phthisical at home are very liable to dysentery in India, and the fact noticed by several authorities that strumous subjects are especially liable to hepatic abscess in India.

The opinion given in italics above is the outcome of my personal experience of non-military Europeans throughout my Indian Service, and of much enquiry. Thirty years ago, I heard of one case; but as, there, the patient had been cooped up in the fore-castle of a small vessel, my honoured friend, Dr. Henry Mac-Cormac, would doubtless consider that the tuberculosis was artificially produced. As the effect of removing a case of phthisis from Europe to Calcutta is, in the large majority of cases, nearly that of burying a dead body in a hot-bed, there is a great deal of pulmonary consumption, especially among sailors, in the European wards of the Calcutta hospitals. So also, in the cold season, many cases occur among natives; but, in a rough way, this fact is very significant. The London hospitals formerly used, as rigidly as possible, to exclude cases of phthisis, as I believe they still do, seeing that special aid is now afforded to these cases; still, during the many years in which I frequented it, the *post-mortem* room at Guy's was rarely without a case of pulmonary tuberculosis. In Calcutta, it was a standing rule that all phthisical applicants should be admitted to my wards, which, although sometimes nearly filled with cases of consumption, were never overcrowded. Seeing that my own share of beds for native men was only sixteen, this must be regarded as representing no great prevalence of the disease in a city numbering about half-a-million of inhabitants, and in its thickly-populated vicinity.

To me the arguments contained in Morehead's, chapter xxiii., do not appear to bear so directly as could be wished upon the very important question—*to what extent does phthisis ORIGINATE in India?*

His remark, immediately following the heading *Causes*, that "the erroneous opinion at one time entertained of the rarity of phthisis pulmonalis in tropical countries has been long since corrected by the medical statistical reports of the British army, and information from other sources," would be a direct and accurate reply to the mischievous idea, formerly entertained at home, that the climate of India is favourable to phthisical cases, but it must be apparent that the prevalence or rarity of phthisis in our European force in India in no way illustrates the *causation* of phthisis in that country, seeing that, in all probability, a very large proportion of the men who succumb to phthisis in India were the subjects of tuberculosis before they reached that country. I feel little doubt that the

records in the Director-General's Office would supply materials for a return showing the number of men first attacked with phthisis after five years' service in India. This would go directly to the point at issue. Morehead says, "If the history of these" [Byculla] "children be traced after they have grown up and left the schools, it will be found that phthisis pulmonalis is a cause of death sufficiently common. I can bring to my recollection several cases in proof of this." He shows that the number of natives suffering from phthisis admitted to the J. J. Hospital, Bombay, during six years was 445, not many out of so large a population as that city has.

We are told in the Medico-Topographical Report, p. 47, that, in Madras, phthisis "has been frequently met with in Indo-Britons," and that it "has also been seen in European subjects about the age of puberty, and within the first two or three years after arriving in India, but is of rare occurrence after that period; and, in natives, true tubercular phthisis has comparatively been seldom met with."

My friends, Dr. T. W. Wilson<sup>29</sup> and Dr. Joseph Ewart,<sup>30</sup> offer us, in monographs which are replete with facts of the greatest importance to Indian practitioners, a large view of this class of diseases as they have prevailed of late in India. Dr. Wilson shows that, formerly, a great deal of tuberculosis and phthisis was overlooked, especially in native jails; and that cases of phthisis with colliquative diarrhoea were frequently registered under the heads of "Diarrhoea" and "Dysentery." At the Medical College Hospital I always bore this observation in view, and it repeatedly occurred to me to find that an emaciated native, who complained of nothing except an alvine flux, was, in reality, dying of pulmonary consumption. Dr. Ewart shows that, in the decennium 1857-67, 454 cases of phthisis occurred in natives treated in the Calcutta C. M. C. Hospital.

[We have seen that 445 cases of phthisis in natives were treated in the less capacious Jamsetjee Jeejeebhoy Hospital, Bombay, in six years.]

Ewart shows that, in the six years 1871-76, the ratio per 1,000 of strength treated for phthisis amounted to 9.0 among the soldiers of the European army in India. In the native army of the Bengal Presidency, the corresponding ratio amounted to 2.5. In the jail population, it varied from 1.5 in the Central Provinces to 8.9 in that of the Gangetic Provinces and Oude. In the aggregate of the jails of the Bengal Presidency the ratio was 4.2 per mille. He further demonstrates that, according to Aitken, the ratio of admission for phthisis in the British army, from 1861 to 1862, ranged from 9 to 10 per 1,000; and, in the American army (1862-63), from 8 to 10 per 1,000. Consequently, the prisoners in the jails of the Gangetic Provinces and the soldiers of our European army throughout India were then scarcely less prone to phthisis than soldiers at home were. He draws the same deduction with regard to the women and children in European barracks.

In happening to take the statistics of the six years 1871-76, *i.e.*, in showing that the admissions for phthisis in our European army in India were 9.0 per mille, Dr. Ewart places the matter in its worst aspect. Thus Mr. Macpherson found that, in the four years ending 1853-54, in the Bengal Presidency, "pulmonary consumption brought under treatment  $\frac{2}{5}$  per cent. of strength, less than one half the number in England, and of deaths to treated  $44\frac{9}{10}$ , or 30 per cent. less." "Spitting of blood contributed to the admissions  $\frac{1}{7}$  per cent. of strength, or one-third fewer than in Eng-

<sup>28</sup> "Indian Annals of Medical Science," No. 1, p. 101.

<sup>29</sup> "On Tubercular Disease in the East," "Indian Annals of Medical Science," No. 3, p. 182.

<sup>30</sup> On Scrofula, Tuberculosis, and Phthisis in India, "Transactions of the Epidemiological Society," vol. iv., Part iv., p. 597.



land; and of deaths to treated  $\frac{7}{10}$ , or  $1\frac{1}{2}$  per cent. less."

The Returns for the whole European Force in 1881 give an admission rate of 7.1. In the native army it was 2.9.

The Returns for 1881 show that only one *child* of a European regiment was admitted (in Bombay) for "scrofula" in the army of India, the strength being 6,548. There were, during the same term, 43 admissions of children for phthisis and 24 deaths. The admissions for *tabes mesenterica* were 15, with 1 death. Among the *women* there was one case of scrofula, which was fatal; among them, the admissions for phthisis and hæmoptysis were at the rate of 11.2 per mille of strength.

I think that, undoubtedly, the great prevalence of phthisis in European barracks in India points to the necessity for an enquiry as to whether these buildings, or, at least, those of them in which a large amount of phthisical disease occurs, are properly ventilated and are not overcrowded. Then a plain suggestion offers itself. A regiment, 1,000 strong, is drawn up on a wharf just before embarkation for India. We know that, healthy as their appearance is, some 9 or 10 of these men will be admitted to hospital for phthisis within the next twelvemonth. Ought not these and more to be eliminated from the draft, seeing that, in all probability, all in whom the disease is latent will die in India within their first year's service, and would, almost certainly, wear on much longer at home?

The most extreme case of miliary tuberculosis I ever saw occurred in a prisoner in the mud jail at Purulia. Wherever I was able to trace fully the history of a native phthisis case, I found that its subject had inhabited an ill-ventilated brick or mud building. I never succeeded in tracing a case to a bamboo hut. Upon Dr. MacCormac's doctrine, I believe that the immunity from phthisis of well-to-do Europeans in Lower Bengal is mainly due to the free ventilation of their sleeping-rooms. I regard this very remarkable immunity as a strong argument against the heredity of phthisis.

I think that I may say confidently that none of the many phthisical European sailors whom I treated lived, after their arrival in India, so long as five months. I cannot recall a single case of "Discharged Relieved," although there were many of these in the native wards. The picture of a European dying of phthisis in Calcutta is one of the most painful in hospital experience. The bowel complication usually takes on a dysenteric character and occasions extreme distress. The heat of the climate induces and greatly aggravates colliquative sweating. Every one who thinks of sending a phthisical patient to a hot climate should look at Severn's masterly sketch of the face of Keats in his death sweat at Rome. In India, I never saw the disease borne with that cheerful hopefulness which characterises many of these cases at home. The phthisical European in India is generally so despondent, irritable, and captious that I used often to approach the beds with an uneasy doubt,—what new grievance is to be adjusted to-day? Hectic is usually very pronounced. If these unfortunates arrive in the cold weather, the next hot season will be fatal; if in the hot weather, and they survive it, the change of temperature at the beginning of the cold season will probably excite intercurrent pneumonia and kill them. In nearly all European cases the destructive process is exceedingly rapid. A young gentleman who had suffered from hæmoptysis in Scotland came to my house soon after landing. He appeared to be in fair health. Shortly afterwards, I attended him in an attack of hæmoptysis from the left apex. The hæmorrhage readily passed off, and there remained no evidence of lung disease anywhere,

save a little increase of sub-clavicular vocal resonance (which is frequent in healthy persons) on the affected side. I did not see him afterwards. A week or two later, an accomplished brother officer, having carefully examined his lungs, remarked that, but for the history, he should have considered the chest perfectly healthy. From this time "decline" was rapid and he died in about three months. His lungs were brought to me. Tubercle had proliferated to so enormous an extent that the organs were solid. He must have died suffocated. There was no history of intercurrent pneumonia.

Morehead was inclined to subscribe to the opinion that "phthisis runs a more rapid course in warm than in cold climates," on the ground that "in all diseases which include destructive degeneration of structure and co-existing hectic fever the rapidity of the course will bear relation to the number and degree of the debilitating influences to which the individual is exposed." Among such influences he enumerates Heat, Malaria, a greater proclivity to intestinal ulceration, and, as causes of intercurrent pneumonia and bronchitis in natives, weak constitution, insufficient clothing and lodging.

At p. 128\* of his great work, Webb draws a most striking picture of the misery caused by the fatal impression, then prevalent in England, that the climate of India is favourable to the strumous and consumptive. He says, "I have seen medical men, clergymen, officers in the service, &c., who have told me, when surprised with the fatal turn of these cases, that they expected to *get well here*. I have seen young and beautiful European ladies carried off with appalling celerity. I have seen quite young soldiers who, if they do not quickly die, are sent home wholly unfit for this or for any other service."

The question, "*Is the climate of Indian Hill Sanitaria beneficial in Scrofula, Tuberculosis, and Phthisis?*" has been most thoroughly argued out by Dr. Joseph Ewart.<sup>31</sup> I believe that all medical men of Indian experience will agree in the validity of his conclusions, (1) that the hill sanatoria of India are beneficial to persons afflicted with scrofula only; (2) that they are useful in the warm months of summer, (a) in uncomplicated and simple tubercular consolidation, (b) in tubercular affection in which previous inflammation of the adjacent lung and the bronchial mucous membrane has subsided, and (c) where this is proceeding in the direction of repair by absorption, cicatrization, or cretification; and (3) that they are injurious, probably at all seasons, but in an aggravated degree in the cold season and rains, to all cases of active and advancing pulmonary consumption."

I have the following very scanty evidence tending to show that the climate of the East and West Indies is not *certainly* fatal to European consumptives. A London surgeon who was phthisical spent some months in Jamaica. He appeared improved in health on his return; and, subsequently, his case proved to be remarkably chronic. A strong-looking middle-aged gentleman told me in Calcutta that, having, when young, suffered very severely from hæmoptysis, that excellent man and physician, Thomas Hodgkin, sent him to Jamaica, where he recovered. A young medical officer who arrived in Calcutta *circa* 1858 was attacked with hæmoptysis almost immediately upon landing. When he was convalescent, the head of our department, Sir John Forsyth, whose secretary I was, said to me, "What can we do with W—? We can neither send him home nor to the Upper Provinces. He shall go with that detachment to Dibróghur in Upper Assam. He

<sup>31</sup> "Transactions of the Epidemiological Society," vol. i. for 1881-82, p. 26.



will have a pleasant voyage of some days up the Bramapootra, and the climate is temperate." Dr. W—— had no return of his disease. Most of his service was at the above station, and he has lately retired with the appearance of a remarkably powerful and healthy man. The climate of the mountain sanatoria of India is inimical to consumptives. I have seen Dibroghur, and certainly do not consider that the stream of consumptive patients ought to be directed thither; but there, and in the hills of Jamaica, there is a moderate climate which may probably agree with some consumptives. These three exceptional cases do not appear to bear upon the rule, denouncing hot resorts in phthisis, laid down above. I had some experience of recovery from incipient phthisis in natives of India. I need hardly say that hard-working students often suffer from transient hæmoptysis. Sir Astley Cooper did, and directed that those who examined his body should look for the traces. I had very slight hæmoptysis, and long afterwards coughed up an earthy concretion. Several of my military class students, Mahomedans, had severe attacks of hæmoptysis from which they so completely recovered that when, upon the completion of their three years' term of study, it was my duty to examine them, I did so with especial care and could not find any evidence of pulmonary lesion. In examining the body of a dakoit (professional robber) who had been hung, I found a cavity, about as large as an orange, in the upper lobe (below the apex) of the right lung. It was neither a dilated bronchus nor a pneumonic abscess, but clearly a phthisical vomica in process of recovery. There were no tubercles. He was of middle age, gaunt, but wiry, and his history showed that his habits were only too active.

I lately heard of the very sad, but interesting, case of an officer who, before he went to India, was considered to be so much predisposed to tuberculosis that he was strongly advised not to marry. After some years' Indian service, he became and continued to be a very strong and healthy man. He married; two of his children, having arrived at adult age, have died of phthisis, and three others are threatened.

In recent conversations with my friends, Brigade-Surgeons J. Barclay Scriven and Dr. William Palmer, who are equally experienced in the diseases of the North-Western Provinces and in those of Lower Bengal, I learnt that, although they fully agree in considering that the climate of the latter is most inimical to sufferers from phthisis, they had cases in which the dry atmosphere of the plains of Upper India, say Lahore and Ghazepore, stations of which they respectively long held medical charge, appeared to be decidedly beneficial. Further observations on this point are very desirable. I saw and carefully examined, not long before his death, a military officer who, I was informed on good authority, had suffered in Upper India from unmistakable phthisis for ten years.

#### *Treatment of Phthisis.*

I have always held to and acted upon the conviction, expressed in one of my earliest publications,<sup>32</sup> that bronchitis is not essential to and is separable from phthisis, and that, consequently, the leading indication of treatment in this disease is *to free the lungs from bronchitis*, and to keep them free. Cough does not, of necessity, attend phthisis. Several of my native phthisical patients come into hospital without cough. Edward Goodeve made an excellent observation upon this point in his Cawnpore Dispensary Report for 1845.

"We make it a rule to examine the condition of the chest in all cases of chronic diarrhoea, dysentery, and so-called remittent, but frequently hectic, fever, and in continued fevers in the cold season. The patients often make no complaints of chest disease themselves, their attention being concentrated on the symptomatic fevers and diarrhoeas, or failure of strength. It is necessary to question them closely, to watch the general symptoms of lung affections, and generally to resort to auscultation before coming to a conclusion as to their real complaints. Within twelve months, we have met with every form of pulmonary disease, except the malignant ones." . . . "Tubercular phthisis we have had an abundance of."

This absence of bronchial complication in phthisis has also been observed in England, but here bronchitis is so common that phthisical lungs rarely escape it. A *Hem* is all that is requisite for the expectoration of blood and pus from vomica. If I had a phthisis ward, I would write above the entrance **COUGHING IS NOT PERMITTED HERE**. In every case that I have treated, this indication has been constantly borne in view. I cannot boast of marvellous success, but I have had many favourable cases, especially in natives, whom I have treated from the first attack of hæmoptysis onward. I relied greatly upon extensive counter-irritation, long continued. As a general rule, neither Europeans nor natives in Calcutta could digest cod-liver oil in phthisis.

In India, the condition induced by tubercular ulceration of the intestines in phthisis is, in many cases, not diarrhoea, but dysentery, and the suffering from this cause is often very great. In reports of the recent case of King Alphonso of Spain, the intestinal complication of phthisis, which caused death unexpectedly, is described as "dysentery." This is one of the forms of dysentery in which the ipecacuanha treatment is inadmissible. My chief reliance was upon opium (a valid anti-dysenteric) and demulcent food. In chronic cases, I have sometimes staved off bowel irritation by dealing very carefully with the troublesome constipation which is its usual precursor. The patients are often most urgent for purgatives, but I never allowed more than the very smallest doses of castor oil. In the last case that I treated, there was constipation for a year before the patient's death, and the bowels were never allowed to become loose. In several miserable cases of excessive ulceration of the rectum some relief was obtained by small enemata of pure opium rubbed up in mucilage of acacia, and the application of warm anodyne poultices externally. I repeatedly noticed that, on a chilly gusty morning in the rains, two or three patients would be attacked with hæmoptysis. This was always commanded by ergot.

I had several cases of phthisis in which *Pneumothorax* occurred. Mine were ordinary typical cases, except that of a middle-aged native who was walking about the ward with no signs of thoracic distress. I was surprised when my house physician called my attention to the splash and the metallic tinkling.

I saw a case of *Primary Medullary Cancer of Lung* many years ago in London. I did not meet with this condition in India, and I do not find notice of any specimen in Ewart's Catalogue. Assistant-Surgeon Dr. Jayakar has recorded<sup>33</sup> a case (encephaloid or melanotic) occurring in a native aged 35 years. I have already cited, under the heading of Cancer, the case of a native, related by Allan Webb at p. 1 (one) of his *Pathologia Indica*, in whom there was melanosis of the lungs and heart.

*Pleurisy*.—Placing aside cases in which pleuritic inflammation was caused by wound or occurred inter-

<sup>32</sup> "Observations on the Treatment of Phthisis," *London Medical Gazette*, vol. ii. for 1840, p. 782.

<sup>33</sup> *Indian Medical Gazette*, vol. v., p. 79.



currently in phthisis, acute rheumatism, or Bright's disease, or where liver abscess made its way into the chest, I only recollect to have seen one case of acute idiopathic uncomplicated pleurisy in Lower Bengal. This occurred in a European who did well. I repeat that my observation applies only to the Delta of the Ganges.

Mackinnon says, "I have seen pleuritis prevail in an epidemic form"; but I can only find one other notice of this disease in his works. "Pleuritis I have seen prevailing among prisoners in jails at certain seasons." In the chapter on Pneumonia I have mentioned that Dr. W. A. Green recorded [Webb's *Pathologia Indica*, p. 106\*] a remarkable prevalence of *Pleuro-Pneumonia* among the prisoners in the Midnapore jail in 1844 and 1845.

In one of his latest publications, Mackinnon barely repeated the fact<sup>34</sup> that he had "*seen pleuritis prevail in an epidemic form.*" A few details would have been most valuable. This probably occurred in his up-country experience.

The Sanitary Commissioner's Returns for 1880, in which year we have seen that pneumonia was remarkably prevalent, give 599 admissions for pleurisy with 61 deaths in the native army. In 1881 there were 377 admissions with 17 deaths. In 1882 there were 266 admissions with 14 fatal cases. The average strength of Sepoys during these three years was 118,630. In these three years, the deaths from this cause of European soldiers, with an average strength of 58,571, were five, two, and four.

Macpherson's tables give 688 cases of pleurisy, and 33 deaths, as occurring during the 8 years ending 1853-54, among the European soldiers in the Bengal Presidency. The percentage of sick was  $\frac{2}{5}$ —twice as large as in England—and the percentage of deaths to treated  $4\frac{1}{2}$ , one-fourth larger than at home.

*Pleurodynia* is very common in Lower Bengal, and is often so acutely painful as at first sight to resemble this disease. My European male ward was so ill-placed that the beds stood in a thorough draught. One damp windy morning, I found the three patients nearest to an open window complaining of pleurodynia on the windward side.

I never saw a case of *Idiopathic Empyema* in a native of Lower Bengal. Prep. 608 in the Calcutta Museum, however, represents "displacement of the heart of a native of Bengal from empyema." A very few other cases are on record. One was reported at the Calcutta Medical Society in 1880, and my friend, Dr. W. Burns Beatson, now of Bath, reported<sup>35</sup> one occurring in a native of Azimghur, who contracted the disease at Dacca, where he had been for some time resident. In 1882 only 4 cases, one of which was fatal, occurred in the native army throughout India—all in the Bengal Presidency—most probably up-country. There can be little doubt that the rarity of this condition is due to the great immunity of the natives of the plains of India from strumous disease.

I knew two gentlemen, a member of the Civil Service and a tea planter, in whom there was great falling in of the thorax consequent upon empyema in youth. In the former, the deformity and the deficiency of lung expansion were more extreme than I have seen in any other case, yet he was a good cricketer. Both enjoyed good health in India, but were accidentally killed early in life.

I had various cases of *Hydrothorax* arising from ordinary causes. In one of these, my diagnosis could have done me but little credit with my class. A northern sailor, from whom I could obtain very little information upon the history of his case, was brought

to my ward in considerable dyspnoeal suffering. He was a muscular square-built man, over 30 years of age, his face and neck were much congested, and the veins of the neck extremely full. Great bulging of the right thorax. Absolute dulness extending over the right pulmonary and hepatic and the cardiac regions. Absence of respiratory and vocal sounds on the right. The edge of the liver was felt below the ribs. A soft systolic aortic bruit extending upwards. I considered this to be aneurysm of the ascending aorta, filling the right thorax, pressing the collapsed lung upwards and the congested liver downwards. This was all wrong. When he sank, it was found that the right pleural cavity was distended with clear serous fluid, apparently an inflammatory product, as the pleural surfaces bore traces of pleurisy. It was evident that the bruit was caused by outward pressure on the artery. Few of my cases have caused me so much after-thought as this has done; but, if I had another like it, I am not at all assured that I could judge it better. I have seen enormous aneurysms of the ascending aorta, none certainly as large as this would have been; still the size of aortic aneurysms can hardly be said to have a limit.

Prep. 780. "Extraordinary lenticular vegetations projecting from the costal pleura like small buttons. Some of these are globular, others more or less elongated. They arise by a broad base, and are covered by a smooth membrane continuous with the pleura, which is greatly thickened. They vary in size from a millet-seed (or small point) to those of a kidney-bean. From a native of Bombay, who died of dysentery."

I saw cases, in Europeans, of *Abscess* and *Non-malignant Tumour* of the *Anterior Mediastinum*.

## ON THE REPRESENTATION OF THE MEMBERS ON THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.<sup>1</sup>

By WALTER RIVINGTON, M.S., F.R.C.S.,

Surgeon to the London Hospital.

As an independent Fellow, unconnected with any Association, and untrammelled by the weight of office at the College, I am unwilling to give a silent vote on the present important and, it may be, historical occasion. For many years it has been obvious to me that this College possesses too close and exclusive a constitution; that the Fellows and Members ought to enjoy the right of meeting annually within the College for the discussion of collegiate and professional affairs; that, looking solely to the present constitution, the Fellows have no sufficient voice in the conduct of the business of the College, partly by reason of the small number of Councillors who vacate office every year, or, in other words, by reason of the length of time, an average of eight years, for which Members of the Council are usually elected; and partly by reason of the practical disfranchisement of the country Fellows, owing to the Charter denying the privilege of using voting papers at the election of Councillors; and lastly, and this is the main point which is before the meeting for discussion, and the point to which my remarks will be confined, that the Members of this College ought to be represented in the Council of the College. In declining to accede to what many believe to be the reasonable claims of Members of the College,

<sup>34</sup> "Indian Annals of Medical Science," No. 5, p. 128.

<sup>35</sup> *Indian Medical Gazette*, vol. i., p. 60.

<sup>1</sup> Being a speech delivered on the occasion of the meeting of the Fellows and Members of the Royal College of Surgeons, December 17th, 1885.



the Council, who are said in their Report to be unanimous, though I trust sincerely that the unanimity is greater in appearance than reality, base their opposition on several grounds. The first ground of opposition is not openly alleged, but rather is insinuated, in an early paragraph in the report. It is contained in the following carefully worded sentence. "With reference to the first resolution of the meeting, the Council have carefully considered the question which *some* Members of the College have recently raised, and it does not appear to the Council that the main argument which *these* Members advance to support their claim, that all the Members should be entitled to vote in the election of Members of the Council, is a valid one." From the use of the phrases "some Members" and "these Members," it is evident that the Council believe that this movement has very little vitality in it, that it has originated from, and is supported by, a small minority, possibly a minority of wirepullers and demagogues who make up by empty clamour for what they lack in inherent strength. If this is the kind of belief which is prevalent in the Council, I would take the liberty of doubting whether it has any solid justification. On the contrary, there can be little doubt that the present agitation is a *bonâ fide* movement, begotten of intrinsic injustice to the Members of the College, and that it must gather fresh strength until success crowns the work.

In the interest of all parties concerned in this controversy, I would earnestly invite the Council to poll the constituency and ascertain the numbers of Fellows and Members in favour of, or adverse to, the representation of the Members of the College in the Council, and by the result of such an appeal let both the Council and the promoters of this movement be prepared to abide. On the one hand, it would be a pity to continue the agitation if only a small minority of the 18,000 constituents of the College favoured the proposal, and, on the other hand, it would be a serious error for the Council to continue to resist the change if they are mistaken in the belief which the wording of their report undoubtedly implies.

The second ground of opposition is comprised in an attempted refutation of the argument that the Members of the College are entitled to representation because they have been taxed, and taxed heavily, for the maintenance of the Institution. The abandonment of this argument altogether would do little to weaken the case of the Members, but, in point of fact, it is not destitute of considerable cogency. The diploma of Member of this College was actually the very dearest single-barrelled licence to practise in the three kingdoms. It was dearer by 6*l.* 5*s.* than the licence of the Royal College of Physicians of England, which entitles its holder to practise both Surgery and Medicine, and it was dearer by 1*l.* than the conjoint licences to practise, granted by the Scotch Colleges in combination. What may be the special rights, privileges, and immunities, and the professional and social advantages, conveyed by the Membership as an equivalent for this extra tax, I have been at a loss to discover, for, beyond the privilege of admission to the Museum and Library, of which comparatively few can avail themselves, and beyond recent eligibility to examinerships and lectureships, which not 1 in 1,000 can ever attain, I know of none, and the lavish way in which the Council spreads all these rights, privileges, and immunities, and social and professional advantages, before the bewildered and incredulous reader inclines one to say, in the language of Shakespeare—

Are such things here as we do talk about,  
Or have we eaten of the insane root  
That takes the reason prisoner?

I had always supposed that the Members of the College were neglected and left out in the cold, and that, from the time of their obtaining the diploma of Membership to the time of their death, they might never receive an official communication from the College unless they had been guilty of some offence which demanded erasure of their names from the Register.

In the third place, the Council shelter themselves behind the Charter of 1843, by which a constituency of Fellows was provided, and to any argument for extension they simply replied, "*non possumus*," or "*Nolumus leges Collegii Anglicani mutari*." Now, Sir, I am not one of those who find retrospective fault with the Charter of 1843. That Charter at least abolished an intolerable and effete *régime*, viz., a Council which was a close borough, entirely irresponsible to any body of their professional brethren, and whose Members could only be removed by their own sign-manual or by the hand of death. The Council appointed themselves examiners for life, and the examiners became responsible to themselves on the Council. The oldest Fellows were elected and re-elected Members of the Council, the oldest Members of the Council were elected Examiners, the oldest Examiners President and Vice-President. Whatever injustice may have been done to individuals in the selection of the 250 to 300 Fellows prescribed by the Charter, let it not be forgotten that the Charter recognised the representative principle as the basis of election to the Council, and, by opening the Fellowship to all Members of the College by examination, gave every Member, at all events, a chance of belonging to the constituent body. So much must in fairness be admitted, but practical experience of the working of the Charter shows that this plan of forming a constituency is a failure. The Fellows are a diminishing constituency, and new Fellows are mostly young men fresh from the schools, who cannot be regarded as better qualified to elect Surgeons on the Council than the potent, grave, reverend, and distinguished seniors who would be an honour to any constituency, and who are shut out from the franchise. The fact is that it is a mistake to elevate a merely academic distinction, obtained after an uncertain and occasionally capricious examination, into a test of political capacity and competency.

Lastly, the Council urge that the Members of the College must be excluded from the franchise in order to keep up the attraction of the Fellowship, and in the interests of the Fellows themselves. Can the Council prove that any single Member or person passes the Fellowship, for the purpose of obtaining a vote in the election of Councillors? Surely the Fellowship attracts candidates almost entirely on account of its being a professional honour, and because it carries with it certain conspicuous professional advantages in the competition for public appointments and in the estimation of professional brethren. And then, as to injustice to the Fellows themselves, there can be no injustice to Fellows if an act of justice has to be done to the Members, any more than an injustice to the old parliamentary constituencies was inflicted when the Legislature admitted 2,000,000 fresh voters to the franchise. Exclusive privileges, which can only be maintained by ignoring the just claims of our professional brethren, as worthy and as competent as ourselves to exercise the franchise, so far from being valued, are a source of regret, dissatisfaction, chagrin, and mortification to a large number of Fellows, probably as enlightened, though possibly less distinguished than the illustrious Members of our unanimous Council.

And now, having replied to the arguments adduced in the report of the Council, allow me a few moments



to formulate the grounds on which it is desirable to allow the Members to elect a proportion—a small proportion, if you please to have it so—but still a proportion, say not less than one-fourth, of the 24 Members of the Council. Whatever may be said, the Members are an integral portion of the Corporation; they are the backbone of the College, they are not mere Licentiates, and by the Members the College is alone able to exist. Without them, the College would sink into a Surgeons' club in its present flourishing condition. The Members of the College are generally well-educated gentlemen, fitted to uphold the dignity and honour of the profession in the eyes of the public. And the culture of the great body of the profession improves every year.

The enfranchisement of the Members would place the College on a broader basis and a more stable foundation, for it would rest on a united profession and be upheld by the cordial sympathy,—aye, and on that which the Council can never secure but by generous concession, the affection—of its magnificent constituency.

The measure is absolutely necessary in the interests of the profession at large. The Members, being generally engaged in general practice, are more fully acquainted than most of the Fellows with the wants and requirements of the ordinary practitioner, and better able to appreciate some of the defects of our present system of education and examination. A few representatives of the Members sitting in Council would be a valuable and important addition to that august body, and some needed improvements might be expected as the practical outcome of the enfranchisement.

Our profession is a disunited body, and needs organization. It may fairly be asked what, under the present condition of things, is the advantage to the College of possessing so magnificent a constituency as 18,000 Members of our profession, and what is the advantage to the 16,800 Members of the College in their connection with the College of Surgeons of England? All the great advantages which might accrue to both are scattered to the winds. The only organized body which the profession possesses is the British Medical Association, but the number of Members is several thousands less than the constituency of the College of Surgeons. Moreover, it is not altogether satisfactory that the only organized body possessed by the Profession should be a voluntary Association. A Royal and Chartered College under the immediate guidance of the recognized leaders of the Profession, backed by the suffrages of 18,000 medical practitioners, must necessarily carry a weight and influence, with the public and with the Government of the country, with which a voluntary Association like the British Medical Association could not pretend to compete.

I am not a Radical or a Revolutionary, but a Conservative. As a Conservative, I am extremely anxious that this question should be settled by the existing Council. Surely it is better that a boon of this kind should be gracefully conceded from above than forced on an opposing Council from below. Better that it should drop as the gentle rain from Heaven upon the place beneath, blessing both him that gives and him that takes, rather than that the surging waves of professional Democracy should rush in and burst the artificial barriers which are being erected to stay its progress, and perhaps sweep away in its headlong course much that it would be desirable to retain. It rests with the Council to determine whether they are content to remain at the head of a body distracted by controversy, torn asunder by dissension, disaffected to the existing régime; or whether, by a timely concession which can do no possible harm to anyone or anything in the College, but which must be fruitful of good in the time to come, they will place themselves at the

head of their magnificent constituency, united in one common bond of professional sympathy and brotherhood, instinct with one common spirit, animated by one common aim and hope—the advancement and elevation of the great profession to which we are all proud to belong.

## REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

### CASE OF ENTERIC FEVER COMPLICATED WITH PAROTID BUBO—RECOVERY.

(Under the care of Dr. GEE.)

(The notes by Dr. OSWALD BROWNE.)

In the *Medical Times and Gazette* of June 28th, 1884, Dr. H. Lewis Jones reported the notes of two cases of enteric fever complicated with parotid bubo, noticing that the appearance of this complication had been regarded both by Murchison and Trousseau as a most unfavourable symptom, and in a very large majority of cases portending a fatal termination.

It has seemed to me that it may be of interest to add the notes of a further case, in which, as in one of those reported by Dr. Lewis Jones, the occurrence of the complication was associated with great dryness of the mouth and tongue, and marked and long-continued deafness, and terminated in the complete recovery of the patient.

Edward B., aged 18, was admitted on February 5th, 1885. He had been feeling weak and languid, and complaining of vagrant pains in the belly since the 18th of January. On the 29th he began to suffer from diarrhoea, and on the next day gave up work and took to his bed.

On admission to the hospital, he was dusky and slightly deaf. Much sordes on lips. Tongue dry and parched, and somewhat tremulous. Abundant rose spots on belly and chest. Temperature  $104^{\circ}$ . Urine contained a well-marked trace of albumen.

For the next two days, as one crop of the eruption faded, others appeared. Temperature ranging from  $102^{\circ}2$  to  $104^{\circ}4$ .

February 8th.—Very deaf. Slightly delirious. Tongue parched and tremulous.

February 9th to 11th.—Continuing very deaf. Tongue very parched and tremulous. Temperature ranging between  $102^{\circ}$  and  $103^{\circ}$ .

February 12th.—Temperature  $104^{\circ}8$ . [A fresh eruption of rose spots.

On February 15th proceedings were varied by the visit of the patient's aunt, and the prompt administration of an emetic gave ocular demonstration of an undigested meal of pork-pie, pastry, apple, and currants as the cheering results of her visit! Temperature morning,  $99^{\circ}$ . Evening,  $102^{\circ}$ .

February 16th–18th.—Temperature ranging between  $99^{\circ}$  in the morning and  $101^{\circ}$ – $102^{\circ}$  at night.

February 19th.—Some pain and tenderness, with swelling of left parotid region. Temperature  $99^{\circ}$  morning,  $99^{\circ}6$  evening.

February 19th to 22nd.—Increasing fever. Much increased pain and swelling of left parotid region.

February 23rd.—Left parotid incised, a little pus escaping.



February 24th.—Increasing pain, with high fever.

February 25th.—Much swelling over gland and behind left ear, with distinct fluctuation. Free incision made and drainage tube inserted. At least ten ounces of sanious pus escaped.

From this time pain rapidly ceased and fever abated, and the patient continued to make steady and uninterrupted progress. Recovery complete.

## APPOINTMENTS FOR THE WEEK.

*Friday, December 18 (this day).*

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 7.30 p.m.—

Dr. E. C. Seaton on "The Recommendations of the Royal Commission on the Housing of the Working Classes as they affect the Status of the Medical Officer of Health."

*Saturday, December 19.*

VACCINATION OFFICERS' ASSOCIATION, 2.30 p.m., at the Charing Cross Hospital Medical School.—Surgeon-Major R. Pringle, M.D. (late Bengal Army), "State Vaccination."

*Monday, December 21.*

MEDICAL SOCIETY OF LONDON.—Dr. B. W. Richardson, F.R.S., "A Case of Aneurysm of the Innominate Artery"; Dr. W. B. Hadden, "Chronic Poisoning by Bisulphide of Carbon."

# Medical Times and Gazette.

SATURDAY, DECEMBER 19, 1885.

THE polling for the parliamentary representation of Edinburgh and St. Andrew's Universities has been busily proceeding for the past three days, and we trust that, before these lines are published, Mr. Erichsen may have been declared duly elected. So far, to use a somewhat objectionable phrase, the betting has been against him, the Conservative candidate having been so much longer in the field. But, latterly, Mr. Erichsen's prospects have somewhat improved, and it is just possible that those who have been so confidently promising the seat to the Government may find their anticipations falsified. Both candidates have expressed themselves in favour of the admission of women to the degrees of the Scottish Universities, and Mr. Erichsen is not averse to their receiving the necessary instruction from the University professors.

At the meeting of the Ophthalmological Society on Thursday sennight the subject of pemphigus of the conjunctiva again came up, and occupied a considerable portion of the evening. It was started by two cases of essential shrinking of the cornea shown by Messrs. Anderson, Critchett, and Juler, who agreed that the disease was not true pemphigus, a view subsequently expressed also by Messrs. Nettleship and Malcolm Morris. Dr. Samuel West contributed a

case of double optic neuritis after a fall without any affection of vision, and Mr. Higgins sent a short paper on neuro-paralytic ophthalmia. Several living specimens of interest were shown, that which excited most attention being a case of diabetic retinitis of Mr. Nettleship's, the point being whether the appearances were wholly due to the diabetes, or whether, as was contended by some, they were only the results in a very advanced stage of albuminuric retinitis. Those who held the former view appeared to us to have the best of the argument.

OWING to the temporary indisposition of Sir Andrew Clark, a paper by him on the subject of Desquamative Prostatitis, which had been announced for presentation to the Clinical Society on Friday last, was deferred until the author could be present. The disappointment doubtless felt by the large number of members present, many of them attracted by the novelty of the subject, no less than by the eminence of its exponent, was, however, tempered by the excellence of the other papers provided for discussion. An account of a case of laryngeal obstruction due to sudden paralysis of the abductor muscles of the larynx was related by Dr. de Havilland Hall, and gave occasion to Dr. Felix Semon to put once more before the Society a concise account of his views, now very generally adopted, with respect to the peculiar proclivity of the abductor muscles to become paralysed before the adductors in all cases of organic lesion of the nerve trunks and nerve centres supplying the muscles of the larynx. The views of Dr. Krause, who has endeavoured to prove that the apparent paralysis of the one set of muscles is in reality due to spasm of their antagonists, were made the subject of severe adverse criticism.

THE latest achievements of abdominal surgery were once more under discussion at the same meeting, the subject being introduced in a paper by Dr. Barlow and Mr. Godlee, on a case of abdominal abscess treated by the simple method of evacuation and drainage. The patient was exhibited in apparently perfect health. In the course of the debate several useful facts were elicited, perhaps the most remarkable being that contributed by Mr. Barker, proving that abdominal section and peritonæal investigation might be safely undertaken in the presence of acute peritonitis. The advice given by the President that exploratory incisions should in all cases of doubt be made in the region of the cæcum is most valuable, and will probably be largely adopted in the future. In this debate, as in many previous discussions, it was made very clear that the present means of diagnosing obscure abdominal affections are altogether insufficient, many of the most important signs and symptoms being common to such widely differing conditions as mechanical obstruction and acute inflammation.

THE last meeting of the Pathological Society before Christmas was held on Tuesday, and was the occasion of a large number of communications. Mr. Sutton was again to the front; this time with the results of a very extensive study as to diseases of the heart and



blood-vessels in the lower animals, about which he had much to say that must have been new to many of his hearers ; the varieties of pericarditis, the peculiar compression of the heart in some rickety monkeys, vermiform aneurysms, and arterio-capillary fibrosis were the diseases he chiefly dwelt upon and illustrated with a large number of specimens. The only point on which perhaps we should feel inclined to disagree with him would be in reference to the absence of arterial strain in animals. Surely beasts of burden subject their arteries to a very considerable degree of strain in performing their daily task. Mr. Poland reported a case of internal anthrax, the chief interest in the case being that the organisms had presumably entered the body through the trachea, that the man had only worked with hides on one single occasion, and that the symptoms had set in on the same day ; the chief lesions *post mortem* were hæmorrhagic infarctions in the lungs, scattered sloughing ulcers in the stomach and small intestines, and hæmorrhage into the pia mater ; no micro-organisms were found in the blood or tissues, but the failure to discover them was attributed to the amount of decomposition that had taken place. Mr. Silcock showed a good specimen of syphilitic ulceration of the trachea, the stage of the disease constituting the most noteworthy feature of the case, as the ulcers have usually healed before the patient reaches the *post-mortem* table. Mr. Swinford Edwards showed a case of round-celled sarcoma of the skin, which led to some interesting remarks from Mr. Butlin, and Dr. Hale White had a probably unique case of primary melanotic carcinoma of the liver, whilst Mr. D'Arcy Power and Mr. Lane added to our store of recorded instances of the occurrence of malignant disease in bone.

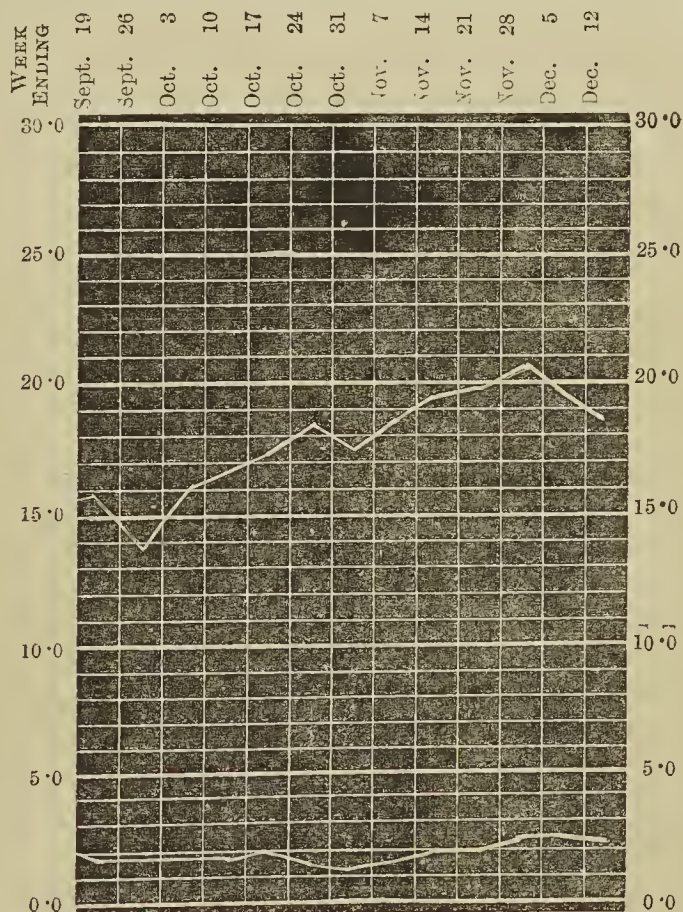
THE constituents of the Metropolitan Hospital Sunday Fund have done wisely in endorsing the conclusion of their General Purposes Committee, "that matters relating to the internal administration of Hospitals are beyond the jurisdiction of the Fund." If the principle supported by some of the hotter-headed friends of the Fund had been admitted, and pressure had been put on University College Hospital to change its system of nursing, it would have been difficult to see what limits could be placed on the interference of the constituents of the Fund. Probably King's College Hospital would have been the next to be threatened with a stoppage of supplies, because the medical teachers connected with it are required to sign themselves *bonâ-fide* members of the Church of England.

WE hear with great regret that a member of the Asylums Board intends to move that the resolution of the Board re-instating Dr. Collie in his appointment at Homerton be rescinded. Such a proposal, if successful, or even if unsuccessful, would be as cruel as it is unusual. But we trust that the Board will not consent thus to play with the interests and feelings of those who are, unfortunately, dependent upon it.

EVERYONE must sympathize with the sanitary aspirations of Mr. Edwin Chadwick, and hope that his

letter in Monday's *Times* may attract some interest among the convalescents from election fever. Whether it will ever be possible to reduce the general death-rate throughout the country to "prairie value," as Mr. Chadwick hopes, it is difficult to say. There are deaths enough at present from preventible disease, in all conscience, and there is no doubt that the conditions under which the mass of the population live are very far from satisfactory. But the conditions under which the work of the world has to be done can never be ideally healthy. We cannot all be inhabitants of well-drained and well-watered villages, or even of suburbs with go-ahead Local Boards of Health, and we can never expect their health and long life. We can cut down the mortality from zymotic disease—the doubtful zymotic whooping-cough, perhaps, excepted—we can diminish the deaths from the effects of drink and debauchery, but there are many diseases whose causes we cannot touch without reforming our whole civilization. And we strongly suspect that, as the old gross diseases die out, other more subtle ones will take their place, to vindicate Nature's law that only the fittest shall survive. One question to the ardent sanitarian. Can he ensure the average middle-class mother a full breast of milk ?

THE returns of the Registrar-General for the past week again show a fall in the death-rate in the metropolis, the total number of deaths having been 1,474, or 351 less than the corrected average. Of



The upper line represents the general death-rate and the lower line the zymotic death-rate per 1,000 in London for the past thirteen weeks.

these, 57 were due to measles and 58 to whooping-cough, the high mortality from these ailments during the two preceding weeks being thus fully maintained. Diphtheria caused 20 deaths, 14 of the victims being under 5 years of age ; scarlet fever was the cause of



death in 14 cases and enteric fever in 7, and 3 deaths were due to small-pox. The deaths of 264 persons were referred to bronchitis and of 100 to pneumonia. The mean temperature for the week reached the low figure of  $32.7^{\circ}$ , a fall of  $12^{\circ}$  as compared with the previous week. In the provincial towns Bolton again had the highest death-rate, viz., 31.8, Plymouth coming next with 27.5. Liverpool and Nottingham suffered rather severely from measles. The death-rate in Dublin rose to 31.0, owing to the increase in the deaths from whooping-cough and fever.

OUR Paris correspondent writes:—The eminent veterinarian, Henri Bouley, whose death the scientific bodies of France have so deeply regretted, was of all the members of his profession the one who attained the highest dignities. He had been President of the Academy of Medicine; he was President of the Academy of Sciences, and filled the Chair of Claude Bernard at the Museum. His funeral, which was celebrated with almost princely splendour, elicited more than the usual amount of eloquence, and his praises have been sounded in the whole scientific press of France. Yet he was better known as an eloquent expounder of the views of others than as an original labourer in the field of science, and it is chiefly to his uncompromising adhesion to the views of Pasteur that his great celebrity is due. The Faculty of Medicine have unanimously elected M. Mathias Duval to succeed Professor Robin in the chair of histology. The result was foreseen, since Professor Ranvier had withdrawn from the lists. The talents of the new professor will secure him a legitimate popularity, both among students and scientific men, although he has laboured more in the cultivation of normal and comparative anatomy and embryology than in that of histology, properly so called.

THE last meeting of the Paris Academy, being the "*Séance Solennelle*," was chiefly devoted to the proclamation of prizes and the "Eloge" of the celebrated surgeon Chassaignac, by M. Rochard. There occurred, however, an interesting communication by M. Hermann Fol, of Geneva, upon the microbe of rabies. The author takes it for granted that M. Pasteur's experiments have proved conclusively that this disease is produced by a microbe which hitherto had not been found. He professes to have discovered in the brain and spinal cord of animals affected with hydrophobia a micrococcus of small dimensions, viz.,  $\frac{1}{50000}$ th of a millimetre, which chiefly lies in the neuroglia, but is also found in some other parts of the nervous centres. Some portions of the brain of mad dogs, having been subjected to regular cultivation in sterilized broth, produced a deposit which precipitated in the space of four days, and which, when subjected to microscopical investigations, exhibited similar micrococci. The deposit, being inoculated in animals in sound health, sometimes produced hydrophobia. This result is no longer attained after the sixth day. The author, therefore, claims to have discovered the specific living organism of rabies. M. Hermann Fol is a naturalist of great talent and his assertions deserve the greatest attention. It may, therefore, be true that

we have attained the solution of one of the most important problems of medicine. In the meantime, M. Pasteur's patients are constantly increasing in number. Unfortunately, some of them have died, but this might of course have been foreseen, and the event has by no means acted as a damper upon public enthusiasm.

THE dinner given to Dr. Bradley at Sheffield, on Friday last, formed a fitting close to an episode which does not reflect much credit upon the law. The evidence upon which Dr. Bradley was convicted was of such a nature that we doubt if any other jury could have been got together to agree in convicting him; but, notwithstanding this, when once the sentence had been passed, it took months of agitation on the part of the medical profession to obtain a reversal of it. The dinner in question was arranged for the purpose of affording Dr. Bradley some tangible proof of the wide-spread sympathy which his case has aroused, in the shape of an address and a purse containing four hundred guineas. Dr. de Bartolomé occupied the chair, and the presentation was made jointly by Dr. Balthazar Foster, M.P., and Mr. Wheelhouse, whose speeches were received with great applause, and were well worthy of the important occasion on which they were delivered.

MEETINGS to promote the formation of a Medical Volunteer Corps in connection with the various schools of medicine in Dublin have been held during the past week or two. At a largely attended meeting for this purpose, held in the School of Physic in Ireland, Trinity College, Dublin, on Friday, the 11th instant, the Rev. Dr. Haughton presided, and the objects of the movement—which is extensively promoted by the London Medical Schools, and in Edinburgh and other parts of Scotland—were explained by Surgeon-General Evatt, of the Army Medical Department, Woolwich, and Mr. Cantlie.

THE offence for which a student was sentenced to six months' imprisonment with hard labour the other day at Belfast may not be so rare as people would be disposed to believe. The charge was that of uttering a forged certificate of matriculation in the Royal University, and the forgery would probably have been completely successful, had it not been for a want of attention to detail, which, curiously enough, is by no means uncommon in frauds of this class. The certificate purported to show that the holder of it had passed the examination in November, and, as that examination is never held in November, this attracted the attention of the Registrar, who on a little investigation had no difficulty in arriving at the conclusion that the whole document was a forgery. That some one should have thought it worth his while to go to the trouble and expense of forging a lithograph of this certificate looks as if a large business in that particular line could be safely calculated upon, and it will be necessary for the authorities in future to scan with unusual care the certificates handed in by would-be students. Meanwhile it is some satisfaction to know that no other certificate belonging to the issue the existence of which has thus been made known will be able to do duty on any subsequent occasion.



WE notice with much regret that the publication of Squibb's "Ephemeris" is discontinued with the number issued in November last. The disappearance of a periodical conducted, as this has ever been, with so much public spirit and with a single object to advance knowledge on subjects relating to materia medica, pharmacy, or therapeutics, is a real loss to our profession, and we would fain hope that the possibility hinted at in the parting notice, that its publication may some day be resumed, will be realised.

#### THE MEETING AT THE COLLEGE OF SURGEONS.

WE looked forward with some apprehension to Thursday's meeting of Fellows and Members at the College of Surgeons, fearing a repetition, if not an aggravation, of the painful and indecorous exhibition of animus which characterised the last meeting. We are bound to confess that our apprehensions have been falsified by the event, and that, save for a brief scene of disorder, for which Mr. Brudenell Carter, the main advocate of the policy of the Council, has alone to thank himself, the meeting passed off as pleasantly, and the discussion was, on the whole, as serious and statesmanlike, as could be expected from men for the most part untrained in the arts and amenities of the forum. Certainly the discussion reached a higher level on Thursday than it did at the previous meeting. The speakers were of higher rank, both in the College and in the Profession, three of the four chief spokesmen for the Members being themselves Fellows, and two of them, if we may use the expression, men of Council rank. The Members' Association had immensely strengthened their position by coming to terms with the Association of Fellows and restricting their claims on behalf of the Members as conditioned by the alliance. Their willingness to accept an instal of reform, instead of pressing for the immediate enfranchisement of every newly-fledged Member, has not only secured for them the influential support of men like Mr. Holmes and Mr. Rivington, and, we presume we may add, Mr. Pollock; but ought both to conciliate the Council and, to some extent, disarm the hostility of Mr. Carter and the Junior Fellows.

When we reviewed the statement prepared by the officers of the college for presentation to the meeting, we expressed our surprise at the argument from analogy between the Members and the citizens of a State. At best, a weak and inconclusive plea, it should not have been brought into such undue prominence by the apologists for the Council. And we are glad that the speakers on Thursday showed as little regard for the argument as for its contravention, basing their contention on much larger and more valid considerations. For these arguments we must refer the reader to our report of the meeting and to the ably reasoned speech of Mr. Rivington, which we give in full in another column. As to the arguments on the other side, mainly formulated by Mr. Brudenell Carter, we need say little.

The plea that personal knowledge of the candidates constitutes the best claim to the privilege of voting for Members of the Council lost what little force it may have had when the Council accepted the principle of proxy voting. If it is a valid argument, it would restrict the Parliamentary franchise

to the *habitués* of the London clubs. Besides, even under the present system any individual Fellow cannot have a personal knowledge of all the candidates for the Council, and, if he has not, it is impossible for him to compare their relative competency. He may know A. and feel sure that he possesses all the shrewdness and common-sense and business-like habits that Mr. Carter panegyricized, but how can he assure himself that B., whom he does not know, has not greater shrewdness and better business habits? The fact probably is that no man can attain rank and recognition as an able surgeon who does not possess these qualities, and we are very sceptical as to their presence or their absence influencing to any tangible extent the votes of the present Fellows. Mr. Carter's argument, that with a large electorate the chief places on the Council would fall to the surgeons connected with the larger schools, sounds more forcible than it really is. The votes of the Members, we imagine, would go mostly to the men with whom they were most brought into contact in practice, *i.e.*, with the men who had the greatest success as consultants, and, though the surgeon to a large school is perhaps more sure of a consulting practice than the surgeon to a small one, the experience of the school which Mr. Carter quoted shows that this fact does not prevent the surgeons of small schools from rising to pre-eminent positions as consultants. Sir Prescott Hewett, for instance, would probably have gained quite as many votes from Members of the College as any of his contemporaries at the over-grown schools further east. Of course the extension of the College franchise would bring with it a much larger infusion of country Fellows into the Council, especially if the personal knowledge lauded by Mr. Carter were to have much influence with the electors, but we do not know that this would be a consummation greatly to be deplored. Indeed it is inevitable if the College is to take that position as a national institution which the reformers desire. One word in conclusion as to the unfortunate remark of Mr. Carter about the part played by the medical press in this agitation. We must leave the two gentlemen specially selected by Mr. Carter for the honour of being named by him to speak for themselves; but, for ourselves, we must candidly confess that for some months after the foundation of the Members' Association we looked on it with much distrust, and scarcely thought its proceedings worth mention in our columns. Even after the October meeting we expressed the opinion that the Association was still on its trial, from which we are now glad to admit that it is emerging with something not far short of success. Everyone connected with and loyal to the press of this country must deeply regret that Mr. Carter should have allowed himself to speak in such disparaging terms of two members of that profession with which he has himself been so long and so closely connected.

#### MR. JOHN WOOD'S BRADSHAW LECTURE.

THE memory of the pious founder of these lectures will long remain fresh and green if the successive orators, chosen to commemorate the anniversary, be as well selected in the future as they have been in the



past. And, while the sister College has selected from their entire body younger, but married, men for the task, the Surgeons have hitherto only chosen from the narrow, but very select few, who constitute the Council of the College, and who have occupied, or are about to occupy, the highest position to which surgeons can aspire. Each plan has its advantages. The one gives the junior Fellows the all-important opportunity of showing what is in them, while the other secures for the listeners, and the profession at large, the matured judgment and the sober truths which age and experience alone can bring. It is probable that few men could have spoken with greater weight and authority than Mr. John Wood on "Antiseptics in Surgery." Well versed in both the art and science of a near, but bygone, surgical era, Mr. Wood is now associated at King's College with the man who has revolutionised surgery, and has given his name not only to a method of dressing, but to a principle which in future ages will be known and taught as "Listerism." He has thus the opportunity of judging, by a comparison of the near past with the practice of the actual present, how far and in what way Listerian antiseptic surgery answers the ends and purposes it professes to serve, and in what respect it is superior to other methods of surgical dressing then or now in use.

Although Mr. Wood devotes himself chiefly to the external application of antiseptics to the exclusion of theories of causes and origin of diseased processes (which belong to pathology rather than to surgery), it is impossible in the consideration of such a theme to altogether avoid theoretical points; nor does he. For he begins by a brief consideration of "the agencies which more or less accelerate or retard the healing of wounds." In doing so, he says, "every method of treatment has some basis of fact or theory which enables it to resist immediate extinction." This is the *vis medicatrix naturæ* of Cullen, and Mr. Wood places it "first in order and in importance." The vigour and intensity of vital force which pervades all the tissues, from the highest nerve-structure to the lowest forms of protoplasm, endow an individual with the means of resisting disintegrating influences. "But a great degree of this power is sometimes found in those who are by no means examples of perfect health, and a scrofulous subject will frequently undergo severe operations, long suppuration, and tubercular infection without showing symptoms of either pyæmia, erysipelas, or other forms of blood-poisoning, to which others, stronger than they, succumb." Here Mr. Wood is plunging into rather debateable ground, and we cannot quite follow him without some misgiving. In the first place, what is a scrofulous subject, and in what respect does such an one differ from a healthy subject? In the second place, what is the explanation of "long suppuration" of "tubercular infection"? Are they not themselves examples of blood-poisoning? Then, are the scrofulous alone able to withstand long suppuration, and do others, "stronger than they," always succumb? Finally, does the condition of perfect health—the possession of a large supply of vital force—always suffice to ward off disintegrating influences, and, if so, how are we to explain the onset of acute diseases, like diphtheria or fevers, in persons of robust

health, as is so frequently seen in practice; or, when overtaken by accident the occurrence of suppuration, of pyæmia, erysipelas, or other form of wound complication? That the weakly and the strong should both suffer from the effects of evil surroundings appears to us an incontrovertible argument in favour of extraneous agencies—germs—as the real source of surgical calamity.

The variety of answers which the foregoing questions would probably give rise to is a proof how little we know of the subtle influences and of the agencies which everywhere surround us. It is all very well to say that germs are floating in the atmosphere we breathe and move in, that they "lie latent in all the tissues, even of the healthiest animals" and "seem to cause no mischief." For, the germs notwithstanding, vital operations are now every day undertaken without regard to vital force, perfect health, or even the scrofulous habit, with results that leave nothing to be desired, provided always that suppuration can be avoided. The doctrines of antiseptic surgery point out how this can be accomplished with almost absolute certainty, and thus we are led to the conclusion that more depends on the surgeon than on the patient, more on the application of scientific teaching than on vital force, and that, when patients "succumb" after accident or surgical operation, it is that the patient, for some reason or other, has not had the full benefit of the knowledge which every surgeon has, or should have, at his fingers' ends. Of course, a patient may be killed outright, or vital organs may be injured past recovery, by accident; or he may delay consulting a surgeon until disease is too far advanced. Such cases are not now under consideration.

Given a surgical operation, or injury, what is the best antiseptic, and what is it capable of doing? Such is really the gist of Mr. Wood's lecture. The reader will find the questions answered with all the clinical acumen that Mr. Wood possesses. He does not appear to have any prejudices, but says plainly what each one can do, and how it may most effectually be used. We need not here follow him into details; the following points must, however, be carefully heeded: "In the choice of an antiseptic agent, it must be borne in mind that a much weaker solution suffices to prevent putrefaction than to destroy it when it has once commenced," and again, "solubility, a degree of volatility, no irritative property when applied to the living tissues, and no effect upon the system by absorption, seem to be the criteria of a good antiseptic." There is an entire absence of the disparagements of Listerian dressings, which have so disfigured previous utterances by eminent surgeons when dealing with "antiseptics," nor is any attempt made to under-rate or minimise the immense changes which have been introduced into surgical practice since "antiseptic surgery," in its modern sense, has come to be generally practised. Mr. Wood wisely emphasises the value of drainage; this, he thinks, has "prevented many of the disastrous results, such as tension, abscesses, and burrowing of matter, which formerly were common in hospital wards," and we feel with him that it is quite as important as the use of carbolic acid, iodine, chloride of zinc, or other chemicals. Indeed, Mr. Wood might



shortly have described successful antiseptic surgery as careful co-aptation of parts, free drainage, and absolute cleanliness.

We will conclude this brief notice of Mr. Wood's interesting lecture by the following extract:—From the foregoing, among many other considerations, it appears to me that the relative efficiency of antiseptics in different hands, and under varying circumstances, is very difficult, if not impossible, to estimate by the statistical method. Cases vary much; scarcely two are exactly alike. The influences which surround, and act, directly or indirectly, upon them, in other ways than by dressings, render the comparison apt to be variously determined by different minds and from different points of view. Each surgeon will do best, I believe, with the means at his disposal, to compile his own statistics for his own guidance, from his own experience, and from his own standpoint. He may be confident that the wisest questioning will bring the wisest and most direct answer; that his results will depend most upon the care bestowed upon his patient, the exactitude of his record, and the accuracy of his judgment; and that his time will be better spent upon these things than by wrangling over his comparative statistical success with his fellow-labourers upon the same lines.

#### ALLOPATHIC TEMPERANCE.

A SCHEME, put forward in all seriousness, to diminish drunkenness by making public-houses more attractive is something to make even a moderate temperance advocate stand aghast. That men do enter public-houses, and that they do so almost invariably for the purpose of drinking intoxicating liquors, are admitted facts, bad enough in themselves surely. But that men should be allowed to stay there by an increase of comfortable accommodation and greater facilities for snugly enjoying the society and conversation of their neighbours seems, at first sight, a needless aggravation of temptations which are already more than strong enough. And to expect by such means to seriously lessen the evils of drinking to excess sounds like a preposterous dream. Yet, a careful examination of the arguments advanced will serve to show that they are reasonable and weighty, and a candid consideration of the whole question, viewed by the light of common sense, must go far to convince the impartial philanthropist that some such plan as that sketched by a recent writer in *Macmillan's Magazine* is far better suited for general and lasting adoption by the great bulk of mankind, and so far more practical than the extreme measures advocated by the non-alcohol reformers; while the results, immediate and remote, of its operation are likely to be at least as satisfactory as any which can be expected to follow an attempt "to absolutely prohibit the employment of alcoholic beverages."

There is too much truth in the assertion, and too much risk to sobriety in the fact, that the public-house is, despite its title, less a house for the public than for the publican. It must be, under the present condition of things, to the interest of the publican

(i.e., to the interest of his landlord, the brewer or distiller) that his "guest" should pay for as much drink as possible. It is not to his interest that customers should find in the public-house comfortable seats, good ventilation, newspapers to read, ample room in which to talk quietly and comfortably to friends, with the minimum of temptation to do nothing but drink. A very slight acquaintance with the interior arrangements of the public-houses, whose gleaming casements attract the city wayfarer with the promise of warmth, if of no other comfort, is sufficient to make clear the fact that the "refreshment" offered is almost entirely restricted to the single item of strong liquors. The central, usually the only, attraction is the "bar"—bright with the glare of gas on glass and burnished metal. Here the customers most do congregate, not only because the counter is of a convenient height to lean upon, but also because sitting accommodation is utterly inadequate, even if not totally lacking. The cubic space is small out of all proportion to the number crowded into it. The atmosphere is soon made close and unhealthy, impregnated with the mingled fumes of tobacco-smoke, humanity, beer, spirits, and gas. Ventilation, as the sanitarian understands it, does not exist, for to open a window would be to create a formidable draught, and the large class to whom comfort means mainly a sense of warmth, however acquired, will stand no such intrusion of the chill external air. All these things, the heat, the light, the glitter, the sight and sound of drinking, the buzz of orders and of conversation, the outwardly jovial impression of the scene, all conspire to drinking and lure the drinker only too easily to have the emptied glass filled again. Such a description does not, of course, fairly apply to the small roadside inn or to the primitive village alehouse, where the public room with its sanded floor is fairly large, if low, and the long table is furnished with a tolerable accompaniment of forms or even chairs. But it is no exaggeration of the conditions which obtain in the gin-palaces that crowd the populous thoroughfares of a large city, and it applies also in its degree to the less ambitious public-houses of smaller towns. In all of them the main object is to provide drink, and in almost all, by providing no other possible means of amusement or employment, to tempt to repeated and continuous drinking, and to make everything except drinking an absurd impossibility.

Enthusiastic teetotalers have caused scores of public-houses in various parts of London to be carefully watched by the day together; and temperance orators have quoted statistics, showing the number of hours which each customer on an average spends within their doors, as evidence of the inherent and acquired depravity of alcohol-consuming humanity. But it has been aptly pointed out that such figures suggest a very different interpretation,—one quite as rational in itself and more hopeful for the future. Man is a gregarious animal in all walks of life. But the poor man has none of the facilities possessed by the rich for receiving and entertaining his friends and neighbours in his own home; and too often, for other reasons, it is the place where there is, above all others, least entertain-



ment for himself. The public-house is the only place where he can do this with comfort and under cover; his father and his grandfather went there for the same purpose before him; and the only fee demanded, nominally, is the not unpleasant duty of drinking a glass himself. If men and women went into public-houses *merely* to drink, they might be expected to leave so soon as they had consumed all that they wanted or all that they could pay for. The very fact that they do stay so much beyond the time which can be spent in this way merely is in itself a very cogent proof that one of the strongest motives that takes them there, and probably the strongest which keeps them there, is that hungering for fellowship and society which is deeply implanted in every human breast, and which so many of us have scarcely any other place and scarcely any other opportunity of gratifying. It is no fault of the poor man that the management and structural arrangements of the "poor man's club" have been developed so far in the direction of subordinating everything else to fostering and gratifying the passion for drink.

If such reflections are not very novel, there is novelty in taking them as arguments for making the public-house less noxious by making it more comfortable. We are not yet all agreed that men should be prohibited from drinking beer and spirits altogether; but we are practically unanimous in the opinion that many men drink too much; and it is reasonable to look for a diminution of this excessive, needless, and demoralising drinking, if only the accessories which tempt to and encourage it be done away with. Let us, in short, try the experiment of public-houses arranged and conducted upon rational principles—making them places where people who need rest and comfort and refreshment of both mind and body may obtain these things in all reasonable fulness, instead of being, as is now the case, debarred from what is reasonable, while they are powerfully tempted to what is both needless and debasing. The coffee-palace is good in its way, but it does not empty the public-houses or appeal strongly to their frequenters. It is an open question whether a moderate daily consumption of sound malt liquor is injurious to the healthy man. But it is certain that no other place for social gathering can successfully compete with the public-house unless beer is included amongst its attractions. Why, then, should not the public-house retain this attraction while improved accommodation is made to lessen the risk of its abuse? Let the cubic space be ample and ventilation good, let comfortable seats and tables be provided, and a reasonable supply of newspapers; diminish the size and the obtrusive glitter of the bar; if possible, let the use and shelter of such a place be allowed for a small weekly sum to those willing to pay for it, without exacting any other tribute; in other words, while drinking is allowed, lessen as far as possible the moral and physical temptations to it, and make it a distinctly subordinate object of the establishment. The success of the better class of workingmen's clubs is a proof that such institutions can be made to pay, even when conducted in the face of opposition and under the difficulties of individual

isolation. But their success and the good which they can achieve does not the less necessitate an improvement of public-houses as they at present exist.

The establishment of one public-house arranged and conducted in this manner, providing good sound liquor, but providing also for the gratification of those other and higher wants which must at present be drowned in beer or gin, would soon compel others in the same neighbourhood either to close or to follow its example; and would eventually lead to a considerable reduction in the number, and a great improvement in the standard, of such places throughout the country. It is an experiment which a really philanthropic brewer, for example, could easily and might well test.

There is a class of zealous reformers who regard the muzzle as a panacea: who would make the gratification of a natural appetite impossible and call it self-control. We believe the creed—whatever its value in certain special circumstances—to be fallacious and impracticable in its application to the general mass of humanity. We might term total abstinence a homœopathic remedy for drunkenness; for alcohol is so universally distributed that even ordinary drinking-water is held to contain it—and that in a degree of tenuous dilution which should satisfy the most fanatic of the avowed followers of Hahnemann. But, putting all the foolish controversies of fading "schools" aside, it may be asserted that the most hopeful cure for drunkenness lies in the better physical and moral care of those who drink; that it is to be sought for by elevating the tastes, improving the food, brightening the surroundings, lightening the cares, and lessening the temptations of those around us—not by any futile attempts to fasten a padlock on men's mouths, or to banish from the world all familiarity with a substance which would, in that case, only be hailed by the next generation as a beneficent discovery, and wrested, by the experiments of ignorance, to still greater abuse.

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## REVIEWS AND NOTICES OF BOOKS.

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*Handbook of Diseases of the Skin*; edited by H. v. ZIEMSEN, M.D. New York: William Wood and Co., 1885, pp. 658.—This handsome book constitutes the eighteenth and last volume of Ziemssen's *Cyclopædia of Medicine*. Its tardy appearance is no subject for wonder when the immensity of the original undertaking and the difficulties arising from the necessary incorporation of our daily increasing knowledge in a "standard" work are taken into consideration. The number of volumes issued having already surpassed the original estimate, that now before us has been most generously presented to original subscribers by the publishers, who are undoubtedly deserving of a tribute of gratitude. Turning to the book itself, it cannot be denied that, despite the immense amount of thought and labour expended upon it, resulting in a work of sterling worth, its perusal is to some extent accompanied by a feeling of disappointment. Apart from the obvious objection that the various articles must have varying values, certain other defects are necessarily inseparable from a work representing the collaboration of a considerable number of authors whose views by no means invariably coincide. The adoption of an uniform classification and nomenclature would have greatly facilitated the task



of comprehension to the ordinary medical reader, although admittedly variety in these matters often recalls many an interesting historical point to the expert and the erudite. All classifications are necessarily arbitrary and artificial, especially perhaps in dermatology, where connecting links abound, but probably none more nearly approaching scientific truth has hitherto been suggested than that elaborated by Professor Auspitz in his excellent chapter upon the general pathology of skin diseases, founded, as it is, upon carefully digested anatomical, physiological, and pathological considerations. No portion of the work more thoroughly repays study, even if the reader's gratification is occasionally marred by some of the composite names which the author has thought it necessary to fabricate in order to express his views as to the essential nature of various lesions. Despite the marked individuality pervading the chapter, but little objection can be made to any of the statements therein. Probably, however, few will agree with Professor Auspitz that the papules of prurigo consist merely, or even mainly, of hypertrophied *musculi arrectores pilorum*, and that psoriasis and *lichen ruber* are "paratypes of the cornification process, the hyperæmia and fluxion being secondary and due to pressure on the base by the accumulated scales," not inflammatory processes, as is generally taught. Professor v. Ziemssen's article on the physiology of the skin is commendably brief, as no new facts of importance have been elicited by recent experimentation. It may be as well to indicate his opinion that only gases and substances which become easily volatile at low temperatures are absorbed by intact epidermis, and that substances dissolved or suspended in fats are absorbed only when mechanical pressure is employed, so as to introduce them into open glands. Dr. Veiel, under the heading of "dermatitides superficiales," treats, *inter alia*, of such widely dissociated conditions as eczema, impetigo herpetiformis, and lupus erythematosus. Apart from the curious statement that only nine cases of impetigo herpetiformis have been placed on record, the affinity, amounting almost eerily to identity, of this disease with herpes gestationis should relegate its description to a class far separate from eczema. Nor can we assent to the close relationship claimed to exist between eczema and lupus erythematosus, the points of resemblance being only very superficial, whereas the border line between the latter and lupus vulgaris is clinically and pathologically often indefinable. In regard to the treatment of eczema, we cannot but think that tarry preparations are far too freely recommended, our own experience having led us to use this class of remedy very sparingly, very dilute, and always tentatively, over a limited portion of the disease, in the first instance. Professor Schwimmer writes with authority upon scleroderma, justifiably including morphea under the title, but he omits all mention of rheumatism among the ætiological factors, and appears to us to give too gloomy a general prognosis by under-estimating the chances of spontaneous cure. His observation that a fatal termination frequently occurs by general amyloid disease is new to us, nor are we inclined to place much confidence in the treatment he warmly recommends by "galvanisation of the sympathetic." Professor Schwimmer's acceptance of the rôle played in its causation by *filaria sanguinis hominis* is very half-hearted, only Dr. Lewis's paper published in 1874 being referred to. This is not the only instance throughout the book of the neglect of recent work by English observers. Lupus and other chronic infectious diseases of the skin are undertaken by Professor Neisser and handled with special discretion. The evidence as to the tubercular nature of lupus is very carefully sifted and a decision in the affirmative finally arrived at, Schüller's successful inoculation experiments being unhesitatingly accepted, and scrofuloderma, the tubercular nature of which is said to be easily demonstrable, being regarded as a connecting link with visceral tuberculosis. Difficulties in accepting the view are met by the theory that the tubercular organisms are less virulent because located in a situation unfavourable for their growth, and that they do not easily find their way from the skin into the general circulation. Were any series of cases or even any single case on record in which a lupus was indisputably the starting point of a general tuberculosis, any

doubt on the subject would be dispelled. It is impossible in the time and space at our disposal to enter more fully into the merits and shortcomings of this remarkable work. The task would be a fascinating one as in the case of almost every article one cannot but feel that one is criticising the work of a master. The volume forms a fitting conclusion to one of the most remarkable series of medical works ever submitted to the profession.

*Hirsch's Handbook of Geographical and Historical Pathology*; translated by CHARLES CREIGHTON, M.D. London: New Sydenham Society, 1885.—Some time ago we had the pleasure of speaking in the highest terms of the first volume of this work, and, now that we have carefully perused the second volume, we can only repeat our congratulations to the Sydenham Society that it should have undertaken to bring it out in an English dress, and that it was so fortunate as to secure the services of so excellent a translator as Dr. Creighton. Anyone who turns over these pages cannot fail to be struck with the magnitude of the work which Dr. Hirsch has accomplished, and we can confidently recommend it as an almost never-failing work of reference on the subjects of which it treats. The present volume deals exhaustively with some diseases regarding which we should search for such information elsewhere in vain; leprosy, yaws, pellagra, ergotism, beriberi, and others, which are usually, but superficially, referred to in text-books, are fully discussed in its pages, and copious references are furnished as to all the subjects. There is an excellent summary of the literature of animal parasites, and especially of the parasites of tropical and sub-tropical regions; the chapter on guinea-worm, for example, is a model of careful work, and the summary of our knowledge of the *Filaria sanguinis hominis* is the best we have seen. The reader cannot help being struck with wonder at the number of out-of-the-way periodicals and pamphlets which the author has consulted, and many a writer will find notices of observations which he has made and published in distant parts, which he little expected would have found their way into such a classical volume as this. We had made copious notes of several of the articles in this volume—such as those treating of syphilis, scurvy, erysipelas, scrofula, and puerperal fever—with a view of drawing special attention to some of the more striking passages contained in them, but have found it so difficult to make a selection which would adequately represent the author's views in the space at our disposal that we have been reluctantly compelled to omit them altogether. We, however, cordially recommend our readers to consult the volume for themselves, and would specially recommend it as worthy of the careful attention of writers of handbooks on medical subjects. They will find that Dr. Hirsch is particularly careful in giving all the information available, and that he takes broad, common-sense views of the subjects which he discusses. Of Dr. Creighton's work, both as translator and editor, we have nothing but praise to offer. He has placed at the disposal of the Sydenham Society a volume written in such vigorous English that it would be hardly possible to imagine it was of German origin; whilst the accuracy with which the innumerable references have been reproduced testifies to the labour which he must have expended in seeing the proof-sheets through the press.

*Transactions of the American Gynecological Society*. Vol. ix., for the year 1884. New York: D. Appleton & Co., 1885.—When Mr. Herbert Spenceer visited America, the thing that made the most unfavourable impression upon him was the low moral tone which he found prevalent. There is the most hope of reformation when those who need reforming are conscious of that need. Whether Mr. Spenceer's opinion as to the public morality of America be well founded or not, we shall not presume to judge. If it be, then the address of the President of the American Gynecological Society, with which this volume opens, shows the promise and potency of improvement, for the occupant of that high position has not hesitated to speak plainly about certain articles that have appeared in a well-known



American journal. There is no need for us to dwell on this topic, for it is to be hoped that Dr. Albert Smith's severe rebuke will prevent future errors of the kind; and the volume before us contains articles which are themselves the proof of progress towards a higher and better standard. Dr. J. C. Reeve, of Dayton, Ohio, discusses certain moot points with regard to inversion of the uterus. These are four; viz., (1) Can inversion of the uterus occur entirely independently of pregnancy, of polypus, or even in the nulliparous organ? (2) Does inversion of the uterus always begin at the fundus? (3) Does puerperal inversion of the uterus ever occur except at, or immediately after, delivery? (4) May inversion of the uterus take place without sufficient symptoms to attract attention or to indicate that anything has gone wrong? As to each of these questions, Dr. Reeve brings forward facts and arguments which, even if they should not be thought sufficient to warrant a confident affirmative answer, yet at least ought to prevent hasty dogmatism on the opposite side. Dr. H. P. C. Wilson, of Baltimore, has collected some cases in which foreign bodies were left in the abdomen after laparotomy. He relates a marvellous case of his own, in which a sponge was left inside the belly, the patient recovered, and nearly six months afterwards the sponge escaped through the abdominal walls. Dr. C. D. Palmer, of Cincinnati, writes on abdominal section as a means of exploration and treatment. His paper is valuable, because it shows that an exploratory incision is not quite so free from danger as some would have the profession believe, more especially in cases of malignant disease. Dr. Palmer writes to recommend, not to dissuade from it, and his temperate conclusions cannot but carry weight. Dr. Paul F. Mundé contributes a valuable paper on interstitial cervical fibroids as a cause of dystocia, and their removal by vaginal enucleation. The paper is described by its title, and it seems to us that Dr. Mundé has done a useful service in showing the feasibility of the method of treatment in question. Dr. Thomas communicates six cases of extra-uterine pregnancy. Three are instances of supposed cure by electricity, but the diagnosis was unverified, and they may have been cases of ordinary pelvic peritonitis. One was treated by laparotomy at the time of rupture and died; another by secondary abdominal section, the placenta being in great part removed, with success. Dr. Maury reports an unverified case of the same disease, and argues against immediate laparotomy. Dr. Mundé tries to make out a case in favour of extirpation of the cancerous uterus; but we cannot say that his essay exhibits that judicial temper which is necessary for it to be convincing. Dr. Sawyer, of Chicago, writes an excellent paper on occipiti-posterior position in vertex labour, based on 38 cases. In proportion to the amount of thought and work in it, it is brief, therefore it must be carefully read to be understood and appreciated. Dr. Engelmann describes some exceptional cases of septicæmia in which the symptoms were less marked than usual; he terms them "insidious septicæmia." Readers of the English journals will remember that Dr. Priestley recently brought before the British Medical Association some similar cases. Dr. Isaac E. Taylor describes changes in the appearance of the vulva which he has noticed in cases of fissure of the anus. The attention and industry which the author has given to his subject deserve recognition, but we are inclined to think that he estimates a little too highly the utility of diagnosis of the alterations which he describes. Dr. Lush furnishes a most important contribution to the anatomy of the pregnant uterus. He has examined the uteri of two pregnant women and failed to find any trace of the ring of Bandl. Dr. Stansbury Sutton supplies an essay on non-malignant tumours of the uterus, but it does not contain anything very new. Lastly Dr. Bozeman writes on the clamp-suture in relation to the injuries incident to parturition. His object is to vindicate his own originality, and to remove the idea that he was a copyist of Marion Sims. In concluding this brief survey of the contents of this volume, we may give ourselves the pleasure of saying that we think it one of the best volumes of "Transactions" that we have seen, and that it shows unmistakeable signs of improvement in American Gynaecology.

*A Handbook of Therapeutics*; by SYDNEY RINGER, M.D. Eleventh Edition. London: H. K. Lewis, 1886. It has been said, not unaptly, that Dr. Ringer's well-known handbook comes as a boon to the general practitioner as being the sole modern substitute for the old apprenticeship system. It is like a vessel in which the latest scientific improvements are employed to convey an assortment of old guns, cast-off uniforms, and American notions to certain artless aborigines. The cargo is admirably suited for its destined purpose, but it is a little incongruous to find it in a steel vessel driven by the newest thing in engines. Dr. Ringer's book is a standing testimony to the truth of a favourite saying of Dr. Wilks' that what we want is not so much new drugs as better knowledge how to use the old ones (or in many cases how *not* to use them). Dr. Ringer certainly gives us a greater number of empirical facts, a richer series of therapeutic "tips," than any known author. His book teems with directions for innumerable therapeutic experiments, the only objection to which is that, in other hands than Dr. Ringer's, as often as not they fail to come off, a result which again brings us back to Dr. Wilks' dictum. In short, to apply Dr. Ringer's teaching with success, we must have Dr. Ringer's diagnostic skill. In the present edition the author, with the aid of some of the younger men of his school, has done his best to bring his book up to date. It contains an excellent account of cocaine by Dr. Dudley Buxton and a short notice of anti-pyrim and of the new substitutes for digitalis; but Dr. Ringer is commendably cautious in speaking of drugs of which he has not had adequate personal experience. In fact, the one great merit in the work has always been admitted to be its personal character, teaching by authority being essential in an empirical art like therapeutics, as taught by Dr. Ringer. This is perhaps a sufficiently valid excuse for the omission of certain drugs, such as guaiacum, and its relative, serpentary, so much trusted by some physicians. Of the former, considered by many as a specific in the early stage of quinsy and in rheumatic sore throat, the only mention we have been able to find is in a short footnote, describing its purgative action. In conclusion, we are sorry to notice that the present edition has been rather carelessly revised, small errors in proper names and in punctuation being plentiful in some of the chapters. The hurry necessary in following up the publication of the British Pharmacopœia may, in some measure, be an excuse for this, but whether that or modesty account for the omission to record on the title-page the well-won honour of F.R.S. accorded to Dr. Ringer last spring we forbear to enquire.

*A Reference Handbook of the Medical Sciences*; edited by ALBERT H. BUCK, M.D., vol. i. New York: William Wood & Co., 1885.—Our American colleagues seem never tired of startling us with the magnificence of their literary projects. The bulk and elaborateness of the volumes of the Index Catalogue of the Surgeon-General's Library, the admirable execution and rapid production of the new American System of Medicine, the loving labour spent by Professor Dalton on his exquisite series of brain photographs, all testify to a largeness of conception and boldness of enterprise amongst American authors and publishers not common on this side of the water. And the large and beautiful volume before us, called, by a perhaps pardonable abuse of language, a "handbook," witnesses the same thing. Over here we produce with labour and sweat a Dictionary of Medicine, and our American rivals at once cap it with a handbook in eight volumes, copiously and beautifully illustrated. To descend to particulars, the Reference Handbook is the joint production, under Dr. Buck's editorship, of some of the best-known and ablest practitioners in the United States and Canada. The articles vary in length, some being long enough to constitute a book in themselves, like Dr. Ransohoff's profusely illustrated article on Amputation, which occupies more than 80 closely printed columns, and the series of articles on the Brain, which take up 140 columns. We think that the editor has acted wisely in giving fairly exhaustive articles on important topics in preference to filling his space with brief and comparatively useless notices of a larger



number of subjects. In this volume he has shown much judgment in choosing the articles to be treated liberally, these being mostly connected with the diagnosis and treatment of disease. The practitioner, therefore, who wants help, who desires to have at his hand in a small space the latest and best of the knowledge that is likely to be of value to him in practical emergencies, will find in the Reference Handbook a most valuable ally. If he uses it, however, as an exhaustive medical encyclopædia, he may possibly be disappointed. It is only fair to add, however, that many subjects apart from purely practical ones find a place in the volume, many of the articles dealing with the facts of botany, climatology, medical jurisprudence, &c. The articles, of course, vary in excellence, as they necessarily must do, in a volume reckoning so many contributors, but we can strongly recommend the publication to every practitioner who likes to have the facts of his science and art in a reasonable compass. The volume is well illustrated by woodcuts and coloured plates.

*A Treatise on Amputations of the Extremities and their Complications*; by B. A. WATSON, M.A., M.D., Surgeon to the Jersey City Charity Hospital, &c. Philadelphia: Blakiston, Son, and Co., 1885, pp. 762.—In the preface Dr. Watson tells the reader that he has been nearly a quarter of a century unceasingly devoted to the study of the topics treated of in his book; ever since, indeed, the war of the Rebellion, during which he served as medical officer. It may be at once conceded that the author has succeeded in making a very admirable work, bearing throughout an evidence of large personal experience, and of a carefully cultured appreciation of the labours of other workers in the same field. The work is dedicated to Sir Joseph Lister, "the father of antiseptic surgery, whose labours mark a new era in the treatment of wounds." The first chapter is chiefly retrospective, and gives a general history of amputations. It helps to make the work complete, but otherwise has little right to the 61 pages which are devoted to it. Chapter 2 deals with a consideration of all those conditions which go to form the personal element of each case—the moral, mental, physical, and hereditary influences which come into play—as well as the patients' surroundings, as affecting the results of amputations. These are followed by chapters on the general and the special features of amputations, and on their after-treatment, the latter being a powerful appeal in favour of strict Listerian precautions. Chapter 8 relates to the selection and application of artificial limbs. It occupies some 150 pages, including many illustrations, and contains a large mass of information not otherwise so accessible to the surgeon as in its present form; we know of no better account of this often neglected portion of the subject; its careful study and discriminate assimilation by those who are called upon to advise in such matters can be confidently recommended. The chapter on the "complications of wounds," as our author designates it, deals with the nature and causes of shock, the management of accidental hæmorrhage, traumatic delirium, an experimental enquiry into the ætiology and distinctive peculiarities of traumatic fever, finishing up with an account of the causes and treatment of secondary hæmorrhage. In our judgment, this last-named subject alone can be regarded as a wound complication, and we should have included it under pyæmia and other septic conditions (which the author has dealt with separately), to which it is so frequently due. Shock and traumatic delirium depend on causes apart from the wound, though due to the accident, and may be present notwithstanding that the wound is thoroughly healthy and free from those septic conditions, which are included under the now restricted term of "complications." We can congratulate the author on his work, and the publishers on the manner in which it leaves their hands.

*Clinical Lectures on Diseases of the Liver*; by CHARLES MURCHISON, M.D., LL.D., F.R.S. Third edition, edited by Dr. Lauder Brunton, F.R.S. London: Longmans, Green, & Co., 1885. Seventeen years have elapsed

since these lectures first made their appearance, and eight years since a second edition underwent revision at the hands of the author. Notwithstanding the march of knowledge which has taken place in the interval, these lectures will, we believe, retain all their old popularity, and that because they are eminently clinical, for, as a clinical teacher and writer, Murchison had no superior and but few rivals. It would be superfluous to say anything in praise of a work which has become so renowned as the series of lectures that are now before us, but we must congratulate the editor upon the great judgment he has shown in handing on the lectures to us in as nearly as possible the form in which they were left by their distinguished author. Here and there additions and slight alterations have of course had to be made to keep the work up to date with the most recent teachings of science, but Dr. Brunton has managed to do this without destroying its original character. The chief alteration he has made consists in the addition of a section on the action of toluyldiamine in producing jaundice. This substance with the unpronounceable name possesses the formula  $C_6H_3(NH_2)_2CH_3$ , and it appears that it so alters the blood as to cause it on reaching the liver to supply the hepatic cells more readily with material for the formation of bile. The section on tropical abscess has been entrusted to Sir Joseph Fayrer, who has been rather more liberal in the matter of alterations than the editor, but he has added several cases of great interest, derived either from his own experience or from that of Professor Maclean at Netley.

*The Vegetable Materia Medica of Western India*; by W. DYMCK, Surgeon-Major, Bombay Army. Second edition, Part ii. London: Trübner & Co., 1885.—This is a continuation of the work we recently noticed. The nomenclature adopted is that of the Flora of British India, and the author has availed himself of Mr. G. Watts' catalogue of the economic products of India. Much that is of general interest will be found in this work; for instance, we are told of the Indian fruit *mango* that, when ripe, it is invigorating and refreshing, fattening, and slightly laxative and diuretic; that the rind and fibre, as also the unripe fruit, are astringent; that unripe mangoes pickled and dried in the sun, and known as *amchar*, are largely used as an article of diet, and form a useful antiscorbutic; and that a fluid extract can be made of the bark or rind: *Ext. Fl. Mangif. Ind.*, 10 grammes; water, 120 grammes; dose, one teaspoonful. The information respecting domestic remedies is both useful and interesting. A systematic research into the physiological and therapeutic properties of some of the indigenous drugs touched on in this treatise might well be conducted by competent observers. Besides the lack of accurate knowledge in respect to the major portion of these indigenous drugs, there are some, more strictly speaking, Indian in their habitat, the nature of which is enveloped in utter obscurity; such, for example, as *gaozaban*, *galeep*, *talispatra*, &c. The drugs which have hitherto been employed in native practice have been given in a more or less crude condition. By properly made extracts, liquid extracts, tinctures, and infusions, the properties could be tested more accurately. We would suggest to the author that on revising a future edition he should excise much extraneous matters and mould his work more in accordance with standard books on *Materia Medica*, so as to render it useful to the profession.

*Die Diphtheritische Allgemein-Erkrankung und deren Behandlung*; von Dr. ED. SCHOTTIN, in Dresden. Hirschwald: Berlin, 1885. (General Diphtheritic Disease and its treatment.)—The author of this monograph, who brings an extensive practical experience to bear upon his subject, has set himself the task of proving the distinctions and relations between the purely local manifestations of diphtheria and the wider and more important changes in the internal organs which may follow as a consequence upon them. He believes that the disease must be regarded as a general infective malady entering the system by certain channels upon which it may or may not exert a specific



influence. That in cases where local changes are induced these are in direct proportion both in severity and duration to the subsequent systemic disturbances, and that in many respects the disease bears a strong clinical resemblance to erysipelas. He lays much stress upon the great variety which is to be noted in the mode of onset when the disease attacks internal organs and its tendency to show spurious signs of recovery after the first effects of local disturbance have passed away. In the succeeding chapters the author reviews systematically the clinical features of diphtheria as affecting the various organs, quoting cases which have come under his own observation wherever possible. In his description of diphtheritic disease of the lungs he records the fact that he has never yet seen a case in which the disease, being primary in the lungs, has spread by continuity to the upper air passages, although, like many other observers, he has seen the converse taking place, a form of disease presumably diphtheritic in nature, spreading to the lungs from a diphtheritic larynx. With respect to the disease as affecting the cerebral membranes, he is not able to adduce any pathological evidence, but quotes a case in full which would appear to have been an undoubted instance of meningeal inflammation occurring in association with typical diphtheria. In his notes upon the affection of the kidneys he points out the singular disposition which diphtheria shows to attack only one at a time of the paired organs of the body. Hardly any mention is made of diphtheritic paralysis, and the whole tone of the work is more clinical than pathological, but it presents many interesting, if not actually new, points for consideration. In his opening sentences Dr. Schottin refers to our conception of diphtheria, as a whole, as that of a veiled picture. The veil can only be lifted by means of pathological investigation, but it may fairly be said that in the work before us many indications are given which will serve to render its obscurity less dense than it has hitherto appeared.

*The Extra Pharmacopœia*; by WILLIAM MARTINDALE, F.C.S., and W. WYNN WESTCOTT, M.B. Lond. Fourth edition. London: H. K. Lewis, 1885.—This, the most invaluable of pocket and table companions, still keeps up its reputation for accuracy and completeness. In the present edition considerable alterations have been necessitated, as a consequence of the recent publication of the British Pharmacopœia. Mr. Martindale's work may be regarded as a sort of satellite of the official publication, revolving for the most part faithfully around it, but, on occasions where that leading luminary fails to enlighten us, ready both to criticise it and to supply its place. The brief review of the changes made in the B. P. of 1885, with which Mr. Martindale opens his volume, will be found extremely useful. Another new feature of the present edition is the list of secondary drugs, or drugs "on promotion." The medical editor has brought his references in the body of the work well up to date; and altogether the publication is one of which, in its limited sphere of usefulness, it would be difficult to speak too highly.

*The Physicians' and Surgeons' Visiting List for 1886* London: John Smith & Co.—This admirably arranged visiting list is entering on its 40th year of publication. It is so largely used by the profession that it needs little recommendation from us. This we must say, however, that, having tried many of its rivals, we have never found one quite as satisfactory. The tables prefaced to it we have always found extremely useful, and their value is increased this year by the addition of tables of "Expectation of Life" and of "Average Heights and Weights" of man in his various stages of growth. The posological table has not yet been altered in accordance with the new edition of the Pharmacopœia, but the necessary changes are so slight that we can well wait until next year for this revision.

*Clinical Studies on Diseases of the Eye*; by Professor VON ARLT. Translated by Lyman Ware, M.D. Edinburgh: Young J. Pentland, 1885.—This volume deals with diseases of the conjunctiva, cornea, sclerotic, iris and ciliary body, that is, it includes those diseases for his knowledge of which

Professor Arlt is so widely and so deservedly famous, and it is hardly necessary for us to add that the lectures are worthy of his reputation. Except for the frontispiece, representing a horizontal section of the eye, there are no illustrations: a wise decision, for the cost of coloured drawings sufficiently life-like to be of any use would have added so much to the expense of the book as to have placed it beyond the means of many of those to whom it is addressed. The translator is to be congratulated on his share in the work, and the general get-up of the book is worthy of commendation and imitation.

## ABSTRACTS AND EXTRACTS.

**THE CURE OF EXTRA-UTERINE FŒTATION BY ELECTRICITY.**—It may be regarded as an accomplished and proven fact that electricity in some form is a specific cure for extra-uterine pregnancy. It arrests the growth and destroys the vitality of the embryo and cyst, and its use is followed by a truly remarkable disappearance of all or the greater part of the growth in a short time. This at least is true when the electricity is used during the first half of the pregnancy. As we approach the period of viability in the child, the risk of rupture of the cyst diminishes, and the propriety of surgical interference at or near term becomes greater. The great advantage of the Faradic current over all other forms of electricity has been shown, but opinion is not yet settled as to whether we should use a local current for a long time or a strong current briefly, and how many repetitions of the application are necessary. To determine these points, Dr. Henry G. Landis has conducted a series of experiments which are published in the October number of *The American Journal of the Medical Sciences*. They are based upon the supposition that success is achieved by the death of the embryo; the specific value of the method being that the fœtus will surely be killed if it gets a large enough dose of the current. The experiments are also based upon the supposition that the fœtus is in the matter of vitality to be compared with some of the lower forms of life. Dr. Landis draws the following conclusions:—(1) In using the Faradic current in extra-uterine pregnancy, the applications should be protracted for an hour if the patient can bear it. (2) The current should be repeatedly applied, in order that the vitality of the fœtus may be finally exhausted. (3) The current should for at least one sitting be used in great strength. (4) The current probably acts, not only by destroying the fœtus, but by its action upon the placental circulation; an additional reason for a long application.

**TREATMENT OF SUNSTROKE.**—During the hot weather of July and August of the present year, Dr. Horwitz states that a very large number of cases of sunstroke were treated at the Pennsylvania Hospital on an almost uniform plan. The patient was at once put into an ice-water bath, digitalis, antipyrin, and morphia being administered, and, where convulsions occurred, ten-grain doses of musk were given every half-hour by the rectum. The employment of musk in thermic fever is a novelty, and its effect in subduing the convulsions has been extremely pronounced. Antipyrin, which has also been advantageously used in New York, has been very satisfactory, as in only one case did it fail to keep back the rebound of the temperature which is so apt to follow the fall produced by the cold bath. There is one point of treatment to which earnest attention should be given. Many years ago, Dr. Horatio Wood found that, if a dog or rabbit was immersed in the cold bath, as soon as it became unconscious, it recovered; but, if it were allowed to lie for a few moments, the withdrawal of the heat almost always failed to bring about recovery. Often the animal would become conscious; but paraplegia and other paralytic symptoms would remain, and death soon followed. Clinical experience abundantly confirms this. It is certain that minutes, and even seconds, are of the greatest importance in sunstroke. With covered ambulances there would be no difficulty in stripping the patient, at least to his underclothing, and rubbing him with ice,



and administering antipyrin hypodermically, &c., whilst *en route* for the hospital. In this way, we believe that many lives would be saved. A case of sunstroke treated immediately would very seldom prove fatal. — *Therapeutic Gazette*, November.

**GRAFTING OF TENDONS.**—At the Société de Biologie M. Assaki made known (*Gazette des Hôpitaux*, November 3rd) the results of a series of researches on grafting of tendons, which he and M. Fargin had been carrying on. In these experiments they transplanted portions of tendon on animals of different species, such as from the sheep or the dog to the rabbit, and from the rabbit to the dog—the grafts uniting by primary intention. Extending the sphere of these experiments, they found that they could graft tendons from birds or mammalia, as from the duck or the turkey to the rabbit, and from the rabbit to the fowl. The tendons so grafted preserved their mobility and their normal resistance. These observers are of opinion that these facts are of a nature to induce surgeons to have recourse to grafting in cases in which simple tendinous suture is impossible. They also found that the portions of catgut interposed between the two divided ends facilitated the work of reparation.

**THE LIMITATIONS OF COLOTOMY IN DISEASE OF THE RECTUM.**—Dr. Charles B. Kelsey, in an elaborate paper in the October issue of *The American Journal of the Medical Sciences*, defines the following as the indications for colotomy. (1) In congenital malformations of rectum or anus in children, in which a tentative operation in the perineum has failed to reach the rectal pouch. (2) In intestino-vesical fistulæ. (3) In tumours occluding the rectum which cannot be relieved by any other means—dilatation, division, hot water, or electrolysis. (4) In non-cancerous, simple, or specific stricture and ulceration of the rectum (with or without fistulæ), where the disease cannot be relieved by proctotomy or dilatation, or division of the fistulæ and local treatment of the ulceration. (5) In cancer where the disease can neither be removed nor the passage re-established, and where death is probable from obstruction—except in cases where the immediate dangers of the operation more than counterbalance any good likely to be gained by it. (6) In volvulus or intussusception of the colon or sigmoid flexure, where reduction by the aid of laparotomy has been found impossible.

**TREATMENT OF VARICOCELE.**—Dr. Pancoast states (*Philadelphia Medical News*, October 24th) that he has successfully treated varicocele in more than 400 cases by a method which he regards as much superior to the removal of a portion of the scrotum, now in vogue in New York, or the operation advocated by Mr. Henry Lee of London. In his own operation, too, the patient is cured in three or four days instead of in as many weeks. It consists in transfixing the scrotum with a sailmaker's needle (which has a good point, but no sharp edges) and passing between the vas deferens and the veins a strong silk ligature, which, having been carried around the veins, is then brought out at the point of insertion. The ends are tightly secured over a button of German silver or zinc, and, the veins being thus strangulated, the ulcerative process goes on rapidly.

**RESORCINE IN EPITHELIOMA.**—Dr. Rubino Antonio has successfully applied resorcine to an epitheliomatous tumour on the side of the nose of an elderly man. The tumour was itself only of the size of a pea, but was apparently attached to the bone, and was surrounded by an extensive area of reddened skin which was evidently infiltrated to a considerable distance. Under the circumstances, Dr. Antonio did not advise an operation, and at first feared that nothing could be done. He, however, remembered some observations of Drs. Pascal and Manino, and decided to apply resorcine locally. An ointment was prepared containing 15 parts of resorcine to 20 of vaseline, and after the tumour had been washed with permanganate of potash this ointment was applied twice a day. The discharge began almost immediately to diminish, and the growth became gradually smaller and smaller, till, after five months of this treatment, nothing was left except a small white circular cicatrix.—*Giornale Internazionale delle Scienze Mediche*.

**SOLUBILITY OF BIN-IODIDE OF MERCURY.**—M. Mehu, in a note read at the Brussels Academy of Medicine (*Presse Belge*, October 18th), stated that castor oil is one of the most powerful solvents of the bin-iodide, one gramme of which to 50 of the oil satisfying every therapeutical requirement. The iodide of potassium adds to this solubility. Lard will only take up  $4\frac{1}{2}$  grammes to 1,000, and vaseline 1 gramme to 4,000. Carbolic acid, warmed to about  $100^{\circ}\text{C}$ ., dissolves a little more than 20 grammes of the bin-iodide in 1,000 grammes, half of this being precipitated on cooling. At the ordinary temperature benzine retains 4 grammes in 1,000.

## REPORTS OF SOCIETIES.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, DECEMBER 11TH, 1885.

THOMAS BRYANT, F.R.C.S., President, in the Chair.

THE PRESIDENT announced that, owing to temporary indisposition, Sir Andrew Clark was unable to be present, and that the reading of his paper on a case of desquamative prostatitis would therefore be deferred.

*Aneurysm of the Ascending and Transverse Portions of the Arch of the Aorta—Pressure on the Trachea and Bronchi, on the Left Recurrent and (?) Left Vagus—Paresis of the Crico-Arytenoidei Postici.*

Dr. F. de HAVILLAND HALL communicated this case. The patient was a barrister, aged 61. When seen on October 5th, he was found to be suffering from great dyspnoea, and there was some lividity. He had a brassy ringing cough with purulent expectoration. There were no respiratory excursions of the larynx, the breathing was equally stridulous on inspiration and expiration, voice quite clear. Examination of the chest showed rhonchi and stridulous breathing. Doubtful impairment of resonance across upper part of sternum. Heart sounds clear. Pulse in radials equal; pupils equal. Laryngoscopic examination revealed paresis of the crico-arytenoidei postici. There was a history of shortness of breath for two or three months, much increased the last week. The patient had been previously seen by Sir Andrew Clark and Dr. Semon, and a diagnosis of pressure on the trachea with implication of both recurrences or of one vagus was arrived at independently. As regards the nature of the pressure, the absence of the usual physical signs of aneurysm seemed to exclude that affection, and it was thought probable that the pressure was due to a malignant growth. The patient at first improved under the influence of iodide of potassium, but died quietly on October 8th. The *post-mortem* examination disclosed an aneurysm on the posterior aspect of the ascending and transverse portions of the arch, about the size of an orange, pressing upon the trachea, right and left bronchi, left recurrent laryngeal nerve, and possibly also the trunk of the left vagus. There was a second aneurysm just above the diaphragm, fusiform in shape, and about two inches in length. The lungs were in a state of pneumonic consolidation, and there was some recent pleurisy. Inspection of the larynx showed the cords to be in the position of semi-adduction (*i.e.*, nearer the middle line than the usual cadaveric position). The muscles appeared healthy to the naked eye, but on microscopical examination, though the striation was good, there was deposit of pigment beneath the sarcolemma. He had brought the case forward as illustrating the difficulty in diagnosing aneurysms springing from the posterior aspect of the arch of the aorta in cases in which all the physical signs of aneurysm were absent. He was of opinion that in the case under consideration there were at least two factors to account for the dyspnoea, as the paresis of the abductors was insufficient to explain the great shortness of breath. Moreover, the absence of respi-



ratory excursions of the larynx pointed to the chief impediment being below the glottis. He accepted Dr. Bristowe's theory that in cases in which the trachea was compressed accumulation of mucus took place just above the constriction in consequence of the mechanical impediment existing to the performance of an effective cough. In such cases of mixed obstruction to the respiration the justifiability of tracheotomy at once arose.

Dr. FELIX SEMON observed that the case related by Dr. Hall was important as illustrating two special points. The first of these was the pathogenesis of the disease, and the second the performance of tracheotomy in such cases. With regard to the first point, it would naturally be asked, how came the vocal cords to occupy this position of complete adduction? He had placed before the profession, some years ago, a series of observations, many of them original, and others quoted from previous writers, to prove that any organic pressure exercised upon the vagus, spinal accessory, or recurrent laryngeal nerves, if slowly applied, had the effect of paralysing the muscles of abduction before those of adduction. Since that time his statements had been frequently criticised adversely, and often perverted to a meaning which they were never intended to convey, but, having invariably submitted his cases to the judgment of competent observers and to the investigation of one or other of the medical societies, he did not feel disposed to change his views unless their error could be demonstrated in an equally full and satisfactory manner. An attempt in this direction had been made by Dr. Krause in Berlin, who had endeavoured to prove by experiment that slight pressure brought to bear upon the trunk of the recurrent laryngeal nerve would produce, not paralysis of the abductor muscles, but spasmodic action of their opponents, the adductor muscles. He had tied small pieces of cork loosely on the trunks of the nerves and then observed the effects upon the vocal cords. Fibrillary tremors were at first produced, shortly followed by the adduction of the cords to the middle line. In the trunks of the nerves, however, it had been found that neuritis was set up, thereby constituting an irritative lesion such as is known to produce the so-called neuropathic contracture of muscles supplied by acutely inflamed nerves. This contracture, however, only lasted for a very short time. In Krause's case the source of pressure had been removed after 5 days, but even in that time degenerative changes had been found to have begun in the posterior crico-arytenoid muscles, thus proving the truth of his (Dr. Semon's) observations. It was no doubt possible that in some very acute cases there might be produced a sufficient degree of irritation to set up this neuropathic contracture, just as it might be artificially produced by section of the nerve and irritation of the cut end. He thought that Dr. Hall's case must therefore be received with caution as an instance of paralysis, pure and simple, since the short history gave good grounds for believing that some such irritative lesion had at first been at work. There could be no doubt that pressure upon one recurrent nerve alone was not capable of producing bilateral paralysis. With regard to tracheotomy, it was always necessary to consider the possibility that a slowly increasing stenosis from abductor paralysis might at any time remain stationary, although it was generally progressive; also the possibility that the adductor group of muscles might become paralysed, thus bringing the cords to the cadaveric position in which there was less danger to life. The decision must be made by the patient or his friends, after fully comprehending the chances of success. The operation in most cases afforded the greatest relief to the patient, saving him from the constant danger and dread of suffocation.

Dr. OGLE inquired as to the state of the pupil in Dr. Hall's case, and advocated the use of palliative remedies, such as the bromides and chloroform, to combat the spasm.

Dr. LONGHURST also referred to the state of the pupils. He had seen many cases of aneurysm, but none requiring such an operation as tracheotomy. He thought that the laryngeal difficulty was due to nerve irritation and commented severely upon surgical interference in such cases.

The PRESIDENT expressed his opinion that, in some

cases, tracheotomy was not only advisable, but necessary. He had seen two cases in which life had been prolonged thereby for a great length of time.

Dr. HALL, in reply, expressed his agreement with Dr. Semon's view that the spasm of the glottis might sometimes be due to nerve irritation. The pupils, as stated in the report of his case, were equal. As regards other treatment than tracheotomy, his case had been so acute that the operation was imperative in the first instance.

*Suppuration around the Vermiform Appendix, treated by Abdominal Incision.*

Dr. THOMAS BARLOW and Mr. RICKMAN J. GODLEE read a paper relating to a man, æt. 20, whose previous history was unimportant, except that for the last two years he had been subject to attacks of diarrhoea and vomiting. His illness began rather acutely on September 12th, 1885, with loss of appetite, severe abdominal pain, and later, vomiting and absolute constipation. He was admitted into University College Hospital on the 15th, with a temperature of 102.4°, intense abdominal pain and tenderness, intermittent bilious (not stercoraceous) vomiting, and tight distension of the abdomen. There was a small patch of slight redness in the right iliac fossa. The diagnosis appeared to be between mischief about the appendix and constriction of the intestine by a band high up. He was given opium and iced beef-tea, and ice was applied to the abdomen. The temperature fell to normal, and the pulse was about 90, full and soft, the tongue dry and the colour good; but, as the symptoms were unrelieved, an exploratory incision was made in the middle line on the night of the 16th. General early peritonitis was found, but lymph only in the neighbourhood of the cæcum, surrounding a collection of foetid pus. The vermiform appendix was much thickened. A second incision was made over the right iliac fossa, and a large drainage tube was inserted through it, reaching down to the appendix, a smaller one being placed in the median incision, which was closed with sutures. The peritonæum was first washed out with a solution of corrosive sublimate (1 to 500). The patient made an excellent recovery, the temperature remaining normal, and the pulse about 90. He was fed principally by the bowel for some time; beef-tea and arrowroot were allowed on the 20th day, and minced meat a fortnight later. No drugs were given except morphia for the first two days. Thirst was allayed by means of warm-water enemata. He had slight albuminuria a day or two after the operation, and a little later a parotid bubo occurred which did not suppurate. It was claimed that the uncertainty of the diagnosis justified the exploration, and that the early evacuation of the putrid pus rescued the patient from a condition of very great danger and prevented the matting together of the intestines which would otherwise have occurred. The freedom with which the peritonæum might be treated was pointed out, and the advisability of withholding food from the stomach for a prolonged period in such cases was insisted upon. Remarks were also made upon the absence of peritonitis and the presence of albuminuria as points in the diagnosis, and upon the relation between inflammation of the parotid and diseased states of the peritonæum.

Mr. MORRANT BAKER related a case under his own care, in which an abscess in the neighbourhood of the cæcum had been evacuated by operation, but which had recurred with a fatal issue at a later date, the cause being found in the presence of a needle projecting through the vermiform appendix and held in its position by hard concretions on the inner side, thus forming a permanent source of irritation.

The PRESIDENT described a case in which, with all the signs and symptoms of peritonitis, an abscess was discovered and evacuated through a lumbar incision with perfect success. Acute peritonitis was rare without a local cause, and this was very frequently to be found about the cæcum. He suggested that exploratory incisions should always be made in that region. Mr. Baker's case was remarkable as proving beyond all doubt that foreign bodies might sometimes lodge in the vermiform appendix, a possibility which had been denied on the highest authority.

Mr. C. J. SYMONDS remarked upon the fact that in Mr.



Godlee's case the escape of the pus into the peritonæal cavity had not prevented the success of the operation. Such a fact was very encouraging and would lead to more active treatment in this class of cases, which were sometimes impossible to diagnose. The ordinary signs and symptoms were not always sufficient to indicate the nature of the attacks of intestinal obstruction or peritonitis which appeared at times to come on absolutely suddenly. There could be no doubt that foreign bodies in the vermiform appendix were very rare.

Mr. BARKER considered that more decided action would in future be taken in dealing with these cases. He related the particulars of a case in which he had operated for the relief of strangulation by volvulus in the presence of acute general peritonitis. Although the coils of intestine were in places matted together with lymph, he had been able to search the greater part of the course of the small intestine and also the cæcum, to wash out the cavity and the coils of intestine, and to return them without difficulty and with perfect success. The case had done well since the operation. He thought that such a case, with others similar to it which were now accumulating, proved that the inflamed sac of the peritonæum might be dealt with in the same way as that of an ordinary abscess.

Dr. BARLOW confessed to a feeling of relief that no adverse criticism had been advanced to the early surgical interference in this case. He was aware that many physicians of experience were not in favour of it. The result of the case had been perfectly satisfactory, and the patient had recovered without any of that thickening round the wound which was apt to become a source of future danger. The really important element of the case, after the operation, was the feeding. The abdomen had to be kept at absolute rest, and hence nutrient enemata had been employed. The rectum, however, was not usually tolerant of ordinary enemata after the first day or two, and hence arose a serious difficulty which was only partly to be overcome by the use of peptonised meat extract and peptonised milk. He related the method adopted in the preparation of these enemata. Thirst was almost always a serious feature in these cases, the mouth and tongue often getting very dry and coated. By giving the tongue something to do, however, this difficulty could be got over, and in this case, by causing the patient to chew the meat without swallowing it, the desired result had been obtained.

Mr. R. J. GODLEE observed that he should bear in mind the remarks of the President with respect to making exploratory incisions in the neighbourhood of the cæcum. He related his own personal experience to the effect that the pain in inflammatory affections of the cæcum is often felt on the left side of the abdomen. He thought that the patients' own history of very sudden onset of the attack was not always trustworthy.

Mr. JONATHAN HUTCHINSON remarked upon the importance of deciding whether an abscess was really situated within the peritonæum. In his own experience, although he had often opened foetid abscesses behind the peritonæum, he had never opened one within it.

#### *Living Specimens.*

Dr. SAVILL—A Case of Myxœdema.

Dr. STEPHEN MACKENZIE—(1) A Case of Symmetrical Morphea; (2) A Leprosy-like Syphilide.

Mr. ROBERT PARKER—A Case of Congenital Deformity of the Upper Extremities.

Mr. STONHAM—Removal of Anterior Part of Lower Jaw, with the adjacent Floor of the Mouth, and the whole of the Tongue, for Epithelioma.

THE Madrid Medico-Chirurgical Academy offers prizes of 250 pesetas and 750 pesetas respectively for dissertations on the under-mentioned questions, to be sent in by the 15th of September, 1886, and written in either Spanish, Portuguese, French, Italian, English, or German. 1. What modifications has the pauperism doctrine introduced into the treatment of internal diseases recognised as or supposed to be parasitic? 2. A critique on improvements made in operations on bones.

## PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, DECEMBER 15th, 1885.

J. S. BRISTOWE, M.D., F.R.S., President, in the Chair.

### *Syphilitic Ulcerative Tracheitis.*

Dr. SILCOCK said that in this case numerous small ulcers were found in the larynx and throughout the air-tubes. The symptoms were those of chronic bronchitis. Several similar cases had been recorded, and one in the 20th volume of the Society's Transactions by Dr. Payne. The case suggested the desirability of using anti-syphilitic remedies more frequently. The man was aged 32, and there was a well-marked history of syphilis, and a gumma in the liver, and the microscopical appearances confirmed the diagnosis.

Dr. GOODHART thought it was comparatively common to see scars, but not so common to meet with active ulceration.

Dr. PERCY KIDD had met with a case in which the lower part of the trachea was solely affected, leading to considerable narrowing and difficulty of diagnosis.

Dr. LONGHURST asked how long it was since the man had contracted syphilis.

The PRESIDENT had exhibited a specimen which he then thought was tubercular, but now believed might have been syphilitic; in it there was extensive ulceration, the cartilages exposed and much destroyed.

Dr. SILCOCK said the man had syphilis in 1877 in India, and added that a large number of cases were mentioned in Ziemssen's Cyclopædia.

### *Internal Anthrax.*

Mr. JOHN POLAND said the specimen was taken from the body of a man, aged 23, who had worked at the river-side landing Chinese hides. When admitted, there was marked fever, soon after there was great restlessness, vomiting, unconsciousness, followed by a series of convulsive seizures. The fever increased, and he died comatose, Cheyne-Stoke's breathing having been well marked. At the *post-mortem* very extensive hæmorrhage into the pia mater was found, especially over the right hemisphere, the spinal cord was soft, and at the lower part posteriorly there was hæmorrhage. Hæmorrhagic infarctions were found in the lungs, also some hæmorrhagic erosions on the surface of heart. The blood was not clotted. The peritonæum contained four pints of dirty fluid; the posterior wall of stomach showed sloughing ulcers; an inch below the pylorus there was a similar slough, and four similar ones in the jejunum; the mucous membrane was elsewhere œdematous; mesenteric glands swollen. Large intestine natural. Spleen soft, liver normal. The skin over one scapula showed a hæmorrhagic area similar to that in the lungs. No characteristic bacilli could be found; this he attributed to the rapid decomposition. There was no external point of inoculation, and the disease had therefore entered through the air-passages. He had only worked one day at the hides. The symptoms came on the same day.

### *Diseases of the Circulatory Organs in Animals.*

Mr. J. BLAND SUTTON made a communication on this subject, prefacing his remarks with the observation that lesions of the heart and vessels were by no means so common in animals as in the human subject, and indeed were comparatively rare. (1) *Pericarditis*. Inflammation of the pericardium arose from much the same causes and presented much the same characters as in that disease in man; it might be of traumatic origin, or be due to extension from pleurisy, simple or tubercular, or result from *perlsucht*, parasites, or (?) rheumatic fever. It was well known to veterinarians that horses suffered from rheumatic fever, and that pericarditis was a frequent complication, and he was strongly of opinion that mammals which frequented the water, such as the hippopotamus, beavers, otters, and



the like, suffered from this disease. It was in these animals that most of the uncomplicated cases of pericarditis occurred, and many days before death they would lie about, abstain from entering the water, and when moved manifest evident signs of pain. He showed specimens of pericarditis from a lizard and a peacock (parasitic), from a beaver, an antelope, and a monkey (rheumatic?), from a tiger, coati-mondi, &c., arising from extension, and one specimen from a monkey, where the pericardium was enveloped by a mass of lympho-sarcoma, giving rise to effusion into the pericardial cavity. It was interesting to note that, according to Rayer, Galen had described the first case of pericardial effusion, and that it occurred in a monkey. The most interesting cases of traumatic pericarditis were chiefly found in cows, who frequently, when chopping grass, would take up foreign bodies, such as pieces of glass, wire, or needles, &c. Such articles were checked by the psalterium, and, being diverted from their course, they might pass through the coats of the stomach and diaphragm, and enter the pericardium, giving rise to violent inflammation; this mode of origin was well known to veterinarians. (2) The milk-white patch was very frequent in some birds and monkeys as a consequence of pressure from rickets, but the deformity induced by the latter disease led to a very serious condition of the heart, which might best be named "flexion." If the body of a young monkey that had recently died from rickets was frozen and bisected vertically, it would be found that the spinal column presented a high degree of curvature; when this was well-marked the sternum was also apt to become flexed, so that a knuckling-in took place which caused the heart to be squeezed between the sternum and the spine, and thus it became flexed. This led to atrophy of the wall of the right ventricle, which in some cases was so thin that the outer boundary of the cavity of the ventricle consisted only of the visceral layer of the pericardium. He thought that a similar condition would perhaps be found in children in extreme cases of rickets. (3) Affections of the valves, endocarditis vegetations and calcifications, occurred occasionally, leading to incompetency and its chain of consequences; specimens were exhibited from sheep, coypu, rats, deer, antelopes, buffalo, and a bear. (4) Diseases of the vessels were excessively rare, atheroma was found with tolerable frequency in the posterior aorta of the horse, and verminous aneurysm occurred probably in 90 per cent. of adult asses; excluding these examples, diseases of the vessels were very rare. In wild animals he had only twice discovered atheroma, viz., in a buffalo and in a zebu. The result was that true aneurysm was very rare in wild animals, he only knew of three genuine instances. (5) Verminous aneurysm, although so common in asses, and fairly frequent in horses, was, so far as he knew, confined to domesticated animals. The disease was of little interest to them, inasmuch as man was not liable to it, but the presence of these worms in the tunic of an artery was known to Ruysch as far back as 1665. (6) Arterio-capillary fibrosis, which was the last affection he had to deal with, affected the medium-sized arteries of the horse and cattle, and, as in man, was associated with chronic interstitial nephritis. He thought that the most interesting point that arose out of his communication was the rarity of atheroma, which he supposed might be due to the absence of alcoholism, syphilis, and arterial strain.

Mr. SHATTOCK mentioned a specimen of verminous aneurysm in a dog, in University College Hospital.

Mr. EVE knew of a specimen of worm in the mesenteric artery of a horse. If the animals came from the Zoological Gardens, they would not so much have been exposed to strains.

Mr. CRIPPS doubted whether aneurysms were so rare. In two out of a pack of hounds that had died, he had discovered aneurysms of the aorta. A well-known greyhound, Master McGrath, twice a prize-winner, had died from aneurysm of the aorta.

Mr. SUTTON, in reply, said the temperature had in some cases been found elevated. The aneurysms in the dogs might have been verminous. No doubt these did occur in horses, especially in the mesenteric artery, the vertebræ becoming eroded until suddenly the animal broke its back. His material was derived from very wide sources and not solely from animals confined in the Zoological Gardens.

#### *Central Sarcoma of the Femur.*

Mr. D'ARCY POWER showed this specimen, the limb having been amputated in a man, of 28, in consequence of spontaneous fracture. Pain had been felt in the limb for four months, and an oval tumour had been observed. The bone was very greatly expanded, a mere shell of bone being left, except on the external surface, where the bone had been thickened by a new deposit in such a manner as to form an oval swelling. The new growth was a tapering mass five inches long and an inch and a half in diameter at its thickest part. It was very loosely inserted into the shaft of the femur. Microscopically, it was a round-celled sarcoma which appeared to be undergoing calcification. The chief points of interest were the locality and its localisation, and the slight amount of expansion which the femur had undergone, compared with the large amount of absorption which had taken place in the bone.

#### *A Rhinolith.*

Mr. STOKER showed this specimen. It had given rise to no symptoms; it was chiefly composed of phosphate of lime arranged in concentric lamellæ. He thought it might have originated in a blood-clot. The disease appeared to be somewhat rare.

Mr. CLUTTON said that his case was reported in the "Transactions." There was a cavity containing a powder which might have originated in a blood-clot. It was larger than the present one.

#### *Round-celled Sarcoma of the Skin.*

Mr. SWINFORD EDWARDS showed this specimen, taken from the body of a woman, aged 45. It had begun ten months previously as a small pimple on the right thigh, which rapidly spread and became ulcerated. There was a large ulcer on the upper and inner part of the right thigh; the skin around was pigmented, the subjacent tissues indurated, several nodules surrounded the ulcer, a few papular spots were to be seen over the hypogastric and right iliac regions. Typhoid symptoms supervened, leading to death. The internal viscera showed no secondary growths. Köbner had recorded two cases of this nature, and similar ones had been described by Hardaway and Hyde. There was no reason to suspect syphilis, the patient had had 11 children, 10 of them being then alive, and anti-syphilitic treatment did not arrest the disease at all. On examination of the skin, the subcutaneous tissue was also affected and the skin was somewhat undermined.

Dr. CROCKER had seen the case and thought it must be one of sarcoma. It belonged to the class called by the French *mycosis fungoides*; the tumours in these were localised and ran a rapid course; the French called them lymphadenomas, the Germans called them sarcomas. Many names had been given to it.

Mr. EVE said that Dr. Alexander, of Liverpool, had published a very similar case. He thought there was more intercellular structure than was usual in such cases.

Mr. MAKINS had seen a similar case in a man between 50 and 60 years, with several nodules scattered about his trunk. The case resembled one of keloid. The tumours were removed.

Mr. BUTLIN had been much interested in this specimen, but he was inclined to think that the case was one of parasitic disease of the same nature as lupus or tubercle rather than a sarcoma. The reasons for this were that all the tumours were limited, and that there was a good deal of ulceration, and further that there were no secondary tumours. Death occurred from symptoms not consistent with the amount of local mischief, except on his hypothesis.

Dr. CROCKER said that Rindfleisch and Auspitz had found micrococci in one of their cases, but they had not succeeded in their inoculation experiments.

Mr. EVE said that this tumour had been very thoroughly examined for micro-organisms, but none had been found.

#### *Primary Melanotic Sarcoma of Liver.*

Dr. HALE WHITE showed this specimen, taken from the body of a man, aged 66, who had been admitted into Guy's Hospital with emaciation and a large liver. It weighed 122½ ounces, the left lobe and the greater part of the right



being enlarged and completely replaced by a firm new growth of greyish-green colour, with several black foliaceous bands running through it. Scattered throughout the organ were several round black masses of new growth, whilst there were also two white masses, each of them umbilicated, and looking like an ordinary carcinoma of the liver. The lymphatic glands in the portal fissure, and those on the upper surface of the liver, contained black pigment. The diaphragm was slightly adherent to the liver. The body was otherwise healthy, save that two moles and two warts were found in one orbit, from which the eye had been previously removed for simple glaucoma. Microscopically, the growth was a genuine carcinoma, the cells and alveoli being distinct. In parts the fibrous tissue amounted to scirrhus, especially near the old portal canals; pigmentation was very marked in the large bands and their small alveoli. In the white parts the growth stained well with hæmatoxylin. The gland showed chronic inflammation, and contained black pigment granules. No similar case was on record, though three of primary melanotic sarcoma of liver had been recorded. This case disproved Schuppel's statement that melanotic tumours in the liver were melano-sarcomata. This was a genuine carcinoma and not a malignant adenoma.

Mr. SHATTOCK said that, if the colour was greenish, the case might have been of biliary origin, and would then have belonged to the same category as some shown by Mr. Paul on a previous occasion.

Dr. GOODHART had not thought that the specimen at all resembled Mr. Paul's cases.

#### *Multiple Sarcomata.*

Mr. ARBUTHNOT LANE read the notes of a case of multiple sarcomata occurring in an aged woman, who appeared to have died from old age. In each innominate bone there was a central sarcoma as large as a walnut placed in the middle curved line two inches below the crest of the ilium; the tumours were exactly symmetrical in form and position. In the left ischium, immediately above and in front of the tuberosity, there was another tumour of the same size as those just described. In the ninth, tenth, and eleventh ribs were three other tumours arranged in a vertical line. In the body of the seventh cervical vertebra there was a growth which occupied the whole centre of the body of the bone, it had a well-defined margin anteriorly, where it encroached on the anterior surface of the body, and posteriorly it had destroyed a part of the posterior surface of the body with part of the upper articular processes; it did not extend along the sixth pair of nerves, nor did it appear to compress the cord. No other growths were found. Microscopically, they consisted of round and spindle cells, and were rapidly undergoing osseous changes.

#### *Card Specimens.*

Mr. E. H. FENWICK—(1) Tuberculous Ulcers of Bladder; (2) Contracted Bladder supervening on Atony.

Mr. J. H. MORGAN—A Siren Monster.

Mr. SHATTOCK—Woody Tumour on Branch of Pine, bearing out Cohnheim's theory of the origin of tumours.

Mr. BARKER—(1) Cancer of both Breasts (patient shown); (2) Arrest of Development of Humerus following upon Dislocation (?) in Childhood; (3) Arrest of Development of Femur from Disease of Upper Epiphysis.

### OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

THURSDAY, DECEMBER 10TH, 1885.

JONATHAN HUTCHINSON, F.R.S., President, in the Chair

Mr. NETTLESHIP showed a patient suffering from diabetic retinitis. Scattered over the fundus were a large number of white patches and spots. He considered that they differed in position, mode of arrangement, and colour from those of

albuminuric retinitis; he had noticed differences of this kind in a few other cases of diabetic retinitis. The yellow-spot region of the right side was occupied by a dense irregular mass of the white deposit; there was no tendency to radiate arrangement round the yellow spot. The general tint of the spots was, he thought, yellower than in albuminuric retinitis. The patient was a man, aged 50, with cataract on the left side. The appearances had remained unaltered since January, 1885.

Dr. STEPHEN MACKENZIE pointed out that Lebert had shown that, though the majority of early observers had assumed that retinitis in diabetes was due to albuminuria, retinitis might occur in connection with diabetes independently of albuminuria. He did not think the appearances characteristic; anæmia, cerebral tumour occasionally, and lead-palsy all produced retinal changes closely resembling those of albuminuric retinitis. In a case reported by Lebert, and in another reported by himself, there were hæmorrhages in the vitreous. He enquired whether the combination of hæmorrhage into the vitreous with retinitis could be considered characteristic of diabetic retinitis.

Mr. NETTLESHIP agreed that retinitis with retinal hæmorrhages and white patches, combined with hæmorrhage into the vitreous, pointed very strongly to diabetes. The arrangement of radiating rows of spots in the retina was different to what occurred in albuminuric retinitis. The question on which he felt doubtful was whether an eye, in the state seen in the patient, was a later stage of the same condition, and whether the changes were characteristic of diabetes, as he was inclined to think.

Dr. S. WEST was inclined to agree with Mr. Nettleship. He did not think the appearances bore any close resemblance to albuminuric retinitis.

Mr. ADAMS FROST suggested that the condition of the retina in the patient resembled that seen in albuminuric retinitis in the late stage, and probably it appeared to be unusual, because patients with albuminuric retinitis seldom survived long enough.

Mr. McHARDY suggested that diabetes was sometimes over-looked, owing to this resemblance.

Mr. NETTLESHIP showed a patient from whose eye a chip of iron had been removed with the electro-magnet. No reaction occurred, but the retina became detached; and it was, therefore, very doubtful whether the eye would ever be useful.

Dr. W. A. BRAILEY again showed the patient exhibited at the last meeting; the retinal detachment had been treated by scleral puncture, and had disappeared.

#### *Essential Shrinking of the Conjunctiva.*

Mr. ANDERSON CRITCHETT and Mr. JULER showed two patients, the subjects of essential shrinking of the conjunctiva (so-called pemphigus of the conjunctiva). One case—that of a farmer, aged 53—was of special interest, as it had been under observation from its commencement. He came under Dr. Felix Semon's care in September, 1884, on account of an affection of the right nostril, which resembled syphilitic perichondritis and periostitis. In June, 1885, he was transferred to Mr. Nettleship's care, on account of epiphora and conjunctivitis, with partial obliteration of the lower *cul-de-sac*. The conjunctiva of the upper lid was marked by scars parallel to the free border. The affection went progressively from bad to worse in the right eye; and in August, 1885, slight conjunctivitis of the left eye was noticed. The right eye had finally become almost blind. Both eyelids were thickened, and partly adherent to the globe. Both *cul-de-sacs* were obliterated; and, though the globe moved pretty freely, the lids moved with it. The lashes were inverted, and the cornea opaque and vascular. Similar shrinking of the conjunctiva had commenced in the left eye; the lashes were turning inwards; and the *cul-de-sacs* were so much diminished that the lids could not be everted without difficulty. The conjunctiva was red and velvety, but showed no scars. Vision was still fairly good. The man gave a distinct history of syphilis ten years earlier. No sign of pemphigus could be discovered on the body, though the man stated that he had seen bullæ on his palate. Mr. Critchett expressed the opinion that the condition had no relation to pemphigus, but was an essential shrinking of the conjunctiva, similar to that



described by Gräfe (*Arch. Oph.*, vol. xxiv.) and Baümle (Monatsblätter f. Aug., August, 1885).

Dr. F. SEMON said that the patient came under his care in September, 1884, suffering from a muco-purulent discharge from the nose, which was sometimes streaked with blood. Beyond slight superficial ulceration of the mucous membrane there was nothing to account for the symptoms. At that time the only part affected was the left nostril. Mercury and iodide of potassium, given separately and in combination, produced no improvement; but, while under this treatment, on one occasion several large bullæ appeared, and the skin of the face was in a branny condition, resembling erysipelas. This subsided after the withdrawal of the drug. Conjunctivitis soon afterwards appeared, and some small serpiginous ulcerations of the mouth. He had been impressed by the infective character of the malady, and had suggested that it might be a case of very slowly advancing glanders.

Mr. LANG quoted a case recorded by Schweigger, which agreed closely with the patient shown by Mr. Anderson Critchett. Cases of the disease had been seen at all ages, and in many of the cases there was no suspicion of a specific history.

Mr. JULER was struck by the exceedingly localised nature of the disease in Mr. Lang's cases. In a certain proportion of the cases no pemphigus was ever observed; while in others, where bullæ were seen, the amount of shrinkage of the conjunctiva was more extensive.

Mr. NETTLESHIP said that, even if the disease were allied to pemphigus, there was a good deal more extensive inflammation than mere conjunctivitis, for there was great thickening of the lid.

Mr. MALCOLM MORRIS thought that the use of the term pemphigus required justification. The presence of a syphilitic history in certain of the cases suggested that the disease was a late syphilitic lesion. The slow progress of the case, and the occurrence of new growth, probably inflammatory, in the skin, seemed, however, to show that the disease was more allied to rhino-scleroma.

#### *Compression of Optic Chiasma.*

Mr. SILCOCK showed a specimen of sarcomatous tumour, springing from the pituitary fossa, and compressing the optic chiasma. The chiasma was elongated and flattened. The patient was a needlewoman, aged 25, who was admitted into St. Mary's Hospital in a comatose condition; she had been able to do her work up to two days earlier. There had been, so far as could be ascertained, no defect of vision. The optic nerves were inflamed, but there was no evidence of degeneration.

#### *Double Optic Neuritis after a Fall.*

Dr. SAMUEL WEST related the case of a girl, aged 11, who was admitted into hospital with the history that, one month before, she had fallen and struck her head, that two days later she had a fit, and subsequently, on several occasions, short attacks of unconsciousness, and that she had gradually grown feebler. There was no paralysis and no objective symptoms beyond double optic neuritis; vision was good, I. J. being read with facility. Under treatment by iodide of potassium and mercury, for about ten weeks, the optic neuritis finally completely disappeared. There was no evident hypermetropia.

Mr. WARREN TAY asked at what date the optic neuritis had been noticed. He had on a previous occasion brought forward three cases of optic neuritis after injury without disturbance of vision. He thought such cases were very rare.

Dr. STEPHEN MACKENZIE asked why the patient had come under observation, as there seemed to be few or no symptoms. He also asked as to the state of the knee-jerks.

Mr. JULER asked if there was any error of refraction, as in such cases slight injuries were often followed by optic neuritis.

Dr. WEST, in reply, stated that he did not see the child until three or four weeks after the injury, and then the neuritis was present; the child was brought on account of having had a fit. He had no note as to any abnormality of the knee-jerks, and he therefore assumed they were

natural. There was certainly no marked degree of hypermetropia.

#### *Contraction of the Field of Vision in Diphtheritic Paralysis.*

Mr. W. H. JESSOP had examined the field of vision in a child suffering from diphtheritic paralysis when she first came under treatment, and had found considerable contraction of the field; this contraction of the field disappeared as the other symptoms improved.

Mr. LANG had recently examined one case of diphtheritic paralysis where there was no limitation of the field of vision. He added that Professor Uthoff had examined the field of vision in several cases, but had not recorded any limitation of the field. In his own case there was loss of accommodation and inability to converge; these pointed, in his opinion, to a central lesion.

#### *Neuro-paralytic Ophthalmia.*

The Honorary Secretary read for Mr. CHARLES HIGGINS the history of a case of paralysis of the fifth nerve with corneal ulceration. The patient was a woman, aged 19, who had a large central corneal ulcer, small superficial ulcers on the skin of the temple and forehead, and total anaesthesia of the conjunctiva, and all parts supplied by the right fifth nerve; wasting of the muscles of mastication occurred later. The eye was brought under the influence of atropine, and carefully covered; the patient was sent to the seaside, and the ulcers of the skin healed within six weeks; the corneal ulcer healed in eight months, leaving a dense leucoma; the anaesthesia still persisted, and there was some ulceration of the nostril and styes on both eyelids; but the patient was otherwise in good health, and the eye on the affected side appeared to be, with the exception of the leucoma, quite normal.

#### *Retinitis.*

Dr. BRAILEY showed a girl, aged 12, the subject of congenital specific disease, in whose left eye were numerous white, opaque, striated retinal patches very similar in appearance to opaque nerve-fibres. Since, when first seen, she had albuminuria, he regarded these as due to a retinitis, probably of renal origin; in addition, there were a few minute spots of choroiditis disseminata. The vision of each eye was defective, the left the more so; each was hypermetropic about 7.D, and astigmatic 1.5.D; glasses, however, produced no material improvement. There was long standing extensive suppuration of the bones of the left forearm and of both tibiae; no visceral enlargements could be detected. The case was accompanied by an ophthalmoscopic drawing.

#### *Card Cases.*

Mr. W. H. JESSOP—(1) Large Semi-circular Retinal Hæmorrhage, near the Yellow Spot; (2) Detachment of Retina (living patient).

Mr. JULER—Gumma of Iris (living patient).

## NOTES ON FOREIGN HEALTH RESORTS.

### THE CAPE COLONY.

THE favourable climatic conditions which served to make the Cape the sanatorium of our Eastern Empire were not lost on the completion of M. de Lesseps' great waterway. And, although no longer distinguished as the health recruiting station for Indian invalids, the Colony has for some years past attained to a position of considerable importance as a health resort especially beneficial to those suffering from various forms of pulmonary disease. The reputation thus generally bestowed really requires, however, something more definite in the way of an analysis of local conditions if it is to be made practically useful. When the Colony was founded by the Dutch in 1652 its limits lay within gunshot of the Fort of Good Hope (the



progenitor of the present Castle at Cape Town), and at night the lions sometimes "seemed as though they would take the Fort by storm." Since that date its boundaries have been continuously pushed onwards, until at the present day the Colony may be said to extend from the Orange River on the north and Natal on the east to the coasts washed by the Atlantic and Indian Oceans, including a total area of more than 250,000 square miles. There are necessarily considerable varieties of climatic conditions to be found within an area so vast and so varied in its conformation. In general terms the climate of the Colony may be described as fine, healthy, warm and dry, and so forth; but the man who speaks less vaguely of "the Cape climate" in set words is really only describing his own experience of some particular portion of the country. We shall here endeavour to give such information on the subject as will enable anyone, with the help of a good map, to distinguish the chief climatic attributes of the different districts; and at the same time to comprehend some of those other conditions of local existence which are so important to the invalid who purposes making his home for health's sake in a strange and distant land.

The prevailing winds of Southern Africa are southerly; the air being sucked northwards towards the vast heated surface of the interior of the Continent. Since these winds blow from the cold and ice-bound southern seas, they are but slightly charged with moisture, and tend generally to give a character of rainless drought to the lands over which they sweep. But in the Cape Colony itself the prevailing winds correspond pretty closely to the Trades, blowing from the south-east during the summer months, *i.e.*, from early October until March, and from the north-west from April to September. Here we are at once met by a striking distinction between the two provinces—Eastern and Western—into which the Colony is primarily divided. The south-easterly winds which blow towards the Eastern Province, and so much of the Western Province as lies east of the Gauritz River, come laden with watery vapour from seas comparatively warm; and, striking the elevated and cooler coast-line and the inland plateaus, this watery vapour is partially condensed and precipitated. Thus, in the Eastern Province, summer is the season of fertilizing rains. But the south-east winds which blow over the Western Province have either come from the colder region of the South Pacific or (as regards the Karroo and Great Bushmanland, for instance) they have been already robbed of their moisture while traversing the cooler mountain ranges of the east; hence the summer of the Western Province is dry. Again, the north-westerly winds, which blow during the winter months, come to the western shores of the Colony saturated with vapour from the Tropic ocean. The rain thus deposited falls for the most part, however, only along the coast and in its vicinity, the air becoming rapidly dried as it passes inland, so that Bushmanland and the major part of Little Namaqualand and of the Karroo are almost rainless the whole year long; and the Eastern Province thus also enjoys a dry winter season, in contrast to the Western Province, which receives most of its rain during that period. We can, therefore, at once divide the Colony into three portions which present certain broad climatic distinctions. A wide belt of country bordering the coast is divisible into an eastern and a western portion by the Gauritz River, or by an imaginary line running northward from Mossel Bay. In the west the seasons are about a month earlier than in the east; and, during the winter, the prevailing north-west winds carry regular and plentiful rains as far inland as the Karroo. In the east, on the contrary, the rains fall during the summer months, being deposited by the south-easterly breezes which blow, laden with moisture, from the ocean. The eastern coast too is climatically affected by the warm current of the Mozambique Channel, much as North-western Europe is by the Gulf Stream. Thirdly, between the belt of country just described and the Orange River—south, therefore, of the great Kalihari desert—lies the elevated region of the Karroos and Bushmanland, arid plateaus, for the most part, where the rainfall is scanty, irregular, and limited, and chiefly dependent upon those electrical conditions which form one of the most striking atmospheric peculiarities of this portion of the country.

The physical feature which is most important in determining the more strictly local conditions of climate throughout the country is the arrangement of its mountain-ranges. South Africa is essentially a land of mountains. From no spot along the coast, from the mouth of the Kei to that of the Great Berg River, can the traveller journey "up country" into the interior without crossing a mountain range; and at no spot within the Colony is he out of sight of mountains, even if they do not surround him, as is frequently the case, on every side. The distant peaks, often more or less snow-clad in winter, relieve the greatest stretch of plain from monotony. And the views obtainable from the mountain-passes, the panorama of kloof and precipice, deep rifts and wind-worn buttresses, are grand and beautiful in the extreme. The general level of the ground rises from the sea towards the interior, attaining its greatest altitude towards the North and East. The principal mountain-ranges run like a series of curvilinear barriers one within another in a direction which may be described as a parallel with the coast-line; they are separated, not by valleys, but by plateaus which stand like broad terraces arranged one above another in successively increasing altitude, and it is thus, in great part, that the different zones of climate are determined.

Beginning at the north-west corner of the Colony, we may recognise a district which corresponds pretty closely to the coast region of Little Namaqualand, extending from the Orange to the Olifant's River and inland to the foot of the mountain ranges. This cannot be recommended to invalids as a place of residence. Rain is rare on the coast, but heavy sea-fogs, extending for more than 50 miles inland, are common in the early morning. Amongst the mountain peaks thunderstorms are frequent, yet little rain actually falls, and the main characteristic of this barren and shelterless waste of sand is protracted drought. Even during the hottest season the nights are cold; at sunrise the thermometer often registers 40° or 50° F. in the middle of summer, and will stand at 100° or more in the shade between the hours of 11 and 4 in the same day. At Ookiep are the famous mines of the Cape Copper Mining Company, employing about 1,500 people, including a large number of Welsh and Cornish miners. A railway some 90 miles in length connects them with Port Nolloth on the sea-coast. But although, with due precautions, Europeans may maintain a passable existence, difficulties of travel, lack of comforts, monotonous surroundings, and a trying climate will close this part of the country against the ordinary health-seeker.

Running south and then eastward, from the Olifant's River to the Gauritz, lies a tolerably broad tract of coast country, of which the inland boundary is fringed by the mountains forming the eastern and southern borders of the Great Karroo. The climate of this region corresponds generally to that described as typical of the Western Province. It is within the invigorating influence of the south-east trade wind; while westerly winds, charged with plentiful supplies of rain, blow for more than six months of the year. The "South-easter" is a very strong, but dry and healthy wind; and thunderstorms are less frequent and more mild than in any other part of the Colony. Certain portions of this district deserve special mention. To the north-west, and behind the second range of hills from the coast, lies the "Warm Bokkeveld"—a circular plain 1,700 feet above sea-level, possessing a rich and well-watered soil, and a climate at once warm and equable. The mean temperature is about 66° F., but the mercury seldom falls lower than 50°. Tulbagh, an old-fashioned village still primitively Dutch, and famous for its vineyards, lies in a deep valley, and is about 80 miles by rail from Cape Town. Ceres, a few miles further to the east, is a pretty and well laid out little town of more modern type, occupying a high and healthy situation. It too is on the Cape Town and Kimberley line, but it can also be easily reached from the former place by the road which runs through the grand scenery of Mitchell's Pass. North and west of the Warm Bokkeveld, between the Karroo and the Olifant's River Mountains, lies the Cold Bokkeveld, at an altitude of 4,000 feet. The climate is fine and dry, but cold. Ordinary English fruits are grown to perfection. It is enjoyable and bracing during the summer season, but the



cold is severe in the winter, when it is quite deserted by the flocks and snow lies on the ground for weeks.

Not far from Ceres, on the same line of rail and road, and about 80 miles from Cape Town, is the thriving town of Worcester, with some 4,000 inhabitants, 780 feet above the sea. It possesses the advantages of charming scenery and a pleasant climate. The mean temperature is about 62°, but the range is considerable, from 28° to 106°, and invalids generally will find summer to be the most agreeable and most healthy period for staying there. Perhaps the most grievous charge that can be laid against the climate is the frequency of heavy thunderstorms. Provisions are good, plentiful, and very reasonable in price.

The valley of the Table range, which also lies within the geographical limits of the Western district now under consideration, presents certain local peculiarities which merit notice, if only from the fact that it is this part of the Colony with which the vast majority of visitors first become acquainted. At the outset it may be stated that Cape Town is, in all respects, inferior to its suburbs as a place of residence—especially for invalids. Putting the coarser aspect of sanitation on one side, it must be admitted that the beneficent “Cape Doctor,” which sweeps away smells that would otherwise demand investigation, has an over-boisterous manner of working, and dispenses heavy charges of red dust with a reckless freedom very trying to his patients. A full South-easter will sweep a street exposed to its force clear of all light movables, and the writer has seen the tin lining of an empty packing case, four feet high, merrily trundling along the road like a schoolboy’s hoop. The visitor who makes his first landing in one of these winds, blowing at the rate of fifteen miles an hour and more, expresses only a qualified surprise at the sight of a city of flat-roofed houses with conspicuously absent chimney-pots. Strictly speaking, the term “South-easter” is here a misnomer, the prevailing winds during the summer being from the South and West, occasionally S. by E.; while easterly winds are rare throughout the year, and that from due E. is quite unknown. The mean temperature of Cape Town for the year is about 65°; but for the months of December, January, and February in summer it averages over 73°; while for the same months the mean in the Table valley is 68·7, the dew point 57·5°, and the mean humidity of the air 66·4 per cent. Cape Town, in fact, lies, as it were, in the focus of the great horse-shoe face of Table Mountain, from which it receives reflected heat by day and radiated heat by night. Hence all its business men, if possible, make their homes in one or other of the villages which stud the line of railway running through the Table valley to Simon’s Town, on the opposite side of the peninsula. Most of these are delightfully placed beneath the wooded slopes of the Table range itself or on the borders of the “flats,” which stretch northward like a vast sheet of sandy common covered with heaths or carpeted with flowering bulbs, dotted with small farms and sparkling vleis, towards the Blaauwberg Mountains, whose peaks in early spring are still white with the remains of scanty snows. Local peculiarities of exposure and of rainfall, &c., also allow a fair variety of choice. Cape Town has an average rainfall of 24 inches—about half that of Sydney, in the same latitude. At Mowbray the rainfall is about 19 inches, and at Wynberg, close to the famed Constantia, 36 inches. At Rondebosch, five miles from Cape Town, and midway between that place and Wynberg, the rainfall is about 20 inches or less; while groves of oak and pine protect the dwellers on the Camp Ground from a too violent incidence of the refreshing breezes which, during the hottest day, sweep across the flats between False and Table Bays. Christmas-tide—hot, but bright and clear, and with none of the oppressiveness often felt during summer weather at home—suggests to the newly arrived Englishman a strangely pleasant combination of iced roses and mulled holly. During January and February, when the heat is apt to be most felt, a general exodus takes place to the seaside watering-places of Kalk Bay and Somerset Strand, on the shores of False Bay; Green Point, also, is a pleasant and healthy place of residence in the summer months. Occasionally, during the rare “Black South-easter,” a *Table-cloth*—darker than that which rolls over the mountain brow above the Capital

when the ordinary summer wind is most violent—projects over the southern side of the mountain and deposits slight showers in the neighbourhood of Rondebosch and Claremont. A damp north-west breeze, which sometimes blows through the kloof near Cape Town, is considered to be responsible for the malaise, sore-throats, and respiratory oppression which are apt to affect those who have been subjected to its influence. During the winter months, from April to September, the prevailing winds are from the N., N.W., and W., and the major part of the rainfall is deposited in and about Wynberg. But rain is rarely continuous for more than two days together, and the rain-free days are beautifully clear and exhilarating. Moreover, the soil is so porous and absorbent that within half-an-hour of the cessation of the heaviest down-pour the pedestrian can always enjoy a walk in comfort. The mean temperature of the three coolest months, June, July, and August, is 55·1° F., the humidity 80·6° per cent., and the temperature of the dew point 49°. The beginning of each winter and summer season is inaugurated by slight thunderstorms which play at intervals for two or three days over the summits of the Blaauwberg and Table ranges like distant discharges, more visible than audible, over some huge prime conductor. “At the Cape there is probably less thunder and lightning than in any other part of the world”; and, in fact, lightning is only observed, on an average, twelve times throughout the whole year. This part of the country has been described as too warm and relaxing for phthisical subjects during the summer; and it must be admitted that the average healthy Englishman, after two or three years’ residence there, is conscious of a need for a more bracing environment. This can be amply met by a visit to some of the higher lands, such as those of Fort Peddie, Grahamstown, or Murraysburg; to the Alpine farms of the Cold Bokkeveld, or the delightfully cool valleys of Post Retief and the Great Winterberg. But there are many professional men, for whom existence in England is impossible, who live and work in comfort at the Cape without finding any such change of residence necessary to their continued physical welfare.

The district of George, east of the Gauritz River, is one where the summer heat is tempered by gentle showers from the south-east. The climate is a very pleasant one, and frost is unknown near the coast, where the scenery presents a striking combination of mountains, forests, and lakes, unusual in South Africa. A fair amount of sport is obtainable, but the small, yet numerous, torrent beds make travelling rough and difficult. The town is 6 miles from the coast and 290 by road from Cape Town; it is pleasant and well-watered, and very fair accommodation is obtainable. In the neighbouring Knysna district, which lies lower and has a much damper climate, are fine forests affording cover to herds of elephant and buffalo, which are strictly preserved.

In the districts east of the Gamtoos river the very hot days of summer are usually terminated by heavy thunderstorms which materially help to reduce the average temperature. Port Elizabeth, the second port of the Colony, should not detain the invalid. Despite recent improvements in the water-supply, its sanitary reputation is not of the best; it is much exposed to high winds, and the air is exceptionally humid. Uitenhage, eighteen miles inland by rail, is a town of well-watered gardens; provisions are good, living reasonable, and the district is considered a very healthy one. But the precaution, always advisable, of drinking only filtered water is especially necessary in this locality, since the neighbourhood has furnished a considerable number of sufferers from the too notorious *Bilharzia hæmatobia*. Grahamstown, which may be reached by rail from Algoa Bay, about 90 miles, or from Port Alfred (25 miles), is the capital of the Eastern Province, and has considerable pretensions as a residential health resort. It contains a population of some ten thousand, and contrasts with other settlements in being exclusively English in the composition and tone of its society. It stands at an altitude of 1,728 feet, and has an annual rainfall of about 32 inches. The town is admirably laid out, and has a plentiful water supply, with numerous churches and other public buildings, including a good library. Great care is bestowed upon the sanitation of the town,



and its health reputation is of the best. The winters are often cold, but the air is clear, dry, and invigorating. Among the other advantages of Grahamstown may be mentioned the opportunities which it gives to the botanist, the angler, and the sportsman; and, not least, the facilities now afforded by its railway communication for rapid removal to the warmer and moister district of the Kowie, or to the keen mountain air of the high plains north of the Katberg and Winterberg, three to seven thousand feet above the sea. In this region the air is rendered cool and pleasant during summer by the thunderstorms which break continually among the mountain summits; the winters are sharp, but clear and bracing. Close to the high ranges snow lies on the ground for three or four months of the year. In the possession of a climate admirably adapted to the treatment of pulmonary complaints, the plateau of Cradock and Queenstown can well rival the Free State, while in accessibility by road and rail, in the greater comfort obtainable, and the vastly more varied character of the surrounding scenery, it may reasonably claim to be superior. In striking contrast to the cooler air of these highlands are the deep and sweltering valleys of the Great Fish and Great Kei Rivers, which they border.

The Great Karroo extends eastward from the Hantam River between two nearly parallel mountain ranges to Graaff-Reinet, at an average of 3,000 feet above the sea; almost rainless, except just under the mountains, with a summer of intensely hot days and cold nights, and a winter where, between very sharp nights and mornings, come four hours of high temperature after 11 a.m., this *Barren Plain* will scarcely tempt the invalid even if the difficulties of transport were less stupendous. What has been written of the Karroo applies with even greater force to the almost waterless wastes of Great Bushmanland. In both cases the aridity is due to water-starvation; and it is probable that judicious planting and well-boring might do much towards restoring its former aspect to a country which is, in itself, potentially most fertile.

As regards means of communication throughout the Colony, it may be said that, until recently, mule or bullock waggons formed the only means of transport available for long distances and for heavy goods. Passenger carts, taking a moderate and variable allowance of luggage, run between all the principal towns and villages, and the post or mail carts are also available to a limited extent for passengers who have more regard for expedition than for their toilet. The first short railway was opened in 1863, but little was done in the way of extension until after the diamond rushes of 1870. Now, however, the Cape Railways System has assumed something of the complexity and extent which its title implies. Three main trunk lines connected by communicating branches are in existence; and, as they do not yet appear on any ordinary map, we may be allowed to indicate here their general arrangement so far as they are at present completed or in process of construction. The Western line runs from Cape Town, by Beaufort and Victoria West, to Hope Town on the northern border of the Colony, and thence to Kimberley, thus bringing passengers within less than a hundred miles of Bloemfontein. The Midland trunk line runs from Algoa Bay, by Cradock, as far north as Colesberg. It also has branches to Graaff-Reinet and to Grahamstown. The Eastern line runs from the port of East London, through Queenstown, as far as Aliwal North, thus tapping the immense coal-bearing region of the Stormberg. The branch connecting the Western and Midland lines runs from De Aar to Naaup Poort, and the traveller from Cape Town to Port Elizabeth is compelled to make a very considerable *détour*. The journey, at present, occupies no less than three days and two nights, thus comparing unfavourably with the steamer as regards both time and comfort, unless the passenger be a hopeless victim to *mal de mer*. Food is provided by the Company, at an extra charge, during the longer journeys. The standing details of the sea voyage from England to the Cape were given in a recent article on the Orange Free State. It may be added that, while travelling in the remoter and less settled districts of the interior is still tedious and uncomfortable, communication is very fairly easy between all the more important towns,

and the difficulties and delays inseparable from transport in a country of this character are being continually modified. A good supply of warm clothing should be provided; even near Cape Town there are many occasions on which the value of an "ulster" will be proved during the nights of winter.

The cost of living in the various towns and villages of the Colony need be little, if at all, in excess of that experienced at home, even for the invalid. In some places it will even be less. It would be impossible to give all the variations in price for different localities, but the average will not differ much from those prevailing in Cape Town and Port Elizabeth, although local conditions may considerably lessen the price of fruit and poultry, for example, or raise that of butter and fuel. Thus in the Cape district ordinary vegetables cost much the same as in England, except potatoes, which are about twice as dear. Butcher's meat is cheaper than at home; but the beef is usually poor, and in country districts the choice is only one between the different joints of mutton and strips of sun-dried venison known as "biltong." Fowls are sold at 3s. to 5s. per pair, and along the coast fish is excellent in kind and variety, abundant, and inexpensive. Fresh butter costs about 3s. a lb. Fruits which are looked upon as luxuries in England are plentiful and cheap — grapes, strawberries, peaches, apricots, loquats, oranges, lemons, citrons, guavas, bananas, figs, pomegranates, and quinces flourish in the warmer districts. Cucumbers and all varieties of the melon tribe abound. A few years ago fine bunches of grapes were considered rather dear near Cape Town at a penny a-piece; and the basket which held half-a-crown's worth of grapes could be filled for a like sum with apricots or peaches. Many of the Cape wines are sound, pure, and wholesome; some of the lighter varieties, possessing a Hock character, are very agreeable summer beverages. Hotel life is all the world over the most expensive of its kind. A bachelor can generally secure board and lodging for a term at from 12*l.* to 15*l.* a month and upwards. Where the popular boarding-house is available, and they are common in and near the larger towns of the Western Province, he will obtain similar advantages for about 4*l.* per month less. Although big game must now be sought for beyond the limits of the Colony, there are many districts easily accessible which still afford good buck-shooting; and there is probably no place where the wanderer who combines something of the scientist and the sportsman will have to complain of a blank day. Paterfamilias would find good educational advantages afforded by the various schools and colleges which flourish beneath the fostering regard of the University of the Cape of Good Hope, and in which work is carried on under conditions which have hitherto served to prevent "over-pressure" from striking root—or, at all events, from bearing fruit—amongst the rising generation.

The intending visitor is advised so to time his departure from England as to reach Table Bay during the early weeks of September. Then, unless it is imperative that he should lose no time in making his way to the more elevated regions of the interior, he will do well to take up his abode, for a time at all events, in one of the villages on the Wynberg line. He will live, by preference, on the borders of the Flats rather than close under the wooded mountain slopes, and will thus escape the dust of the high road, while securing all the benefits of the light play of winds across the peninsula. Until nearly the end of October he will be reminded, throughout the hours of sunlight, of the best part of a perfect English summer's day, say that between 7 and 9 a.m. Vegetation visibly grows under his eyes, and the lovely spring flora of the Flats, the clear air and cloudless sky, the quiet beauty of the lower slopes and the splendid definition of each scar and crevice in the topmost thousand feet of mountain wall, give an inexpressible charm to the scene around him. Football will be over with the winter, but the cricket and lawn-tennis season will be in full swing. There are several rowing clubs in Cape Town; and the jackals very creditably supply the place of English foxes to the sportsmen who regularly hunt over the neighbouring downs. With the advent of hotter weather, towards and after Christmas-tide, a change may be profitably made to Kalk Bay, Simon's



Town, or "The Strand," where pleasant lodging and good fishing are obtainable. And the traveller will be all the better equipped for a longer journey, if such should be desirable, by the opportunities which will have been afforded to him for picking up a colloquial acquaintance with Cape or "Kitchen" Dutch, a bastard *patois* that forms the speech of the descendants of the old settlers, and a knowledge of which serves as a most useful passport throughout the country. He will also have had time to learn something practical about the dress and mode of life suitable to the country, with numberless other important details which can only be acquired on the spot. There is, however, a large class of phthisical cases which are doomed only to go from bad to worse in England, and who yet find all the conditions necessary to them for health, with a minimum of the evils of expatriation, in the neighbourhood of the Cape itself; learning to combine an undiminished patriotism with a loyal acceptance and a physical appropriation of the Colonial legend *Spes Bona*. If house-keeping be decided on, a cottage of five rooms with offices can be secured at a rental of about 5*l.* a month, and larger houses in proportion. Furnishing is a much less serious matter than at home, since the open-air kind of life, and perhaps the more genial tone of society, greatly restricts the number of necessities and tends to kill any passion for internal display. Fires are, as a rule, needed only for cooking purposes. Wood is the fuel employed, and a load of this, costing 12*s.* to 16*s.*, will provide an ordinary kitchen fire for about a month. Taxes are light, and servants are obtainable upon terms much more reasonable and with results far more satisfactory than are possible in the less settled districts. The drawbacks inseparable from the exchange of English for Colonial home life are here least noticeable; and such discomforts as there are receive a large balance of compensating pleasures. Even the exile scarcely feels expatriated where the sun-set shadow of the mountain simulates a northern twilight; where the wild-rose and the blackberry greet him with indigenous familiarity; and where, from the lips of the oldest settled colonists about him, he hears England always alluded to as "home."

## MEDICAL NEWS.

### MEETING OF FELLOWS AND MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

THE theatre of the College of Surgeons was again filled to repletion, on Thursday afternoon last, to hear read a Statement which had been prepared by the President and Vice-Presidents in reference to the resolutions carried at the meeting held on the 29th October, 1885. (Those resolutions were duly reported in our columns.) The President, on taking the chair, explained the silence of the Council at the former meeting. They were desirous, he said, to carefully consider the resolutions which had been brought forward, and they believed that an authoritative statement was better than personal and indefinite views. This statement was the more authoritative, inasmuch as it was the unanimous feeling of the Council. He assured the meeting that it would have been more agreeable to them to have granted the demands than to be obliged to withstand them.

Mr. Trimmer, the Secretary, then proceeded to read the Statement, copy of which appeared in our issue last week.

Mr. K. Cornish's resolution, seconded by Dr. Rogers, that a petition to the Queen in Council, signed by a large number of Members, be now read, was put to the meeting, and negatived.

Mr. Holmes thereupon moved:—"That the answer of the Council is not satisfactory, and that the Council be respectfully requested to reconsider the subjects—(1) Of the Representation of Members of the Royal College of Surgeons. (2) Of submitting for approval any alterations proposed to be made in the constitution or in the relations of the College, or in any of its by-laws, to a meeting of the Fellows and Members." He said that, from a long acquaintance with the College and with the Council, he was sure that any well-considered

resolutions, which could be shown to be beneficial to the constituents of the College, were certain to receive an impartial consideration at the hands of the Council. He, and those with whom he was acting, felt that the matters at issue had not yet been placed before the Council in their proper light, and they felt that the answer which the Council had made was not satisfactory; for the arguments they had used were but a summing-up of the imperfect arguments which had been brought forward at the previous meeting. The Council had not taken any part in the discussion. It was perhaps a wise resolve on their part, for, like other bodies of men, they were not agreed, and it would have been very inconvenient to have tried to come to an understanding at a public meeting of the entire body corporate. The real truth was that the matter was not yet thrashed out. He differed from the Council's interpretation of the resolutions. The Members had not advanced any claim that all Members should vote unconditionally in the election of the Council; they felt, however, and he felt too, that it would be greatly to the advantage of the College and the profession if Members, under some circumstances, could vote as to whether the Members got an equivalent for their 21*l.* diploma; he would not discuss; the real question was whether the College got an equivalent from the possession of a constituency of 16,000 of the most energetic men in England. They never would until there was a more intimate connection between the College and the Members, and that connection would only commence when they obtained a vote. It was largely on this argument that he voted with the Members. That the College had been very successful in its career was no argument in favour of the present system; it was to make it still more successful that he would urge the Council to avail themselves of the great reserve force to be found among its Members. The College had three chief functions to subserve: the collection and care of its library; of its museum; and the arrangement of its examinations; and each one was a splendid monument of the skill and success with which the Council discharged their functions. The College, thanks to the liberality of the late Sir Erasmus Wilson, had come almost into possession of an enormous property. This fact would probably attract other properties. So that within a brief time the College would become the patron of professional research and the arbiter of professional conduct. Would the 16,000 Members stand aside and let 24 of their body manage all this for them? Besides, would a College, managed by hospital and consulting surgeons, stand? What about the general bulk of practitioners? Did the Fellows fear that they would be swamped? A scheme could be formed which would not upset existing privileges. Such a scheme might be sketched as the following Members should only be entitled to vote after some years had elapsed. Members wishing to vote would have to be put on a Register, and either vote personally or by voting-paper. The right of the Members to sit on the Council was even more important than a vote, for it was essential that there should be some who were cognisant of the requirements of the general practitioners. When he was serving as a member of the Conjoint Scheme, and while the matter was under discussion, he had been struck with how little they (the Council) knew of the wants of the general practitioners. He would hesitate to support any scheme which would upset the present Council: either the Council could remain as it was, and add to their number some few Members; or a proportion—a fourth, say -- of the Council should consist of Members. He would not rush these changes on, but bring them about only after a thorough discussion of them had been made. As regarded the second resolution, he admitted that the wording was unfortunate. The Members meant that no considerable changes should be made in the By-laws without submitting them to the Fellows and Members. He referred to an instance, known to the President, in which they (he and the President) had influenced the Council by obtaining an expression of opinion of Fellows adverse to the views held by the Council, which showed that the Council were not *always* the best judges of what was best for their constituents. Further, he questioned whether the Council *could* effect any important alterations, should the Fellows and Members really oppose it.



Mr. Gamgee seconded the resolution (in an able speech, which was marred in its effect by being read). He reiterated many of the arguments used at the former meeting; he criticised, and much in the same spirit, the Council's interpretation of their former resolutions; if they had not properly formulated their views and their requirements, he hoped the Council would take the two large meetings as an indication of what was the real feeling of the body at large on the matters at issue. He concluded by suggesting an informal meeting of some Members of Council with delegates from the two Associations.

Mr. Brudenell Carter (in a speech which produced considerable and long-continued uproar) upheld the view propounded by the Council. He disapproved even of extending voting by proxy to the Fellows, believing that a personal knowledge of candidates seeking election to the Council was the surest means of securing the best men. It would be unfortunate for the College to be governed by tumultuous assemblies such as the present; and, before the old regulations of our predecessors, who were in favour of a small constituency, were revived, it would be well to hesitate and be sure that some better plan could be suggested. He believed the Associations were largely got up by the medical journals, and were kept going at their behest.

Dr. Ward Cousins supported the resolutions. He appealed to the Council to come from behind that old wrapper—the Charter, and meet the Associations with a view to readjustment.

Mr. Haughton spoke against the resolution, and in favour of the *status quo*. He deprecated Mr. Carter's personal allusions.

Mr. Rivington (in a powerful speech, which we print elsewhere) supported the resolution.

The President, in answer to calls "Vote, vote," although other gentlemen appeared wishful to speak, put the resolution to the meeting. It was carried by an overwhelming majority.

After a vote of thanks to the President for his conduct in the chair, proposed by Mr. Holmes, seconded by Dr. Collum, and carried by acclamation, the meeting broke up.

**UNIVERSITY OF CAMBRIDGE.**—The following candidates have been examined and approved for the degree of Bachelor of Surgery:—

Messrs. Castle, Pembroke; Fox, Cavendish; Ingle, noncollegiate; Lund, Trinity; Skelding, Caius; Thornton, Christ's; Trott, Caius; Walsham, Caius; C. Yeoman, Pembroke.

Third Examination for M.B. Degree. Examined and approved:—

Ds. Andrews, John's; Daniels, Trinity; Dudfield, Trinity; Evans, John's; Facey, John's; Magr. Haig, Trinity; Ds. Havilaud, G. D., John's; Jones, H. C. W., Downing; Musgrave, Magdalene; Nichol, Caius; Niven, Caius; Piggott, Emmanuel; Ritchie, Trinity; Rushbrooke, Christ's; Spicer, Caius; Magr. Tayler, Clare; Ds. Whishaw, Cavendish.

**UNIVERSITY OF DUBLIN.**—At the Michaelmas Term Examination for the degree of Bachelor of Medicine (M.B.), held on Monday, November 30th, and following days, the successful candidates passed in Order of Merit as follow:—

Robert G. Patteson; Henry C. Earl; Reginald W. Studdert; Foster R. Newland; Richard B. McCausland; James Craig and Benjamin D. Dickson (equal); Henry M. Brabazon; Henry F. Phillips; Ross V. B. Smyth; Richard C. Bolton; George Faris; Samuel G. Edge; George Hilliard; Henry F. Kingston; James C. Weir; Gardiner W. Trouton.

Passed provisionally—  
Kenneth Frazer.

At the Michaelmas Term Examination for the degree of Bachelor of Surgery (B.Ch.), held on Monday, December 7th, and succeeding days, the candidates who passed were arranged in Order of Merit as follow:—

William S. Dobbin; Robert G. Patteson; Reginald W. Studdert; Henry M. Brabazon; Henry J. Hadden; Henry F. Phillips; Foster R. Newland; Henry F. Kingston; Gardiner W. Trouton; James Craig; Edward Wolfenden A. Gray; Alexander Fiudlater.

**UNIVERSITY OF DURHAM, FACULTY OF MEDICINE.**—The following candidates have satisfied the Examiners:—

*Examination for the Degree of Doctor in Medicine for Practitioners of Fifteen Years' Standing:*

George Fowler Bodington, F.R.C.S., M.R.C.P.; Edward Eustace, L.R.C.S., L.R.C.P.; Allen Pennings, M.R.C.S., L.S.A., L.R.C.P.

(Edin.); John William Hembrough, M.R.C.S., L.S.A.; John McGee MacCormac, L.R.C.S., L.R.C.P.; Thomas Stephen Maguire, L.K.Q.C.P.; Whitfield Perkins, M.R.C.S., L.S.A.; Robert John Shepherd, M.R.C.S., L.S.A.

*Examination for the Degree of Doctor in Medicine (Essay):*

Gold Medal, 1885:—Frederick Spicer, M.B., M.R.C.S. Pass List:—David Henry Barley, M.B., M.R.C.S.; Thomas Elisha Gordon, M.B., M.R.C.S.; Herbert Ryding Mosse, M.B., M.R.C.S.

*Examination for the Degree of Bachelor in Medicine (Essay):*

Auburn Wilkinson, L.M.

*Examination for the Degree of Master in Surgery:*

Philip Boobyer, M.B., M.R.C.S.; George Rome Hall, M.B., College of Medicine, Newcastle; Arthur Herbert Hart, M.R.C.S., L.R.C.P., Queen's College, Birmingham; Alexander Yates Reilly, M.R.C.S., Middlesex Hospital.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following Members, having passed the Final Examination for the Fellowship on November 26th, 27th, 28th, and 30th, were at a meeting of the Council held on the 10th instant admitted Fellows of the College, viz:—

Henry Dawson Farnall, L.S.A., The Goffs, Eastbourne; Francis Henry Weekes, L.S.A., 3, St. Leonard's, York; James Thomas James, L.R.C.P. Lond., Llwynfack, Llandovery, South Wales; John Bowring Lawford, L.R.C.P. Lond., 73, Lambeth Palace Road, S.E.; John William Batterham, M.B. Lond., General Hospital, Birmingham; Henry Waytes Pomfret, L.R.C.P. Lond., Hollingworth, Manchester; Alfred Ernest Hind, St. Bartholomew's Hospital; Robert Jones, M.D. Lond., 11, Mecklenburgh Street, W.C.; Charles Edward Henry Cotes, M.B. Cantab., The Mall, Hammersmith; Sidney Plowman, L.R.C.P. Lond., The Residence, St. Thomas's Hospital; Henry Robert Woolbert, M.B. Lond., Royal Albert Hospital, Netley; George Adlington Syme, M.B. Melbourne, 36, Albany Street, N.W.; Jasper Jewett Garmany, M.D., Bellevue, Savannah, U.S.A.

Two other candidates passed the examination, but, not having attained the legal age (twenty-five), will receive their Diploma at a future meeting of the Council. Nine candidates failed to reach the required standard, one candidate was referred to his professional studies for six months, and eight for twelve months.

**THE SOCIETY OF APOTHECARIES, LONDON.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on Thursday, December 10th, 1885:—

Charles Hotham Evans, M.R.C.S., Winchmore Hill, N.; George Hope, M.R.C.S., 8, Spring Gardens, Ventnor, Isle of Wight.

**KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.**—At the usual monthly Examinations for the Licences of the College, held on Monday, December 7th, and following days, the under-mentioned candidates were successful:—

*For the Licence to practise Medicine—*

Alfred Ernest Jaffray Barcroft, Kingstown, Co. Dublin; Jeremiah Behan, Lixnaw, Co. Kerry; Henry Theodore Bewley, M.B. Univ. Dubl., Booterstown, Co. Dublin; Thomas Browning, Limerick; Alban Butler, Dublin; William George Chute, Tralee, Co. Kerry; Thomas Paul Codd, Dublin; Arthur Richard Thomas Craig, Dundrum, Co. Dublin; Albert Edward Davis, Rainhill, near Liverpool; John Joseph Davoren, Ennis, Co. Clare; Cuthbert Eccles, Drogheda, Co. Louth; Henry Leslie Finny, Howth, Co. Dublin; Edward Heard, Carrigtwohill, Co. Cork; John Keatly, Dublin; Arthur Foster Keyworth, Bath, Somersetshire; Walter Kiddle, M.B. Univ. Dubl., Dublin; Henry Thomas Knaggs, Dublin; Martin Bernard Lyster, Athlone, Co. Westmeath; Frank Parry, Kildermister; John Rogers, Elphin, Co. Roscommon; William Whitlaw Scott, Kingstown; Joseph Samuel Sergeant, Brigg, Lincolnshire; Edward Russell Wawn, Redcar, Yorkshire.

*For the Licence to practise Midwifery—*

Thomas Bewley; John Paul Cavenagh, Dublin; William George Chute; Thomas Paul Codd; Arthur Richard Thomas Craig; Albert Edward Davis; John Joseph Davoren; Cuthbert Eccles; Henry Leslie Finny; Edward Heard; Arthur Foster Keyworth; Henry Thomas Knaggs; Martin Bernard Lyster; Edwin Graves Newell, M.B. Univ. Dubl., Dublin; John Rogers; William Whitlaw Scott; Joseph Samuel Sergeant.

The following Licentiate in Medicine of the College, having complied with the By-laws relating to Membership pursuant to the provisions of the Supplemental Charter of December 12th, 1878, has been duly enrolled a Member of the College—

James Emerson Reynolds, M.D. (*honoris causa*), Univ. Dubl., Professor of Chemistry in the University of Dublin.

**UNIVERSITY OF OXFORD.**—At a congregation held on the 3rd inst., a number of amendments upon the very



important statute for the reorganisation of the medical faculty and studies in Oxford were approved of, by which, among other changes, there are to be established the degrees of bachelor of surgery and master of surgery. The latter is now given in many other Universities, and it may be observed that it will be the only master's degree in the University which at present involves a qualification of intellect or acquirements. The statute will of course be powerless to confer the membership of Convocation upon these newly constituted masters of surgery, but it may be presumed that the necessary powers will be applied for to carry out this change in the constitution of the University. The amendments proposed to-day and carried without dissent were an embodiment on the part of the Hebdomadal Council of the suggestions of members of the medical faculty both in London and Oxford, and the Regius Professor of Medicine expressed his general approval of the statute. Dr. Bruce Clarke stated that he was requested to thank the Vice-Chancellor and the Hebdomadal Council in the name of the medical graduates of London for the entirely satisfactory and liberal spirit with which they had met and accepted their suggestions, and to say that all the provisions of the statute met with their entire approval.

**HOSPITAL SATURDAY FUND AWARDS.**—The Board of Delegates met on Saturday, when the report of the Distribution Committee, recommending that 9,500*l.* of the 11,300*l.* already realised be distributed among 71 hospitals, 40 dispensaries, and 19 convalescent homes and other institutions, was adopted. The largest awards to hospitals are as follows:—London, 684*l.* 15*s.* 2*d.*; Consumption and Diseases of the Chest, Brompton, 578*l.* 18*s.* 4*d.*; City of London, for Diseases of the Chest, 277*l.* 2*s.* 10*d.*; Middlesex, 262*l.* 18*s.* 2*d.*; St. George's, 260*l.* 13*s.* 6*d.*; St. Mary's, 219*l.* 16*s.*; North London or University College, 197*l.* 15*s.* 6*d.*; Westminster, 193*l.* 17*s.* 10*d.*; Royal, for Diseases of the Chest, 189*l.* 17*s.* 2*d.*; King's College, 177*l.* 3*s.* 10*d.*; Royal London Ophthalmic, 171*l.* 7*s.* 4*d.*; Royal Free, 169*l.* 2*s.* 8*d.*; North London, for Consumption, 169*l.* 1*s.* 2*d.*; Charing Cross, 150*l.* 5*s.* 6*d.*; West London, 128*l.* 8*s.*; Sick Children, 121*l.* 15*s.* 6*d.*; Seamen's, 119*l.* 0*s.* 10*d.*; Royal National, for Consumption, 109*l.* 18*s.*; Male Lock, 101*l.* 16*s.* 10*d.*; German, 101*l.* 3*s.* 10*d.*; Cancer, 100*l.* 3*s.* 8*d.*. The other awards to hospitals range from 90*l.* 10*s.* 10*d.* for the Hospital for Diseases of the Throat to 15*l.* 16*s.* 8*d.*, the amount given to the British Lying-in Hospital.

**HELEN PRIDEAUX MEMORIAL FUND.**—We stated last week that it is proposed to raise a sum in memory of Miss F. Helen Prideaux, M.B. & B.S. (Lond.), sufficient to endow a Prize or Scholarship bearing her name. Subscriptions may be sent to the Treasurer, the Dowager Lady Stanley of Alderley, 40, Dover Street, W., or to the Hon. Secretary, Mrs. Garrett Anderson, M.D., 4, Upper Berkeley Street, W. The following sums, with others, have been already received:—Dowager Lady Stanley of Alderley, 25*l.*; Mrs. Garrett Anderson, M.D., 25*l.*; Louisa, Lady Goldsmid, 10*l.* 10*s.*; Sir William W. Gull, Bart., M.D., 10*l.* 10*s.*; The Earl of Derby, 10*l.*; G. Hanbury, Esq., 5*l.* 5*s.*; Dr. Allen Sturge, 5*l.* 5*s.*; Mrs. Thorne, 5*l.*; Miss Alice G. Smith, B.A. (London), 5*l.*; J. C., 5*l.*; Mrs. Holland, 5*l.*; Mrs. N. Montefiore, 3*l.* 3*s.*; Professor Bentley, 2*l.* 2*s.*; Dr. Cheadle, 2*l.* 2*s.*; Bowen May, Esq., 2*l.* 2*s.*; Miss R. Martin, 2*l.* 2*s.*; G. R. Clarke, Esq., 2*l.* 2*s.*; Dr. Matthews Duncan, 2*l.* 2*s.*; Madame Bodichon, 2*l.* 2*s.*; Mrs. Westlake, 2*l.* 2*s.*; William Shaen, Esq., 2*l.* 2*s.*; Dr. Ford Anderson, 2*l.* 2*s.*; Miss Holland, 2*l.*; Dr. Curnow, Dr. Elizabeth Blackwell, Mrs. Atkins, M.D., Thomas Bond, Esq., F.R.C.S., and Miss Buss, 1*l.* 1*s.*; Mrs. G. S. Gibb, H. Ede, Esq., and Miss Barker, M.D., 1*l.*

**CHARITABLE BEQUESTS.**—Mr. Joseph Stevens, late of Stapleford, and Nottingham, and Sandiacre, Derbyshire, has bequeathed 1,000*l.* to the Nottingham General Hospital, 500*l.* to the Midlands Institution for the Blind, Nottingham, and 100*l.* each to the Nottingham and Midlands Eye Infirmary, Nottingham, and the Nottingham Dispensary, Broad Street, Nottingham, all free of legacy duty.

**WEST LONDON HOSPITAL.**—A very successful meeting,

presided over by the Marquis of Lorne, was held at the Town Hall, Kensington, on Monday, on behalf of this hospital, and subscriptions were promised during the evening to the amount of 1,150*l.* Much larger sums, however, must be raised if the hospital is to be placed on an assured footing of prosperity.

**HEALTH OF THE CITY OF LONDON.**—Dr. Sedgwick Saunders, Medical Officer of Health, reported to the meeting of the City Commission of Sewers, held on Tuesday last, that during the previous week the almost unprecedentedly small number of seven deaths had been registered in the City, including that of a man executed at Newgate. No death from zymotic disease had occurred.

**ST. JOHN'S AMBULANCE ASSOCIATION.**—Certificates of proficiency were, a few days ago, presented to 57 gentlemen cadets of the Royal Military College, Sandhurst, who had been instructed in "First aid to the wounded" by Brigade-Surgeon Alfred Clarke.

**SANITARY ASSURANCE ASSOCIATION.**—At the monthly meeting of the Council last Monday arrangements were completed for the series of free lectures to be given by the Association at the Parkes Museum during January and February next. The first lecture is to be by Professor Roger Smith on "A Damp House" on Wednesday evening, January 20th, and on the following Wednesday Mr. F. B. Jessett, F.R.C.S. Eng., will lecture on "Preventible Diseases."

A COMMITTEE has been formed with Sir Edwin Saunders as Chairman and the following gentlemen as Members:—Mr. H. Royse Bell, Mr. Edward Bellamy, Mr. Thomas Gaddes, Lord Alfred Paget, Mr. W. Rose, Dr. Brodie Sewell, Mr. Henry Smith, and Mr. J. S. Turner, in order to present Mr. Oakley Coles with a testimonial from his old friends and colleagues on his retirement from the Dental Profession. Contributions should be forwarded to the Treasurer, Mr. Charles Vasey, 5, Cavendish Place, W., before the end of December, 1885.

**DEATH OF PROFESSOR BOULEY.**—M. Henri Bouley, President of the Académie des Sciences, late President of the Académie de Médecine, and Professor of Comparative Anatomy at the Muséum d'Histoire Naturelle, died on the 30th November after a prolonged and painful illness.

**MR. FREDERICK AUGUSTUS DIXEY, M.A. and B.M.,** Demonstrator to the Professor of Physiology in the University of Oxford, and formerly scholar of Wadham College, has been elected to a medical fellowship in that Society.

**AN IMPORTANT RAILWAY CASE.**—The case of Huxley v. the West London Extension Railway Company, which was tried last week, is of some interest, inasmuch as the plaintiff was a medical man. It was an action for injuries sustained by the plaintiff, as he alleged, by the negligence of the company's servants in May, 1884, in getting out of one of their carriages at their station at Chelsea. The defence of the company, who denied the alleged negligence and also denied the injuries, was in substance that, even assuming contributory negligence or their liability for some slight injury, the case of the plaintiff was in reality a sham. Lord Coleridge, in summing up the case to the jury, said it was for the plaintiff to make out his case, which in substance was that the train was taken beyond the platform, and that there was no light or not sufficient light, and that, therefore, he could not see the distance of the ground from the foot-board, and so, while getting out, fell down and injured himself. Much of this was admitted, but there was cogent evidence that the lamp at the spot was lighted, and, probably, the plaintiff, if he had taken care, might have seen that the train was beyond the platform, and, even if he had got out before the train had absolutely stopped, yet there was not enough to deprive him of his right to an action, and the real question in the case was as to the nature and extent of the injury. The plaintiff, in his case, made it out to have been very serious, but how far was it sustained by the evidence? If there had been only a slight injury, the damages would be small, and, even if the jury believed there had been an attempt to exaggerate the injury, still he would be entitled to such damages unless they thought



that the exaggeration had been so gross as to deprive him of credit as to his evidence as to the accident itself. The plaintiff described himself as having suffered from "dull, aching pain" ever since the accident, which was in May, 1884, and that he was confined to his house for three months and had to take to crutches, and had become unable to attend to business, and was even affected by loss of memory, which he traced distinctly, he said, to the accident. Now, it was a maxim (not always perhaps perfectly true)—*ex uno disce omnes*—judge of the whole case from a particular instance. His own medical attendant said he never believed in this loss of memory. His counsel said this was exaggeration, but it was a very serious symptom indeed, if true, as it indicated injury to the brain. And it was remarkable that it was only in railway accident cases these curious symptoms arose. Here the man had only slipped and fell on the ground. And, if the jury believed that the plaintiff had not really lost his memory and knew he had not lost it at all, then the jury might regard that as discrediting the rest of his evidence. On the other hand, did the jury believe the evidence of the two witnesses, porters of another company, from the Walham-Green Station, who had seen the plaintiff daily for six months and said that they had seen him "tuck his crutches under his arms and run down-stairs?" (Laughter.) If the jury believed those witnesses (and he did not see why they should not), how could they credit the rest of his story? Then, again, there was his own letter, written on the 15th of May, in which he stated that he was "full of rheumatism," and was in anxiety about "a practice he had purchased at Battersea," where he had no practice at all. It was for the jury to consider how far there was any foundation in fact for the statements in his letter. Then, in June, came the letter of the plaintiff's solicitor, stating that he felt that he had suffered a severe shock to his nervous system. This was the favourite topic of complaint in railway accident cases—a shock to the nervous system from merely falling on a platform. The letter described the most serious symptoms, which must have been derived from the plaintiff himself, and it spoke of injury to the business of his surgery, &c. And in a subsequent letter the solicitor wrote of "terrible loss of memory." Yet his own medical man said he did not believe in this; and then there was the evidence of Mr. Bond and Mr. Barnard Holt, the result of whose evidence was that they could not say that a man so falling might not have suffered some slight injury, but that the joint certainly had not been injured, and the injury was only slight, and there was no necessity for crutches at all, and no evidence of any serious injury at all. On the whole case the jury must judge whether the plaintiff had made out a case at all, and, if he had, what were the damages; as to which they were bound to consider the character of the evidence he had given, and, if they thought that he had attempted to mislead them, then they would probably give very small damages. The jury, after a few moments, gave a verdict for 50*l*.

**THE LAICISATION OF THE PARIS HOSPITALS.**—The *Gazette des Hôpitaux* of December 3rd publishes a list of the Physicians and Surgeons of the Paris Hospitals who have attached their names to a petition addressed to the Minister of the Interior, couched in the following terms. "The undersigned Physicians and Surgeons of the Paris Hospitals have the honour to request of you to maintain the *religieuses* in the hospital services to which they are attached. In addressing this request to you, they believe themselves to be acting in the interests of the patients entrusted to their care, as well as for the good order and maintenance of the hospitals and hospices of Paris." The signature amounts to more than a hundred in number. Of the total number of 163 of Physicians and Surgeons of Hospitals, 108 signed the Petition, and 55 did not sign it.

**A COLLECTION OF SKULLS.**—The Natural History Museum at Vienna has just been presented with 708 skulls collected through a series of years by Dr. Weissbach, who was for a long time director of the Austro-Hungarian hospital at Constantinople, and was a very distinguished anthropological investigator. Of the collection 195 are pure

Turkish skulls, 131 Greek, 96 Servian or Croat, 48 Hungarian, 43 Armenian, 29 old Byzantine. There are also skulls of Maronites, Albanians, Koords, Asiatic Jews, &c.

**THE Vestry of St. Luke's** has resolved to erect a set of mortuary buildings in Warwick-place, Whitecross-street, at an estimated cost of 990*l*.

**THE Library of the Royal Medical and Chirurgical Society** will be closed on Friday, December 25th, and re-opened on Tuesday, December 29th.

**THE BRITISH PHARMACOPŒIA.**—The page of *Errata* is now ready, and can be obtained on application.

## APPOINTMENTS.

CHAPMAN, PAUL M., M.D. Lond., M.R.C.P.—Physician to the Hereford General Infirmary, *vice* H. G. Bull, M.D., deceased.  
 MATHESON, F., M.B., C.M.—Honorary Surgeon to the Scottish Hospital Corporation.  
 NASH, WILLIAM GUNNER, M.R.C.S., L.S.A.—Medical Officer to the Third District, Brixworth Union, *vice* Mr. C. Hedley, deceased.  
 PHILLIPS, E. W., M.R.C.S., L.R.C.P., L.S.A.—House Surgeon to the Windsor Royal Infirmary.  
 RUSSELL, W., M.D., M.R.C.P.E.—Tutor in Clinical Medicine in the Royal Infirmary, Edinburgh, *vice* G. A. Gibson, M.D., F.R.C.P., resigned.  
 VICKERY, GEO., M.D., M.Ch., Q.U.I., L.A.H. Dub.—Medical Officer to the Kinsall Dispensary, *vice* Dorman, resigned.

## VACANCIES.

ASHBY-DE-LA-ZOUCH UNION.—Medical Officer to the First District, and to the Workhouse, in succession to Mr. W. Joyce, deceased. Area, 6,381 acres. Population, 7,465. Salary, £35 per annum. Salary for Workhouse, £25 per annum.  
 BLACKBURN AND EAST LANCASHIRE INFIRMARY.—House Surgeon. (*For particulars, see Advertisement.*)  
 BOROUGH OF OLDHAM.—Medical Officer of Health. (*For Particulars, see Advertisement.*)  
 NANTWICH UNION.—Medical Officer to the Audlem District, in succession to Dr. W. R. Tough, resigned. Area, 11,045 acres. Population, 2,705. Salary, £30 per annum.  
 ROYAL ALBERT HOSPITAL, DEVONPORT.—Assistant House Surgeon. Board and lodging, but no salary. Candidates must be possessed of one qualification, Surgical or Medical, and be registered. Applications, accompanied by not more than three testimonials of recent date, to be addressed to the Chairman of the Managing Committee not later than December 23rd.  
 SLEAFORD UNION.—Medical Officer to the Wilsford District, in succession to Mr. J. C. Eaton, deceased. Area, 14,140 acres. Population, 1,908. Salary, £21 per annum.  
 THE VICTORIA HOSPITAL FOR CHILDREN, QUEEN'S ROAD, CHELSEA, AND CHURCHFIELDS, MARGATE.—Senior Surgeon, also a Second Surgeon. Candidates must be Fellows of the Royal College of Surgeons of England, not practising Midwifery or Pharmacy. Applications, with copies of testimonials, &c., to be sent to the Secretary on or before December 21st.  
 TORBAY HOSPITAL AND PROVIDENT DISPENSARY, TORQUAY.—Junior House Surgeon and Dispenser. Salary, £90 per annum, with board, lodging, and attendance. Candidates must be qualified in Medicine and Surgery, registered under the Medical Act, and unmarried. Testimonials to be sent to the Hon. Secretary, W. H. Kitson, Esq., Torquay, not later than January 1, 1886.

## DEATHS.

CASTLE, M. A., M.D., late of 2, Chapel Street, Park Lane, London, at Lucerne, on December 9th.  
 DUFFY, Dr. BERNARD, F.R.C.S.I., at Florence, Italy, on Dec. 8th.  
 MCCLINTOCK, CHARLES, M.D., F.R.C.S., at Richmond, New South Wales, on October 27th, aged 36.  
 MILNE, CHARLES, M.R.C.S., at 6, Brunswick Place, Brixton Hill, on December 13th, aged 46.

## NOTES, QUERIES, AND REPLIES.

### "CEREBRAL RHEUMATISM."

[TO THE EDITOR OF THE MEDICAL TIMES.]

SIR,—The following case might be given as an instance of so-called "Cerebral Rheumatism." Mrs. W., age 36, first attack of acute rheumatism. Nov. 15.—General malaise, wandering pains, rigor at night. Nov. 16.—Sent for medical advice; condition when first seen: left ankle and knee swollen; intensely painful and full of fluid; right wrist joint ditto; temperature 103° 2' F. Pulse 98, full, bounding. No cardiac murmur. Ordered Sodii Salicylatis, gr. xv,



every three hours. Nov. 17.—No pain, fluid in joints diminished, T. 101.4°. A slight blowing systolic murmur at apex.

From this time improvement went on, and the salicylate was gradually decreased. On Sunday 30th, at 4 a.m., I was called to see the patient, was told she had been delirious throughout the night, not knowing anyone, and had suddenly relapsed into stupor. Respiration stertorous, 12 per minute. Pulse 45, very full and bounding. Temperature by rectum 110.2°, at which I was quite taken aback. Cold wet sheet packing was tried, and ice to the head. Calomel, gr. v, put at back of tongue, but without any good effect, the patient dying one hour and a half after my arrival. The patient had an interview with her sister the evening before, with whom she had not been on good terms for three years, and had never seen her during that period, but I should think this incident could hardly have had anything to do with the sudden and alarming rise of temperature.

I am, Sir, yours, &c.,

CASPAR R. LAURIE, M.R.C.S., L.R.C.P.

6, Eaton Villas, Loughton, Essex.

December 10th, 1885.

#### COMMUNICATIONS RECEIVED—

Prof. ATTFIELD, London; Mr. J. T. W. BACOT, London; Mr. RUSHTON PARKER, Liverpool; Mr. ALBAN DORAN, London; Mr. EDMUND OWEN, London; Miss CHREIMAN, London; THE SEC. OF THE OBSTETRICAL SOCIETY, London; THE SEC. OF THE SOCIETY OF APOTHECARIES, London; OUR BOMBAY CORRESPONDENT; THE SEC. OF THE LONDON SANITARY PROTECTION SOCIETY, London; Dr. ALLCHIN, London; THE SANITARY COMMISSIONER FOR THE PUNJAB, Lahore; Mr. C. R. LOURIE, Loughton; THE SEC. OF THE CENTRAL LONDON OPHTHALMIC HOSPITAL, London; Dr. J. E. HUXLEY, Maidstone; Messrs. T. CHRISTY & Co., London; THE REGISTRAR-GENERAL, Edinburgh; Dr. PRINGLE, London; THE HON. SECS. OF THE OAKLEY COLES TESTIMONIAL FUND, London; THE SEC. OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY, London; THE EDITOR OF "THE HOUSEWIFE"; THE SEC. OF THE COLLEGE OF MEDICINE, Newcastle-on-Tyne; THE HON. SEC. OF THE VACCINATION OFFICERS' ASSOCIATION, London; OUR VIENNA CORRESPONDENT; THE SEC. OF THE DEVONSHIRE HOSPITAL, Buxton; Dr. SIMON SNELL, Sheffield; THE SEC. OF THE MEDICAL SOCIETY OF LONDON; THE SEC. OF THE STATISTICAL SOCIETY, London; THE SEC. OF THE SANITARY ASSURANCE ASSOCIATION, London; Dr. WIBEL, Wiesbaden.

#### BOOKS RECEIVED—

Calvert's Mechanics' Almanack for 1886—Annual Report of the West Cheshire Provident Dispensaries, Birkenhead—Von Ziemssen's Handbook of General Therapeutics, Vol. IV.—Annual Report of the Central London Ophthalmic Hospital—Annual Report of the Cottage Hospital, St. Paul's Cray—Report of the Council of the Metropolitan Hospital Sunday Fund—Humeurs Normales et Morbides, par le Dr. Ménière (d'Angers)—Contagious Conjunctivitis, by Joseph A. Andrews, M.D., New York—Annual Report of James Murray's Royal Asylum, Perth—The British Pharmacopoeia and its Critics, by Prof. Attfield, F.R.S., &c.—Surgical Diseases of Children, by Edmund Owen, M.B., F.R.C.S.—Surgical Diseases of the Kidney, by Henry Morris, M.A., M.B., F.R.C.S.—Fractures and Dislocations, by T. Pickering Pick, F.R.C.S.—A Precise Investigation of some Micro-Organisms and Soluble Ferments, by C. T. Kingzett, F.Q.C., F.C.S.—Peste de Cadeiras, by Dr. J. B. de Lacerda—The British and Colonial Druggists' Diary for 1886—Chemistry—General, Medical, and Pharmaceutical, by John Attfield, F.R.S.

#### PERIODICALS AND NEWSPAPERS RECEIVED—

Lancet—British Medical Journal—Medical Press and Circular—Centralblatt für Chirurgie—Gazette des Hôpitaux—Gazette Médicale—Pharmaceutical Journal—Wiener Medicinische Wochenschrift—Gazette Hebdomadaire—Nature—Centralblatt für Gynäkologie—Le Concours Médical—Centralblatt für Klinische Medizin—Philadelphia Medical News—Le Progrès Médical—Berliner Klinische Wochenschrift—Centralblatt für die Medicinischen Wissenschaften—Deutsche Medicinische Wochenschrift—New York Medical Journal—Louisville Medical News—Boston Medical and Surgical Journal—Philadelphia Medical Times—The Hospital Gazette—Revue Médicale—Journal of the American Medical Association—Société Médicale—Popular Science News—Journal of Cutaneous and Venereal Diseases—The Indian Medical Gazette—The Archives of Pediatrics—North Carolina Medical Journal—An Ephemeris of Materia Medica, &c.—Revue de Médecine—Revue de Chirurgie—El Monitor Médico—The Dublin Journal of Medical Science—Canada Medical and Surgical Journal—The Chemist and Druggist—La Normandie Médicale—Nederlandsch Tijdschrift voor Geneeskunde—Weekblad.

#### HOSPITAL OPERATING DAYS.

Monday.—Metropolitan Free, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Hospital for Women, 2 p.m.; Royal Orthopaedic, 2 p.m.; Chelsea Hospital for Women, 2.30 p.m.

Tuesday.—Guy's 1½ p.m.; Westminster, 2 p.m.; West London, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; Royal South London Ophthalmic, 3 p.m.; St. Mark's Hospital, 9 a.m.; St. Thomas's (ophthalmic operations), 4 p.m.

Wednesday.—Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Thomas's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; University College, 2 p.m.; London, 2 p.m.; Great Northern, 2 p.m.; King's College (ophthalmic operations), 1 p.m.; Samaritan, 2½ p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.; St. Peter's Hospital for Stone, 2 p.m.; National Orthopaedic, Great Portland Street, 10 a.m.

Thursday.—St. George's, 1 p.m.; Central London Ophthalmic, 2 p.m.; University College, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Hospital for Diseases of the Throat, 2 p.m.; Hospital for Women, 2 p.m.; Charing Cross, 2 p.m.; London, 2 p.m.; North West London, 2½ p.m.; Chelsea Hospital for Women, 2 p.m.

Friday.—St. George's (ophthalmic operations), 1½ p.m.; Guys, 1½ p.m.; St. Thomas's (ophthalmic operations), 2 p.m.; King's College, 2 p.m.; Central London Ophthalmic, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal South London Ophthalmic, 2 p.m.; Royal Westminster Ophthalmic, 1½ p.m.

Saturday.—King's College, 1 p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; London, 2 p.m.; Middlesex, 2 p.m.; Royal Free, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Royal Westminster Ophthalmic, 1½ p.m.; Central London Ophthalmic, 2 p.m.

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THE MEDICAL TIMES is published on Friday morning. Advertisements must therefore reach the Publishing Office not later than Two o'clock on Thursday.

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- Dr. W. H. Allchin: Clinical Lectures on the Method and Data of Medical Diagnosis. Lecture VIII. Sex.
- Dr. Norman Chevers, C.I.E.: On Diseases of the Respiratory System.

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- A New Departure in Water Analysis.

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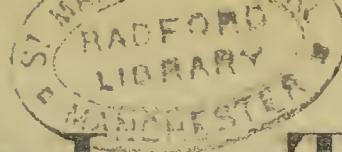
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- India.

##### CORRESPONDENCE.

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## CLINICAL REMARKS ON A CASE OF MYDRIASIS WITH IRITIS, AND ON CASES OF MYDRIASIS FOLLOWING A BLOW ON THE EYE.

(Delivered at the Royal London Ophthalmic Hospital.)

By E. NETTLESHIP, F.R.C.S.,

Ophthalmic Surgeon to, and Lecturer on Ophthalmology at, St. Thomas's Hospital, and Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

THE patient to whose case I am about to draw your attention is a man above fifty years of age, who came here three days ago for inflammation of the left eye, the result of a blow from the cork of a lemonade bottle five days previously. His pupil was noticed to be partly dilated, although the only application had been a bread poultice, and on examination, after atropine had been dropped in, we found several well-marked iritic adhesions.

Iritis following a contusion of the eye, such as this patient received, without any wound, is not common; a much more usual result of such an accident being mydriasis and paralysis of accommodation. In the present case we have an inflamed iris and a dilated pupil, a combination which, as the result

of injury, is certainly rare. The mydriasis must in this instance be put down as an accidental, not an essential, accompaniment of the iritis, for in almost all cases of iritis the natural tendency is towards contraction of the pupil. An exception to this rule is often seen in cases of so-called "serous" iritis, where, along with some increase of tension and deepening of the anterior chamber, we find a rather enlarged pupil; but the case before us has no affinities with that disease. (It may be observed that even in "serous" iritis, when posterior synechiæ form, as they often do after a time, the pupil becomes small again.)

The most common form of traumatic iritis is that following a penetrating wound of the eye-ball; after a simple blow iritis is, as I have already stated, of much less frequent occurrence. The question arises as to the cause of this latter variety (contusion iritis). It is often due, no doubt, to direct squeezing of the iris, between the cornea and the lens, caused by the sudden indenting of the former. At St. Thomas's Hospital some time ago, a young man came to me about three hours after he had received a blow on the eye from a blunt instrument; the cornea at one part was scratched and rather cloudy, and the iris just behind this spot, which of course marked the point of impact of the projectile, was already adherent to the capsule of the lens, and there was some haziness of the corresponding part of the lens. Well-marked iritis came on in this eye.

In the case we have seen to-day, the patient's age



may have acted as a contributory cause of his iritis, for advanced age always predisposes the iris to inflammation. This fact receives daily illustration in cases of ulcer of the cornea and of cataract extraction, iritis being a more common complication of these states in the old than in the young. Even in the common acute catarrhal ophthalmia, if the patient be middle-aged or elderly, the iris is often notably discoloured, whilst in the same disease in children we scarcely ever find the iris altered. There is nothing particular to be said as to the probable course of the iritis in this case; it is likely to be a long, but not severe, attack, and it does not call for any heroic treatment.

In respect to the other factor in the case, the mydriasis, which, with paralysis of the ciliary muscle (cycloplegia), is such a frequent result of contusions of the eyeball, some further remarks may be made. The iris is more easily affected by blows than the ciliary muscle, as it seems to be by all mydriatics and miotics; hence, after the slighter blows on the eyeball, we get mydriasis without any demonstrable cycloplegia. Against this statement, however, we must set the fact that a little weakening of the ciliary muscle is less easy to detect than a slight change in the size of the pupil. The pathology of mydriasis-cycloplegia has not, so far as I am aware, yet been made out; the symptoms have been attributed to rupture of the ciliary nerves within the eye-ball, but it is more likely that they are due to suspension of function from bruising of the iris fibres, or of the nerve endings in the iris; probably to both combined.

The course of these cases of traumatic internal ocular paralysis is usually long; it is always a matter of weeks, sometimes of months, and some cases never get well. In October (1884) I was consulted by a lady about thirty-five years of age, who, five weeks previously, had been struck in the right eye by a lawn-tennis ball. Her pupil measured 6 mm., and her accommodation was weakened, as evidenced by her inability to read small print, and the type that she could read required to be held further from this eye than from the sound one. When seen on May 7th (1885), there was decided improvement both as to the condition of the pupil and the accommodation, the pupil measuring 4 mm. and the accommodation being partly recovered. In another instance, a gentleman, aged 27, was struck in the left eye, two months before I saw him, by a Lacrosse ball; the pupil was somewhat dilated (3.5 mm.), but it acted well to light and accommodation. I saw him again six months later, and there was no improvement. In another instance which came under my notice, some fifteen years after the injury the pupil was always smaller than its fellow. The case was a little complicated by the presence of some superficial choroidal change near the yellow spot, with pallor of the disc, the result of acute changes caused by the blow. The patient, who was 25 years old when I saw him at the Queen's Square Hospital, said that, when a boy, he had had a severe blow on the right eye from a stone, and that the eye had been defective ever since. On trial, he could read print almost as well with this eye as with the other (equivalent to about 2 J.), and the near point was not removed at all in the injured eye. The pupil, which acted well to light and accommodation, and dilated when shaded, was always decidedly smaller than that of the sound eye. Dr. Beevor was kind enough to try the effects of eserine and atropine, and found that the iris of the injured eye reacted quite well to both these substances. There was no reason whatever to connect any of the eye changes with the disease for which he was under treatment at the Queen's Square Hospital.

The mydriasis which occurs in these cases of blows is, like that seen in paralysis of the third nerve, never complete, as it is in atropine mydriasis; the pupil is

usually about 4.5 mm. in diameter, and not 8 or 9 mm. as in the latter form. Immediately after the accident it often happens that the fibres of the iris do not act fully either to atropine or eserine, as if the tissues of the iris were actually damaged. In some cases, after a time, there is partial atrophy of the iris in places. This was well illustrated in the following case. Mr. S. H. received a severe blow on the eye from a racquet ball at the age of about 17, and the sight of that eye was permanently damaged. He was told soon afterwards that partial cataract had formed. When I saw him he was 33 years of age, and during the interval the opacity in the lens seemed to have remained stationary; it was in the form of spokes radiating from the anterior and posterior poles, each spoke reaching about half-way from its pole to the equator. The sight ( $\frac{20}{50}$  and 6 J.) was too much interfered with by the lenticular opacity to permit of accurate measurement of the accommodation; the pupil, however, was always larger than that of the other eye, though acting well to light. On carefully examining the iris, its pupillary border was found in parts to be slightly crenated, and the structure of the iris at these points was thinned and looked wrinkled. I may add that I have seen at least one other case of this atrophic appearance of the iris after a blow. Though it may be said that this atrophy of the iris is due to paralysis of the nerves, yet we never find such a result in cases of long-standing idiopathic paralysis of the third nerve, a fact which seems to suggest that in the contusion cases the mydriasis is due to actual damage of the fibres of the iris.

No treatment does any good in these cases; the miotics, pilocarpine and eserine, affording only temporary help.

## THE OPERATIVE TREATMENT OF CANCER OF THE CERVIX UTERI.

By JOHN WILLIAMS, M.D., F.R.C.P.,

Obstetric Physician to University College Hospital.

L. H., AGED 39, married, was admitted into University College Hospital, December 10th, 1883, with the following history: About September, 1882, she noticed a yellow discharge from the vagina, and she had for the same time been gradually getting thinner. She attended as an out-patient in June, 1883, and was ordered some medicine and vaginal injections, containing Condyl's fluid. About a fortnight later, when using a vaginal injection of warm water, she noticed some blood in the discharge. Blood appeared frequently afterwards, and varied in amount at different times; it also appeared independently of the use of injections. For nine months there has been bleeding and pain on coitus. For five weeks before admission, the blood had increased in quantity, and the discharge had been offensive.

The patient began to menstruate when 11 years old, and had always been regular till nine months before admission. The flow was not excessive. She was married at 18, and had one child 17 years ago, and a miscarriage one year later. She has not been pregnant since. She has had several of the acute specific fevers. She had rheumatic fever when young, and again, nine years ago, with "pleurisy at the heart" and "inflammation of the bladder." Since that time she has had some difficulty in, and slight



scalding sensation during micturition. She has had "inflammation of the womb" three times.

The patient, when admitted into University College Hospital, was then fairly healthy-looking; she weighed 6 st. 1 lb.; had been getting much thinner lately. External examination of the abdomen revealed nothing abnormal. On vaginal examination, there was found an ulcerated surface on the cervix uteri. It was raised about one line at the edge, and it involved the whole of the posterior and about one-third of the anterior lip. There was a small strip of healthy mucous membrane on the left side and posterior lip, and a strip about three-quarters of an inch in width running around the anterior lip of the uterus. The ulcerating surface had the diameter of a florin. Four days before (Dec. 7th), it was not bigger than a shilling, and involved chiefly the posterior lip. On the left side there was a fissure of the cervix running into the insertion of the vagina. The urine was normal.

Owing to the rapid extension of the disease, the patient was operated upon at once. She was placed under ether, in the lithotomy position. A Sims' speculum was introduced into the vagina and a sharp hook passed into the cavity of the body of the uterus to drag the organ down to the outlet of the vagina. The sound was passed into the bladder to indicate the limits of that viscus. An incision was then made though the anterior vaginal wall near its insertion into the cervix, and the bladder dissected from the uterus by the fingers and blunt-pointed scissors. The posterior vaginal wall was divided in a similar manner and the peritonæum dissected from the uterus, the broad ligaments were also divided, and the vessels secured with Spencer Wells's forceps. After reaching the level of the inner orifice or thereabouts the wall of the uterus was cut in a conical manner to within half an inch of the fundus, and then divided with a Paquelin cautery. The vessels in the forceps were then burnt off. The vagina was plugged with a "kite tail" of iodoform wool and a morphia suppository administered. There was very little bleeding, and the operation lasted 20 minutes. Pulse after operation, 72.

A week after the operation the patient had two attacks of hæmorrhage, and the wound was plugged with lint soaked in a solution of perchloride of iron. Then she had an attack of pelvic peritonitis during which the temperature rose to 104.2° F. She recovered from this, and then an abscess formed in the remains of the uterine cavity, arising from closure of the canal, or sinus leading up to it. This was opened twice. Ultimately, it opened into the rectum, and the patient has not been troubled with it since. The patient has reported herself from time to time, the last occasion being the end of November, 1885. She was then quite well, and gaining flesh. The scar in the vagina as well as the uterine stump was perfectly healthy.

This is a favourable instance of the cases in which a much less severe operation than total extirpation of the uterus is undertaken for cancer of the cervix. The reasons for the operation are the following: the tendency of cancer, commencing at the external uterine orifice, is to spread superficially towards the vagina, and not deeply towards the body of the uterus; under such circumstances the chances of removing the whole of the disease by this operation are quite as great as they are by total extirpation, for the recurrence would be expected to appear, if it appeared at all, not in the uterine stump, but in the edge of the vaginal wound; and there is just as good an opportunity for making the vaginal wound wide of the disease in the less as in the more severe operation. Then the mortality from supra-vaginal amputation of

the cervix is much less than from total extirpation, while the results are just as good.

Many improvements in the operation as described have been carried out since. The vessels in the broad ligaments are secured with ligatures, and the risk of secondary hæmorrhage is reduced to a minimum; and the stump of the uterus is stitched to the lip of the wound in the vagina. This does away with the causes of closure of the wound and damming up of the uterine secretion in the remains of the uterus, leading to abscess.

## NOTES ON PRACTICE IN ITALY.

By JOHN GASON, F.K.Q.C.P.I. and F.R.C.S.I.

SHORT practical remarks are often useful to the busy practitioner, and if such have reference to diseases frequently met with they are the more acceptable.

*Cod Liver Oil.*—The difficulty of finding this valuable medicine is daily becoming greater. In fact, I believe it is rarely found pure, and fish oil more or less refined is sold for cod-liver oil. I believe it is to be found pure at a few chemists' in London, as Mr. Bell's, Messrs. Savory and Moore, and at Mr. Squire's, but the price of pure cod-liver oil is so great that it cannot be generally employed. Messrs. Savory and Moore showed me the means of detecting its purity, which I invariably follow when requested to administer it, and I say positively that no one sample of it in Italy that I have tried shows any proof of purity. Some years since I was led accidentally to observe the quantity of cod-liver oil that can be absorbed by patients, and I found from many examinations that the English system cannot absorb more than one teaspoonful taken three times a day. To prove this, let persons who have been taking it defæcate into a *pôt-de-chambre*, pour some hot water over the action from the bowels, and, if more than the quantity above stated has been taken, the oil will be seen floating pure and clear on the surface of the water. Russians and other fat-eating nations may be able to absorb more. Let them do so.

*Polypus of the Ear.*—Last summer, at the Baths of Lucca, an Italian woman called on me. She had been to me in the preceding summer with a polypus in the right ear, but which was so low down, and so soft, that, failing to detach it, I tried to destroy it by means of the liquor ferri perchloridi fort. During the past summer she called on me again. The polypus had then reached the exterior of the meatus externus. I seized it with a dressing forceps, and twisted it until I completely detached it from its origin on the tympanum, to which it was adherent by a pedicle. The polypus was of a semi-cartilaginous consistence, of white colour, and one inch and a half long. There was some hæmorrhage after its extraction, which soon ceased.

*Intermittent Fevers.*—Many cases of this disease came to me at the Baths of Lucca last summer. These cases originated in the Island of Soudagna, in the Tuscan Maremma, and in other malarious parts of Italy, and, as many of the inhabitants of the Baths of Lucca go to those places for work in the winter, they frequently return home with these fevers. Such cases I invariably treat with arsenic, but in much larger doses than are generally given, and with the most decided benefit. I never find any bad results from the arsenic. The dose I generally give is ten drops of Fowler's solution three times a day, or, if there is much



anæmia or that yellow waxy colour so frequently met with in that disease, I find one grain and a half of the arseniate of iron three times a day a most useful remedy. Whenever it produces puffiness of the under eyelids, or the patient complains of pain in the stomach, I suspend its use, but these symptoms I rarely meet with. Most of the patients who came to me had been treated by Italian medical men with quinine alone, that being the only treatment which they adopt.

*Neuralgia of the Face and Head.*—In the treatment of this disease, which is frequently of a malarious character, I find the use of arseniate of iron in doses of one grain and a half three times a day a most valuable measure. Where the neuralgia is of a purely neuralgic character, the use of valerianate of zinc in two-grain doses three times a day I have found very beneficial.

*Asthma and other Nervous Affections.*—The use of nitrite of amyl produced the most wonderful effects in the relief of asthma and many nervous affections. Patients would come to me hardly able to breathe and leave quite relieved. The dose for inhalation, ten drops on cotton, inhaled by the nose and expired by the mouth. I repeated it generally in the same dose three times. No bad effects were produced in any case.

*Heart Affections.*—Such affections were very frequent among the poor in the mountainous districts of the Baths of Lucca, and appeared to me to be produced by carrying weights up the mountains. The affections which I saw consisted of palpitation of the heart, and in some cases decided hypertrophy. They were generally very much benefited by the use of bromide of potash and extract of belladonna, which I found far more efficacious than the extract of digitalis. The doses I used were eight grains of the bromide and  $\frac{3}{4}$  gr. of extract. belladonnæ twice a day.

*Moxas in Rheumatic and Neuralgic Affections.*—For some time I have been trying in my hospital and in private practice in Rome, and with marked effect, the use of Moxas. I know the prejudice against this treatment both in England as well as in Italy. I have suffered in my own person for six weeks from that obstinate affection, so frequently met with in the deltoid muscle. To so great a degree was I suffering from it that I could not put on my coat without assistance. I resolved to try the moxa. I applied it in four places over the deltoid muscle of the left shoulder, and let it burn until I smelt strongly the odour of burning flesh. The skin was deeply burnt in four places and vesication produced. I did it late at night, when I was suffering very much; the next morning I rose from my bed perfectly well, and, though that happened more than ten years ago, I have never felt the pain since. Two years ago a poor woman was brought to my dispensary in Rome, supported by two women. She attended regularly for a month, almost always twice a week. At the end of that time she said to me, "Doctor, I have been coming here for a month and do not feel the least better." I said to her, "I have tried everything for your sciatica that I could think of, except one thing, which is, using fire to your thigh; will you submit to it?" She agreed, and she came supported by two women on the following dispensary day. I used the moxas in four places, as I have described in my own case. She was helped home by her two assistants; that was on Tuesday. On the next day she began to walk about her own house without assistance. On the following Thursday she went downstairs for a can of water, and on the next day, Friday, she came to my dispensary without any assistance, and nearly quite well. Last winter I had in my hospital in Rome a young person suffering from sclerosis of the spine. I had used with her electro-galvanism,

belladonna, bromide of potash, &c., without any benefit. I then used moxas over the spine, as described in my own case. She felt so much better in a day or two that she was able to leave the hospital quite cured ten days afterwards. She called a few days since at my dispensary to report herself, and was then quite well. At the present time I have a patient in my hospital of 55 years of age. She has been suffering for a considerable time from chronic and fixed rheumatism in both her knees, which caused her much pain, stiffness in the joints, and much lameness in walking. Last week I applied moxas in four places on both knees, as described in my own case. In three days she was able to walk about without any pain or lameness. She will leave the hospital quite cured on Saturday next.

*Hæmorrhoids.*—I have had many operations for the removal of external piles in women in my hospital, which I have always done simply with curved scissors, stopping the hæmorrhage, which has been sometimes severe, by means of application of several folds of linen soaked in the liquor ferri perchlorid. fort. — which invariably stopped the bleeding in a short time. I have never been obliged to use clamps, merely holding the piles with a pair of forceps. In some cases the piles have completely surrounded the anus.

I cannot close this paper without calling attention to the great amount of rickets, marasmus, and glandular affections occurring in children, apparently the result of their parents' unfaithfulness. To my mind it calls for more strict and watchful attention on the part of the Governments of every country to pass laws for the arrest and examination of prostitutes, who are the cause of the ruined health of thousands of children, innocent victims of ill-placed sentimentality. The mothers of these children state without reserve that they have been infected by their husbands, and in Rome it is now considered almost a necessary result of marriage. Venereal affections, both in men and women prevail to a great extent in Rome.

THE BACTERIA OF EYE DISEASES.—Some interesting observations are recorded by Dr. Widmark in "Hygiea," a Swedish journal (also presented in a summarized form in French as an appendix), on the bacteriology of dacryocystitis, hypopion-keratitis, blepharadenitis, and phlegmonous dacryocystitis. From ten cases of dacryocystitis he has isolated three micrococci, *Staphylococcus pyogenes albus*, *Staph. pyog. aureus*, and *Streptococcus pyogenes*, also a bacilliform bacterium. He examined these by means of cultures and grafted them on the corneæ of rabbits, and found that they were all capable of producing keratitis with hypopion, which frequently presented characters resembling the serpiginous ulcer of the human cornea. The author, Dr. Widmark, believes that microbes are not the original cause of eye inflammations, but that, if the lacrimal canal is obstructed and the contents of the lacrimal sac thus caused to be stagnant, they develop abundantly and set up inflammatory changes in the walls. When little abscesses appear in the hair follicles in blepharadenitis as a complication of dacryocystitis, they are due to the migration of *Staph. aur.* or *Staph. alb.*, or both, which, after developing in the lacrimal sac, are carried back by a reflux of the lacrimal secretion into the conjunctival sac and thus are able to penetrate to the ciliary roots. Phlegmonous dacryocystitis is due as a rule to the entrance of *Streptococcus pyogenes* into the anterior subcutaneous tissue. Dr. Widmark's observations are in perfect correspondence with clinical facts, for it is well known that abscesses in the ciliary roots are nearly always circumscribed, producing but little effect in their *entourage*, whereas phlegmonous dacryocystitis is very apt to set up erysipelatous inflammation, and Ogston and Rosenbach found that *Staph. alb.* and *Staph. aur.* produced circumscribed abscesses, while *Strept. pyog.* gave rise to abscesses of a more erysipelatous character.



SEVENTEEN CASES OF SYPHILIS TREATED WITH THE TANNATE OF MERCURY.

By J. INGLIS PARSONS, M.B., M.R.C.S.E.

WHILE acting as house-surgeon to Guy's Hospital, I treated the following cases of syphilis at the out-patient department with the tannate of mercury. It was prescribed, quite alone, in the form of a pill taken three times a day, one hour before meals, the reaction of the gastric mucous membrane being alkaline at that time. No opium or tonics were ever given

with it, nor were they required. It seemed possible to continue its administration for any length of time without disturbing the patients' systems. Most of the cases, as soon as the symptoms disappeared, refused to attend any longer, so that I was unable to give it for any lengthened period of time. This salt contains 50 per cent. of mercury, is insoluble, and is precipitated by dilute alkalies in so minute a form as to show molecular movements under the microscope. The extracts from my notes will show how the drug acted. In only one case had there been previous treatment. It is needless to add that local treatment was also employed whenever a case required it.

Name and Age.	Period of time from onset of disease to commencement of treatment.	Principal Symptoms.	Period of time from commencement of treatment to disappearance of symptoms.	Dose.	Duration of treatment.	Effect on Bowels, Gums, and General Health.
H. L., 36 ...	4 months	Hard chancre on penis, ulcer on both tonsils, small maculæ on back and chest; inguinal, cervical, and sub-maxillary glands enlarged.	Rash 3 weeks; all symptoms in 5 weeks.	gr. ij ...	2 months	Never had appetite better; bowels open once a day; gums a little tender; felt much stronger.
H. D., 22 ...	2 months	Chancre on penis, squamous syphilitide on arms, trunks, legs and face; throat ulcerated, enlarged glands.	Rash partially in 5 weeks; other symptoms better.	gr. i½ ...	5 weeks; never came again.	Appetite good; no looseness of bowels; no tenderness of gums; felt a little weak.
J. T., 39 ...	10 months	Papular rash on trunk, some places pustular; throat ulcerated, submaxillary and post-cervical glands enlarged.	4 weeks ...	gr. i½ ...	7 weeks	Gums slightly tender; no relaxation of bowels; appetite and general health better.
A. B., 25 ...	1 month ...	Large maculæ, some squamous, on arms, legs, and trunk, ulcer on both tonsils, glands, &c.	3 weeks ...	gr. i½ ...	3 weeks	Felt stronger; bowels a little loose.
S. S., 35 ...	6 months...	Squamous and papular rash all over arms and chest and back, ulcers on both tonsils, pains in limbs, sub-maxillary and inguinal glands enlarged.	5 weeks; all symptoms quite gone; pains went in 14 days.	gr. i½ ...	5 weeks	Bowels open twice a day; appetite good; feels much stronger; no tenderness of gums. Was under a medical man for three months.
R. G., 24 ...	3 months...	Now has large squamous, and in places eczematous patches on arms and legs. Chancre healed.	Symptoms a little better in 5 weeks.	gr. i½ ...	5 weeks	Bowels constipated; feels better; history of old eczema before onset of specific symptoms.
G. B., 25 ...	1 month ...	Two hard chancres on frænum. After a week some maculæ appeared on chest, arms, and legs, and an ulcer on left tonsil; right inguinal glands enlarged.	Chancres in 4 weeks; rash in 2 weeks.	gr. ij ...	7 weeks	No looseness of bowels; appetite good; feels stronger for medicine.
F. M., 22 ...	4 months...	Papular and squamous rash all over body, arms, and legs. Both tonsils ulcerated. Ulcers on side of tongue. Papillomatous excrescence on dorsum of tongue; mucous tubercles.	All gone in 6 weeks	gr. ij ...	10 weeks	Bowels a little loose; no soreness of gums; feels better.
A. J., 25 ...	2 months...	Maculæ on chest, arms, and face, ulcer on tonsils, chancre on vulva.	Rash 2 weeks; ulcers better.	gr. ij ...	2 weeks	Bowels open once in two days; no tenderness of gums.
J. L., 34 ...	12 months	Extensive squamous patches on both legs.	Slight improvement.	gr. ij ...	3 weeks	The same.
T. D., 47 ...	5 months...	Small maculæ on forehead, arms, and legs, squamous in places. Ulcers appeared on tonsils in 2 weeks.	Rash 2 weeks; ulcers in 3 weeks.	gr. i½ ...	5 weeks	Gums a little sore; appetite better; bowels regular.
G. H. M., 27	3 weeks ...	Small indurated chancre on frænum; in 14 days some maculæ appeared; in 5 weeks two small ulcers on tonsils.	Chancre almost healed; maculæ gone in 2 weeks.	gr. ij ...	5 weeks	Slight tenderness of gums; appetite good; no looseness of bowels.
S. A., 23 ...	3 months...	Indurated spot on frænum, no sore, ulcer on tonsil, inguinal glands enlarged.	Induration much less; ulcers nearly healed.	gr. ij ...	3 weeks	The same.
J. T., 56 ...	3 weeks ...	Large cartilaginous chancre on dorsum of penis; in 14 days ulcer appeared on both tonsils; no rash.	All healed in 5 weeks.	gr. ij 2 weeks gr. iij 3 weeks	5 weeks	Bowels regular; gums a little tender; appetite good.
M. H., 17 ...	3 months...	Large diffused chancre on right labium; ulcers on tonsils; roseola on chest, back, and legs.	Rash and ulcers in 14 days; chancre less induration.	gr. i½ ...	4 weeks	Missed medicine one week; bowels normal; appetite better.
C. C., 38 ...	1 week ...	Large hard chancre at base of penis; one large inguinal gland; no rash.	Gone in 1 month	gr. ij ...	4 weeks	Bowels a little loose; no tenderness of gums; appetite good.
H. G. H., 19	1 month ...	Chancre on glans penis; maculæ on trunk; enlarged glands in both groins; in 3 weeks ulcer appeared on tonsil.	Chancre and rash in 3 weeks.	gr. i½ ...	4 weeks	Bowels constipated; gums tender; felt much better for medicine.



## SOME CASES OF INTEREST FROM THE LATE WAR IN THE SOUDAN.<sup>1</sup>

By HAROLD HENDLEY, M.R.C.S.  
Surgeon, Indian Medical Department.

As surgeon in charge of a large field-hospital for followers of all nationalities, much of my work was of the most interesting character, much medical work was done, but the following cases are all surgical:—

**CASE I.—Bayonet Wound.**—H. Abdi, aged 23 years, camel-driver, admitted April 4th for a bayonet wound received during a quarrel. The patient walked from near his camp, where he received the wound, to the hospital, a distance of 200 yards, without any difficulty or discomfort. Examined by the apothecary on duty, he was detained in hospital, more from the situation of the wound than its apparent danger to life. In the left arm over the body of the biceps two small wounds, two inches apart in a horizontal direction, were found connected by a passage between the skin and muscle, through which a gunshot probe could be passed with little difficulty. Corresponding to the inner of these wounds, when the arm was brought to the side, was a small wound in the mid-axillary line just below the seventh rib, apparently superficial. There were no symptoms of penetration, no cough, hæmoptysis, emphysema, or difficulty of breathing. There was a slight wound of the scalp, and this, with the others, was dressed with wet lint and bandage. After remaining about an hour in the hospital, the patient absconded, returning to his own tent. On arriving there, he began to experience some difficulty in breathing; three hours from the time of the accident, he was again seen and found dying of asphyxia.

*Post-mortem*, 16 hours after death. On examination the wounds described above had scarcely altered, there was slight emphysema around the chest wound, and this, when probed, seemed to be quite superficial. On opening the thorax, a large quantity of inoffensive air escaped from the left pleural cavity. Both lungs had collapsed, occupying on either side one-fifth of their usual space. Four ounces of venous blood were found in the left chest. The lower lobe of the left lung was bound to the chest wall by old adhesions which encircled a small roughly triangular wound having a slightly thickened, rounded, congested edge, through which a large gunshot probe could be introduced with ease for two inches. Left bronchus stained with blood. Heart contracted, no blood in the cavities. Abdomen normal. Diaphragm uninjured. Tracing the wound in the chest wall from without, it was followed in an oblique direction over the eighth rib, through the lower border of which it passed, causing a triangular opening with sides and base formed of bone, the latter slightly detached from the main portion. The wound was then found to extend into the pleural cavity and became continuous with that in the lung. Owing to the position of the adhesions, the wound of the lung was held firmly in a patent condition within about half-an-inch of the chest wall; blood escaped, but not to a large extent probably at first. The air, profiting by the man's exertions, began to find its way into the pleural cavity, the fatal pumping action went on until the lung, continuing this suicidal process, began to affect its companion; pressure within equalled pressure without; the chest walls failing in their duty, the lungs collapsed. The absence of lung symptoms, the presence of adhesions, and their effect upon the results, together with the opening in

the rib, giving the exact shape of a triangular bayonet, are worthy of notice.

**CASE II.—Bullet Wound (Remington Rifle).**—Rajab Ram, Indian mule-driver, aged 28, admitted on May 5th. Whilst asleep on night of April 26th, he was wounded by the enemy. Two small superficial wounds on the right thigh, connecting which a slight thickening of the subcutaneous tissue could be felt; the one situated slightly external to the middle line of the front of the thigh and near its vertical centre, the other five inches from it and on a rather higher plane on the inner side of the limb, constituted respectively the entrance and exit wounds of a Remington bullet. The bullet had then passed into the left boot, just in front of the astragalo-scaphoid articulation; here it had been searched for previous to admission without success. Under chloroform on May 6th, digital examination showed the scaphoid to be in a condition of disintegration, and the two internal cuneiform bones much injured. Nelaton's probe was used with but little success, the earthenware was slightly marked, due probably to particles of lead adhering to the bones. Again the finger was introduced, the limbs having been carefully placed in the position they were supposed to have been in at the time the injury was received; palpating with the disengaged hand over the sole of the boot, an oblong mass was detected lying deep between the two inner metatarsal bones just in front of their bases. There could be no reasonable doubt that this was the missing bullet; it was cut down upon and removed; there was no direct communication between the small cavity in which it lay and the original wound; a little bloody serum escaped.

A drainage tube was forced through from above and the wound dressed with carbolic lint, iodoform, tenax, and a splint. By May 19th the superficial wounds in the thigh had healed. In the foot small pieces of bone had separated, and the remainder were satisfactorily granulating. An extra counter-opening was made in the sole, the other having been found to be too far forward. On May 21st the patient was invalided to India.

The position of the patient at the time of receiving the wound was one often adopted by natives when resting, viz., reclining towards the right side, the right leg and thigh being slightly flexed, and the opposite boot being drawn up into the fork with the toes turned out. The bullet was very little damaged, two or three small pieces of bone were adhering to a grazed surface near its apex. It would be difficult to find a case similar to this in character amongst Europeans; the exit on the inner side and higher up the thigh than the entrance, yet with the bullet—having met with little resistance—passing into the opposite foot with a general direction from above downwards, as shown by skin and bone. There was no trouble with the thigh wound, it healed very rapidly.

**CASE III.—Suture of tendons and of the median nerve.**—E. Matoosey, aged 30, a Greek. Transferred March 26th from one of the field-hospitals, where, in consequence of a deep horizontal sword-cut across the front of the right wrist, extending from the radial side of the ulna round to the dorsal surface of the radius, and then becoming superficial, it had been considered necessary to resect the lower end of the radius. On admission, the major portion of the wound had healed, leaving unfortunately complete loss of sensation in the thumb and adjoining two fingers and a half, and but slight power of movement in the hand. By April 6th I had lost all hope of any improvement without an operation. Deciding to reopen the wound, a vertical incision was made through the cicatrix and prolonged upwards along the course of the median nerve. After some dissection, the

<sup>1</sup> Read by Mr. H. Percy Dunn before the West London Medical-Chirurgical Society on December 4th, 1885.



ends of the palmaris longus and flexor carpi radialis tendons and median nerve were discovered much separated; the central end of the latter, superficial and bulbous, the peripheral, deep and apparently normal, were both embedded in the cicatrix.

After cutting off the bulbous end and paring the opposite side the parts were brought together, slightly over-lapping and secured by three catgut sutures. The tendons were treated in like manner, care being taken to keep the hand flexed. The wound was now closed with silver wire sutures and dressed with carbolic lint, iodoform, and tenax; the flexed position was maintained by means of a splint and starch bandage. On the 18th the wound was dressed and found to be doing well. By the 23rd a small portion of the cicatricial tissue had commenced to slough, also there was a considerable discharge from the wound; a good result therefore seemed very doubtful. On May 1st, however, the wound looked healthy, sensation to a modified degree had returned to the middle and radial side of the second finger, the hand was still kept slightly flexed, the fingers moved fairly well. On 26th, wound healed. June 5th, patient discharged with complete sensation over the whole of the hand except for two small patches of skin upon the dorsal surface of the metatarsal bones of the thumb and index finger, immediately above the superficial portion of the sword-cut; the power of movement in the hand under the influence of shampooing and passive motion is increasing daily. The importance of joining all structures in recent wounds of this description cannot be too much insisted upon; the results generally more than repay the trouble taken, even often under the most unfavourable circumstances.

CASE IV.—*Ununited Compound Fracture of the Radius and Ulna* (middle third) right arm.—D., aged 20, native of India. The patient was admitted March 25th, suffering from the effects of the bite of a camel. There was an open, profusely granulating, pus-discharging wound situated over the middle third of the dorsal surface of the ulna, communicating with a fracture of that bone, and indirectly with one of the radius, over which bone also there was a recent cicatrix. With a good permanent splint, there was hope that the parts would unite; this treatment was carried out, but, although the discharge diminished and the granulations became healthier, union seemed as far off as ever. On April 22nd an examination was made under chloroform; the ends of the bones were found necrosed and partly separated by soft tissues, no callus had been thrown out, and there had been no attempt at union. After enlarging the wound over the ulna and re-opening that over the radius, the ends of the bones were resected obliquely so that corresponding surfaces might be applied to one another; holes were then drilled through the fragments, and the latter were closely approximated with silver wire, the ends of which were left projecting from the wound. Dressing consisted of drainage tubes, carbolic lint, tenax, and iodoform; on the 28th, on which day he was invalided to India, the wounds were healing fast, the discharge was slight, and there seemed to be every prospect of union taking place. This was one of several cases of camel-bites treated in the hospital, with all of which I had a good deal of trouble. In one it was found necessary to resect the end of the tibia, in another (an Austrian) a large part of the head of the tibia necrosed. Where the bones escaped, the soft tissues suffered in like manner; large sloughs came away, leaving unhealthy-looking ulcers. With broad teeth and strong jaws a camel's grip is not to be despised. In the case referred to above the man was held suspended in the air by the lower part of his knee for the space of three minutes in spite of a violent

assault on the animal by upwards of a dozen men armed with thick sticks.

CASE V.—*Removal of Epithelioma*.—K., single, aged 30, native of India, admitted April 11th for a malignant-looking ulcer over the pubes, of 180 days' duration, and measuring  $3\frac{1}{2}$ " in a vertical and  $2\frac{1}{2}$ " in a horizontal direction. Its edges were irregular, raised, rounded, and indurated; its base was partly covered with blue cicatricial tissue, partly with new tissue, between which ran tortuous channels of ulceration, leading to a central deeper ulcer with a firm indurated base. The inguinal glands were slightly enlarged on both sides. On the 17th, under chloroform, I removed the whole mass, allowing a fairly wide margin; the central ulcer gave some trouble, as it was firmly adherent to the linea alba. A flap of skin was brought down from the right side to the middle line, twisted at its base and attached by its free end to the loose skin of the penis; the sides and under-surface were also secured, leaving only a small portion on the left of the wound still uncovered; dressing, carbolic-oiled lint, tenax, and iodoform. The skin of the abdomen was brought towards the middle line by means of strapping, and the legs were tied together. On the 18th the man was sent on board ship for a passage to India; the skin had already adhered, and the whole promised well. I afterwards heard that the patient did remarkably well, returning to his home, after a short stay in the hospital in India, quite convalescent.

With the exception of cases complicated by disease, such as ague or dysentery, all wounds, both in Europeans (from the Mediterranean) and Asiatics, did well. It was not so, however, with Africans; their wounds healed very slowly, after resulting in unhealthy-looking ulcers, aggravated by their own treatment. This consisted of a copper coin, pressed firmly over the wound, to be substituted for another—a larger one—when the ulcer appeared beyond its margins. I never saw any good result follow this treatment; nevertheless, their faith in it seemed to be unbounded. Though fine-made men, their flesh was deficient in healing power, owing chiefly, I think, to overfeeding, preceded by bad living. Amongst the Indians many wounds healed wonderfully well—sword wounds, minor operations, and others, such as castration and hæmorrhoids.

The dressings already referred to were those most commonly used, carbolised oiled lint, iodoform, tenax; combined or otherwise, the three made an excellent dressing; the iodoform sprinkled on the wound, then the small strip of lint, covered by the tenax bound on by a gauze bandage, rendering it completely aseptic. Although flies abounded, they only gave trouble in two or three cases; the following powder, used sparingly outside the bandages, I found very useful in keeping them off a wound:—

R.—Iodoformi, ʒi.  
Zinci Oxidi, ʒij.  
Pulv. McDougall, ad ʒiv.

On the whole, the followers kept exceedingly healthy; the percentages of sick, invalids, and deaths from disease were low. When sick, the heat affected them but little, and often bad cases made good recoveries, and returned to work.

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CHARITABLE BEQUESTS. — Mr. Henry Aste, late of Castle Hill Lodge, Norwood, has bequeathed 200*l.* to University College Hospital; 100*l.*, each, to the North London Consumption Hospital, the Royal Hospital for Incurables, Putney, and the Asylum for Idiots, Earlswood; and 20*l.* to the Margate Sea Bathing Infirmary. Miss Heald, late of Didsbury, near Manchester, has bequeathed 100*l.* to the Stockport Infirmary.



REPORTS OF  
HOSPITAL PRACTICE IN MEDICINE  
AND SURGERY.

EAST LONDON HOSPITAL FOR CHILDREN.

TWO CASES OF CIRRHOTIC LIVER IN  
CHILDREN IN ASSOCIATION WITH  
TUBERCULOSIS—CASE OF NON-TUBER-  
CULAR MENINGITIS.

By Dr. G. N. PITT, Late Assistant-Physician.

CASE I.—G. C., æt. 3, admitted under the care of Dr. Eustace Smith. No history of exanthems. Has been ill and pining away for three months; appetite capricious; complains of abdominal pains; bowels are relaxed, motions often offensive, sometimes containing blood and mucus.

On admission, the abdomen is distended, no fluctuation, no marked tenderness, but some increase of tension on the right side. The liver extends four fingers' breadth below the costal margin. No enlarged glands to be felt. Lungs healthy; venous hum over upper part of sternum when head is retracted. The child is drowsy and looks ill. Some broncho-pneumonia developed. The child gradually emaciated and remained drowsy until its death  $3\frac{1}{2}$  weeks after admission.

*Post-mortem*, 24 hours after death. A few caseous nodules were found in the lungs with diffuse broncho-pneumonia. There were tubercular ulcers in the intestine, and the mesenteric glands were caseous. In the brain there was general tubercular meningitis, the brain tissue being very soft, especially that bounding the lateral ventricles. The liver, extending four fingers' breadth below the ribs, was much enlarged, and there were a few adhesions on its surface. There was no ascites. The liver was quite free from any trace of tubercle; but was so tough and dense, it could not be broken down by the finger. Microscopically, the capsule showed thickening, and there was a general well-marked increase of fibrous tissue along the portal canals, together with an infiltration with small deeply-stained cells which picked out the portal canals to the naked eye. The cells are not distributed between the liver cells, but were confined to the portal canals. The coats of the arteries and veins seemed thickened. There were no collections of cells forming tubercles to be discovered, and no caseation. The case was one of small-cell and fibroid changes thickening the capsule and running along the portal canals.

CASE II.—J. H., æt. 7, admitted under Dr. Donkin. His mother died of phthisis. He had scarlatina, measles, and whooping-cough when quite young. Well till 6 weeks ago, since when he has been languid and has emaciated. Has had diarrhœa. On admission, the child was extremely emaciated, with a furred tongue. There was some dulness with deficient breathing at the right base, further signs gradually developed over the lungs.

He developed diarrhœa, and a tumid abdomen and some enlarged abdominal glands were felt before his death, which took place in 2 weeks from exhaustion. Neither liver nor spleen were enlarged.

*Post-mortem*, 17 hours after death. Skin very rough. Abdomen: the omentum was matted to the intestines and the abdominal walls crammed with tubercles and

in places thickened. The intestines were universally adherent, their serous surfaces contained numerous caseous tubercles  $\frac{1}{16}$  to  $\frac{1}{8}$ -inch in diameter. The mucous surfaces were healthy. The mesenteric glands were enlarged and caseous. There was extensive involvement of both lungs in a not very acute tubercular process. Pleuræ more or less adherent. Blood-stained serum in the pericardium. The upper surface of the liver was adherent to the diaphragm, and on its under surface were several caseous nodules. On section, the liver looked fairly normal, but was so dense that the tissue could not be broken down. On microscopical examination, an increase of nucleo-fibroid tissue limited to the portal canals was observed.

In neither of these cases was there any evidence that the children had drunk alcohol previous to admission, and the small amount they may have had while in the hospital would have been administered only towards the end. These two quite bear out my experience in other cases, that tubercular lesions, more especially of the peritonæum, may be a *causa vera* of a cirrhotic condition of the liver in children as well as in adults. In many, if not in most, of the cases no tubercles are found in the liver tissue. Several authors have drawn attention to the frequent association between tubercular peritonitis and cirrhosis of the liver, and in some cases the combination has made the diagnosis doubtful. M. Moroux, in his Thesis at Paris in 1883 on this subject, collected 13 cases which he discussed at length, but the only notice of tubercle being a cause of cirrhotic liver in a child, which I have seen, is in France, Méd. Par. 1881, by Bruté fils, who relates a case.

*Non-tubercular Meningitis—Persistent Retraction of the Head and Neck.*

A. T., æt. 3, admitted under Dr. Donkin. Has always been well till 9 weeks ago, when she was taken sick and had a fit. Her eyes were fixed and her arms rigid. Since this time there has frequently been vomiting without any definite cause. She has had convulsions 5 or 6 times, and has not been able to stand. She often cries, has hallucinations of sight, and has lately become blind. Bowels constipated.

On admission, she lay on her left side with her head retracted, eyes wide open, but blind. Some rigidity of legs, which were painful when moved. Skin inelastic. Takes food well. *Optic discs*—*Left*, reddish, blurred, and swollen, but vessels not obscured. *Right*, becoming atrophic, with a whitish, filled-in look. Inequality of the pupils, nystagmus and conjunctival ecchymoses developed, and the child died in 4 days. The head remained retracted the whole time, and the child cried if an attempt were made to move it.

*Post-mortem*, 48 hours after death. The body was fat and well-nourished. There was great distension of the lateral ventricles, about 5 ozs. of fluid escaping. There was lymph at the base near the 7th and 8th nerves on the left side and at the apex of the temporo-sphenoidal lobes, 2 patches of softening were found in the temporo-sphenoidal lobes just in front of the optic commissure. The optic tracts seemed normal. After floating out the membranes, and after staining them, no evidence of tubercle could be discovered in them. The temporal bones were not carious, but one of the middle ears was filled with an almost muco-purulent fluid, but quite sweet, but I doubt whether this was the cause of meningitis. Both tympana were complete. Sinuses of skull normal.

This case is only one of four or five this year in which persistent retraction of the head has been associated with non-tubercular meningitis, an observation to which Drs. Gee and Barlow drew attention a few years ago.



# Medical Times and Gazette.

SATURDAY, DECEMBER 26, 1885.

## NOTICE.

*We regret to announce that the MEDICAL TIMES AND GAZETTE will cease to appear after this number.*

THE medical profession in general, and the medical graduates of the University of Cambridge in particular, will have read with peculiar pleasure an announcement contained in the daily papers on Saturday last, to the effect that Her Majesty has been pleased to confer upon Dr. G. E. Paget, of Cambridge, the distinction of a Knight Commander of the Bath (Civil Division). The name of Paget, however, has for so long been associated with the highest and most worthy aspects of medical science and medical practice that it would seem to claim for itself a measure of respect *greater* than that which any titular distinction can command. Very few, indeed, are the instances in which two brothers have so successfully climbed to the topmost rung of their life's ladder, unsullied by the least suspicion of any false step or doubtful action. Throughout his long tenure of the office of Regius Professor of Physic in the University of Cambridge, Dr. Paget has maintained with all the force of his precept and example the standard and dignity of his medical school and its medical degrees. To attribute to his influence alone the remarkable advances which of late years have raised the school to one of the most important in the kingdom would be neither true to him nor fair to others, but we shall probably be rightly interpreting the feelings of the large number of graduates whose privilege it has been to be associated with him in any capacity when we say that their school and their respect for its degree are inseparably associated with sentiments of affectionate respect for their leader. But it is not alone in the University of Cambridge that Dr. Paget has done knightly service for the cause of medical education. For eleven years he represented his University on the General Medical Council, over which he presided for the last five years of his tenure, from 1869 till 1874. His former and latter colleagues on that august Board will join with the University of Cambridge in a unanimous expression of satisfaction at the honourable distinction with which Her Majesty has been pleased to crown the later years of a distinguished and honourable career.

It will, we think, be universally admitted that the titular honour which has been conferred on Dr. William Roberts, of Manchester, has been well won. Dr. Roberts is almost the only living provincial physician who is recognised as the leading authority in this country on his special subject. His book, thumbed by every advanced student of medicine, stands on a level with the best treatises on special branches of

medicine, and should serve to other writers as a model of careful clinical research. As we said a short time back, we hope to see a long train of provincial medical knights and baronets. We believe that medicine could get on quite as well, perhaps better, without any of these gewgaws, but if they are to be given it is only right that provincial practitioners, many of whom are quite of the same calibre as our London court-physicians and surgeons, should have some share in them.

WE are sure that there has been a very general feeling of regret in the medical profession at Mr. Erichsen's failure to get into Parliament. He conducted his canvass in a manner which contrasted very favourably with the line taken by his opponent, and it is scarcely denied by any but party politicians that he would have made out-and-out a better University representative than the Lord Advocate. The result of the election may have an effect on the future of University seats which the majority of the electors can hardly contemplate with pleasure. The Universities are safe for a time, but they will be disfranchised to a certainty by the next strong Liberal Government if their representatives are chosen without regard to special fitness as the spokesmen of science and culture.

THE correspondence recently issued respecting the Sanitary Commission held at Rome, on the subject of Cholera, confirms the impression that the Continental superstition as to the efficacy of quarantine has been considerably weakened, and that, in the words of Sir J. Fayrer, "One may almost foresee the time when quarantine will give place to sanitary regulations duly and carefully enforced." Although the majority of the delegates still adhered to the principle of quarantine, yet concessions of no small moment were obtained from them as to its application. All land quarantine and sanitary cordons were unanimously declared to be useless. Quarantine on vessels arriving from infected ports was recommended to be reduced from seven days to five, and this regulation was subsequently mitigated by a further reduction to twenty-four hours in the case of all vessels in which there had been no cholera for ten days. At the fourteenth sitting of the Sub-Commission, the British delegates gave a detailed account of the system of sanitary administration existing in this country and the results obtained, and these results were contrasted with those obtained under the system of quarantine. Here the Indian delegates chimed in with corroborating evidence to such effect that a number of propositions affirming the principles of the English system were unanimously adopted by the Sub-Commission.

THE annual meeting of the Pathological Society will be held on Tuesday, January 5th, when the following list of officers and Council for the new year will be submitted to the meeting:—President—John Syer Bristowe, M.D., F.R.S. Vice-Presidents—Henry Charlton Bastian, M.D., F.R.S., William Cayley, M.D., \*Thomas Henry Green, M.D., George Johnson, M.D., F.R.S., \*William Marrant Baker, John Whitaker Hulke, F.R.S.,



\*Sydney Jones, Thomas Pickering Pick. Treasurer—John Wood, F.R.S. Honorary Secretaries—\*Sidney Coupland, M.D., Henry Trentham Butlin. Council—\*Robert Edmund Carrington, M.D., \*David White Finlay, M.D., \*James Frederic Goodhart, M.D., \*Walter Baugh Hadden, M.D., Arthur Edwin Temple Longhurst, M.D., Norman Moore, M.D., Felix Semon, M.D., Seymour J. Sharkey, M.B., Francis Charlewood Turner, M.D., Samuel West, M.D., Arthur E. J. Barker, \*Anthony Alfred Bowlby, William Watson Cheyne, Henry Hugh Clutton, Frederic S. Eve, Cuthbert H. Golding-Bird, \*John Hammond Morgan, Henry Morris, Samuel G. Shattock, \*Charters James Symonds. And on the succeeding Friday, January 8th, the annual election of officers and Council of the Clinical Society will be held, the following being the list of those suggested by the Council:—President—Thomas Bryant. Vice-Presidents—James Andrew, M.D., William Cayley, M.D., \*Samuel Wilks, M.D., F.R.S., \*Sydney Jones, Thomas Pickering Pick, \*Sir Henry Thompson. Treasurer—Christopher Heath. Council—\*Robert Edmund Carrington, M.D., Sidney Coupland, M.D., \*F. G. Dawtrey Drewitt, M.D., Arthur W. Edis, M.D., William Ewart, M.D., David W. Finlay, M.D., \*Walter Baugh Hadden, M.D., F. de Havilland Hall, M.D., Felix Semon, M.D., \*William Joseph Tyson, M.D., John Williams, M.D., Henry Hugh Clutton, J. N. C. Davies-Colley, \*William Harrison Cripps, Clinton T. Dent, A. Pearce Gould, J. Warrington Haward, Henry Morris, \*Walter Rivington, \*John Wood, F.R.S. Honorary Secretaries—Stephen Mackenzie, M.D., Rickman John Godlee, M.S. In each case the gentlemen whose names are marked with an asterisk were not on the Council or did not hold the same office during the preceding year.

THE next General Meeting of the Medical Officers of Schools Association will be held at the rooms of the Medical Society, Chandos Street, on Tuesday, January 12th, at 3 p.m. Dr. G. Fletcher, medical officer of Highgate School, will read a paper on the subject of "Athletics in Public Schools." It is hoped that there may be an attendance of headmasters on the occasion, as it is very desirable to elicit their views and the results of their experience as to many of the details of this important matter.

THE deaths in the metropolis last week were 1,725 the highest figure of the present quarter, and the death-rate jumped up to 22.0 per 1,000, but, even with this rise of 250 above the record of the previous week, the total falls short of the average by 139. To infants under one year, and to those between the ages of 5 and 20, the week, as compared with its predecessor, was not a particularly fatal one; at all other ages the increase was very marked, and it became greater progressively with advancing years, so that the increase between the ages of 60 and 80 was just 100. Of the infectious diseases, whooping-cough showed a decided advance, the total number of fatal cases being 72, whilst measles and diphtheria remained tolerably stationary with 58 and 21 deaths respectively, and scarlet fever was content with a modest 10 victims.

Enteric fever caused the rather large number of 17 deaths, the average, however, being nearly 22, and, for the third time this quarter, there was no death from small-pox. Respiratory diseases carried off 503 persons, and 65 people met with a violent death. Thanks to the variability of our climate, the mean temperature was 10° higher than during the preceding week, but there were only seven hours of sunshine registered. Measles ran riot at Nottingham, Plymouth, Birmingham, and Liverpool, and its attendant satellite, whooping-cough, had a large share in the mortality at Liverpool and at Bolton. Plymouth heads the list with a general death-rate of 41.2 and a zymotic rate of 6.2, whilst Nottingham comes next with 33.8 and 5.7.

THE Report to the Clinical Society on Spina Bifida is now before us in a separate form. We have already alluded to its general excellence, and only refer to it again to approve the action of the Council in presenting a copy of the Report to everyone who, by contributing cases, by the presentation of specimens, or by other means, has assisted the Committee in the accomplishment of their task. It is but too common to issue circulars, asking for information for such Committees as this one, and to subsequently ignore those who furnish it. The presentation of a copy of a Report to those who have in any way contributed to its preparation is one of the surest methods to secure the co-operation of those who can help, and we heartily wish that the example set by the Clinical Society may be adopted and acted on by the other learned Societies.

IN a recent number of the *Pharmaceutical Journal*, Professor Attfield undertook the task of replying to the numerous critics who have given vent to their feelings anent the new Pharmacopœia in that journal, or elsewhere, during the last two months. Commencing with the preface, he goes through the whole volume *seriatim*, noticing even the comments on the appendix. Throughout his remarks Prof. Attfield treats his opponents with great courtesy, in many instances contenting himself with merely pointing out how widely the critics differ amongst themselves, in others showing that the matter was fully considered and the alternatives suggested rejected after due consideration, and in others again either acknowledging that the suggestion is worthy of future consideration or holding that it is immaterial which view is adopted. In conclusion, he contends that the pharmacists have really very little to complain of, seeing that for the past eighteen years every pharmaceutical discovery made by pharmacists, every improvement of processes or tests, every comment, in short, every contribution to the construction of the Pharmacopœia which has been deemed by the author worthy of publication, has been fully considered by the authorities responsible for the publication of the book, and that whenever the contribution has been considered worthy of incorporation, and it usually has been, it has been incorporated.

IN a note in a recent number, referring to the immunity that had been enjoyed from cholera at



Gibraltar, we alluded to the prevalence of other diseases there as indicative of a not altogether satisfactory sanitary state. The chief grievance appears, from another letter of the same correspondent of the *Times*, to be over-crowding. In former days this always brought its own remedy in the shape of an epidemic which reduced the numbers to a safe proportion, but of late its ill effects have not been declared quite so plainly, and the evil has continued to grow. Seventy years ago the population was under 10,000, now it is about 24,000, and the number of houses has in the same time decreased by more than one third; of course those that do exist are larger than they were then. The over-crowding tells most on the Maltese, who now infest the colony in considerable numbers, and whose habits are of the worst description, and it was amongst them that the cholera succeeded in getting a footing in Gibraltar. Prices have gone up so tremendously that no one is willing to build fresh houses, which is the only available remedy against over-crowding, and this notwithstanding that the Government have offered fifteen sites on 99 years leases. It appears probable that the present state of affairs will not be overcome until the houses are built by the Government and sub-let by them instead of by some third or fourth party.

It is stated that the Queen is about to issue a Royal Commission to enquire into the working and results of the Education Acts, and that the Commission, in the wide scope of its reference, will, amongst other matters, take into account the subject of over-pressure. Medical experience of Royal Commissions is not very encouraging, for, the more they substantiate the need for reform, the greater seems the disinclination to introduce it. They tend, too, to lessen the sense of Ministerial responsibility by shifting it on to other shoulders. But in a case, like that of educational over-pressure, where the views of the permanent officials are so obstinately opposed to the best scientific opinion, the only way of giving due effect to the latter would seem to consist in the appointment of an impartial body like a Royal Commission, to thresh out the evidence and give a decisive ruling thereon.

THE last act in the persecution to which Dr. Collie has for several months been subjected has at length been played, and the Local Government Board have grudgingly consented to the removal of his suspension and his resumption of his duties. They recognise, they say, the exceptional services which, irrespective of his office at the Homerton Asylums, he has rendered to the managers, but they contend that "he failed in matters which were of great importance to the proper administration of the establishment under his charge, and he cannot be allowed to divest himself of responsibility for the very grave abuses towards the growth of which his laxity contributed." The Board accompany their sanction of the removal of his suspension with the following conditions:—(1) That his tenure of office shall be considered probationary for six months, at the end of which time the Local Government Board request that they may be furnished with a report from

the managers as to the manner in which his duties have been discharged. (2) That it is distinctly understood that no claim for salary or allowances shall be preferred by Dr. Collie in respect of the period which has elapsed since his suspension. And, in order to deprive their act of any semblance of grace, they add that they have come to this conclusion with considerable hesitation, and they desire now to state that, if any further cause of complaint is given, it will be impossible that Dr. Collie should continue to hold the important office which he now occupies.

THE College of Physicians and the Obstetrical Society have taken exactly the same action in respect to Dr. Heywood Smith. They have resolved to censure, but not to expel him. In another column we publish the text of the reprimand which has been addressed to Dr. Smith by the President of the College of Physicians, and which we think the authorities of the College have done wisely in publishing. For it will now not only serve its own immediate purpose, but as a sort of State document will have a wide influence in crystallizing the somewhat fluid ethics of the profession, and especially of its obstetrical section, on the points with which it deals. The censure of the Obstetrical Society is to be kept hanging over Dr. Heywood Smith until the annual meeting, a delay which we think is to be regretted. We are very glad that both the Physicians and the Obstetricians have refused to be led away by the hotter-headed and more violent of their bodies, and have followed the line we suggested a short time back. We suggested it then in some fear and trembling, but we have since had the satisfaction of hearing that our remarks were widely appreciated, and we have now the singular pleasure of seeing them endorsed by what we think we may justly call the first court of medical ethics in the world.

THE close of another year involves the melancholy duty of calling the roll to see who has fallen out of the ranks during the past twelve months, and we regret to find that so many good men and true have passed over to the great majority. Some, no doubt, like the late Mr. Moncrieff Arnott, had exceeded the years usually allotted to man; others, like Buchanan Baxter, were in the very prime of life. Next in point of public standing to Mr. Arnott, who in his day had filled the highest positions in the profession, having twice been President of the College of Surgeons, and having also for a short time presided over the deliberations of the General Medical Council, come Dr. W. B. Carpenter, C.B., and Dr. W. A. Guy, both widely-known and respected in and out of the profession, though not practising members of it. Mr. John Gay, Dr. Herbert Davies, and Dr. Francis Harris had but just reached the time of life when men retire from hospital work and look forward to spending the evening of their life in well-earned, but by no means idle, rest. Sir W. Mure Muir, K.C.B., and Dr. Shepherd complete the tale of prominent Londoners who have disappeared. In the Provinces, Birmingham has had to mourn the loss of Dr. Heslop and Dr. James Russell, whilst Manchester has lost, all too soon, Dr. John



Thorburn and Dr. Morison Watson, and Liverpool Mr. Shadford Walker. Scotland is the poorer by the deaths of Dr. William Walker, and Dr. W. A. F. Browne, of Dumfries, whilst Dublin has lost two of her most distinguished ornaments in Tufnell and B. G. McDowel. On the Continent we have had to record the deaths of such world-renowned men as Henle and Frerichs, and more recently the hardly less well-known name of Robin, whilst from the north and south the deaths of Panum and Pantaleoni help to make up a list which marks 1885 as a year singularly fatal to men of the highest eminence in science.

### A YEAR OF GOOD INTENTIONS.

THE history of the year that is passing away provides an excellent illustration of the inconvenience of summing up at stated intervals the progress of our science and profession. Science, we know, has no last words to say; each gain, final as it may seem at the time, being but the prelude and stepping-stone to fresh discoveries. But even science in the past year has been singularly inconclusive. In respect to most of the researches of the day, she is at this moment in the very middle of her sentence. And, as for the politics of medicine, uncompleted change meets us on all sides. The year has been one of restlessness and discontent. There is scarcely an institution connected with the profession of medicine that has not been threatened with reform, and in the case of some the threats have been so loud and general as to warrant the belief that they will lead to some practical result. But the past year gives us no clue towards determining whether these various movements of reform are the work of earnest and determined spirits or merely represent good intentions on the part of reckless busybodies. The movement in connection with the existing University of London is the one which has shown the nearest approach to finality—the finality of failure. There is still a sort of fifth act going on, but the climax has been passed and the general attention has been diverted elsewhere. The prospects of the Teaching University Association, which has attracted to itself the hopes once squandered on the existing University, are still in the clouds, and have not arrived at even the fluid state. The new University is as yet an airy nothing, without either local habitation or name. The questions now agitating the College of Surgeons, though important, are upon an altogether lower platform. In the case of the University question the main motive of the reformers is, we hope, a wish for the improvement of education, individual advantage being only a secondary object. In the attack on the College of Surgeons, the welfare of the College itself is only the ostensible object, the chief incentive being the more or less selfish desire for an extension of privilege. At the present moment the contest between the Council of the College of Surgeons and the Associations of Fellows and Members is more undecided than ever. The refusal of the Council to grant the demands formulated at the

October meeting has precipitated an alliance between the two Associations and led the Members to whittle down their programme to such an extent that no reasonable Fellow can now take exception to it. The fact that at the meeting last week not more than thirty Fellows at the outside could be brought to vote against the proposal of the allied Associations shows how little the Council can rely on the present privileged class for the maintenance of those privileges. The majority of Fellows begin to see that they are quite as much interested in the reform of the government of the College as the Members, and, if the two classes will only work loyally together in spite of the attempts of the Council and its self-appointed advocate, Mr. Brudenell Carter, to set them by the ears, a large measure of reform is certain to come sooner or later. This movement, indeed, already promises to pass beyond the stage of a good intention. As a result of the failure of the Medical Bill of 1885, the General Medical Council has this year entered on a new lease of life, but has shown no falling off in the excellence of its intentions or the ineptitude of some of its decisions. In the autumn it published a new edition of the "British Pharmacopœia," but, to the regret of many, declined the opportunity thereby afforded it of introducing the decimal notation into official pharmacy. The long-expected issue of the official drug-list determined the precipitation of a shower of books on materia medica, good, bad, and indifferent. The year, indeed, has been prolific in publications, some of the most important of which, however, are, like other events of the year, as yet incomplete. Amongst these we may mention the English edition of "Ziemssen's General Therapeutics" in seven volumes, four of which have been published in rapid succession; the American "System of Medicine" in five volumes, three of which have already appeared; and the American "Reference Handbook of the Medical Sciences," of which only the first of the eight volumes has yet come upon the scene. The posthumous work of the late Dr. Fagge, which we notice in another column, may, we think, be justly described as the book of the year. The medical politics of America have, during the year, eclipsed those of this country in turbulence as well as in indecisiveness. It is left to 1886 to bring together the disunited fragments of a sorely wounded profession.

Science, as we have already stated, knows no finality, but the year that is now expiring has been singularly devoid of new work as well as guiltless of much progress in the way of expanding knowledge already gained. The outbreak of cholera, which caused such terrible ravages in Spain throughout the summer months, afforded Dr. Ferrán ample scope for demonstrating the value of his much vaunted preventive inoculation, and it also afforded decisive proof of the utter worthlessness of his claims, a matter in which the true believers were already satisfied by the unscientific character of his work. Klein's report of his proceedings in India, and the discussions, official and unofficial, which have arisen out of that report, have sufficed to show that the great question of the causation of cholera must still be considered as *sub judice*, though



the opponents of Koch's doctrines have decidedly lost ground. The international sanitary conference, of which great things might have been expected, met in the early part of the summer at Rome, and after several sittings arrived at the absolutely colourless conclusion that no good was likely to result from a continuance of their labours then, but that probably a session in November would be more fruitful. But the second session has not taken place, and, for aught we know, never will.

Should M. Pasteur's treatment of hydrophobia prove that it can do all that its distinguished progenitor believes that it will do, he will undoubtedly be the scientific champion of the year, but the method is only just entering on its real trial, and no one can foretell what may be its outcome. It must, however, be remembered that, so long ago as the Copenhagen Congress, M. Pasteur was at work upon it, and had then made such progress as to justify him in speaking hopefully, if not confidently, of its results, and he has now given it to the world at a time when nothing remains to demonstrate its reliability but actual experiment on human beings. The subject has derived additional interest from the fact that at no previous time has hydrophobia been anything like so fatal in the metropolis as at the present. The report of the German Vaccination Committee has come at an opportune moment, and will, we hope, serve to reassure those weak minds which are apt to believe the blatant agitator rather than the unassuming voice of science. The tubercle bacillus has certainly made way in public estimation, and since the debate at the Royal Medical and Chirurgical Society has assumed a position which is practically unassailable and unassailed; whilst cocaine still remains our last new friend and has not suffered appreciably from the rather too lavish encomiums which were poured upon it soon after its introduction. It has even survived the crucial test of being recommended for sea-sickness, and has deservedly found a place in the new pharmacopœia, and, if practitioners will only use it fairly—take care, that is, that their solutions are freshly made—it will no doubt retain the high position it has won.

Dr. Hughes Bennett's and Mr. Godlee's case of removal of a cerebral tumour by trephining, though the operation was not actually performed during the current year, may nevertheless be claimed as one of the surgical triumphs of the year, notwithstanding the death of the patient; there can be no doubt that it has paved the way for the successful treatment of scores of similar cases. And in the matter of abdominal surgery, too, the surgeons may claim to have made distinct advances, the treatment of acute peritonitis by free incision and the removal of foreign bodies from the vermiform appendix constituting the chief additions to operative procedures that have been brought within the range of practical surgical procedure during the year.

#### MR. HORSLEY'S BROWN LECTURES.

THE lectures which were delivered last year before the University of London in pursuance of the bequest of Mr. Brown may be said to have centred in interest

around the subject of Myxœdema. Not only was that disease much before the profession at that time, but Mr. Horsley was able, by his strikingly original work in the region of experimental pathology, to rivet together the then scattered facts concerning the pathogenesis of myxœdema, and to bring home to our minds the close association subsisting between that disease, cretinism, and cognate states. In the lectures of this year Mr. Horsley may be said to have continued his researches upon the thyroid body and rendered more complete the evidence he last year adduced for considering that portion of the human frame not the least important among metabolic glands. The claims the thyroid gland possesses to be thus raised from comparative insignificance rest upon its supposed powers as an elaborator of mucin, and secondly of blood corpuscles. It cannot be denied that Mr. Horsley's experiments prove that the thyroid possesses in some way or another a mucinogenous function, and that in diseases affecting the thyroid tissue huge and unruly production of mucin obtains. The experimentalist, however, would travel a step further, and, in instituting a comparison between the involution of old age and the morbid involution following ablation of the thyroid, would seem to shadow forth some, at present, indefinite connection between it and the trophic co-ordination of the organic metabolism of the human frame. One very striking point in this relation is the marked effect upon the heat regulation of the body when the thyroid body is removed. In the earlier experiments, after ablation was performed, the monkeys rapidly died, that is, after a few weeks. However, when these creatures were maintained in a temperature of 90° Fahr., their life was considerably prolonged. Upon the hæmatopoietic function of the gland Mr. Horsley insists, and finds that the actual number of red corpuscles issuing from the gland is considerably more than in the entering blood.

In developing his subject, we find the Brown Professor entering upon the tortuous paths of the pathology of the central nervous system. How far his conclusions can at present be accepted it is difficult to say. The mass of experimental work spoken of in his lectures is very great, and there is no doubt that the extreme care which was taken to avoid indefinite spreading of a traumatic lesion, such as must occur when antiseptics is not actually obtained and inflammation is produced, invests Mr. Horsley's results with especial value. Much of Schiff's work and Schiff's results are called in question. Thus, Schiff (we are quoting the lecturer) maintains that the paralysis following excision of the sigmoid gyrus is the same as that consequent upon section of the posterior column of the cord. And further, he maintains that the posterior column is concerned with the conduction of tactile sensation directly to the excitable area. Hence paresis, in his idea, is due to sensation gone wrong. The sigmoid gyrus, Schiff contends, may be excised, and so anæsthesia be established. Now this is, of course, opposed to Ferrier's well-known and carefully executed work in the same connection. Mr. Horsley has also shown that, when Schiff's well-known experiment is repeated and the utmost care taken, a



transverse myelitis always results with effusion into the central canal of the cord. As a sequence, pressure upon the motor paths occurs and a block to the transmission of motor impulses results. It is hence taken as proven that Schiff's result was due to unintentional traumatism on his part, and that neither his "ataxia" nor the anæsthesia nor paretic posture of the foot was caused by section of the posterior column of the cord.

Dealing with the questions of the fundamental rate of nervous discharges, the mode of such discharges, and the nature of the muscular contractions following upon them, Mr. Horsley enunciates views which are novel, although in a way foreshadowed by the communications already made by him and Professor Schäfer. Under certain circumstances it would appear that stimulation of the cortex produced waves upon the tetanic curve, giving, as Professor Horsley puts it, "a typical epileptiform seizure." When, however, the corona radiata is stimulated such epileptiform movements are never or rarely seen. Mr. Horsley finds that the spinal cord is excitable, but in that case the epileptiform movements are wanting. And further evidence is advanced in support of the contention that, whatever rate of stimulus be applied to the cortex, the motor cells discharge at a fundamental rate of eight per second, and that all higher rates are multiples of eight. It would be wholly impossible for us to follow in detail the elaborate arguments adduced by Mr. Horsley in dealing with this most difficult theme, or to attempt a criticism of the steps by which he arrives at his main contention that the cortical cells liberate energy at the rate of eight muscular contractions per second, and that the path of afference is along the pyramidal tract to the motor cells in the anterior cornua and thence by the motor nerves to the muscles. We think that the facts brought forward would have stood out more boldly and have been more likely to carry home conviction, had they been marshalled apart from theories, however inviting these last may be. The true and careful experimentalist can well afford to leave theory alone, and often the best work is marred by a too obvious bias in research, and a dominating idea replacing a simple logical statement of facts seen. Mr. Horsley's work has been so thorough and so earnest that one views with respect all positions advanced by him and almost regrets any departure from the most perspicuous method, especially when he is dealing with so intricate a subject as the morbid physiology of the brain.

In the course of his investigations concerning the functions subserved by the pituitary body, Mr. Horsley is led to believe that it, like the thyroid body, is largely, if not wholly, concerned with the regulation of trophic and metabolic processes. Although the experiments in which successful ablation of the pituitary body was performed were very limited in number, yet the lecturer appears confident that the uniformity in his results warrants him in saying that the pituitary body is largely concerned with the nutrition and vigour of the nervous tissue of the brain. Canine-chorea, or, as Mr. Horsley prefers to call it, disseminated sclerosis, received careful attention in the concluding lectures. The distinction which was therein shown to exist between chorea, as it is revealed in the man and in the dog, deserves careful study, as reasoning

from dog to man is in this case liable to mislead us in any attempts made to elucidate the pathogenesis of the human complaint. The seat of the nervous discharges which produce the choreiform movements is said to be the spinal cord, a conclusion strongly evidenced by the facts brought before us. And, further, the fundamental rate was found in the experiments performed to correspond with the rate of cortical discharges mentioned above. In conclusion, one is impelled to admit that Mr. Horsley, while ploughing up fresh ground, has worked with well-sharpened implements, and with the utmost care and acumen. Much of what is brought before us is so new that one needs time and further experience before giving full adhesion to conclusions, the outcome of premisses which *primâ facie* show no flaw or second interpretation. It can hardly be supposed that the conclusions are submitted as final, but rather as tentative, while further facts and experimental evidence are being collected. The value of this species of work is not easily over-estimated, especially when, as we hinted above, theory is steadily subordinated to experiment, and experiment not allowed to become the slave of theory.

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#### THE TURN OF THE TIDE.

THERE are no actuarial tables in existence whereby the life-expectations of a medical theory may be even approximately gauged; and this uncertainty is increased tenfold in the case of the medical fashions which such theories serve to animate. The various systems, schemes, and principles which have dominated the reason of mankind in matters medical seem at first sight to have been only less remarkable for their failure in securing permanent acceptance than they are bewildering in their variety. Yet a somewhat closer examination of their nature and comparison of their claims shows that humanity has been presented with very few real differences, and reveals the same idea, returning time after time, disguised only in some slight alteration of form or treatment, assured of the same welcome, and, in due course, of the same neglect. The same obscure truths, shrouded in various errors; the same specious errors, more or less successfully impugned by truth—meet us in the theories of succeeding schools. This fact, observed from a new point of view, is hailed as a new truth, subversive of its long accepted self. That error, already recognised as such in its nakedness, reappears clothed with plausible adjuncts, and now serves to bolster up a fabric of mistakes which, thus fortified, still bars the high-road of discovery. Like the tiny streamlet at its source, young science is baffled and obstructed by trivial obstacles, of which the full flood takes no heed, and must at first meander in a devious course, often seeming to flow back upon itself, in order to make any progress at all. But, if variety fascinates the philosopher hardly less than it tickles the frivolous, it is remarkable upon what flimsy disguises variety frequently depends, and how often the same *motif* is repeated even in the music of the spheres; how, too, the very weariness and doubt begotten of long usage recoil as interest and faith. Enthusiasm for novelties and forgetfulness, the common overgrowth



of familiarity, will generally secure the ready acceptance of new lamps for old, though the source of light remains the same in both. So, as the common saying has it, the pendulum swings, and the tide alternately ebbs and flows. But those who watch these things only forget the even revolutions of the wheels of Time, and do not heed how steadily the river runs, broadening, to the ocean.

The micrococcus is a child of yesterday, and the science of pathogenic organisms is yet young. But, in the remoter districts of modern Greece, there still survive wise women who are commonly resorted to for the cure of all diseases, which depend—they say—upon the operation of various sorts of parasitic worm-like organisms which invade and prey upon the human body; which, surely, is but the germ-theory writ large. The witch in a Swazie kraal practises the cure of minor ailments according to a form of faith-healing which would not seem out of place in a Boston drawing-room. And, to take cases of a more modern type and nearer home, the world has seen the cold baths lauded by Cullen rescued from a subsequent obscurity by the enthusiastic commendation of German physicians. Alcohol, over-trusted by one generation of practitioners, has been decried by their successors, and is perhaps only now beginning to attain its rightful therapeutic rank. Even port wine claims rehabilitation, and refuses to be banned by gout. So with bleeding; so with mercury. "He who knows the healing power of herbs and plants is an ordinary man," wrote the Sanscrit sage; "he who can impart the benefit of fire is a demon; he who can exercise the force of prayer is a prophet; but he who knows the power of mercury is a God." So with countless other good (and bad) remedies "out of fashion." Men expect too much, or do too much with them, and are disappointed or hurt accordingly. The burnt child dreads the fire, and shuns it, but the cold child is again attracted by its warmth; and the wise man learns in time to value it at its true worth and to manage it as a useful servant. So the excursions of the pendulum become gradually shorter and shorter until at last it hangs motionless in the plumb-line of truth.

There is then much of hopefulness as well as a measure of disappointment for those who note the tidal ebb and flow of medical thought and practice. There are always those about us who show pretty plainly which way the stream is setting for the time. Light shallops, lately launched, perchance, and ballastless; chips and straws, loose wreckage, severed weeds—float rapidly and easily enough with the current and may make holiday progress for the while. Lucky for them if the ebb do not leave them stranded as jetsam, showing the high-water mark of an exploded theory or the extreme of some abandoned fashion. Others, again, securely anchored, sway with the stream, it may be, but do not shift their moorings, which they know are to be trusted, whatever tide may run. And still recruited by countless streamlets of investigation and discovery, their waters purified by trial and experience, the rivers of science run with ever-increasing volume into the fathomless sea of truth; where, like a huge Nilometer upon its shore, the records

of a lessening death-rate, and of longer, happier, and purer lives, show that, despite apparent ebb and flow, the sea-level is always and continuously rising. If we doubt more than our forefathers did, we probably know more thoroughly what we have learnt, and the extent of our cautious doubting is not to be taken as the measure of our assured knowledge. To recur once more to a former simile; the swing of the pendulum and the click of the escapement may serve to indicate the rate at which time is being measured; but it is only by studying the clock-face of humanity that we can ascertain how far the world has advanced towards the noon of perfect knowledge. As regards our own profession, those who are fond of satirizing "fashion in medicine" forget all that a change of fashion implies. The healthy sceptic is himself an unwitting proof of the real progress of a science whose seeming vacillations he derides.

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## REVIEWS AND NOTICES OF BOOKS.

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### FAGGE'S PRINCIPLES AND PRACTICE OF MEDICINE.<sup>1</sup>

THIS magnificent work, which cost the author twelve years of unremitting labour, and probably had much to do with his premature and deeply regretted death, is at length in the hands of the profession. For years the book has been eagerly expected in medical circles, and, now that it has actually arrived, we have no hesitation in asserting that even those who had formed the most favourable anticipations regarding it will not be disappointed. To the younger generation of practitioners hailing from Guy's it will constitute an abiding, and indeed almost living, memorial of their revered teacher, whilst those to whom was denied the privilege of instruction from his lips, as they read the concise clinical descriptions of disease in these volumes, or the learned summing up of opinions on questions of ætiology, will feel that Fagge was well worthy of the great name which he enjoyed in his school, and that he has more than maintained the traditions of that school as the home of pathology and medicine.

In accordance with a previously expressed desire on the part of the author, soon after his death, Dr. Pye-Smith was requested to undertake the publication of the work, and at once set about his task. Fortunately Dr. Fagge had completed the manuscript of the whole, except the portions on valvular diseases of the heart, on aneurysm, and on thrombosis and embolism, which have been kindly written by Dr. Wilks, and the subject of skin diseases, which had apparently not been commenced, and which has been supplied by the editor. With these exceptions, the manuscript was finished, but the labours of the editor have been by no means light, for he has had to verify all the references to authors quoted, a matter of considerable difficulty, seeing that Dr. Fagge was probably one of the greatest readers of current and ancient medical literature of his day.

In a work of this kind the manner in which the author deals with the questions of general morbid processes affords an excellent criterion of his ability to grapple with his task, and it will therefore be worth while to notice very briefly the views which the

<sup>1</sup> "The Principles and Practice of Medicine," by the late C. Hilton Fagge, M.D. 2 vols. London: J. & A. Churchill, 1885.



author holds on some of the most difficult and complicated problems of the day. But, first, certain definitions have to be laid down, such, for instance, as that of the term pathology, to which he attributes a thoroughly comprehensive meaning, and which, according to him, includes the best attainable knowledge on the origin, course, and termination of the disease, as well as mere morbid anatomy. Speaking of symptoms, he holds that the distinction between symptoms and physical signs is quite untenable; symptoms, he contends, are part of the disease to which they belong, no less than the lesion or specific cause, or whatever else is taken as its main characteristic; in Dr. Fagge's view, there can be no such thing as a symptom until the disease of which it is a symptom is discovered, and he goes on to say, "so far from hesitating to classify clinical phenomena as diseases when we are unable to trace them to their causes, I only wish that we had a more complete supply of suitable names for them." As an instance of the uncertain and arbitrary nature of the distinction between symptoms and anatomical signs, he quotes tubercle of the choroid as a case in point; some, he says, would call it a symptom, and, if so, why has not tubercle of the lung an equal right to the same term? He therefore concludes that all morbid changes, whether of structure or function, which are recognised during life, may properly be called symptoms.

Speaking of the modes of death, he rejects the so-called death from coma as always capable of being referred to one of the two main causes, viz., death by the lungs or death by the heart, and he gives a short account of the different modes of death from these, adding a third, viz., death from gradual asthenia, where the failure of the vital powers proceeds so slowly and gradually that it is impossible to assert that either the heart or lungs were the first to fail.

From these general preliminaries he passes on to ask what we understand by specific diseases, his own definition being that they are those "which have a definite cause arising from without, but acting within the body, distinct from the causes of all other diseases"; that overcrowding, starvation, or even the inhalation of sewer gases not contaminated by any specific virus, can give rise to specific disease, he stoutly denies. The reason why a person does not have a specific fever a second time he believes to be connected with the fact that the blood or tissues undergo such a change that they no longer afford, and never again afford, the requisite conditions for the development of the corresponding microzymes. The immunity which some people enjoy, he thinks, may be due to inherited protection, though he is only able to give this as an impression and not as an opinion supported by well-authenticated facts. He would fear, he says, to stamp out infectious diseases altogether, lest the consequences of their re-introduction should be terrible, and would rather rely upon protective inoculation, but we suspect that, were he now living, he would place more reliance on the muzzling of dogs than on Pasteur's inoculations as a preventive of hydrophobia. He accepts Nägeli's view that contagia are probably transferred by means of dust.

On the general subject of fever, Dr. Fagge accepts the now usually received doctrine, first propounded by Liebermeister, that pyrexia is due to a change in the normal function of heat regulation, by which the production of heat and its loss are so balanced as to create and maintain, while the pyrexia lasts, a higher temperature instead of the normal one. His views on inflammation may be very briefly given as follows: when a part is at all severely injured, the removal of the damaged tissue elements is an essential preliminary to the work of reconstructive repair; the leucocytes, he says, probably have the power of re-

moving the damaged cells or fibres. Gangrene always arises from an inflammatory process, excluding its immediate or instantaneous occurrence.

On the subject of tubercle Dr. Fagge was probably somewhat in advance of his time, and the two years that have elapsed since he wrote would not have necessitated his making any alteration on this subject, had he lived until now. "All phthisis is tubercular" is a doctrine which is much more readily accepted now than it was when he penned the words. The current ideas as to the histology of tubercle do not satisfy him; he believes that tuberculosis is a modification of the inflammatory process, so that, whereas the circumscribed irritation of a minute area of connective tissue results in forming a granulation made up mainly of leucocytes; the same kind of irritation applied to an epithelial area results in a granulation consisting of epithelial cells; the two bodies may differ completely in their histological characters, and yet the same name may rightly be given to both. Caseation, he says, may safely be set down as tuberculosis. He includes fibroid phthisis under the head of tubercular phthisis, and he explains it by stating that sometimes tubercles, instead of undergoing the caseous change, become fibroid. As to the mode of production of tubercular processes, he says that the cases attributable to infection from non-tubercular lesions are so scarce that it is impossible to attach any importance to them, and his theory of the origin of tubercle is that under certain unknown conditions the occurrence of what is at first a simple inflammatory process may cause microzymes already existing in the body to acquire specific properties which they did not previously possess, and convert the simple into a tuberculous inflammation.

On the subject of new growths he argues that the histological characters indicate the true relations of tumours, and are fundamental characters in their case, but he admits that in the case of tubercle he had expressed an opposite opinion. In the hereditary propagation of cancer he declares himself unable to see more than a part of a widely-spread diffusion of new growths of various kinds in certain families rather than in others. The possibility that micro-organisms might play any part in the origin of cancers or sarcomas had not even been broached when the author was at work on this part of his book, and it is still true, as it was then, that no one has yet explained how a fragment of tissue after lying dormant so many years can produce a sarcoma or cancer. The chapters devoted to the infectious diseases are admirable, but the subject does not admit of so much originality of handling as do other portions of the work.

The descriptions of the various diseases of the nervous system are throughout excellent, and we would especially call attention to the chapters on peripheral paralysis and on cerebral hæmorrhage as presenting the subject in a more comprehensive manner than has been achieved by any previous writer. Here and there are just a few points on which we should hardly be prepared to agree with him; for instance, he recommends calabar bean in the treatment of spastic paraplegia; but in the cases which Dr. Gee recorded, and to which he refers, this drug was administered without any benefit. In the treatment of infantile paralysis he says that shampooing and friction with stimulating liniments may sometimes be of service; whereas we should say that they formed an essential part of the treatment of such cases. Nor were we quite prepared for the statement that progressive muscular atrophy in its most typical form is sometimes really the result of chronic plumbism; we should be more inclined to think, in any case in which this appeared to be the case, that we had to do with a coincidence. Dr. Fagge strongly inclines to the belief that pseudo-hypertrophic paralysis owns a central origin, notwithstanding the



complete failure hitherto to demonstrate any disease in the central nervous system, and he quotes Charcot at some length on the subject of joint affections in locomotor ataxy, but expresses no opinion himself on this recently much debated point. We have been unable to find any account of ophthalmoplegia interna or externa, which is the more remarkable as Dr. Fagge has elsewhere shown himself quite familiar with the writings of Mr. Hutchinson.

The subject of diseases of the respiratory system, with which the first volume concludes, gives Dr. Fagge the opportunity of expressing his views on the difficult question of the nature of membranous croup. It will be remembered that he was one of the committee appointed some years ago by the Royal Medical and Chirurgical Society to consider the relationship between membranous croup and diphtheria, and that in an appendix of his own cases to the Report of that Committee he foreshadowed his misgivings as to their identity. He has now thrown all doubt aside and arrived at the opinion that there may be a simple non-specific membranous laryngitis due to cold, and that, even if membrane should appear on the fauces in such a case, the disease is not necessarily diphtheria, though how we are to distinguish between diphtheritic and non-diphtheritic laryngitis we are nowhere told. Nor can we quite reconcile this view with the statement he makes, when speaking of diphtheria, that it would be natural to expect that in a case of diphtheria, when the disease spread to the larynx, the symptoms, apart from the mechanical difficulties superadded, would not be very grave; that is, that we are not to look for marked blood-poisoning in laryngeal diphtheria. Dr. Fagge does not look with much favour on the view that pneumonia is an infective disease, but the evidence on this point has probably increased considerably since he wrote. As we have already said, he regards all phthisis as tubercular, and fully accepts the doctrines resulting from Koch's discovery. He is very sceptical as to the bronchiectatic origin of cavities in the lungs, because he has never been able to see the process in an early stage. On the subject of the inheritance of phthisis he says that family predisposition means little more than vulnerability, and he holds that the consumptive tendency, however strong, could be kept in abeyance by vigorous hygienic measures.

And, here, circumstances to which it is unnecessary to allude compel us to take farewell of this most important work without even mentioning the contents of the second volume. It will doubtless be said—indeed, the editor assumes as much in his preface—that there is too much reference to Guy's Hospital in this work. We do not think so. It was part of the author's scheme to write a work based on his experience at Guy's, and it is inevitable that constant reference should be made to the case-books and *post-mortem* records of the hospital. But this work is in no sense a compilation; it is true that Dr. Fagge's reading has been most extensive, and that he has assimilated his material from a very wide field, but the book is nevertheless stamped on every page with its author's individuality in a most unmistakeable manner. We have no doubt that it will exercise a very considerable and beneficial influence on medical thought in the future, and do not hesitate to prophesy for it an immediate and lasting popularity amongst practitioners of all classes.

Dr. Pye-Smith is to be congratulated on the judicious arrangement of the subjects, for there were no indications as to the author's intentions in this respect, and the remarkably few and trivial errors which we have found testify to the care which he and Dr. Carrington have bestowed upon the proof-sheets.

### CASSELL'S CLINICAL MANUALS.<sup>1</sup>

WE have already drawn attention, in terms of commendation, to some of the foregoing volumes in this series, the object of which is to present to the practitioner and student of medicine original, concise, complete, and illustrated monographs on all the principal subjects of medicine and surgery, both general and special.

Of Mr. Owen's work on the "Surgical Diseases of Children," in the words of the preface, it may be said that, "in the endeavour to compress within an allotted number of pages an account of the entire subject of the surgery of infancy and childhood, theory has not been unduly sacrificed to practice, nor clearness to condensation." The latter point especially stands out, for in all his statements the author is clear and precise, not to say epigrammatic. Of the former point, theory, it may be said that Mr. Owen troubles his reader with very little indeed; while, as regards practice, the student will find short concise statements what to do in the various diseases discussed; very little choice is given him, the author probably relying on the means which he has himself most knowledge of, and not caring to burden the probably inexperienced reader with the responsibility of selecting. If we were disposed to be critical, we might in the first place take exception to the order, or rather the want of order, in the arrangement of the subjects, which seem to follow each other without any definite plan, either as regards nature of disease or region affected. Thus, after some introductory remarks in chapter 1, we find croup, diphtheria, and laryngitis in chapter 2, tracheotomy in chapter 3, and certain diatheses in chapter 4. Surely it would have been wiser to deal with the diatheses of childhood—the constitutional peculiarities, in other words—before speaking of such very special and comparatively rare conditions as diphtheria and tracheotomy. And this brings us to the second (and last) criticism which we venture to make, viz., that throughout the work the special peculiarities of childhood, the features which distinguish the practice of surgery among children, do not stand out with that prominence which they deserve and call for. We know how difficult it is to determine what should or should not form part of such a work as the one before us, especially when the author's space is strictly limited; notwithstanding the points we have criticised, we heartily congratulate Mr. Owen on the completion of his task.

Mr. Henry Morris' work on the surgical diseases of the kidney is one of more restricted interest than the foregoing; but for surgeons, and especially for operating surgeons, it will prove acceptable as an able exposition of the forms of renal disease in which they may legitimately interfere, in many cases with the most gratifying results. The author discusses the diseases very fully, collecting together the published cases to an extent not hitherto attempted. We regret that the purely operative details are not gone into at greater length; the whole chapter dealing with this part of the subject only occupies about eighteen pages out of a total of more than 500, while abdominal nephrectomy is disposed of in about one and a half pages, Mr. Knowsley Thorntou's experience and marvellous success not being even mentioned. Mr. Morris has not seized the unusually good opportunity, which the publication of his work afforded him, of assuring for Marchetti the credit of having been the first surgeon to perform nephrolithotomy, as recorded by Charles Bernard, formerly Surgeon to Saint Bartholomew's Hospital. On the contrary, Mr. Morris says that nephro-lithotomy "had remained a mere name until it was performed on Dr. Coupland's patient in October, 1880." It is probably quite true that "none had accepted the operation as a veritable nephrolithotomy," although *there can now be no doubt* (as Mr. Herbert Downes showed in a learned article published in

<sup>1</sup> Clinical Manuals for Practitioners and Students of Medicine. Illustrated by original chromo-lithographs and woodcuts. Messrs. Cassell and Co., London, 1885. (1) Surgical Diseases of Children, by Edmund Owen, M.B., F.R.C.S., pp. 518. (2) Surgical Diseases of the Kidney, by Henry Morris, M.A., M.B., F.R.C.S., pp. 548. (3) Fractures and Dislocations, by T. Pickering Pick, F.R.C.S., pp. 524.



these columns in the early part of the present year) that Marchetti anticipated Mr. Morris by upwards of 200 years in cutting into and removing a calculus from a kidney "not dilated into a tumour or perforated by a fistula." The opportunity of authoritatively vindicating Marchetti's priority is thus lost, and Mr. Morris' work is by that much deficient in historical detail and scientific accuracy. The work will prove useful to all who are interested in renal surgery.

Mr. Pick's work on "Fractures and Dislocations" will appeal to almost every practitioner as dealing with a class of cases of general interest, which occur with considerable frequency. The work is illustrated with numerous woodcuts, many of them copies from antecedent works on the same subject. Some are of secondary interest, such, for instance, as those representing reduction of the dislocated hip joint by means of pulleys. It is very improbable that in these days of chloroform and manipulation pulleys will be wanted by "practitioners and students of medicine." On the other hand, a few anatomical diagrams, representing muscles and ligaments "after" Gray, would probably have been highly appreciated by the readers. Hamilton's work is no doubt so popular partly on this account; it is graphic as well as accurate in the text. Mr. Pick's descriptions are clear and to the point, and the work cannot fail to become popular among those to whom it is addressed.

*Vital Statistics. Selections from the writings of the late Wm. Farr, M.D., D.C.L., C.B., F.R.S.*; edited for the Sanitary Institute by NOEL HUMPHREYS and published by E. Stanford. London: 1885. Large 8vo., pp. 563.—All who take an interest in the health and wealth of the people will hail the appearance of this volume, containing in a small compass and admirably arranged most that is of permanent value in the scattered writings of Dr. Farr, his official reports, papers in the Transactions of the Statistical Society, &c. Though Graunt and Petty, Halley and Neumann, Steuart, Godwin and others, may justly be described as the fathers of Vital Statistics, and did good work with the very imperfect materials at their command, the honour of raising the study to the rank of an exact science belongs to Dr. Farr, who, a born mathematician, though almost self-educated, and endowed with indomitable perseverance and hopefulness, steadily evolved out of the most defective beginnings our present comparatively perfect system of registration and census reports, and trained a number of disciples, among whom is the able editor of this volume, to worthily carry on the work after his retirement. The contents are divided into six parts—I., almost complete in itself, on Population. II. Marriages. III. Births. IV. Deaths. V. Life-tables. And VI. Miscellaneous. In each of the first four divisions we have a historical account of the progress of our knowledge of the facts, a clear exposure of fallacious doctrines founded thereon, an exposition of the natural laws which govern these phenomena, and of the inferences to be drawn from them, especially the remarkable interdependence of the increase of population, or the reverse, with prosperity and the demand for men, and the insensible, but powerful, influence exerted by the production of subsistence on propagation. He refutes the fallacies of Malthusianism, and of the doctrines broached by Dr. Price, and more recently by Dr. Letheby, as to the hypothetical evils consequent on a too rapid increase of population, and the necessity for epidemics and other causes of mortality as natural checks, by showing that generally population increases or decreases as the means of subsistence, and that the law which holds good of the lower animals, who are dependent on the natural fruits of the soil, does not apply to man, the products of whose industry are always convertible by exchange into means of subsistence; that, so long as markets can be found for our manufactures, and fields are open for emigration, no fear need be entertained of over-population, the productive power of a country being directly dependent on its population, and men themselves having a money value as instruments for the creation of wealth.

The marriage-rate he calls the barometer of national prosperity, and he contends that without the intervention of epidemics or a constant slaughter of the innocents, or even enforced celibacy and so-called moral, *i.e.*, artificial, restriction of births, a redundant population would soon adjust itself to the means of subsistence by the natural postponement of marriage for a few years only, which would result from scarcity of employment. There are always, as he shows, thousands of couples ready to marry so soon as they see a prospect of a competence, and by anticipating or postponing the date of marriage by five years, *i.e.*, by making the mean age of marriage 20 or 30 years respectively, the rate of increase would at once be doubled or halved as the case might be; not only would the population increase or decrease in consequence of the greater or less number of children which would follow each marriage, but by the shorter or longer interval which would elapse between each generation, even if the cohabitations should be equally prolific. As to the relation between a high birth-rate and a high death-rate, he shows that, though the former follows the latter, the converse does not hold good; a sudden increase in the number of young children may indeed for a short time appear to affect the death-rate unfavourably, but, if continued for a number of years, it must lower it by increasing the proportion of young adults and reducing that of aged persons, whose preponderance in a population, like that of France, with few children, gives a delusive semblance of general longevity. On this question of the connection between the constitution of a population as regards age and the birth- and death-rates Dr. Farr is very clear, and, so far from laying himself open to the criticisms of Dr. Rumsey, nearly all the sources of fallacy insisted on by the latter are plainly indicated in this work. Dr. Farr, too, shows that on account of immigration the mortality of towns is really higher than would appear from the death-rate; and that, as we have repeatedly urged, all estimates of infant mortality, whether on the population or the total deaths, are absolutely useless, the only rational basis for calculating the deaths at any age being the number living at that age, which for infants is equivalent to the births.

His history of each epidemic of cholera in this country will be found useful for reference, compiled as it is from documents now out of print and otherwise inaccessible. The part dealing with life-tables is, like everything else in the book, full of wisdom and instruction, but of less purely medico-sanitary interest. Should another edition be called for, as we trust it will, of a work which must ever remain classic, we would suggest that the editor should add the actual date to the expression 4th, 19th, and annual reports, which, like the legal reckoning by the years of the reigning sovereign, necessitate a mental translation into common language. There is one statement in the life of Dr. Farr which must be a slip of the pen or a printer's error. He is said to have attended in 1832 "the lectures of Grant, Carswill (*sic*), Jenner, Elliotson, and others." Probably Liston's name should be substituted for Jenner's. Carswill should be Carswell, and elsewhere Dr. Brittan's name is spelt Brittain, and once Parkes' is written Parko's.

*The General Pathology of Infective Diseases*; by Prof. S. STRICKER. Vienna: Alfred Hölder, 1886.—This important work opens with an elementary introduction containing the definitions of the different pathological terms. These definitions are given in exact and philosophical language, as, for instance, the differences between normal and abnormal appearances, the differences between normal and pathological processes, and the definition of the class "disease." After having spoken of the disposition to disease, and of the different characters of the disposition, the author arrives at the chief part of the book, *viz.*, at the doctrine of the infective diseases. The discussion on tuberculosis, which forms one of the most interesting chapters in the book, is divided into three parts, one treating of the history of the affection, the second of tubercle-bacillus, and the third of the infectiveness of tubercle. The author is of opinion that tubercle bacilli have not hitherto been proved to be genuinely infective; he refers to several experimental and clinical data which show that



the virulence of the bacilli, in the sense that the inoculation of tubercle-bacilli on healthy individuals who were affected with a tubercular disposition caused general tuberculosis, has not yet been proved. He further declares that tuberculosis has not yet been proved to be contagious. He first refers to historical data, stating that neither Hippocrates nor the great clinical physicians of modern times considered phthisis a contagious disease. As far as he remembers, neither Skoda nor Oppolzer taught that phthisis was contagious. The idea of the contagiousness of tuberculosis arose in the laboratories, and even Buhl, who was the first physician to accept this idea, did not state that he had met with any observations in support of it in his practice. Prof. Stricker, speaking of the value to be attributed to the evidence of transmission of phthisis from husband to wife, or *vice versa*, says:—It is a generally known fact that phthisis usually begins to flourish after puberty, at about the twentieth year of age. Now, in the female sex this age coincides in our climate with the time of marriage, and this in a considerable proportion of females. Whether the coincidence is accidental, or whether the activity of the sexual functions, pregnancy and lactation are conditions which favour phthisis, is a question yet to be decided. Hence those rare cases which seem to point to contagion may be equally well explained in another way, viz., the wife, who falls ill after marriage, might equally have fallen ill when living with a healthy husband, because, having a disposition to phthisis, the new functional activity gave her an increased tendency to acquire such an inflammation of the lungs as was likely to result in a caseous and tubercular process. The author further says, when we consider what an immense number of persons affected with phthisis have been accurately observed since Auenbrugger and Laënnec, since the invention of percussion and the auscultation; when we remember how freely physicians expose themselves to the exhalations of the sick, how nurses occupy themselves with them, and how constantly students of medicine, who, as we all know, are very liable to infectious disease, and practitioners, come into constant relation with the subjects of phthisis—it is difficult to understand how it should have escaped our great clinical teachers that tubercle is contagious—if in truth it be contagious. The book, on the whole, is most readable, instructive, and interesting, and it may be confidently recommended to the medical reader.

*Von Ziemssen's Handbook of General Therapeutics*, Vol. iv. *The Treatment of Disease by Climate*; by Dr. HERMANN WEBER. *General Balneotherapeutics*; by Prof. OTTO LEICHTENSTERN. London: Smith, Elder, & Co., 1885.—As we only received this volume a day or two ago, and this is our only opportunity of noticing it, we cannot pretend to do it justice. Of all the volumes of the Handbook, this is the volume that will probably be most popular, partly owing to the deservedly great reputation of Dr. Weber in this country, and partly to the intrinsic interest and importance of the subjects treated therein. We have already several good works on Climate in our language, but we think that Dr. Weber's monograph is likely to take the first place, and to be regarded as the standard work on the subject until the rapid growth of the science of climatology renders it old-fashioned. The elements or factors of climatology are treated in a most thorough, exact, and scientific manner in the first chapter, and in the second we have a very complete and, as far as we have been able to test it, impartial account of the various health resorts. The third chapter is the most important of all, giving, as it does, Dr. Weber's mature views on the indications for treatment by climate in different diseased states. The fourth and last chapter is a short one, containing hints on home climatic treatment. It is, we think, to be regretted that Dr. Weber has not followed the example of most of his collaborators in giving a list of his authorities. The translator of this part of the present volume is Dr. Heinrich Port, and he appears to have done his work excellently well, which is more than we can say for Inspector-General Macpherson, the translator of Dr. Leichtenstern's article.

Dr. Macpherson's English is such as a schoolboy ought to be ashamed of. One instance will suffice to illustrate his idea of the duty of a faithful translator, viz., he translates Kochsalz, culinary salt, so that when one comes across the heading "Culinary Salt Drinking Cures" one has to retranslate it into German before one catches the author's meaning. We fear that this unfortunate inefficiency on the part of the translator will prevent Dr. Leichtenstern's article from receiving that amount of attention which it deserves. It is very thorough and very German, and contains a large amount of information on the subject with which it deals, but it does not appear to be of the same rank of article as its fellow, the excellent essay of Dr. Weber.

*Student's Atlas of Bones and Ligaments*; by C. W. CATHCART, M.D., M.B., F.R.C.S. Eng. and Edin.; and F. M. CAIRD, M.B. London and Edinburgh: W. and A. K. Johnston, 1885, fol.—This atlas consists of 30 plates and the necessary letter-press explanation. The representations of the individual bones are somewhat larger than those in Holden's well-known Osteology; the origins and insertions of the muscles being marked in the manner which Holden was the first to introduce. Of these we can say that they are accurate and clearly marked out. The explanatory text has been written, so the authors say, "to help the student to understand the plate, rather than to explain fully all that it illustrates. This would have necessitated writing an additional treatise on the bones and ligaments, which is not the purpose of the present work." The plates dealing with the ligaments are not quite as well done in our estimation: and students, if we mistake not, will fail to grasp the subject without considerable help from dissected preparations. The work is exceedingly well published. We question, however, whether the folio form is the one best adapted for students' use—such works are ill-suited for dissecting-room purposes. With one or two unimportant exceptions, the illustrations could have been arranged on an octavo page, and the large margins of the present volume could then have been utilised for letter-press. We think also that the model student's book should be complete in itself, and should deal fully with the subject-matter. Our present atlas is hardly good enough to dispense with the bones themselves, still less with the dissected ligaments, while the descriptive portion has been purposely curtailed. The practitioner who has once thoroughly mastered all these details will find the work handy to refer to in the case of fractures, or dislocations; but we think English students, at least, will prefer their "Gray" or their "Holden" to the present work, if for no other reason, on account of their more handy size.

*A Text-Book of Medical Physics for the use of Students and Practitioners of Medicine*; by JOHN C. DRAPER, M.D., LL.D. London: J. & A. Churchill, 1885.—This excellent text-book contains the substance of the lectures delivered by Professor Draper in the medical department of the University of the City of New York. It therefore escapes the besetting sin of most teachers of physics, who always assume in their pupils a considerable familiarity with mathematics. There can be no doubt that, if physics is to be taught successfully to medical students, it must be taught from the experimental and not from the mathematical standpoint. For our part, we believe that a short laboratory course of physics would prove as interesting to the intending medical student as it would undoubtedly be useful; and in time we hope that such a course will be obtainable at every good school. For those who have not and cannot have this advantage we can cordially recommend Professor Draper's text-book as far and away the best work on the subject for the purposes of the medical student or practitioner. Everything is treated from the practical standpoint, and, though the student may find some difficulty in grasping the facts of physics without practical work at it, we have no hesitation in saying that Dr. Draper's book will be of the greatest use to him. The chapters on optics and on the construction of the microscope are especially excellent.



*The Mother's Manual of Children's Diseases*; by CHARLES WEST, M.D. London: Longmans & Co., 1885. This manual is intended to give in a small compass, and without any technical detail, such an account of the diseases of infancy and childhood as will help an intelligent mother to understand something of their nature and symptoms; it will save her from all needless anxiety as to their issue, and enable her to second the doctor in his endeavours for their cure. Dr. West is not one of those who think that children's diseases can be treated without the aid of the medical man, and he especially draws attention to the fact that his book is not intended as a handbook for the nursery, while bearing testimony to the excellence of the many such manuals which already exist. We can best commend this work by saying that it is written with the same care and in the same style as his well-known treatise, and it is equally well adapted, as regards subject-matter, to the class to whom it is specially addressed. The work should be studied diligently by all young mothers; they will find a fund of information of the greatest value, such as will help them to understand the laws of health and to appreciate those departures therefrom which constitute the beginnings of disease in their children.

*A Text-book of Operative Surgery and Surgical Anatomy*; by A. T. NORTON, F.R.C.S., based on the original work of Professors Claude Bernard and Ch. Huette. 2nd edition. London: Bailliere, Tindall, and Cox.—The second edition of a book so well known to operating surgeons as the above needs but a short notice. The profusion, the artistic character, and the general accuracy of its illustrations, most of them coloured steel engravings, render it almost unique as a medical work. Since its first production many important changes have been introduced in operative surgery, and it is necessarily difficult to represent these changes in plates, the original cost of which must have been prodigious. Mr. Norton has done his best to bring the letterpress up to date, and he gives an excellent account of those operations on the kidney which constitute perhaps the most important of recent advances in operative surgery. But the chapter suffers in comparison with others from want of illustration, and we wish that the publishers could have seen their way to introducing a special plate in explanation of a series of operations admittedly difficult. The same criticism applies to other novelties described in the letterpress, but on the whole the work is a most valuable one both to the operator and to the candidate for the higher surgical examinations.

*The Insane in the United States and Canada*; by D. HACK TUKE, M.D. London: H. K. Lewis, 1885.—In this little volume Dr. Tuke records the impressions received during a visit to North America last year, when he had many opportunities for familiarizing himself with the management of the insane, both in the States and in Canada. Dr. Tuke has the merit of being able to see things and to write about them with perfect impartiality; and we accordingly find the various points in which they manage on the other side of the water these things better or worse than ourselves each recorded with an evident freedom from exaggeration. Asylums are conducted on the same principles over there as they are here, though in a few in Canada restraint was used more frequently than we should consider necessary. Those who are anxious to reform our present procedure in regard to the admission of lunatics will find in America every variety, from the mere statement by a medical man to the effect that So-and-so is insane to public trial before a jury of six. Altogether it is a pleasantly written book, and should be read by all who are concerned in the welfare of the insane.

*Insanity; Modern Views as to its Nature and Treatment*; by W. T. GAIRDNER, M.D., I.L.D. Glasgow: Maclehose, 1885. This pamphlet contains an address delivered at Glasgow in the spring, together with some interesting notes.

We have not space to enter into the many important points raised in it, but we cordially recommend it to the perusal of the reader as a most suggestive and scholarly essay.

*Manuel de Technique des Autopsies*; par BOURNEVILLE et BRICON. Paris: Librairie du Progrès Médical, 1885. The authors have divided their work into two portions—the first, dealing with the historical, public, and official aspects of the subject, so to speak; the second, with the technical details of a *post-mortem* examination. The latter, which is most systematic and minute, though due attention has been paid to conciseness, ends up with a chapter on the mode of hardening specimens for microscopical work. It is an extraordinary thing that no one has taken the trouble to write a guide for the *post-mortem* table in this country.

*Chemistry, General Medical and Pharmaceutical*; by JOHN ATTFIELD, F.R.S. Eleventh edition. London: Van Voorst, 1885. This popular text-book has been rendered, by the addition of a chapter on organic chemistry, a complete and reliable manual for the medical student. The reputation of the author, both as a scientific worker and teacher, is a guarantee for the accuracy and appropriate arrangement of his facts. The book has a singularly copious index, which renders it admirably adapted for a place in the practitioner's reference library.

*Illustrations of Unconscious Memory in Disease, including a Theory of Alteratives*; by CHARLES CREIGHTON, M.D. London: H. K. Lewis, 1886. This is a thoughtful and suggestive essay which, if it does not tell us anything very new, yet invites us to view old friends in a somewhat new aspect. Dr. Creighton has done good service in reminding us of the many uses of alteratives in treatment, a class of remedies which in these days of minute physiological treatment have been far too much neglected.

## ABSTRACTS AND EXTRACTS.

**AFFECTIONS OF THE PAROTID FOLLOWING OPERATIONS ON THE FEMALE GENITALS.**—At the late meeting of the American Gynecological Society, Dr. Goodell (*Philadelphia Medical Times*, October 3rd) read a paper on "Inflammation of the Parotid Glands following Operations on the Female Genital Organs," in which he referred to the close relation which is known to exist between the salivary glands and the genital organs in the adult. He had seen the parotid suppurate after a posterior incision of the neck of the uterus, and had met with parotid bubo once in 153 ovariectomies, this occurring in a woman who had died on the 22nd day, and who was at the time of the operation suffering from septic poisoning, following tapping of the cyst. He had also met with three cases in which there was transference to the parotid gland, in which there were no symptoms of septic poisoning. Two of these cases followed ovariectomy, and one oöphorectomy. None of these terminated fatally, and the speaker regarded the affection as sympathetic rather than symptomatic. In the discussion, Dr. Sutton referred to a case in which one gland after the other began to swell during convalescence after ovariectomy, the patient dying during the third week. Dr. Johnson reported a case of swelling of both parotids after ovariectomy, which terminated fatally on the ninth day; and Dr. Mann related three cases. One of these terminated fatally after ovariectomy with septic symptoms, and another recovered after ovariectomy; the third, after a penetrating wound of the abdomen, recovering. Dr. Emmet had met with two cases, once after operation for lacerated cervix, with recovery, and once after operation for a small vesico-vaginal fistula, which ended fatally. Dr. Baker reported a fatal case of suppuration after Tait's operation; and Dr. Reamy described two cases, one fatal, after Tait's operation, and one with recovery after hysterectomy.



**VOMITING OF PREGNANCY.**—Dr. Chadwick finds that in cases of moderate vomiting in pregnancy, chewing of spruce gum gives relief. He thinks also that in these cases patients often go too long without food because of the nausea it occasions. A late supper is often successful.—*Cincinnati Lancet*.

**HÆMORRHAGES INTO THE SUBSTANCE OF THE BRAIN IN WHOOPING COUGH.**—A case of this description is recorded in the *Progrès Médical*, No 41, by M. Fernand Vidal. The patient in question was a child five years old, who died of whooping cough; during the last two days of her life she suffered from epileptiform convulsions. On examination of the brain the grey matter was everywhere found congested, but the white matter was perforated with small hæmorrhagic clots varying in size from a pin's head to a grain of wheat. In the occipital lobe they were especially numerous, being arranged in clusters, and they were met with in the white substance of the cerebellum medulla and spinal cord. Microscopically each clot was found to have in its centre a capillary blood vessel, the lymph sheath round it being distended with blood which had extravasated into the surrounding brain tissue. There were thus the dissecting aneurysms which have been described by Cornil and Ranvier. M. Vidal is unable to decide whether to attribute the cerebral condition to mechanical causes or to the fact, which he says is well known, that the infectious diseases often determine the formation of miliary aneurysms with consecutive hæmorrhages.

**PERMANENT ANÆSTHESIA FROM DIVISION OF A NERVE FOR NEURALGIA.**—In a case of severe headache following a blow on the forehead, Professor Wurfbain divided the supra-orbital nerve some months ago subcutaneously with a fine tenotomy knife, and since then sensation has been entirely lost over a surface equal to the breadth of the hand above the seat of division. The headache was almost cured.

## REPORTS OF SOCIETIES.

### EPIDEMIOLOGICAL SOCIETY.

WEDNESDAY, DECEMBER 9TH, 1885.

WALTER DICKSON, R.N., M.D., President, in the Chair.

DR. E. J. EDWARDES read a paper on the Report of the German Vaccination Commission. This Commission was appointed by the German Government to make a physiological and pathological enquiry into the present aspect of vaccination, especially as regards any attendant evils, to frame rules for the general introduction of animal vaccine lymph into general use in public vaccinations, to draw up a scheme for the institution of an effective supervision of public vaccination, and to arrange for Imperial statistics of the small-pox mortality. The Commissioners' conclusions on the present status of the vaccination question, viewed physiologically and pathologically, were answers to eight questions propounded by the Imperial Board of Health. They are as follows:—

- (1) With rare exceptions, one survived attack of small-pox confers immunity against future attacks.
- (2) Vaccination exerts a similar protection.
- (3) The duration of the protection afforded by vaccination varies within wide limits, but is about ten years on the average.
- (4) At least two well-developed vesicles are necessary to ensure efficient protection.
- (5) Re-vaccination is necessary ten years after primary vaccination.
- (6) A well-vaccinated condition of the community increases the relative protection which the individual has acquired against small-pox, and thus vaccination is not only individually, but generally, useful against small-pox.
- (7) Vaccination may under certain circumstances be injurious to the health. In the case of human lymph, the danger of transferring

syphilis, although extremely slight, cannot be entirely excluded. Any other injurious effects are apparently due only to accidental wound diseases. All these dangers may, by precautions in the performance of vaccination, be reduced to such a minimum that the benefits of vaccination infinitely outweigh any possible injurious effects. (8) Since the introduction of vaccination no scientifically proveable increase of any special disease or of the general mortality has occurred, such as might be regarded as a consequence of vaccination. The statistics brought forward by the Imperial Board of Health to show the effect of the law of 1814, introducing compulsory re-vaccination throughout Germany at the age of twelve, have been already published. Other valuable statistics were now produced, in particular the Bavarian statistics of Dr. von Kerchensteiner, the Leipzig statistics of Dr. Siegel, and the elaborate army statistics of Dr. Grossheim. In the last case accurate particulars were known as to 1,005 small-pox cases, with 61 deaths amongst them. Of these 1,005—

	Deaths.	Mortality per cent.
4 = not vaccinated ;	with 1	= 25
109 = successfully re-vaccinated ;	with 2	= 1.8
224 = unsuccessfully , ,	; with 10	= 4.5
531 = not re-vaccinated ;	with 46	= 8.6
In 130 = result of re-vaccination unknown ;		
	with 1	= 0.7
In 7 = , , , , doubtful ;		
	with 0.	

The whole number of cases in the German field army during the epidemic of 1870-1 was 4,991, with only 297 deaths = nearly 6 per cent. of the cases.

Whether the number of cases in the French army, given by some French writers, was absolutely correct or not, it was impossible to say. That number for the field army was 23,439. But in the Paris army alone, numbering 170,000, the cases were 11,500, and the deaths 1,600 (nearly 14 per cent.). Again, the French prisoners in Germany were 372,918, the small-pox cases 14,178, the deaths 1,963, i.e., over 13 per cent., while the immobilized German army, on the other hand, numbered 300,424, the small-pox cases 3,472, and the deaths only 162, i.e., 4.6 per cent. This was a striking instance of the protective power of vaccination, for Dr. Grossheim amply proved that the French army was far less thoroughly vaccinated than the German. The following were the conclusions of the Commission upon animal lymph:—

(1) Since the dangers to health and life (vaccination syphilis, vaccination erysipelas, &c.), occasionally connected with the use of human lymph can be avoided by the use of animal lymph so far as any direct transference of syphilis or of accidental wound-diseases is concerned, and since vaccination with animal lymph has been recently so perfected that it may now altogether supersede the use of human lymph, the latter is to be replaced by animal lymph.

(2) This is to be effected gradually, and (by the help of experience already gained) institutions are to be established for the provision of sufficient supplies of animal lymph. When the supply is thus secured, public vaccinations will be performed with animal lymph exclusively.

Other conclusions followed. The arguments for and against animal lymph had been previously ably summed up in a memorandum emanating from the Imperial Board of Health. On the side of human lymph were: certainty of effect, simplicity of operation, and costlessness; while against it were the proved dangers of imparting syphilis and erysipelas, the theoretical possibility of imparting tuberculosis, and lastly the occasional difficulty of obtaining it. The advantages of animal lymph were: security against syphilis, the advantages connected with large supplies (viz., uniformity of character and subjection to test-inoculation), simplification of the public vaccinator's work, and lastly, the advantage of obtaining it under antiseptic precautions, to the certain exclusion of "early erysipelas." Its only disadvantages were a somewhat less certainty of direct effect, a slightly more complicated operation in using it, and lastly its cost. But Koch



maintained that compulsory vaccination could only be justified by their making it as absolutely safe as possible. It had been conclusively proved that syphilis could not be communicated to animals. Dr. Edwardes said that one point seemed to have escaped the notice of the Commission. If it was a fact, as stated, that the syphilitic virus could not subsist outside the human body, except for a short time, certainly not more than a few days, then human lymph was as safe as calf lymph, if only arm to arm vaccination were done away with. The use of charged points or capillary tubes should be imperative in every case. But for this again the supply would never be sufficient, so that, after all, animal lymph was the only effective solution of the problem. The report teemed with valuable information.

## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DECEMBER 2ND, 1885.

J. B. POTTER, M.D., F.R.C.P., President, in the Chair

### *Case of Protracted Pregnancy.*

DR. ARNOLD THOMPSON (Amphill) read the following case:—The patient was a delicate woman, not long married, who had had a miscarriage previously, occasioned by a shock. After this menstruation recurred, and the last period ended June, 1884. Her husband left home a week after, and returned on Monday, June 16th, for one night only, on which coitus took place. He left home the next morning, and was away for four months. Soon after the husband's departure signs of pregnancy appeared. Delivery took place April 13th, 1885, 317 days after the end of the last menstruation, or 301 days from the last coitus. The dates were absolutely certain. The child was not weighed or measured; it was a female, and appeared of full average size and weight. According to Prussian law, the child would be legitimate; according to Scottish law and the French code it would be illegitimate; in England its legitimacy would be determined by circumstances.

Dr. GRAILY HEWITT enquired whether anything was known as to the duration of the menstrual interval in this case. The late Dr. Tyler Smith was of opinion that a relation subsisted between the duration of pregnancy and the menstrual interval. In Casper's work it was stated that Cederschjold had observed cases of excessive prolongation of pregnancy in cases where the menstrual interval was unusually extended.

### *On the Inflammations of Lupus of the Pudendum.*

Dr. MATTHEWS DUNCAN read a further paper on this subject. In this paper the peculiar inflammations occurring in the course of the disease were described, as well as the strictures which also occurred. These conditions were contrasted with such as occurred in connection with malignant disease. Their treatment was also entered upon. The histology of the disease had already been briefly described by Dr. Thin, and would be found in the reports of the October meeting of the Society.

Dr. HERMAN had seen two cases of stricture of the female urethra, due to general fibrous thickening of the wall of the canal. In neither of these was there any evidence of lupus or history of any inflammation or ulceration. Dr. Fleetwood Churchill, in his work on diseases of women, described under the title of "Spasmodic Stricture" two cases which seemed to him to be of the same class.

Dr. MATTHEWS DUNCAN said that the subject was far from being exhausted. He entertained some hope of entering upon and laying before the Society the bibliography of the disease, its nomenclature, and, still more important, its alliances.

### *A Case of Spurious Labour.*

Mr. H. ROXBURGH FULLER communicated this case. The patient, a short spare woman aged 31, became, as she sup-

posed, pregnant, for the fifth time, in 1882. She had been married over 11 years, had borne four children, and had never miscarried. Her last child was born August 31st, 1881, and she suckled it until August 3rd, 1882. On that day she noticed a pink discharge "like a birth-show," and felt the movements of a child. She at once weaned her child. She had never conceived before while suckling, and she had suffered from morning sickness since April, but did not think herself pregnant till she "quickened." From this date the sickness ceased. On cross-examination, it was found that the sickness was irregular and occurred at any time of day; also that the catamenia, absent from the birth of the child till the "show" in August, returned naturally in September, scantily ten days later, and at irregular intervals in October and November. In December ordinary morning sickness began, and persisted till "labour" began. In December the catamenia were absent. On January 1st, 1883, "labour" began with "niggling" pains in the stomach and thighs, which continued during the second and third, but on the fourth true labour came on, the pains becoming strong, frequent, and forcing; the "waters" soon broke, and she sent to St. George's Hospital for assistance. Nine hours later the student in attendance sent for Mr. Fuller, as Resident Obstetric, reporting that the labour was making no progress, and that the patient was becoming exhausted. The patient remarked to Mr. Fuller that she thought it was a cross-birth, as she missed the pressure of the child's head. The author found all signs of advanced pregnancy absent. The pains occurred every three to five minutes, and the bearing-down forced the small cervix uteri nearly to the vaginal outlet, while at the same time urine escaped. The pains were typical of the second stage of labour. Dr. Champneys was called to the case, and diagnosed a pregnancy of six weeks, which proved to be correct. He also succeeded in convincing her that she was not pregnant, her belief in her pregnancy having been mistaken till then. Mr. Fuller remarked on the belief in pregnancy, which persisted, in the absence of all signs and of all symptoms except "foetal movements," on the occurrence of true conception during the progress of the case, which was not disturbed by the "labour." He also alluded to the two classes of spurious pregnancy: (1) in which all symptoms except foetal movements are absent, and (2) the class in which the mammary and other sympathetic signs are more or less marked. The latter class, as Harvey had pointed out, was noticed in animals.

Dr. PHILIP JONES referred to a case in which a patient suffered from morning sickness with cessation of menstruation for four months and enlargement of the abdomen. At the end of the seventh month a severe attack of bronchitis occurred, and a week later the abdomen began to diminish, and at the end of three weeks all signs and symptoms of pregnancy disappeared and the menses returned.

Dr. GERVIS alluded to two cases of spurious labour, in one of which an elongated cervix was mistaken by the attendant for the foot of a child; in the other the attendant had diagnosed a head presentation; the uterus was quite small, though the pains were active.

Dr. CAMPBELL POPE related a case in which a patient suffered from morning sickness, felt movements, and increased in size, and had strong labour pains at supposed full term. The uterus was not enlarged. She was not anxious to have a child, and was with difficulty persuaded that she was not in labour.

Dr. ROUTH said that most obstetricians had seen cases of spurious labour. He referred to two cases, in one of which the pains were regular, strong, and characteristic in locality and regularity. During the pains the uterus was nearly forced out, and the os seemed to give slightly to the finger. The pains continued for several hours. It was thought that a miscarriage might be impending, but, as no progress was made, a full dose of opium was given, and the "labour" ceased. Both patients were hysterical.

Dr. HERMAN said that it was quite certain that spurious pregnancy was not simply a hysterical affection (as Dr. Routh said), for it occurred in the lower animals. The question of the labour pains which occurred was interesting, for the uterus had been seen to contract in cases treated by abdominal section, and it was reasonable to suppose that



these pains were of this nature. Cases related that evening showed that in labour-pains occurring in spurious labour there were uterine contractions.

Dr. CHAMPNEYS said that well-recorded cases of spurious labour were very rare, and Mr. Fuller's seemed to him the best yet recorded. The patient, who was the mother of several children, did not seem at all hysterical, but merely to be possessed by a false idea. An offer on his part to adopt the child if born within four months brought the pains to a standstill; he dared not name a longer time on account of the signs of early pregnancy. In this case (as in Dr. Gervis's) a malpresentation, in this instance a face presentation, was diagnosed by the first attendant. He thought that evidence as to true uterine contractions must be entertained with great caution, and it must be remembered that the true uterine contractions in extra-uterine pregnancy, referred to by Dr. Herman, concerned a uterus which, if not truly pregnant, was that of a pregnant woman.

Dr. GALABIN related a case illustrative of the fact that spurious labour might be misleading to the diagnosis. In this case pregnancy seemed to have been protracted some weeks beyond term, and fetal movements were said to have ceased. There was a firm irregular abdominal tumour extending into the pelvis behind, and pushing the uterus forwards and upwards. The part behind the uterus was suspected to be the fetal head, and Dr. Braxton Hicks and he diagnosed extra-uterine gestation. The case had been sent up as one of extra-uterine gestation or missed labour. One evening labour pains came on, the vagina was relaxed, glairy secretion in quantity, the os was within reach and appeared to be slightly dilating. Exploration of the uterus found it empty. The diagnosis was thought to be rather confirmed by the spurious labour. As matters were quiescent, the patient was sent home. Three years later she returned, stating that the tumour had at first diminished, then grown. Part of it fluctuated, the sound mass behind the cervix remained. It was thought that fluid might have been effused into the gestation, &c., or that it might be complicated by ovarian tumour. Symptoms of collapse suddenly set in; he performed abdominal section and removed two unruptured ovarian tumours. Recovery followed.

The following specimens were shown:—

Dr. LEWERS—Pyo-Salpinx.

Dr. JOHN WILLIAMS—Corroding Ulcer of Uterus, with Microscopical Sections.

Dr. WALTER GRIFFITH, for Mr. STRUGNELL—Early Extra-Uterine Pregnancy.

Dr. CAMBELL POPE—Pregnancy in Bicorned Uterus.

Dr. GALABIN, for Dr. LEWIS JONES—Double Monster.

SOCIETY OF MEDICAL OFFICERS OF  
HEALTH.

NOVEMBER 20TH, 1885.

W. H. CORFIELD, M.D., M.A., President, in the Chair.

### *Koch's Cholera Bacillus.*

Dr. G. A. HERON read a paper on "Koch's Cholera Bacillus," and he and Mr. J. Moore exhibited stained and mounted specimens, under the microscope, of Koch's, Finkler's and Prior's, Flügge's or Deneke's, and Miller's bacilli: tube gelatin cultivations of all, except Miller's, and plate gelatin and potato cultures of Koch's and Finkler's. Dr. Heron began by expressing his utter inability to explain the ignorance that prevailed in this country generally as to the real facts and issues of the question after so much had been talked and written about it. The eagerness with which the statements of a single observer, unconfirmed as they were by anyone else, had been accepted as furnishing a complete refutation of Koch's arguments bespoke an amount of prejudice which he could not understand, unless it were traceable to the strong

determination in high quarters to listen to nothing which might be supposed to conflict with a commercial policy to which we were committed. He described the procedure followed in Koch's laboratory, where he had himself undergone a course of instruction in bacterioscopy, as had no fewer than fifteen hundred German medical men and a large number of foreigners, all of whom, as well as other observers of the highest authority, had over and over again verified all the essential points in Koch's position, whereas Klein, almost the only practical observer who had disputed Koch's theory, had simply evaded them. Koch maintained that in the intestines and evacuations of persons the subjects of cholera, and in water recently polluted thereby, he had detected an organism, whether we preferred to call it a bacillus or a spirillum, which he had failed to find under any circumstances elsewhere; that, in short, it was always present in cholera, and in cholera only. He, therefore, felt justified in asserting that it was the cause or part of the cause or the effect of cholera, and, in either case being invariably associated with cholera and never occurring without that disease, it had a diagnostic value which could scarcely be over-estimated. Koch did not rest his belief in the specific identity of his bacillus, on its form as seen under the microscope; he admitted that there were several, perhaps many other, bacilli morphologically indistinguishable, as Finkler's, Flügge's, and Miller's, but not one of these would stand the test of cultivation. In tubes the form assumed by the colony of Koch's bacilli was quite characteristic and totally different from that of Finkler's and Flügge's, which were by no means easily distinguished the one from the other, while Miller's had as yet refused to grow at all. On potatoes Finkler's flourished, covering the whole surface with a mouldy film visible to the naked eye, whereas Koch's could scarcely be said to vegetate, probably owing to the acid reaction. Deneke's or Flügge's bacilli were found in old cheese, and Miller's, so called after a well-known dentist in Berlin, occurred in the mouths of most persons. They were therefore of less importance, but Finkler's, like Koch's, had its home in the intestine, especially in diarrhoea and similar states. It was no answer to Koch to urge that bacteria, identical in appearance and in their behaviour towards reagents with his, had been discovered in healthy evacuations, in the mouth, and elsewhere. No one was more ready to admit this than Koch himself, but he did deny that anyone had yet found a bacillus which would stand what he, Dr. Heron, would call the triple test, for some, which grew not unlike Koch's in gelatin, could be distinguished under the microscope. There was not a sentence in Klein's report to show that he had cultivated those which he alleged to be indistinguishable from Koch's. This he must do, and his success must be publicly confirmed by others before he could be held to have proved his case. Dr. Heron then described Koch's experiments on animals, in which, after failing to induce choleraic symptoms in guinea pigs in consequence of the acidity of the chyme mass always present in the stomach, and the rapid movements of the contents of the small intestine, which was the only part of the canal where the reaction was alkaline, he had obviated the former difficulty by doses of carbonate of soda and the latter by opium, and thus succeeded in nearly every case, between thirty and forty in number, in inducing symptoms, depression of temperature, cramps, &c., and *post-mortem* appearances closely resembling those of cholera, though control animals treated with soda, laudanum, or both, were entirely unaffected, beyond dozing for half an hour, like the others, after the opiate. In short, as Dr. Heron insisted with much warmth, no one had yet disproved Koch's facts, facts which had been confirmed by hundreds of competent observers; all that his opponents had done was to assume the identity of various "comma bacilli" on the ground of morphological resemblance, which, as Koch had shown, was, taken by itself, perfectly useless, while as to experiments on animals they had failed to achieve his success because they either neglected to take precautions against the destruction of the bacilli or had performed violent operations which interfered with the result. In conclusion, Dr. Heron pointed out the practical importance of the connection, whether causative or not, between cholera and Koch's bacillus. The early cases in an epidemic, those through which it established itself in any



locality, were rarely fatal, and were indistinguishable by any known means from cases of severe summer diarrhoea, but we now knew that the bacilli in the former would be found by tube cultivations, &c., to be those of Koch, and in the latter those of Finkler, an observation by which the medical officer would be forewarned of, and forearmed against, an invasion of cholera.

In the discussion that followed the reading of the paper, Mr. MOORE remarked that it had long been known that many micrococci, &c., identical to the eye, were distinguishable by cultivation.

Professor LANKESTER urged that Koch's conclusions were open to question, that his acquaintance with bacteriology was but of recent date, that it was to the German botanists rather than to the pathologists that we owed most of our knowledge of bacteria, and that Koch had shifted his position within the last year and a half, having been at first unaware of the existence of any other commas in the human body, and having described this as a straight rod-like body when in Egypt. From what we knew of the influence of surroundings on plant life, he doubted the value of growth as evidence of specific difference, and he refused to believe that the connection of this bacillus with cholera was in any way established.

Mr. WYNTER BLYTH entirely agreed with Dr. Heron, and considered that Koch's bacillus, whether causative or not, was diagnostic of cholera, and would be of the utmost value to medical officers of health in distinguishing between those mild cases of cholera, with which epidemics mostly began, and severe cases of diarrhoea, there being hitherto absolutely no feature by which we could distinguish them. He found, however, some difficulty in understanding how so perishable an organism could be the actual cause of such results.

Dr. CORFIELD lamented the want in this country of such a laboratory as that at Berlin, where medical officers of health could, or, as he believed, were now compelled to study these subjects. He thought that all were agreed as to the evidence of specific difference between commas identical in form, afforded by their mode of growth, and maintained that all arguments based on their microscopic appearances were beside the mark. In this respect the Report and Inquiry were most unsatisfactory. Whether the bacillus were the cause of cholera or not was of no importance to medical officers of health; what really did concern them was whether it was evidence of cholera.

Dr. HERON, in reply, criticised the composition of the Commission, which contained but one or two members who had any acquaintance with bacteriology, and was chiefly composed of men pledged to certain views on ætiology and prophylaxis. Their references to "tubercular diarrhoea" and "cholera nostras," if they had any meaning, were meant to discredit Koch's statements. Dr. Heron would accept no man's evidence without independent confirmation. Koch's observations had received ample confirmation, but neither Klein's nor Emmerich's had as yet. In reply to Dr. W. Blyth, he remarked that the cholera bacillus was not so perishable as some might think, it could be easily grown in Agar-Agar for five months; indeed, some of the cultivations on the table were made from a tube which had been laid by, forgotten, for 243 days. In conclusion, he maintained that Koch's bacillus was perfectly and easily distinguished from every other known organism, and he defied anyone to prove the contrary.

**SOUTH LONDON SCHOOL OF PHARMACY, 325, KENNINGTON ROAD, S.E.**—The following prizes were awarded to the successful competitors at the School Examinations held from the 2nd to 5th December, 1885:—Senior Chemistry: Medal, Thomas C. Barkas. Junior Chemistry: Medal, Alfred H. Evans; Certificate, John P. Ellerington. Botany: Medal, Thomas C. Barkas; Certificate, W. R. Wheeler. Materia Medica: Medal, Albert G. Atherton; Certificate, J. Askew. Pharmacy and Dispensing: Medal, John P. Ellerington; Certificate, A. H. Evans. The Pridmore Prize (Botany) *in abeyance*. Secretary's Prize (Gold), for General Good Studentship, J. A. Nuroe.

## SPECIAL CORRESPONDENCE.

### AUSTRIA.

(By our Vienna Correspondent.)

*The Society of Physicians of Vienna — Pathological Specimens — Demonstration with Prof. Stricker's Electric Microscope.*

*Vienna, December 18th, 1885.*

At a recent meeting of the Society of Physicians, November 20th, Prof. Kundrat showed a very interesting specimen, viz., a false circumscribed aneurysm of the right thigh. The patient from whom it had been taken was a young man, aged 23, who had suffered from epilepsy from childhood, and who, probably during an epileptic attack, fell from a bench and broke his right femur just below the lesser trochanter. Six weeks later, a pulsating tumour was felt at the spot. This increased gradually, so that on the death of the patient, which occurred three months later from hæmorrhage, the thigh was fusiformly distended and measured nearly 30 inches in circumference. The swelling proved to be due to a false aneurysm lying under the muscles. The orifice in the posterior wall of the femoral artery, by which the artery communicated with the aneurysmal sac, lay at some distance from the point of fracture, but it could only have been caused by the point of a fragment of the fractured bone. The second specimen which Prof. Kundrat showed was taken from a man of 40, who died of pulmonary tuberculosis. At the *post-mortem* examination the left thigh presented a united fracture with a slight formation of callus, and opposite the seat of fracture were two plates of bone united with the muscles, one of them being as large as the palm of the hand, and the other smaller. The case was, no doubt, one of parosteal callus which had taken its origin in the connective tissue and the adjoining muscles. The connections between the point of fracture and the parosteal callus which had once been present had become loosened owing to the movements of the muscles, and thus the plates of bone had become almost free, so that at last a kind of pseudarthrosis was formed between the fractured bone and the parosteal callus.

The next meeting of the Society of Physicians took place, not in the usual room, but, at the instance of Professor Stricker, in his lecture-room. Professor Stricker wished to bring under the notice of the Society the improvements and modifications introduced in the electric microscope which he showed the Society some time ago. He first drew the attention of the audience to the new method of writing kymographic curves which he had been compelled to adopt, because, owing to the enlargement of his lecture-room and the increase in the number of his students, the various kymographic diagrams could not be seen distinctly by those who sat at a distance. Chiefly encouraged by his assistant, Dr. Gärtner, he arranged the matter thus. For the paper which is moved in the kymograph by clockwork he substituted an accurately cut plate of glass, about 80 cm. in length. On this plate the curves were written in the usual way, with red ink. When the whole kymograph was placed in the focus of the electric microscope, one saw not only the sharply defined images of the table, the animal on which the experiment was being performed, &c., but also the image of the pen, and, of course, also of the curves traced by it, all doubly magnified. For many experiments this degree of magnifying was quite sufficient, the image being thrown on a gypsum-plate fixed to one of the walls of the room and visible from all parts of it.

But in those experiments in which one wished to show the pulsations of the heart this method was not sufficient when the pulse became very frequent. In these circumstances Prof. Stricker placed a large condensing lens behind the pen, by which means the pulse-curves were magnified twenty times and became easily visible to all present. At the beginning of the demonstration, Prof. Stricker showed with the electric microscope a glass-plate on which two sorts of curves were to be seen, one obtained



from the aorta, the other from the pulmonary artery; by this one was enabled to determine the different conditions of blood-pressure in the systemic and the pulmonic circulation. When the vagus was irritated in the neck, the blood-pressure in both systems diminished considerably. Prof. Stricker also showed how reflex irritation on the cessation of the respiration led to a rapid increase of the pressure in the systemic circulation, whereas this was in a much less degree the case in the pulmonic circulation. The most important part of the whole curve was its terminal portion, which showed how, when the venous blood increased, the pressure of the blood diminished in the systemic circulation, whereas it gradually increased in the pulmonic vessels, as had been first shown by Opencowski and Julius Wagner. As the blood-pressure in the aorta increased with the cessation of respiration, the left ventricle had to work against a greater resistance, and at the same time, the oxygenation of the blood diminishing for the same reason, the ventricle gradually lost the power to overcome the increased blood-pressure, and could not sufficiently discharge itself, as might be noticed on inspecting the heart. As a result of the same condition, the pulmonic vessels and the left auricle did not sufficiently discharge their blood, the resistance in the pulmonic circulation increased, and hence also the pressure in it.

The second part of the programme of the evening consisted in the demonstration of a transverse section of the spinal cord of a monkey with an immersion-lens, Hartnack, No. 15, or Seibert, No. 8, the distance of the image being 6 metres. The section was thus magnified 4,000 diameters, and all the details of the spinal cord, the transverse sections of the nerves, their axis-cylinders, and the neuroglia could be quite distinctly seen by the audience, which filled the lecture-room to overflowing. Another transverse section of the spinal cord, which had been coloured with carmine, gave images which were still more striking, each ganglion cell appearing as large as the palm of the hand. Professor Stricker next performed an electric experiment intended to show how greatly the new methods of instruction were aided by the objective microscope. The microscope was replaced by a skioptikon in which Professor Stricker had inserted an apparatus for decomposing water by the electric current. When the lens was introduced one saw on the gypsum plate two large rods, the electrodes of the apparatus, and when the electric circuit was closed one could distinctly see the development of the gas, innumerable bubbles running along the electrodes. Professor Stricker remarked that those who began to study the subject of electricity might obtain a very clear idea of it by this method of instruction, and that the quantity of electricity could in this way be weighed, as it were, before those present, as, according to Faraday's principle, the quantity of gas developed might be looked upon as a measure of the quantity of electricity produced. After performing some other experiments of the same kind, Professor Stricker showed some specimens by reflected light. One of these specimens was the ethmoidal bone, all the details of which were clearly seen. Afterwards a frog with its heart exposed was put into the electric microscope, and the pulsations were seen most admirably. One saw it becoming pale with each systole, and flushing again and filling itself with blood with each diastole. Professor Stricker remarked that the electric microscope would be found of great utility in the clinical department, as, for instance, in dermatology. Every successive demonstration of Professor Stricker's was followed by a burst of applause, and the whole was followed by enthusiastic cheering.

#### UNITED STATES.

(From Our New York Correspondent.)

#### *A proposed Pilgrimage to Paris—Veterinary Medicine in America.*

*New York, December 7th, 1885.*

IT was to be expected that the announcement of M. Pasteur's intervention on behalf of poor Joseph Meister, together with the fame of his supposed success in saving the lad from a

horrible death from hydrophobia by means of his elaborate system of protective inoculation, would shortly give rise to a demand on the part of the laity for the benefit of the plan in any suspicious cases of dog-bite. This expectation, it appears, is already being realized, for we read that the great Frenchman even now has on his hands a number of victims whose protection he is confidently expected to accomplish. Perhaps the most noteworthy of the occurrences thus far brought to light in this connection is the project of sending to M. Pasteur a number of children who were bitten last week in Newark, a considerable New Jersey city, not far from New York. When, several weeks ago, the newspapers began, in their blundering way, to occupy themselves with the Pasteur system, one of them professed that a member of its reporting staff had "interviewed" a well-known New York physician on the subject, and that the doctor had patted Pasteur on the back, so to speak, adding that, should he be applied to in a case of suspected infection, he would at once "cable to Pasteur for a supply of his virus." It seems never to have crossed the worthy man's mind that possibly those little dried spinal cords might prove no more obedient in his hands than the strings of a Cremona under the touch of a backwoodsman. Not so conceited is the Newark practitioner, Dr. O'Gorman, who was called upon to minister to some of the six or more little children in question. He is evidently enthusiastic over the Pasteur process, but has not the "continental" assurance to suppose himself competent to carry it out. Instead, therefore, of cabling to Paris "for virus," he wires the French *savant*, asking if he will take charge of the children in case they are sent to him. The reply comes promptly, "Yes, send them at once." The doctor then puts his hand into his pocket, brings forth fifty dollars, and proceeds to take prompt measures to induce the benevolent to add to the fund for sending the little ones to Paris. Thanks, primarily, to the doctor's enthusiasm, which has proved infectious, an ample fund has already been raised, and it is thought that the children will be sent by Wednesday's steamer—all but two of them, whose parents refuse to allow them to be sent.

It is said that the children are to be accompanied by Mr. Frank S. Billings, who has investigated the case of the dog, and stated his unqualified belief that it was suffering from rabies. As Mr. Billings is one of the ablest pathologists in the country, and beyond question its most accomplished bacteriologist, while his practical training has been that of a veterinarian, it will be seen that the gravity of the situation, as regards the children, is probably not overdrawn, and that no better observer of M. Pasteur's management of the cases could possibly have been chosen than Mr. Billings, albeit he has the reputation of being so pronounced an admirer of Koch's as to take everything French *cum grano salis*.

This mention of Mr. Billings, who, by the way, disdains the title of doctor of medicine, and, in his determination to raise veterinary medicine in this country to its proper dignity without extraneous aid, has persistently refused to take the degree of M.D., although urged to do so by no less a person than his friend Virchow, leads me to a few remarks on the position of veterinarians in America. Until quite lately, they were held in little higher esteem than farriers, and, even so recently as in the trial of Guiteau, President Garfield's assassin, the lawyers ventured to speak of them as "horse-doctors." Even now, save by a few owners of fast horses, the veterinarian is scarcely regarded by the community as having any well-founded pretension to be classed as a scientific man. In the medical profession, however, I am glad to be able to say, his status has been rectified, and the general Government, together with several of the States and at least one of the academic colleges, Cornell University, has publicly recognised the importance of veterinary medicine by appointments which are well calculated to give dignity to its practitioners. Indeed, they would soon have forced themselves into the foreground in any event. Already the services of Professor Law, of Cornell University, are widely acknowledged, and Dr. Salmon, the Government veterinarian, is generally credited with being the author of the most ingenious theory yet advanced to explain the *modus operandi* of protective inoculation. Two excellent journals of comparative



medicine are published in New York, one of them edited by Professor Liautard, and the other jointly by Mr. Billings and Dr. Conkling, of the zoological staff of the Central Park. Until lately Mr. Billings was the lecturer on pathology at the New York Polyclinic, a school for practitioners of medicine, and his appointment to that position was in itself a token of the increased appreciation of veterinary medicine felt by members of our own craft, who but a few years ago would have scorned to take instruction from a "horse-doctor." On the whole, the outlook for comparative medicine in America is at last exceedingly good.

## GENERAL CORRESPONDENCE.

### THE CORRECTIONS IN THE PHARMACOPŒIA.

[To the Editor of the Medical Times.]

SIR,—In consequence of the recent publication of numerous corrections in the "British Pharmacopœia," certain alterations have been found necessary in the new edition of "Garrod's Materia Medica." Will you kindly announce that a printed list of these can be obtained from the publishers, Messrs. Longmans and Co., or from myself?

I am, Sir, yours, &c.,

NESTOR TIRARD, M.D.,

Editor of "Garrod's Mat. Med."

28, Weymouth Street, Portland Place, W.

December 22nd, 1885.

## DIARY OF THE YEAR.

### JANUARY.

- 4th.—Death of Dr. Herbert Davies.
- 5th.—Dr. Lauder Brunton's First Lettsomian Lecture on Disorders of Digestion.
- 6th.—Appointment of a Committee of Convocation of London University to consider the proposal for establishing a Teaching University.
- Annual Meeting of the Pathological Society. Dr. Bristowe, F.R.S., elected President.
- 7th.—Debate on Dr. W. A. Duncan's Paper on Extirpation of the Uterus, at the Obstetrical Society.
- 9th.—Annual Meeting of the Clinical Society. Mr. T. Bryant elected President.
- 10th.—Extraordinary Meeting of Fellows of Royal College of Surgeons in Ireland—Decision to admit Women to Examinations for the Diploma.
- 12th.—Dr. Poore's First Cantor Lecture on Climate and its Relation to Health.
- 13th.—Dr. Kidd's Paper on Tubercle Bacilli at the Royal Medical and Chirurgical Society.
- 14th.—Death of Dr. Buchanan Baxter.
- 27th.—Appointment of two Examiners in Surgery by the Society of Apothecaries.

### FEBRUARY.

- 2nd.—Sir James Paget distributes the Prizes at Netley Hospital.
- 11th.—Annual Oration at the Hunterian Society by Dr. Charlewood Turner.
- 13th.—Meeting at the Mansion House in support of the Parkes Museum.
- 14th.—Hunterian Oration at the Royal College of Surgeons by Mr. John Marshall.
- 24th.—Extraordinary Meeting of Convocation of London University on the Teaching University Question.
- 26th.—Dr. Osler's First Galstonian Lecture on Endocarditis.

### MARCH.

- 2nd.—Annual Meeting of the Medical Society—Dr. W. M. Ord elected President.
- 6th.—Meeting of the Metropolitan Counties Branch of the British Medical Association on the Question of a University Degree for London Students.
- 7th.—Anniversary Dinner of the Medical Society.
- 10th.—Defeat of the Anti-Vivisectionists in Convocation at Oxford.
- Dr. Herman Weber's First Croonian Lecture on Phthisis.
- 14th.—Death of Professor Frerichs.
- 19th.—Sir Andrew Clarke's First Lumleian Lecture on Dry Pleurisies.
- 24th.—Debate on Cholera at the Royal Medical and Chirurgical Society.
- 26th.—New Lunacy Bill introduced into the House of Lords.
- 30th.—Sir W. Jenner re-elected President of the Royal College of Physicians.
- 31st.—Farewell Dinner to Professor Maclean at Netley.

### APRIL.

- 1st.—Volunteer Medical Staff Corps enrolled.
- 6th.—Meeting of the French Congress of Surgery in Paris.
- 8th.—Congress of the German Society for Surgery at Berlin.
- 29th.—Deputation from the Metropolitan Counties Branch of the British Medical Association to the Senate of the University of London.

### MAY.

- 3rd.—Death of Professor Panum at Copenhagen.
- Death of Dr. Pantaleoni at Rome.
- 4th.—Conference between the Teaching University Association and the Metropolitan Medical Schools.
- Professor Humphry's Oration at the Medical Society.
- Opening of a Cholera Conference in Berlin.
- 8th.—Debate on the Lunacy Act Amendment Bill at the Medico-Psychological Association.
- 12th.—Session of General Medical Council opens.
- Annual Meeting of Convocation of London University.
- 13th.—Death of Professor Henle.
- 15th.—Deputation from the Ophthalmological Society to the Local Government Board on the Prevention of Blindness from Ophthalmia Neonatorum.
- 20th.—Meeting of the Association of Fellows of the Royal College of Surgeons.
- International Sanitary Conference opened at Rome.
- 22nd.—Report of Committee on Spina Bifida presented to the Clinical Society.
- 23rd.—Session of Medical Council ends.
- 27th.—Death of Mr. J. Moncrieff Arnott, F.R.S.

### JUNE.

- 1st.—Annual Meeting of the Irish Medical Association.
- 2nd.—Death of Sir W. Mure Muir, K.C.B.
- Mr. John Wood's First Hunterian Lecture on the Radical Cure of Hernia at the Royal College of Surgeons.
- 5th.—Dr. Bristowe's Cavendish Lecture.
- 14th.—Hospital Sunday.
- 15th.—Opening of the Holloway Sanatorium.
- 17th.—Death of Dr. Heslop of Birmingham.
- 19th.—Meeting at the Mansion House in support of the Volunteer Medical Staff Corps.
- 27th.—Dr. Gairdner's Address on Medical Education at Dundee.
- Outbreak of Cholera in Spain.

### JULY.

- 1st.—Conversazione at the Royal College of Physicians.
- 2nd.—Election of Council of Royal College of Surgeons.
- 4th.—Opening of the New Buildings of the National Hospital for the Paralysed and Epileptic.
- 9th.—Mr. Savory elected President of the Royal College of Surgeons.



- 13th.—Statue of Pinel unveiled in Paris.  
 15th.—Hospital Saturday Street Collection.  
 16th.—Conference of Health Officers on Cholera Prevention.  
 22nd.—Release of Dr. Bradley by order of the Home Secretary.  
 26th.—Death of Dr. A. B. Shepherd.  
 28th.—Meeting of the British Medical Association at Cardiff.  
 Meeting of Convocation of London University—Presentation of Scheme of Reform by Lord Justice Fry.

## AUGUST.

- 1st.—Address by Professor Greenfield on Medical Education at Edinburgh.  
 4th.—Annual Meeting of the Medico-Psychological Association at Cork.  
 18th.—Dr. Goodhart's Bradshaw Lecture at the College of Physicians.  
 26th.—Medical Congress at Antwerp.

## SEPTEMBER.

- 9th.—Meeting of British Association at Aberdeen.  
 10th.—Death of Dr. W. A. Guy, F.R.S.  
 15th.—Death of Mr. John Gay, F.R.C.S.  
 22nd.—Congress of the Sanitary Institute at Leicester.

## OCTOBER.

- 1st.—Opening of the Winter Session at the English Medical Schools.  
 Death of Lord Shaftesbury, Chairman of the Board of Commissioners in Lunacy.  
 5th.—Death of Dr. James Russell of Birmingham.  
 6th.—Death of M. Chas. Robin of Paris.  
 8th.—Discussion on Dr. Matthews Duncan's paper Lupus of the Vulva at the Obstetrical Society.  
 14th.—Dr. Burdon Sanderson's address at University College Medical Society.  
 19th.—Dr. Quain's Harveian Oration at the Royal College of Physicians.  
 Dr. Ord's Address on Hyperpyrexia at the Medical Society.  
 20th.—M. Pasteur on the Cure of Hydrophobia at the Academy of Sciences, Paris.  
 24th.—First Sitting of the Dublin Hospitals Commission.  
 27th.—Opening of the Winter Session in the Scottish Universities.  
 29th.—Meeting of Fellows and Members of the Royal College of Surgeons.

## NOVEMBER.

- 2nd.—Opening of the Medical Session in Dublin.  
 Discussion on the Deep Reflexes, at the Medical Society, introduced by Dr. Gowers.  
 3rd.—Meeting of Convocation of the University of London—Rejection of Lord Justice Fry's scheme.  
 10th.—Death of Dr. W. B. Carpenter, C.B., F.R.S.  
 13th.—Dr. Hughlings Jackson's Bowman Lecture at the Ophthalmological Society.  
 17th.—Meeting of the General Medical Council.  
 Dr. Wilks' Address at the Midland Medical Society, Birmingham.  
 19th.—Dr. Buzzard's first Harveian Lecture at the Harveian Society.  
 21st.—Session of General Medical Council ends.  
 27th.—Discussion on Gastrostomy at the Clinical Society.  
 Death of Mr. Joliffe Tufnell.

## DECEMBER.

- 2nd.—Annual Meeting of Association for promoting a Teaching University in London.  
 7th.—Mr. Victor Horsley's first Brown Lecture.  
 8th.—Mr. John Wood's Bradshaw Lecture at the Royal College of Surgeons.  
 Extraordinary Meeting of Convocation of London University—Appointment of new Committee to consider the Reorganisation of the University.  
 17th.—Meeting of Fellows and Members of the Royal College of Surgeons.

## LETTERS TO UNDISTINGUISHED PERSONS.

## 5.—TO THE EDITOR OF THE MEDICAL TIMES.

SIR,—I have been pained to hear of the approaching extinction of the *Medical Times*. No man of sensibility can watch the last flicker of the taper that has cheered his loneliness, or draw the last fragrant breath of the pipe that has soothed his perturbation, without some slight tremor of regret, and I, who for years have enjoyed the sober companionship of your journal, have contemplated its last delirious splutterings with more of sorrow than of anger. I bent over its cradle, I sympathised with it in its boisterous and unruly boyhood, I was present at its marriage to its serious and gentle mate, I rejoiced in the self-contained force of its honourable manhood, and now, as I follow at its funeral, the pain with which I have witnessed the delusions and vagaries of its decrepitude is merged in grateful memories of its pure and faithful life. I see now that its mission was done, and that it was hopeless to revivify it. If audacious and heroic treatment could have done it, success would have been yours. With a light heart you remodelled its every feature, till its old friends scarcely knew it. You changed its form, its type, its price; for plain straightforward common-sense you substituted paradox and speculation and untimely jocosity; you dissected its articles so that one found one's self suddenly thrown into a crevasse midway between premisses and conclusion; and, worst sin of all, you travestied and made a common thing of that most solemn function of our lives, the consultation. You ignored this one fact, that our profession is conservative to the back-bone, inveterately conservative. Your medical reader likes to take his journal as he takes his breakfast, with one eye on the duties of the day before him. He looks to it for sustenance and utility, and not for the excitement of disturbing thoughts and unsatisfiable aspirations. Forgetting this, you peppered his sugar, salted his milk, and flung handfuls of spice over his bland and unstimulating rasher. Poor man! he knew not what to be at. All day through his peace was disturbed and his work injured by the fermenting of crude and flatulent ideas. Watch your successful rivals. See with what consummate skill they feel their reader's pulse, assess his digestive power, and gauge his emotions. He is ever in their thoughts, and how to soothe him and feed him with a sustenance suited to his strength is the one preoccupation that guides their weekly labours. Has he fads, they shall be flattered; has he prejudices, they shall be propitiated; has he appetite for facts, nay even for gossip, it shall be met. By dint of prolonged and laborious exploration they have mapped out his territory and laid down routes which must be strictly followed by all who would not lose their way therein. They have investigated his mind, and arrived at a series of inductions which every medical writer who would succeed in his calling is bound to obey. He, the journalist, may venture, on occasion, to animadvert on the College of Physicians; he may—nay, he must—abuse the College of Surgeons and the Universities; and, as for the Medical Council, he will fail in his clear duty if he empty not out the vials of his concentrated wrath on all that it says, does, and leaves undone. But you, why, you have had the hardihood to pat the Medical Council on its polyglot back, you have made excuses for the College of Surgeons and spoken well of the Physicians. On the other hand, there are matters on



which the medical journal may only roar like a sucking-dove. Remember: every corporation connected with the profession, bar one, is corrupt, but every individual in it is of the highest probity and of stainless reputation. If a man with friends amongst the mightiest commits, well, an error of judgment, he is sacrosanct, and is to be defended with all the rhetoric and sophistry of the trained special pleader. If he has no friends in high places, and is not popular even in low ones, the journalist need be at no pains to put a curb on his righteous indignation. If it gallops him into a law-court, has he not behind him the sympathy of a united profession, banded together to hound out of their ranks an unworthy member? In all these matters individual opinion of right and wrong has no logical ground for existence. It is not for the journalist to arrogate to himself the privilege of private judgment. He is there to register, not to dictate; to re-echo the voice of the profession and of its leaders, not to trouble us with his own. And now read your own conduct by the light of these simple principles. You have not done what you were expected to do; what, in fact, you were paid for doing. To use a literary expression, your whole career has been one continued *ἀπροσδόκησις*, an expedient, I may remind you, which should only be used sparingly even by the most trained judgment. You have persistently and habitually disappointed expectation, and so,—with sorrow I say it,—“Good-bye.”

SILAS PHANTOM.

## MEDICAL NEWS.

### UNIVERSITY OF LONDON.—M.B. Examination.—Examination for Honours:—

#### Medicine:—

*First Class.*—Henry Betham Robinson (Scholarship and Gold Medal), St. Thomas's Hospital; Edward John Cave (Gold Medal), St. Bartholomew's Hospital; John Elliott, B.Sc., St. Bartholomew's Hospital; John Walter Carr, University College.

*Second Class.*—James Harry Ernest Brock, University College; Charles Joseph Arkle, University College; Arthur John Jefferson, St. Thomas's Hospital; Mary Elizabeth Pailthorpe, London School of Medicine and Royal Free Hospital; James Swain, Westminster Hospital.

*Third Class.*—Walter Pearce, B.Sc., St. Mary's Hospital; Thomas Sydney Short, King's College; William Tusting Cocking, University College; Charles Barclay Innes, St. Bartholomew's Hospital; Philip Percival Whitcombe, St. Mary's Hospital.

#### Obstetric Medicine:—

*First Class.*—Philip Dymock Turner (Scholarship and Gold Medal), University College; John Elliott (Gold Medal), St. Bartholomew's Hospital; Edward John Cave, St. Bartholomew's Hospital; Frank Hinds, University College; John Walter Carr, University College; James Berry, St. Bartholomew's Hospital.

*Second Class.*—William Tusting Cocking, University College; Henry Betham Robinson, St. Thomas's Hospital; Patrick Watson Williams, Bristol Medical School; James Calvert, B.A., B.Sc., St. Bartholomew's Hospital; Arthur Frederick Davenport, University of Edinburgh and University College; Arthur William Dingley, University College.

#### Forensic Medicine:—

*First Class.*—Ed. Wilberforce Goodall (Scholarship and Gold Medal), Guy's Hospital; Philip Percival Whitcombe (Gold Medal), St. Mary's Hospital; Henry Betham Robinson, St. Thomas's Hospital; Edward John Cave, St. Bartholomew's Hospital; Willmott Henderson Evans, B.Sc., University College; James Harry Ernest Brock, University College.

*Second Class.*—Charles Barclay Innes, St. Bartholomew's Hospital; Frank Hinds, University College; Reginald Maurice Henry Randell, Guy's Hospital; John Walter Carr, University College; James Swain, Westminster Hospital; James Calvert, St. Bartholomew's Hospital.

*Third Class.*—William Alfred Wills, Westminster Hospital; Frederick Lever, B.Sc., Guy's Hospital; George William Hill, B.Sc., St. Mary's Hospital; James Berry, St. Bartholomew's Hospital; Charles Joseph Arkle, University College; John Elliott, St. Bartholomew's Hospital.

#### M.D. Examination:—

George Elliott Caldwell Anderson, B.S., William Henry Bowes, B.S., Albert Martin, Charles Hartvig Louw Meyer, B.S., Maurice

Parry-Jones, B.S., Guy's Hospital; Frederick William Bennett, Manchester Royal Infirmary and Owens College; Robert Black, London Hospital; Samuel Buckley, John Hervey Jones, Ernest Septimus Reynolds, Owens College; Harry Campbell, B.S., Ernest Clarke, B.S., Bernard Rice, Tom Henry Sawtell, Thomas William Shore, B.Sc., Henry Smith, St. Bartholomew's Hospital; William Wriothlesley Colborne, John Roberson Day, William Ayton Gostling, B.S., B.Sc. (Gold Medal), Frederick Knight, Arthur Hamilton Nicholson Lewers, Francis George Penrose, Thomas Wilson, B.S., University College; Rolla Edward Rouse, St. Thomas's Hospital; Robert Henry Scanes Spicer, B.Sc., St. Mary's Hospital; William Thorburn, B.S., B.Sc., Owens College and Manchester Royal Infirmary; Clement Bernard Voisey, Manchester and St. Mary's Hospital.

#### Logic and Psychology only:—

Charles Frederic Bailey, Joseph Langton Hower, B.S., St. Bartholomew's Hospital; Frederic Hayercraft Berry, Edward Hargrave Booth, George Ryding Marsh, Guy's Hospital; Paul Frank Moline, Frederick Walker Mott, B.S., University College.

#### B.S. Examination:—

*First Division.*—James Berry, St. Bartholomew's Hospital; James Harry Ernest Brock, University College; John Walter Carr, University College; Alfred Edward Price, Guy's Hospital; Henry Betham Robinson, St. Thomas's Hospital; James Henry Targett, Guy's Hospital.

*Second Division.*—Rayner Derry Batten, St. Bartholomew's Hospital; Richard William Brogden, Guy's Hospital; Charles David Green, St. Thomas's Hospital; Joseph George Harsant, Guy's Hospital; Frank Hichens, London Hospital; Frank Hinds, University College; Arthur John Jefferson, St. Thomas's Hospital; Robert Jones, M.D., St. Bartholomew's Hospital; Frederick Lever, B.Sc., Guy's Hospital; Walter Pearce, B.Sc., St. Mary's Hospital; Richard Thomas Williamson, Owens College.

#### Examination in subjects relating to Public Health:—

Arthur Newsholme, M.D., St. Thomas's Hospital.

#### M.S. Examination:—

William Job Collins, M.D., B.Sc., St. Bartholomew's Hospital.

UNIVERSITY OF DUBLIN.—At the Winter Commencements held in Michaelmas Term, on Thursday, December 17th, in the Examination Hall of Trinity College, the following Degrees in Medicine and Surgery were conferred by the University *Caput* in the presence of the Senate, the Right Hon. the Earl of Rosse, K.P., Chancellor of the University, presiding:—

*Baccalauri in Chirurgia:* Henricus Moore Brabazon, Jacobus Craig, Guilelmus Sinclair Dobbin, Eduardus Wolfenden Gray, Henricus Johaunes Hadden, Georgius Hilliard, Henricus Freeland Kingston, Foster Reuss Newland, Robertus Glasgow Patteson, Henricus Fitzmaurice Phillips, Reginaldus Waller Studdert, Gardiner Guilelmus Trouton. *Baccalauri in Medicina:* Ricardus Carolus Eduardus Bolton, Henricus Moore Brabazon, Jacobus Craig, Benjamin Devonsher Dickson, Samuel Georgius Edge, Georgius Hilliard, Henricus Freeland Kingston, Ludovicus Maxwell Mackintosh, Guilelmus Vere MacMahon, Foster Reuss Newland, Robertus Glasgow Patteson, Henricus Fitzmaurice Phillips, Ross Vincent Beatty Smyth, Reginaldus Waller Studdert, Gardiner Guilelmus Trouton, Jacobus Christophorus Weir. *Doctores in Medicina:* Arturus Montfort Archer, Guilelmus Ambrosius Ardagh, Samuel Josiah Barton, Augustus Eduardus Dixon, Robertus Ker Johnston, Leonardus Henricus Kellett, Guilelmus Leah, Johannes Carolus Martin, Henricus Pollen, Johannes Jacobus Carl Watson.

#### The following Honorary Degree was also conferred:—

*Doctor in Medicina:* Daniel Johannes Cunningham.

THE SOCIETY OF APOTHECARIES, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, December 17th, 1885:—

Frederick William Nielsen, Nordby, Stockton-on-Tees; Alfred William Thompson, 67, Queen's Road, Aston, Birmingham; Vidal Gunson Thorpe, 46, Talfourd Road, Camberwell.

#### The following passed the examination in the Science and Practice of Medicine, and received Certificates to practise:—

John Arthur Rigge, M.R.C.S., The Grammar School, Grays, Essex; Robert Trimble, Hill Top, West Bromwich; Nathaniel Henry Turner, M.R.C.S., 13, Redcliffe Gardens, S.W.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the Court of Examiners, held on the 7th December and following days, the under-named gentlemen, having passed their final examinations for the Letters Testimonial and taken the declaration, and signed the roll, were admitted Licentiates of the College, viz:—

Charles R. Battersby, Thomas M. Bellew, Pollonjs P. Bhedwar, James G. Boyce, Campbell Boyd, William R. Chambers, Harold D. Davenport, Robert Elliott, Edward J. Goode, Ignatius P. Hartford, Connell Hoye, William A. Johnston, Richard J. Leeper, Martin B. Lyster, Patrick T. Morressy, Michael J. Ryan, Alfred T. Smith, William E. Waters, and David T. Wylie. Sixteen were stopped.



ROYAL COLLEGE OF SURGEONS IN IRELAND.—Mr. John Benjamin Story, F.R.C.S.I., has been elected after a sharp contest of votes to serve on the Council of the College in room of the late Mr. Jolliffe Tufnell, F.R.C.S.I.

CORRIGENDUM.—In the pass list for Degrees in Medicine and Surgery of the University of Dublin, published last week, the name of "G. W. Trouton" should be the eighth in order of merit, instead of seventeenth, as printed.

THE ROYAL COLLEGE OF PHYSICIANS AND DR. HEYWOOD SMITH.—Sir Henry Pitman writes, as Registrar of the College of Physicians, to inform us that, at a general meeting of the College held on Friday, the 18th instant, specially summoned to receive the report of the President and Censors on the case of Dr. Heywood Smith, the following resolution was adopted:—"The College, having considered the statements made by Dr. Heywood Smith, and his apology through the Censors' Board, while acquitting him of deliberate intent to do evil, desires to put on record an opinion that he has committed a grievous error in connection with the Armstrong abduction case, which has brought discredit on himself and the profession to which he belongs. The College, therefore, regards his conduct as deserving the severest censure, and requests the President to express the views of the College, and to reprimand him accordingly." The following is the text of the Reprimand:—"The College has most carefully considered your conduct with reference to the girl Eliza Armstrong, your written explanation of your actions and motives, and your written answers to the questions asked by the President and Censors. Speaking generally, and without regard to this special case, or to cases involving medico-legal questions before, or about to come before, Courts of Law, it is, in the opinion of the College, a grave professional and moral offence for any physician to examine physically a young girl, even at the request of a parent, without having first satisfied himself that some decided medical good is likely to accrue to the patient from the examination, and also without having first explained to the parent or legal guardian of the girl the inadvisability of such examinations in general, and the special objections that exist to their being made. Moreover, the College feels that a young girl should on no consideration be examined excepting in the presence of a matron of mature age, and, so far as the physician can know, of good moral character. The College, therefore, condemns your conduct—(1) In examining girls of tender age, without the consent of their parents or legal guardians. (2) In making such examination without there being the least grounds for anticipating any medical benefit to the children to follow from your examination. (3) In examining these children in the sole presence of women whom you believed were till not long before prostitutes or procuresses. As to your having examined the child, Eliza Armstrong, as described by you in the evidence before the Court of Law, for the purpose of clearing the character of one who had, well knowing the consequences, voluntarily placed himself in an equivocal position in relation to the child, the College has a difficulty in conceiving how such a perverted view of professional morality could have arisen in the mind of a Member of this College. By failing to conform to rules that should regulate professional conduct, rules founded on concern for the public good, and on sound moral principles, you would, had the College not taken its present action, have brought dishonour on the College of which you are a Member, and discredit on the profession to which you belong. Having regard, however, to the motives that influenced you in your actions, to the fact that you were misled by others, to your full acknowledgment of the wrong you did, and to the promise you have given to the College in reference to your future conduct, the College has determined not to erase your name from the list of its Members, but has desired me as their mouthpiece to reprimand you and to admonish you that any deviation in the future from strictly honourable professional conduct will be followed by the severest punishment the College can legally inflict."

BRITISH MEDICAL ASSOCIATION.—The British Medical Association will hold its 54th annual meeting at Brighton, under the presidency of Dr. W. Moore, on August 10th,

11th, 12th, and 13th of next year. Out of compliment to the American medical profession, Dr. Austin Flint has been invited to deliver the address on medicine, and he has consented to do so. An address on surgery will be delivered by Mr. Frederick Abell Humphry, F.R.C.S., surgeon to the Sussex County Hospital; and an address on public medicine will be given by Mr. E. D. Mapother, M.D., consulting medical officer to the City of Dublin. The scientific business of the meeting will be conducted in nine sections, of which the presidents are as follow:—Medicine.—W. H. Broadbent, M.D. Surgery.—John Eric Erichsen, F.R.C.S., London. Obstetric Medicine.—Alfred Meadows, M.D., London. Public Medicine.—Richard Patrick Taaffe, M.D., Brighton. Psychology.—Thomas Smith Clouston, M.D., Edinburgh. Pathology.—Julius Dreschfeld, M.D., Manchester. Therapeutics and Pharmacology.—Thomas Lauder Brunton, M.D., London. Ophthalmology.—Charles Oldham, F.R.C.S., Brighton. Otology.—G. F. Hodgson, M.R.C.S., Brighton.

M. PASTEUR AND HYDROPHOBIA.—It is said that M. Gomot, the Minister of Agriculture, is so well satisfied with his visit to M. Pasteur's laboratory that he will ask the French Chambers to enable him to practise inoculation against rabies on a large scale, and to treat human beings suffering from that malady in a special hospital. About 40 persons were under treatment when M. Gomot was at M. Pasteur's. One was a Hungarian sent by his Government, another a captain in the Russian Imperial Guard, whose hand a mastiff had bitten. There were several children who had received bites in the face, and other patients are being sent from America to be placed under Pasteur's treatment.

THE Executive Committee of the Mile-end Liberal and Radical Association have passed a resolution conveying to Mr. Ernest Hart their sincere thanks for the energetic, and self-sacrificing manner in which he, at the invitation of the Liberal party, contested the division at the recent election.

MESSRS. CHRISTY & Co. request us to mention that the fire on the premises they occupy at No. 6, George Yard, Aldgate, on the night of the 12th, has not caused any interruption to their business, as all orders for drugs, &c., are being supplied from their warehouse at No. 2, George Yard.

PAYMENT OF MEDICAL WITNESSES.—At the Munster Winter Assizes at Cork, on Friday, December 11th, in the course of a case of infanticide, Mr. Justice O'Brien said he had received a letter from Dr. Peirce, of Newcastle, county Limerick, who complained of having received but 6*l.* odd for his attendance at the assizes. He stated that he claimed three guineas a day and 15*s.* a day expenses, and that he had been allowed but two guineas, without any expenses, so that he had received but half of what he claimed. It was his (his lordship's) intention to reply to him, stating his opinion that two guineas a day to a professional man, who came from a distant place, was a wholly inadequate remuneration. The Treasury were, no doubt, very great people, and, of course, it was the duty of any person holding an official position not to sanction undue extravagance and expense; but he could cause the Treasury to understand that he would not require the services of any medical man from the country at two guineas a day. He would not sanction it, and he would treat as contempt of court any attempt to dispute the carrying out of his orders by the Crown Solicitors.

ANOTHER ARGUMENT IN FAVOUR OF VACCINATION.—Among the many queries which the present extensive revival of vaccination has raised, is the one relating to its effect upon those who have already undergone small-pox or varioloid. We have been somewhat surprised to find that vaccination "takes" with those who have had small-pox, two or three of such cases having come under our notice. Upon enquiry of a physician, whose position at the Board of Health has given him a wide opportunity for observation, he assured us, without hesitation, that after small-pox vaccination will take always, and in the primary form. Moreover, that vaccination is a surer safeguard from small-pox than small-pox itself, for he knew of instances where



unvaccinated individuals have had the disease two or three times. This information is, therefore, of great importance, for most people who have had small-pox feel that they are sealed with an immunity greater than a life-time of continued vaccination could purchase for them.—*New York Medical Record*, November 21st.

**HICCUP DUE TO NEEDLES.**—Hiccup came on suddenly in a woman after an emotion, and persisted for 24 days. She could take milk and broth, which were not vomited. After bromide and ether had been tried in vain. Dr. Liégois was called to her on the 24th day, and ordered strong doses of chloral and hyoscyanine. These procured sleep, during which the hiccup ceased, only to return again when she awoke. After some days it ceased for some time, but again came back whenever the patient was irritated or attempted to swallow food or drink. Some months later an abscess formed on the right side of the epigastrium, from whence issued a needle 3 centimetres long, and Dr. Liégois extracted six other shorter needles. From this moment the hiccup finally stopped, the patient pretending ignorance as to how the needles penetrated her body.—*Revue de Thérapeutique*, November 15th.

**STRAMONIUM IN HYDROPHOBIA.**—A correspondent of the *Morning Post* relates the following:—"While I was residing at Chettespore, in Ganjam, not far from the cantonment of Berhampore, I was one night awoken by my head-servant, who came to tell me that three of the stablemen had been bitten by a mad jackal. He begged me to send at once for a Brahmin residing in Ganjam, about four miles off, who was known to have saved the lives of many persons attacked with hydrophobia. The Brahmin came at daylight, and administered a green pulp, which from its smell and its effects proclaimed itself as *Datura*; he warned us to expect the paroxysm of delirium and stupor during 24 hours, and enjoined abstinence from certain meats, but he would not divulge the nature of his remedy, nor was he willing to sell the secret. He assured me that the medicine was equally efficacious during an attack or as a preventive taken beforehand, and it is certain that he was universally believed to have cured numerous cases. The persons bitten were in my service for a year at least, and none of them were attacked."

**Errata.**—In our last issue, on page 844, line 2, for 'married' read 'marked'; and on page 861, line 21, for 'revived' read 'reversed'.

## APPOINTMENTS.

**BARON, B. J., M.B., C.M.**—Demonstrator of Practical Pathology in the Bristol Medical School.  
**LITTLEWOOD, H., M.R.C.S.**—Senior Demonstrator of Anatomy at University College, London.  
**MACREADY, J. F. C. H., F.R.C.S.**—Surgeon to the City of London Hospital for Diseases of the Chest, Victoria Park.  
**NEWMAN, W. H. C., M.A., M.B. Cantab., M.R.C.S.**—House Surgeon to the Bristol General Hospital.  
**NICHOLSON, H. G., M.R.C.S., L.S.A.**—House Surgeon to the Middlesex Hospital.  
**SHAW, L. E., M.D. Lond., M.R.C.P., M.R.C.S.**—Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

## VACANCIES.

**BOROUGH OF OLDHAM.**—Medical Officer of Health. (*For Particulars, see Advertisement.*)  
**DERBYSHIRE GENERAL INFIRMARY.**—Resident Assistant House Surgeon. No Salary, but a bonus of £10 is given with board and washing. Candidates must possess a qualification, and they will be eligible for re-election. Applications, with testimonials, to be sent to the House Surgeon not later than December 29th.  
**FRENCH HOSPITAL AND DISPENSARY, 10, Leicester Place, Leicester Square, W.C.**—Resident Medical Officer. Salary, £60 per annum, with board, furnished rooms, and attendance. Candidates must be qualified and speak French. Applications, with particulars of professional qualifications and testimonials, to be sent as early as possible in the beginning of January.  
**SUNDERLAND INFIRMARY.**—House Surgeon. Salary, £60 per annum, increasing £10 annually, with board and residence. Candidates must possess registered double qualifications. Applications, with testimonials, to be sent to the Chairman of the Medical Board on or before January 4th, 1886.

**TORBAY HOSPITAL AND PROVIDENT DISPENSARY, TORQUAY.**—Junior House Surgeon and Dispenser. Salary, £90 per annum, with board, lodging, and attendance. Candidates must be qualified in Medicine and Surgery, registered under the Medical Act, and unmarried. Testimonials to be sent to the Hon. Secretary, W. H. Kitson, Esq., Torquay, not later than January 1, 1886.

## DEATHS.

**DYER, S. S., M.D.**, at Ringwood, Hants, on Dec. 20th, aged 61.  
**JEWELL, THOMAS WILLIAM**, Staff Surgeon, R.N., at Rocquettes, Guernsey, on December 19th, aged 32.  
**MILLER, J. R., M.D.**, Surgeon-General, at Meran, on December 7th, aged 65.  
**PHILBRICK, JAMES, F.R.C.S.**, at Toronto, on December 2nd, aged 69.  
**SMYTH, LUKE DOWEL, M.D.**, late of Bingham, Notts, at 21, Parliament-Hill Road, Hampstead, N.W., on December 21st, aged 74.

## NOTES, QUERIES, AND REPLIES.

### COMMUNICATIONS RECEIVED—

Prof. GAIRDNER, Glasgow; Dr. DRYSDALE, London; Dr. TIRARD, London; Mr. J. CLARK, Edinburgh; OUR VIENNA CORRESPONDENT; THE SEC. OF THE UNIVERSITY OF LONDON; Messrs. HODGE & Co., London; THE SEC. OF THE SOCIETY OF APOTHECARIES, London; THE SEC. OF THE ROYAL INSTITUTION OF GREAT BRITAIN, London; THE REGISTRAR OF THE ROYAL COLLEGE OF PHYSICIANS, London; THE REGISTRAR-GENERAL, Edinburgh; THE REGISTRAR-GENERAL, London; THE SANITARY COMMISSIONER OF THE PUNJAB, Lahore; THE PROPRIETORS OF GRAND VIEW HOUSE, Wernersville, Pa., U.S.A.; OUR NEW YORK CORRESPONDENT.

### BOOKS RECEIVED—

Report of Spina Bifida Committee, 1885—*Die Bakterien-Aetiologie der Infections-Krankheiten*, von Dr. Hugo Mitteleuweit—*Die Physiologische und Therapeutische Wirkung des Schwefelwasserstoffgases*, von Dr. H. Stiff—A Plan for erecting a Health City on the South-West Gulf, Coast of Florida—*The Mammalia*, by Oscar Schmidt—*Vital Statistics*, by Noel A. Humphreys.

### PERIODICALS AND NEWSPAPERS RECEIVED—

*Lancet*—*British Medical Journal*—*Medical Press and Circular*—*Centralblatt für Chirurgie*—*Gazette des Hôpitaux*—*Gazette Médicale*—*Pharmaceutical Journal*—*Wiener Medicinische Wochenschrift*—*Gazette Hebdomadaire*—*Nature*—*Centralblatt für Gynäkologie*—*Le Concours Médical*—*Centralblatt für Klinische Medizin*—*Philadelphia Medical News*—*Le Progrès Médical*—*Berliner Klinische Wochenschrift*—*Centralblatt für die Medicinischen Wissenschaften*—*Deutsche Medicinische Wochenschrift*—*New York Medical Journal*—*Louisville Medical News*—*Boston Medical and Surgical Journal*—*Philadelphia Medical Times*—*The Hospital Gazette*—*Revue Médicale*—*Journal of the American Medical Association*—*Société Médicale*—*The Journal of the British Dental Association*—*The Canada Lancet*—*The Detroit Lancet*—*The New Orleans Medical and Surgical Journal*—*The Ophthalmic Review*—*The Canada Lancet*—*Annales Médico-Chirurgicales*—*Caslon's Circular*—*The Canadian Practitioner*—*Night and Day*.

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 Mr. Walter Rivington, M.S., F.R.C.S.: On the Representation of the Members on the Council of the College of Surgeons.

### HOSPITAL REPORTS:

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### EDITORIAL NOTES.

### LEADING ARTICLES:

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 Mr. John Wood's Bradshaw Lecture.  
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### REVIEWS:

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